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**The Role of Psychosocial Support in the Recovery Journey of Gender Based
Violence Survivors Sheltered in Association for Women Sanctuary and
Development in Addis Ababa**

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DECLARATION

I, Samra Alemayehu declare that this thesis is my original work and has not been presented for a degree in any university and that all sources of materials (published and unpublished) used for the thesis has been dually acknowledged in the text as well as references lists.

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Abstract

Gender-based violence (GBV) remains a critical issue affecting women globally, with survivors often requiring significant support systems for recovery. This thesis investigates the role of psychosocial support services in the recovery process of women survivors of GBV sheltered in the AWSAD (Association for Women Sanctuary and Development) Safe House in Addis Ababa, Ethiopia. It seeks to understand how psychosocial support helps survivors recover from trauma and enhance their wellbeing using phenomenological design. The data was collected from 26 participants who were females who had experienced GBV, using semi-structured interviews with 14 female survivors at the AWSAD Safe House and Focus Group Discussions (FGDs) with 12 participants. Thematic analysis was used to study the effectiveness of psychosocial support to promote recovery, the findings reveal psychosocial support services provided by AWSAD play a significant role in helping survivors rebuild their self-esteem, cope with trauma, rebuild confidence, and alleviate loneliness. The survivors stated emotional stability, a sense of power, resilience, hope, and overall mental health. However, barriers such as societal stigma, fear, not being believed and limited access to long-term support still affect the full recovery process. Overall, the study highlights the importance of psychosocial support services for GBV survivors to heal, rebuild their lives, and promote emotional resilience.

Key words: Gender-Based Violence, Psychosocial Support, Survivors Recovery, Empowerment

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Acronyms and Abbreviations

GBV- Gender Based Violence

AWSAD - Association for Women's Sanctuary and Development

NGOs-Non Governmental Organization

FGDs - Focus Group Discussions

TIC - Trauma-Informed Care

HNO - Humanitarian Needs Overview

VAW - Violence against women

FGC - Female Genital Cutting

TTTM - Tsotawi Tekat Tekelakay Mahber

SGBV - Sexual and gender-based violence

STDs - Sexually Transmitted Diseases

SV - Sexual Violence

OCMC - One-Stop Crisis Management Center

PTSD - Post-traumatic Stress Disorder

MDD - Major Depressive Disorder

GSE - General Self efficacy

PR - Psychological Resilience

PTG - Post-traumatic Growth

IPV - Intimate Partner Violence

CBT - Cognitive Behavioral Therapy

VAW - Violence against women

WHO - World Health Organization

SDG - Sustainable Development Goals

UNICEF - United Nations International Children's Emergency Fund

Chapter One

Introduction

1.1. Background

Gender-Based Violence (GBV), as defined by the United Nations General Assembly, includes many forms of violence in forced action which are physical, psychological, and sexual. This broad view of GBV shows how it involves complex power dynamics, social expectations, and individual rights (Gebrie et al., 2022).

As Kurebwa (2021) stated, GBV also includes harmful practices such as child marriage and female genital cutting (FGC). GBV not only has significant impacts on multiple aspects of life, but it also affects access to healthcare services, educational opportunities, economic well-being, and fundamental human rights. Moreover GBV is mostly grounded socially by gender differences between males and females. This affects societal and public health showing physical psychological and societal concern; nevertheless it's understated, majorly in underdeveloped countries. It is also stated that GBV victims suffer from stress, anxiety, depression unsafe abortions, unwanted pregnancies, and sexually transmitted diseases (Mingude & Dejene, 2021).

In addition, Yesufu (2022) highlights that the normalization of violence leads to a widespread cycle of abuse, as there is often no action taken to protect the rights and well-being of abused women. Similarly, as Raftery et al. (2022) explained, Physical abuse has an effect disabled to moving and sensory functions, as well as auditory and ocular complications like hearing loss and redness in the eyes. On the other hand, sexual abuse, characterized by forceful sexual acts, poses significant gynecological and obstetric risks such as vaginal bleeding,

pregnancy resulting from non-consensual intercourse, and persistent vaginal discomfort (Uro-Chukwu & Ucheoma, 2022).

Furthermore, women who face GBV, with approximately three-quarters of violent acts against them are committed by males. It is often viewed as a form of hate crime targeting women only because of their gender (Akudolu et al., 2023). Moreover, research focuses on factors such as cultural norms, economic disparities, and education. Additionally, social support is crucial in reducing the effects of GBV by offering emotional and practical help to survivors. To decrease GBV, support survivors, and build safer, empowering communities for women and girls (World Vision, 2022).

As Araya (2017) highlights that in Ethiopia, where females make up 50.3% of the population, GBV remains a significant source of trauma. These survivors require treatment to help their recovery through various forms of support, such as psychological, social, emotional assistance and legal intervention (Patel, Kellezi, & Williams, 2014).

Recent literature highlights the multifaceted impact of psychosocial support on the physical, psychological, and emotional well-being of GBV survivors. It recognizes psychosocial support as a crucial facilitator in managing coping mechanisms, raising resilience, and promoting empowerment, all of which significantly contribute to a holistic recovery process (Kasherwa et al., 2023).

Psychosocial support refers to an action addressing both the psychological and social needs of individuals, families, and communities (International Federation of Red Cross and Red Crescent Societies, 2018). Moreover psychosocial support includes activities that help individuals cope with stress and trauma, especially in crisis situations. These activities may involve

counseling, education, and practical services addressing psychological, social, and spiritual needs (Teo, Krishnan, & Lee, 2019). Additionally, this support can be provided by various professionals, including teachers, counselors, and humanitarian workers (Inter-Agency Network for Education in Emergencies, 2018).

Psychosocial responses have been proven particularly advantageous in enhancing the well-being, resilience, and coping strategies of female survivors of GBV. This holistic approach ensures that the broad needs of women and girls affected by crises are addressed (Shair, Akhter, & Shama, 2019). Furthermore, psychosocial needs are deeply connected with GBV, as survivors often experience deep emotional and psychological trauma. Thus, addressing these needs is crucial for helping survivors rebuild their lives, overcome psychological trauma, and break the cycle of GBV (Schmid, 2023).

However, psychosocial support interventions are often overlooked, particularly in their integration of social considerations for enhancing psychological well-being. This calls for further analysis, especially in developing countries where these interventions play a crucial role in GBV survivors' recovery. Additionally, they show significant positive outcomes in improving psychological wellness (Ubels et al., 2022).

Tol et al. (2011) indicate that while psychosocial support in humanitarian settings has been explored, it is still under-researched, particularly regarding its effectiveness and implementation. Furthermore, most studies have concentrated on areas affected by natural disasters and armed conflicts, increasingly highlighting the need to understand local needs and perspectives to enhance mental health interventions to produce practical knowledge that benefits programs

directly, ensuring that interventions are culturally relevant and aligned with the needs of affected populations by promoting collaboration between researchers and practitioners.

The background provides an overview of GBV and describes its definition, explanation and its global effects. It emphasizes the complex nature of GBV, shaped by societal dynamics and structural disparities. Examining the diverse context of GBV in different regions underscores the immediate holistic interventions and policy revisions. Furthermore, it highlights the significance of psychosocial support interventions and identifies critical gaps in addressing injuries and recovery from trauma associated with GBV. This establishes a strong foundation for the thesis's exploration of GBV while emphasizing the urgent need for a comprehensive understanding of GBV survivor's recovery journey with psychosocial support, and how the support helps them to heal.

1.2 Statement of the Problem

The rising incidence of GBV across various cultural contexts highlights how systemic inequalities exacerbate women's vulnerability (Zhang et al., 2023). Additionally, GBV contributes to mental health disorders, impairing psychological well-being and functionality, and resulting in a substantial burden of disability. As a result, its impact extends beyond individual injuries, emerging as a critical global public health issue, with rising morbidity and mortality rates (Rees et al., 2016).

As Beyene, Chojenta, and Loxton (2021) note, despite existing legal frameworks to protect women's rights, high levels of GBV continue, severely affecting women's health and well-being. Consequently, there is a pressing need for comprehensive healthcare responses to support survivors. Similarly, Lanchimba et al. (2023) highlight that GBV remains a significant challenge particularly in developing countries. Therefore, understanding the full scope of this issue is essential for addressing its complex nature. Moreover, the lack of clear data on the occurrence of GBV delays the development of effective policies and interventions. Furthermore, few studies evaluate the effectiveness of existing programs aimed at preventing GBV (Kassa & Abajobir, 2020).

This study highlights the urgent need to investigate the internal factors that facilitate healing among GBV survivors (Tarabih & Saint Arnault, 2024). Peterman et al. (2020) emphasize the need for urgent interventions for GBV survivors to protect vulnerable populations. Additionally, Dillon et al. (2021) stress the importance of interventions that not only address survivors' immediate safety but also provide long-term support.

Research by Garcia-Moreno et al. (2010) indicates that, according to the World Health Organization, nearly one in three women globally experiences physical or sexual violence in their lifetime, underscoring the pressing need for effective interventions. Thus, a multidimensional approach is essential for both prevention and response, focusing on the specific needs of affected communities and creating environments that support survivors.

Many studies rely on cross-sectional designs, which limit the ability to draw causal inferences about factors contributing to GBV (Semahegn & Alemu, 2015). Additionally, challenges such as limited data and the difficulty of establishing cause-and-effect relationships due to this design have been highlighted (Wondimu, 2022). In contrast, Hagos and Berhane (2019) assess the impact of group-based psychosocial support sessions for women experiencing violence. Their study finds improvements in coping mechanisms and emotional well-being among participants, indicating the positive effects of such interventions.

According to Schmitt et al. (2020), psychosocial support intervention is both well-received and effective in enhancing psychological well-being. The ongoing conflict and GBV in Ethiopia highlight a pressing need for comprehensive psychosocial support systems to aid women in managing trauma. Moreover, Ethiopia faces unique challenges arising from cultural practices and societal norms, with the effects of violence extending beyond physical harm to impact survivors' mental health, self-esteem, education, and economic prospects.

A research gap exists in fully understanding the multidimensional effects of psychosocial support and the recovery process for women affected by GBV in Ethiopia. This study aims to understand how GBV survivors show improvement after receiving psychosocial support by offering valuable insights, particularly through presenting survivors' testimonies gathered using appropriate methods to explore the issue deeply. These insights are crucial for developing targeted interventions that empower and support affected women. Ultimately, this research seeks to contribute effective and targeted support systems for GBV survivors in Ethiopia.

1.3. Research Questions

1. What kind of psychosocial support services are available to women survivors of GBV?
2. How do women survivors of GBV experience psychosocial support services in addressing their recovery needs?
3. What are the main changes experienced by GBV survivors after receiving psychosocial support in a shelter?
4. Why do women survivors of GBV encounter barriers in receiving psychosocial support services?

1.4. Limitations

This study had several limitations. Starting from the sample size, it was relatively small, consisting of only 26 women from one safe house. The use of semi-structured interviews and Focus Group Discussions (FGDs) may have introduced response biases, as participants might have changed their responses due to the sensitive nature of the subject matter or the group setting in FGDs. The study was conducted within a specific cultural context in Addis Ababa, which might affect the applicability of the findings in different cultural or geographical settings.

1.5. Delimitation of the study

This study is restricted to Association for Women's Sanctuary and Development (AWSAD's) Safe organization located in Addis Ababa, Ethiopia, focusing on the psychosocial support services provided to women survivors of GBV, and its limited 28 survivors currently living in the Safe House. This focuses on survivors receiving psychosocial support affected by GBV who are sheltered in the safe house.

The study is limited to females aged between this age ranges of 15 to 23 years, which may limit the findings to survivors in other age groups. Additionally, the data collection was conducted through semi-structured interviews and Focus Group Discussions (FGDs). The study's scope is geographically limited to Addis Ababa, meaning the findings may not fully represent GBV survivors in other regions.

1.6. Significance of the Study

This study holds significant understanding within the academic, theoretical, and practically by offering a comprehensive examination of psychosocial support services for women survivors of GBV. Academically, this study is crucial for understanding psychosocial support features for GBV survivors by briefing empirical insights into the types and availability of services. By systematically analyzing survivors' perceptions of the services, the research generates valuable data that can inform future studies, contribute to theoretical frameworks, and guide evidence-based practices in GBV psychosocial support intervention.

Theoretically, this study advances our understanding of the trauma recovery, service delivery, and help-seeking behavior. Practically, this study offers actionable insights for

policymakers, service providers, and support groups engaged in GBV intervention and psychosocial support services. By identifying challenges in accessing and utilizing support services, the research highlights areas for intervention and improvement, informing policy reform, advocacy efforts, and service delivery enhancements. Overall, this study can be significant for all things stated above and can play an essential role for both service providers and survivors of GBV.

Chapter Two

Review of Related Literature

2.1. Introduction

GBV which is an act of violence over human rights involves harm to individuals due to their gender. It takes on diverse forms, such as physical, sexual, and psychological abuse, which encompasses acts like domestic violence, rape, feticide/infanticide, female genital mutilation, and the consequence of GBV can be long-lasting which led to the victim's lifetime suffering (Shahid & Rane, 2022).

GBV impacts the physical and psychological well-being followed by broader societal aspects. Recent studies have shown the direct consequence of health, with empirical study highlighting the prevalence of psychological challenges among survivors to heal, often worsened by societal stigma and discrimination (Stark et al., 2021).

2.2. Prevalence of GBV

The effect of GBV worldwide in social, economic, and health sectors is huge. Socially, GBV instills fear and trauma, deeming community bonds and cycling unbreakable societal inequalities. Economically, it degrades productivity, escalates healthcare costs, and hinders access to education and employment opportunities, further establishing cycles of poverty. Moreover, GBV inflicts significant health consequences, including physical injuries, mental health disorders, and reproductive health complications, straining healthcare systems and harming overall well-being (Tasnima et al., 2023). Consequently, addressing GBV is crucial for advancing

social justice, fostering economic development, and promoting public health on a global scale to contribute to a calm and peaceful world.

Furthermore, according to the 2022 Humanitarian Needs Overview (HNO), the number of individuals requiring GBV response has risen from 3.5 million in 2021 to 5.8 million, distributed across regions impacted by conflict, drought, and flooding (“GBV AOR Ethiopia: Situation of GBV in Ethiopia,” 2022).

Additionally, to sum up its prevalence over the world across social, economic, and health spheres United Nations International Children's Emergency Fund (UNICEF), stated approximately 120 million girls worldwide have experienced forced intercourse or other forms of forced sexual acts and are affected indirectly those four spheres which perpetuates cycles of fear, trauma, and inequality, hindering individuals' active participation in society (UNICEF, 2014). Economically, GBV leads to substantial productivity losses, estimated at around \$1.5 trillion annually by the World Bank, due to absenteeism, diminished work performance, and healthcare expenses. In terms of health, survivors face heightened risks of physical injuries, mental health disorders, and reproductive health complications, placing strain on healthcare systems and impeding societal progress. Therefore, addressing GBV is not only crucial for upholding human rights but also for advancing social justice, economic development, and public health on a global scale (The pervasive and damaging effects of gender-based violence in humanitarian emergencies, 2022).

Data from the World Health Organization (WHO) Global Database on Violence against Women show about 27% of women aged 15–49 who have ever been in a relationship have faced physical or sexual violence in their lifetimes, with 13% experiencing it in the year leading up to

the survey. Moreover, this violence often begins early, affecting 24% of women aged 15–19 and 26% of those aged 19–24 since the age of 15. Regional disparities highlight a higher prevalence in low-income countries, emphasizing the urgent need for effective and multisectoral interventions to decrease victims of young females and the harm as a whole. In this case, there needs to be attention to a shortfall in governmental efforts to meet Sustainable Development Goals (SDG) targets related to eliminating violence which breaks this cycling suffers for individuals and supports GBV victims (Sardinha et al., 2022).

According to Borumandnia et al. (2020), the global analysis of Sexual Violence (SV) and GBV from 1990 to 2017 across 195 countries shows significant change. GBV against women saw a notable increase in China, North Korea, and Taiwan, while countries such as Bermuda, Guyana, Mexico, Nigeria, and Saint Lucia experienced marked declines. In contrast, Angola, Congo, and Equatorial Guinea followed suit, showing a significant decrease and changes compared to other nations. GBV prevalence rates consistently affected women across all regions, with Australia reporting the highest rates and Europe and South America registering the lowest. Over all, on a global scale, GBV prevalence rates for women demonstrated a significant decrease, highlighting the continued necessity for intensive efforts to address this widespread issue.

GBV has emerged as a pressing issue affecting over a billion women globally. Various household surveys conducted by different agencies have aimed to measure its prevalence, yet comparing data from these surveys presents challenges, mainly due to differences in request expression. Despite these difficulties, cross-referencing findings from diverse surveys can help identify regions with the highest prevalence of GBV. The evidence presented in the paper serves as a valuable resource for testing theories related to the causes of GBV, especially cultural

factors. Although GBV has shown prevalence rates across regions, the exact cause of this geographical pattern remains unclear (Simister, 2012).

Regarding GBV's global effect and its extent from the vast sector, it has a high burden on mental health that challenges the ongoing wellbeing of women which makes it very difficult to recover or heal. Consequently, GBV's persistent nature underscores its status as a difficult global challenge, delaying progress toward gender equality and sustainable development (Akter et al., 2023). To eliminate all this cruelty towards women there should be a strong binding rule and policies all over the world that eliminate this violence, also trying to build a society free from violence which must be work done from the ground level beginning from individual to the communities.

2.3. The Critical Need for Studying Gender-Based Violence

The study by Siziba et al. (2022) highlights the multidimensional challenges GBV poses to women's health .For instance in Zimbabwe, women survivors have been crucial in analyzing their lived experiences and the deep wounds it gives them. Through their narration, they testimonies how the violence causes a lasted emotional and psychological abuse, which causes lasting trauma and mental health struggles for survivors also lack an intimate communities and normalization of the incidence even the legal system often failing to provide sufficient help.

Along with the community norms, a study focusing on Somali urban refugees in Addis Ababa highlights a prevalent occurrence of GBV and harmful traditional practices, attributed to deeply set in cultural norms and societal values. The study suggested targeted awareness creating workshops and educational intervention for the community to eliminate such practices. By doing

so, the community can be aware the impact of GBV on survivors both emotional and psychological damages (Negesse, 2013).

GBV harm goes beyond physical injuries; it has a high impact on mental health which leads to low self-esteem. It has a visible effect which shows psychological conditions, like depression, self-harm, anxiety, and suicidal thoughts among survivors. The psychological trauma from the violence not only causes short-term distress but also affects long-term psychological wellbeing (Cliffs Notes, n.d.). Throughout their lives, girls and women experience various forms of GBV, deeply impacting their psychological wellbeing which makes it hard to recover even after long term (USAID/Ethiopia Transform, 2019).

Following psychological damage, a recent research by Bonilla-Algovia and fellow researchers delved into exploring the depth effect of GBV on the mental well-being and vanishing self-esteem of women. Their study encompassed 136 women sourced from Nicaragua's Commissariat for Women and Children and affiliated associations with the National Police. The study reveals a direct correlation between the frequency of abuse and the psychological distress experienced by participants; on the other hand it impacted their overall happiness. As a result, the study noticed a crucial role played by psychological and social support in shaping wellbeing of women affected by GBV (Bonilla-Algovia et al., 2020).

In the case of support services relaying on experience at Panzi Hospital in the Democratic Republic of Congo, psychosocial support emerges as a crucial component in addressing the needs of GBV survivors emotionally and mentally which brings enhancement toward their recovery journey, However, the study stated to address the need with the psychosocial support

there should be a wide study toward GBV to understand how the support services address their need and how it helps to recover(Kasherwa et al., 2023).

Examining how the recovery phase offers open insights into how GBV survivors eliminate and rebuild their lives after experiencing trauma, understanding these complex dynamics to reduce the challenges individuals face as they struggle to recover and emerge from traumatic experiences. This understanding points to the necessity for targeted interventions and support strategies that recognize the multidimensional nature of the recovery process following GBV (Sinko et al., 2022).

The distinct context of GBV stated a notable research gap, particularly concerning injuries and trauma caused by sexual and gender-based violence (SGBV). Despite injuries being acknowledged as an increasing global public health concern, prevalent research tends to concentrate on other causes. Addressing this gap necessitates prioritization and the formulation of practice guidelines to reduce the impact of injuries resulting from SGBV, thereby crucially enhancing support for survivors (Kuupiel et al., 2023).

2.4. Psychosocial supports on Women's Recovery

A study by Sewalem and Molla .(2022) examines the widespread impact of GBV on mental health, finding it as a significant cause of conditions such as depression, anxiety, and post-traumatic stress disorder (PTSD). Therefore, immediate social support is essential to mitigate these impacts.

Additionally, by underlining the direct link between the occurrence of abuse and psychological distress, the study acknowledges the indirect consequences that arise from such violence. The impacts of this distress affect the overall well-being of victims, leading to

damaging consequences that delay their ability to recover independently. Thus, there is a pressing need for comprehensive support systems to lessen this distress and assist victims in their recovery (Wei et al., 2021).

Both barriers and facilitators influence trauma healing, with a particular emphasis on the influential role of the social context with psychosocial support. The exploration reveals three core objectives of healing: reconnecting with oneself, others, and the external world. This insight is instrumental in informing the design of therapeutic environments tailored to the unique needs of GBV survivors, aiming to create safer and more conducive spaces for their healing process (Sinko & Saint Arnault, 2020).

From GBV the survivors face mental health difficulties, including depression, anxiety, diminished self-worth, and PTSD, potentially adopting criminal practice leads to accepting violence. This leads them not to seek help that's the reason strong and targeted ongoing psychosocial support is needed so the survivors can recover and lead healthy lives (Karakurt et al., 2014).

2.5. Recovery Dynamics in Gender-Based Violence

In the case of GBV recovery, Janoff-Bulman's seminal work (2016) studied to understand the complex processes involved also emerged as a basis, flaking light on the insightful impact of cognitive reviews and external support in the rebuilding of trauma victims' inner worlds. By emphasizing these factors, Janoff-Bulman underscores their pivotal role in enabling survivors to exceed victimization. This perspective finds tone in Muñoz's study (2017), which further explains the significance of apparent control and hope as cognitive pillars associated with resilience among survivors. Integrating these perspectives offers valuable insights into the motivational

complexities crucial for empowering GBV survivors and extends our understanding of the cognitive mechanisms underlying resilience in the outcome of trauma.

The literature emphasizes the essential role of professionals in GBV recovery, particularly in administering trauma-informed care. However, while professionals play a crucial function, gaps continue in research that effectively informs their responses. The recovery line of survivors is influenced by a multi factors, both internal and external. Additionally, Social support and economic stability emerge as significant causes, yet barriers such as economic insecurity and caregiving responsibilities may lessen the progress toward healing. Moreover, individual characteristics and societal contexts play integral roles in fostering posttraumatic growth, underscoring the necessity for targeted interventions. An inclusive understanding of survivor perspectives is crucial in designing interventions that address their unique needs and facilitate a more functional and meaningful recovery process (Sinko et al., 2022).

2.6. Theoretical Frameworks

2.6.1. Perspective on Psychosocial Support

Psychosocial supports, including emotional aid and different practical interventions, which help in addressing challenges related to GBV must be ongoing. Emotional support aids coping with trauma and raises resilience to individuals, while useful support facilitates access to dynamic mental health means. Identifying the influence of religious beliefs on interventions for domestic violence, it is essential to establish safe environments encouraging recovering and supporting by distinguish what to practice create a good and healthy environment for all (Lanchimba et al., 2023).

Theories regarding GBV, such as the "Cycle of Violence" model developed by Lenore Walker and the "learned helplessness" theory by Martin Seligman, offer insights into patterns of abuse and survivor responses. However, these models may not fully capture the diverse experiences of survivors or the complex influences on their decisions. Similarly, the "Family Conflict" model tends to generalize by involving both partners equally, which can inadvertently imply that survivors share responsibility for the violence they endure. A survivor-centered, holistic approach is crucial to address interconnecting factors like gender roles and power dynamics. Targeted interventions based on this approach aim to empower survivors, support healing, and prevent future violence. Applying psychosocial theories specifically to the context of GBV survivors enriches understanding and promotes intervention strategies designed to challenge harmful beliefs, contributing to a society free from GBV (Morgan, 2022).

Stress theories highlight the impact of stressors in increasing aggression and violence, mostly in the context of GBV. On the other hand, psychological theories focus on individual factors that contribute to practice GBV. These theories suggest that stressors can increase psychological distress, potentially led to engaging in violent behavior. Interventions informed by these theories suggest dealing with the root causes of GBV and raising healthy relationships among individuals affected by violence plays a crucial role to eliminate the stress (Nizri, Hemi, & Levy-Gigi, 2024).

2.6.2. The Role of Social Support in Coping with Trauma

In Tewabe et al. (2024) study stated that survivors employ various coping mechanisms, influenced by cultural norms and fear of stigma, such as isolating self and seeking advice from others. While access to psychological counseling and healthcare support is crucial to recover

from trauma, stigma and discrimination can hold back survivors from seeking help. Targeted social support interventions are crucial to address these obstacles and promote the well-being of survivors, by underlining the significance of community-based studies and applying targeted support services to help in healing and rebuilding lives.

Regarding targeted-based intervention, Feminist theory emerges as crucial in emphasizing power dynamics and their role in raising violence. Societies with gender inequalities are likely to show higher rates of GBV according to this theory. Also, social psychological perspectives examine individual, situational, and societal factors contributing to GBV. Targeting specific factors within this framework helps effective intervention design which enhances overall wellness. The literature emphasizes the need to consider societal and situational factors alongside individual characteristics for more targeted GBV interventions. Integrating feminist theories, social psychology, and a holistic approach is critical for developing strategies to eliminate GBV, and raising progress towards safer and more equitable societies (Ryan & Branscombe, 2015).

The Social-Ecological Model offers a comprehensive framework for understanding GBV by examining influences across multiple levels, from individual factors to broader societal contexts. This model highlights how social norms, cultural beliefs, and institutional practices can significantly impact the prevalence of GBV, either by reinforcing violence or aiding in its prevention. It stated the impact of social norms, cultural beliefs, and institutional practices have implications for GBV, whether in preventing or alleviating violence. On the other hand, public choice theory focuses on decision-making processes in the public sector, offering insights into the motivations and encouragements guiding policy application. While not directly linked to GBV, it can inform strategies by describing difficulties and opportunities within public administration. Integrating both models can enrich interventions by addressing root causes and ensuring effective

implementation, linking theoretical understanding with practical challenges (Gender-Based Violence, 2013).

2.6.3. Empirical Studies

Psychosocial Support Interventions in GBV

According to Kamali et al. (2020) study's its emphasis the immediate need for additional investigation and documentation within psychosocial support interventions among the struggle and its consequences which exist during the intervention. Regardless of identifying the intervention potential to influence mental well-being positively, the review emphasizes the importance of investigating deeper to separate the exact impacts of such interventions on depression and anxiety outcomes. Additionally, it highlights the immediate action to clarify and document both the research and practical aspects of psychosocial support contribution.

The effectiveness of psychological interventions for GBV, mostly among rape survivors in post-rape care centers in Kenya, was studied using a descriptive survey research design employing structured questionnaires. Findings discovered that while a majority of survivors received individual and group counseling, and follow-up counseling, and participated in support groups, only 63.6% had access to legal services. Despite the overall effectiveness of psychological interventions in alleviating the harshness of psychological effects, the study identified areas lacking improvement, especially in the delivery of legal services, follow-up care, and family counseling. This highlights the need for comprehensive psychosocial support services to address the multidimensional needs of rape survivors (Kibet, 2020).

The research, encompassing 39 survivors of GBV, used structured questionnaires and combined both qualitative and quantitative methodologies for data analysis. It investigates the

levels of satisfaction among GBV survivors in the services provided by the One-Stop Crisis Management Center (OCMC) in Hetauda, Nepal. Notably, psychosocial support emerged as a fundamental service offered by the OCMC, prominently supporting survivors in navigating the effect of their experiences. Through psycho-social counseling, survivors revealed a secure pathway to express emotions, process trauma, and gain coping strategies. This inclusive support mechanism enabled the cultivation of resilience, rebuilding of control, and rebuilding of lives post-GBV. The study highlights the crucial role of psychosocial support in the general recovery and empowerment of GBV survivors, shedding light on the significant influence of facilitating healing and progress of the survivors (Hujdar, 2020).

This study states that from 550 households studied, researchers found that 45 individuals revealed various mental health concerns, such as PTSD and major depressive disorder (MDD), and highlighted the pressing need for psychosocial support interventions to identify and address specific mental health diagnoses. Especially, the study uncovered a higher prevalence of PTSD cases among females compared to males so further study is required to evaluate the effectiveness of psychosocial support interventions in improving psychological distress and managing a range of mental health concerns among affected populations (Yigzaw et al., 2023).

2.6.4. Gaps and Contradictions in Psychosocial Support

This literature highlights numerous areas where research on psychosocial support for survivors of GBV remains uncovered and there is a gap in the information. It is indicated that there is a lack of studies examining the effectiveness of exact interventions designed to help GBV survivors. Moreover, the role of social networks in addressing psychosocial support to GBV survivors remains uncovered. These gaps highlight the crucial need for more scholarly

investigation to improve our understanding of how the interventions and social networks can effectively contribute to the support and recovery of GBV survivors (Giraldo, 2017).

The study Tol et al. (2013) highlights significant knowledge gaps in understanding psychosocial support for survivors of GBV. There is a scarcity of strong evidence to conclude the effectiveness of explicit interventions targeting the mental health needs of GBV survivors. The study of social networks' role in providing psychosocial support to GBV survivors remains scarce. Moreover, there's a noticeable lack of relative studies evaluating the effectiveness of several interventions or methods in supporting GBV survivors. These research gaps highlight the need for more investigation to guide the development of more effective and inclusive support plans for GBV survivors in their needs.

The significance of psychosocial support in reducing the effects of GBV and raising the well-being of survivors is broadly known. However, significant gaps exist, particularly regarding the support for vulnerable populations. There is a lack of research on the effectiveness of explicit psychosocial interventions for GBV survivors, especially among various groups. Additionally, although the role of social networks in supporting GBV survivors is recognized, there remains a lack of understanding of mechanisms through which social networks influence survivors' well-being and recovery. Addressing these gaps is crucial to improving support services and developing targeted interventions that effectively address the various needs of individuals affected by GBV (Ogbe et al., 2021).

The study by Lakin et al. (2022) underscores the need to understand psychosocial support for survivors of GBV, including evaluating the effectiveness of targeted interventions such as cognitive-behavioral therapy, clarifying the impact of psychosocial support on survivors'

recovery, investigating how cultural factors influence intervention effectiveness across diverse populations, and addressing the multidimensional needs of survivors facing traumas such as discrimination and displacement.

2.6.5. Factors influencing motivation to recover from GBV

The level of social support impacts the recovery process from GBV among survivors, research indicates that social support plays a crucial role in the recovery process of survivors of sexual victimization, both in face-to-face interactions and online disclosures (Mohammed et al., 2023). Additionally, survivors of severe problems also benefit from social support in their recovery journey, Therefore, enhancing social support networks, addressing gender stereotypes, and providing various forms of support are essential in enabling the recovery process of GBV survivors (Lowenstein-Barkai, 2021).

The recovery journey from GBV and other traumatic experiences is influenced by many factors across social, psychological, and physiological factors. Social support emerges as a crucial factor, with studies indicating its insightful impact on enabling recovery (Njuguna, 2016). Additionally, individuals recovering from severe Trauma benefit from factors such as a vigorous support network, sustaining a positive attitude, engaging in activities, and receiving quality care, all of which contribute to their rehabilitation process (Zhou et al., 2012).

As Zeng et al. (2021) research findings have revealed that general self-efficacy (GSE) has a positive influence on psychological resilience (PR) and post-traumatic growth (PTG). This underscores the significance of understanding the psychological factors that affect motivation to recover, particularly during challenging times are crucial. Individuals with higher self-efficacy levels tend to show greater psychological resilience and growth when challenged with difficulties

Psychological factors influencing motivation for recovery are closely linked with resilience in female survivors, individual, relational, and contextual factors. Survivors employ coping mechanisms to navigate challenges by building their resilience to cope (Fernández-Álvarez et al., 2022).

2.6.6. Societal and Cultural Perception of GBV

The deeply rooted social stigmas and cultural norms often act as difficult obstacles, delaying survivors from reaching out for help since GBV is mainly perceived as domestic violence rather than forcefully sexual violence committed by strangers. To address these multidimensional challenges, recommendations highlight the necessity for promoting social transformation concerning gender norms (Kawaguchi, 2020).

There is a complicated dynamics of community support and its impact on survivors' willingness to seek help in GBV. Results show a crucial correlation in survivors who encountered support and acceptance from their communities showed high motivation to seek support and employ coping strategies. In opposition, individuals facing discrimination or a lack of support showed a low motivation to seek help, driven by fears surrounding stigma or the prospect of further victimization. These findings underscore the essential influence of community attitudes and responses in shaping survivors' resolve to challenge GBV. Highly, the study advocates for targeted interventions aimed at promoting supportive and inclusive community environments, thereby empowering survivors and enabling their journey toward recovery (Barnett, Maticka-Tyndale, & Kenya, 2016).

2.6.7. Recovery Narratives and Support Interventions in GBV Survivors

In the journey of recovery from GBV, survivors confront difficulties in managing trauma and post-traumatic symptoms. Moreover, community-based interventions emerge as crucial agents in cultivating solidarity and collective empowerment among survivors, increasing their drive for positive transformation; these narratives highlight the transformative potential inherent in both individual and community-level advantages, which serve to cultivate resilience and motivation among GBV survivors. In the long run, they emphasize the essential role of inclusive support systems in facilitating the journey of recovery and empowerment for these individuals (Alcantud et al., 2021).

Interventions like support groups and community organizations are highlighted as essential in helping survivors to feel a sense of belonging, support, and empowerment, thus it increases their motivation for change. Additionally, individual counseling and psychosocial support emerge as critical elements in helping survivors on their path to healing from trauma and developing resilience (Cheng, King, & Oswald, 2020)

This review investigates cultural influences that impact survivors' capacity to express their experiences and emotions. This difficulty shows the necessity for the development and implementation of assessment tools that are not only culturally sensitive but also wide-ranging in their scope. Such tools are crucial in effectively capturing the psychological well-being of GBV survivors, facilitating tailored support and interventions to aid in their recovery journey (Aubert & Flecha, 2021).

2.6.8. Challenges and Solutions in GBV Psychosocial Support

Akhtar and Barlow (2018) emphasize the role of psychosocial support, mainly forgiveness therapy, in strengthening mental well-being and driving transformative change. Ulloa et al. (2015) examine the concept of psychological growth as a significant change following trauma. Additionally, Tappis et al. (2016) stated the importance of effective GBV prevention interventions in providing essential support and resources for individuals to undertake active change. These findings collectively highlight a holistic approach, integrating psychosocial support, mental health services, forgiveness therapy, and GBV prevention advantages, in raising the resilience needed to navigate and eliminate the trauma associated with GBV.

Psychosocial support is a basis for aiding survivors of GBV through their recovery journey, offering coping mechanisms post-trauma (García Montes et al., 2021). However, it's crucial to recognize the potential strain on caregivers' mental and emotional well-being, possibly leading to secondary traumatic stress (Gregory, 2017). Extensive research highlights the crucial role of social support networks in survivors' experiences, highlighting their correlation with psychological resilience and advocating for integrated psychosocial support approaches (Machisa, 2018).

The integration of psychosocial support services into the recovery journey of women survivors of GBV faces various challenges. Particularly, the one-stop center model implemented in the Democratic Republic of Congo emphasizes offering psychosocial support alongside medical and legal services (Morgan et al., 2023). However, challenges such as inadequately trained staff, limited professional recognition, and ethical complications pose obstacles to effective implementation (Kasherwa et al., 2023). Additionally, addressing the availability and

effectiveness of psychological interventions for marginalized and disadvantaged GBV survivors, considering the social causes of mental health, is essential (Yalcinoz-Ucan et al., 2022).

2.6.9. Exploring Research Gaps and Unexplored Territories in GBV Literature

GBV arising from the absence of inclusive frameworks, empirical inadequacies due to limited data availability in assessing effectiveness, and interdisciplinary insights show huge gaps. Contextual lacks underscore the need for research across various settings to navigate various dynamics. Interdisciplinary collaboration and strong methodologies stand essentially for enhancing interventions towards supporting survivors of GBV on a global scale (Hattery, Monterrosa, & Porter, 2020).

There is a failure to address crucial areas such as the essential reasons for the knowledge gap, specific challenges in implementation, and the viewpoints of GBV survivors. Additionally, cultural influences and long-term outcomes remain unexplored. Dealing with these problems through further research is crucial for enhancing GBV management and healthcare services (Mtaita et al., 2023).

In the literature, it's shown numerous research gaps within the realm of GBV. Empirically, there exists a lack of studies examining the psychosocial complications of GBV among women, particularly regarding risk factors associated with symptoms and diagnoses of complex PTSD. Furthermore, further investigation is justified into the correlation between extreme events and GBV, as well as the causes and physiological impacts among African women. Contextually, there is the absence of examination into the GBV experiences of marginalized rural women closing these gaps through empirical research is vital for advancing interventions and understanding in this field (Rikhotso, Netangaheni, & Mhlanga, 2023).

Also, significant gaps emerge in addressing psychosocial support for adolescent girls in delicate contexts affected by GBV. Current approaches, both humanitarian and biomedical, are considered insufficient. Empirically, absences continue in mental health and psychosocial support systems, particularly in preventive activities and targeted identification of at-risk. Contextually, the study centers on post-conflict settings in Gaza, Liberia, and Sri Lanka, underlining various vulnerabilities and service environments. Further exploration is necessary on the influence of cultural norms, long-term conflict impacts, intervention effectiveness, and community support systems. Bridging these gaps is essential for targeted interventions for GBV survivors (Samuels, Jones, & Abu Hamad, 2017).

Moreover, the article identifies conceptual, empirical, and contextual gaps in understanding GBV and motivation in healing processes. Conceptually, there is a need for an understanding of individual healing post-GBV and the acknowledgment of motivators for change. Empirically, the limited evidence on GBV healing highlights the determination for further research to address gaps and provide an inclusive understanding. Contextually, potential insights from other disciplines remain unexplored, presenting a possibility for interdisciplinary collaboration. Additionally, an unexplored area involves identifying essential shifts or turning points in healing paths. Closing these gaps through interdisciplinary collaboration and robust empirical inquiry is crucial for advancing interventions in GBV and understanding what motivates survivors to recover (Sinko, James, & Hughesdon, 2022).

The study highlights the need for broader research about various settings to address contextual gaps sufficiently. Interdisciplinary insights from fields like psychology and sociology could enhance interventions. Unexplored areas include long-term impacts, the effectiveness of interventions, intersectionality, prevention strategies, and contextual factors, necessitating further

research to inform inclusive support services and interventions for GBV survivors (Muuo et al., 2020).

In this study, conceptually, there's a need for inclusive theoretical frameworks addressing GBV complexities, and capturing GBV's multidimensional nature and mental health consequences is essential. Theoretical gaps suggest a need for frameworks explaining GBV causes and dynamics in various settings. Contextually, research gaps exist in understanding GBV in Northwest Ethiopia, demanding focused investigation. Interdisciplinary collaborations are encouraged to improve GBV understanding. Concerning psychological well-being, GBV's significant impact highlights the need for psychosocial services, particularly for survivors in conflict-affected and displaced populations. Future research should highlight developing inclusive theoretical frameworks and empirical evidence to understand GBV's psychological impact across diverse populations (Workie et al., 2023).

The existing literature on GBV and related mental health challenges among women has distinguished a gap in its investigation of psychological wellbeing. While there may be studies addressing the prevalence of GBV, there seems to be a lack of in-depth examination of the psychological impact on survivors. Specifically, there is limited research on the psychological well-being of women who have experienced GBV, including the prevalence of mental health disorders such as PTSD, depression, and anxiety among survivors. Understanding the psychological consequences of GBV is crucial for providing effective interventions and support services to the mental health needs of survivors in the region. Therefore, further research is needed to explore the psychological well-being of women affected by GBV in Ethiopia (Deyessa et al., 2023).

The effects of future research and interventions on GBV survivors highlight several key areas. Research should understand hurdles to retrieving essential services, and investigate language barriers, and service providers' attitudes. Discovering survivors' experiences in the justice system and enhancing coordination between organizations and government sectors is crucial. Developing survivor-centered models of broad services and highlighting psychological care also psychosocial support within interventions are essential. These areas require further attention to ensure effective support for GBV survivors (Mengistu, 2017).

The literature on GBV highlights its complex nature and significant impact on survivors, manifesting in various forms such as physical and psychological abuse. This violence leads to long-lasting harm, affecting well-being and imposing social and economic costs. While traditional theories like the Cycle of Violence provide insights, they often overlook the diverse experiences of survivors, underscoring the need for a survivor-centered approach that addresses underlying power dynamics and gender roles.

Chapter Three

Methods

3.1. Research Philosophy

This study is grounded in a constructivist ontological position, which I have chosen based on the view that knowledge and meanings around GBV are inherently shaped by social contexts and interactions (Fosnot, 2013). This stance is essential to my research, as it frames GBV not as an isolated event but as a socially constructed issue influenced by cultural norms, societal structures, and gendered power dynamics. Through this perspective, I interpret GBV as a manifestation of inequalities embedded in social systems, which shape both the experiences of survivors and their access to support and recovery. By adopting this constructivist lens, I can more deeply examine how the broader narratives of gender, power, and identity impact survivors' individual experiences and coping mechanisms, making it an appropriate and insightful approach for studying GBV within complex social frameworks.

From this perspective, the research is uniquely positioned to explore how factors such as cultural beliefs, gender roles, and institutional support systems shape survivors' lived experiences and influence their recovery journeys. By focusing on these contextual influences, this study perceives GBV not just as an individual experience of trauma but as part of a larger social narrative that reflects and reinforces power imbalances. In this way, the study aims to highlight the interplay between personal and societal dimensions of GBV, contributing to a comprehensive understanding that goes beyond individual accounts to include the social forces that perpetuate these experiences.

This constructivist approach also guides the study's methodological choices, aligning with a qualitative design that seeks to delve into survivors' subjective experiences through semi-structured interviews and focus group discussion. These interviews allow survivors to express their narratives and reflect on how their environments shaped by societal beliefs and structures affect their coping mechanisms, experiences, and improvements. The research, therefore, seeks to not only document individual experiences but to capture the broader social realities that contribute to these lived experiences.

3.2. Research Design

This study employs a phenomenological design, which is well-suited for exploring the lived experiences of individuals who have undergone GBV (Pilarska, 2021). This design aligns closely with the research question, as it focuses on understanding how psychosocial support influences the recovery journey of GBV survivors. By centering on phenomenology, this study emphasizes the subjective, personal dimensions of survivor experiences, recognizing that their recovery is shaped by their unique thoughts, beliefs, and emotions (Ataro, 2020). This design is particularly relevant for this topic because it provides a structured yet sensitive framework for uncovering how survivors interpret and internalize the impact of psychosocial support, ultimately providing insights that are crucial for designing effective support interventions.

To answer the research question a qualitative research approach was used since it provides the participants a chance to express their thoughts, feelings, and experiences, so it is a suitable approach to understanding the lived realities (Tenny, Brannan, & Brannan, 2024). Kaufman, Williams, Grilo, et al. (2019) highlighted that qualitative research captures the experiences of individuals affected by GBV, providing deeper insights into their perspectives and the social

dynamics involved and can inform targeted interventions and support systems for victims, addressing the root causes of GBV effectively. Similarly, in this study it is discussed adopting qualitative approaches, enables researchers to create safe environments for participants, respect cultural sensitivities, and show survivors' voices, ultimately contributing to a more comprehensive understanding of GBV and informing better interventions and policies (Diab & Al-Azzeh, 2024).

3.3 Study Site Description

The Association for Women's Sanctuary and Development (AWSAD) is used as a study site, in the case of its particular attention on GBV intervention and its multidimensional support services to survivors of GBV. Factors for choosing AWSAD as a study site by its multidimensional services and its vital interventions for GBV survivors are closely associated with the research questions, which helps for an in-depth exploration of psychosocial supports and its importance for the recovery of GBV survivors. The holistic approach implemented by AWSAD ensures access to multiple support mechanisms for GBV survivors, thus it enables an understanding of GBV intervention complexities.

AWSAD's headquarters is in the sub-city of Akaki Kality, Woreda 08, Addis Ababa, and serves as the central administrative center for its diverse programs. Additionally, AWSAD operates a Safe House, providing a sanctuary for individuals seeking refuge from the aftermath of GBV incidents. AWSAD is recognized as a non-profit organization that works to advance women's social and economic development, AWSAD offers a range of rehabilitative and reintegration services for female survivors of GBV. These include access to transitional shelters,

psychological counseling, legal aid, and other support mechanisms aimed at enabling the holistic recovery and societal reintegration of individuals who are traumatized by violence.

AWSAD has six safe houses in various regions of Ethiopia with 115 technical and support staff, AWSAD has assisted over 5,000 women and girls. Additionally, AWSAD helps survivors by capacity-building by targeting diverse stakeholders, including law enforcement personnel, legal professionals, community members, media practitioners, and students. This work is held mainly for preventing violence against women and girls. It actively collaborates with governmental bodies, women's organizations, and other stakeholders to advocate for policy reforms and implement programmatic interventions. The women and girls seeking assistance from AWSAD have suffered a range of abuse including emotional, physical, psychological, and economic violence, often committed by family members, neighbors, or employers.

At the core of AWSAD's vision lies fostering a peaceful environment for women and girls, while its mission is to establish a supportive environment for women and girls by providing psychosocial support and enabling economic independence. The main goal of AWSAD is to contribute social and economic development of women and girls in Ethiopia. AWSAD, with its specialized focus on GBV and its wide-ranging experience in distributing holistic support services to survivors, emerges as an essential research site for the study.

3.4. Study Population

The study focuses on women survivors between 15 and 23 years old. This specific age group was studied because only this age range was present at the safe house that received psychosocial support and sheltered at AWSAD. Additionally, adolescent and young adult women face heightened vulnerability during this transitional phase into adulthood, a period associated

with unique risks (Coker et al., 2002). Adolescence and young adulthood are critical stages marked by significant physical, emotional, and cognitive changes, with GBV exposure during these years potentially leading to long-term impacts (Steinberg, 2008). At the time of the study, only this age range was available at AWSAD. The study includes 26 participants from this demographic who were willing to participate at the shelter.

3.5. Participant Selection

In this study, participants were chosen from the women sheltered at the AWSAD safe house, all of whom were currently receiving psychosocial support services after experiencing GBV and who are survivors. The selection of participants was based on their presence in the organization and their ongoing participation in support programs, making them ideal for exploring the study's focus on recovery through psychosocial support.

Focusing on these participants allowed the study to address the unique needs and experiences of women in a controlled setting. Additionally, limiting the study to individuals within the AWSAD environment provided a consistent context for examining the effects of psychosocial support. Since the participants were all women, the study explored gender-specific aspects of GBV and how psychosocial support services are specifically tailored for female survivors, ensuring that the findings directly reflected the experiences of this particular group.

Moreover, sharing experiences with others in these circumstances helped create a trusting environment during data collection, allowing for more open, honest dialogue.

3.6. Data Collection Instruments

The study used semi-structured interviews with 14 participants to allow for in-depth, personal insights into the survivors' experiences. This method enabled a focused, one-on-one exploration of each participant's psychosocial journey, providing detailed information on

individual experiences and the impact of psychosocial support services. Additionally, two focus group discussions (FGDs) were conducted with 12 participants, fostering an interactive environment where survivors could share and reflect collectively. This group setting provided broader insights into shared experiences and community dynamics among GBV survivors, enhancing understanding through collective perspectives (Rutledge & Hogg, 2020).

3.6.1. Semi-Structured Interviews

Semi-structured interview instruments were employed in the study for their widely known ability to balance structure with flexibility, allowing the interviewer to explore key themes while also answering the participants' unique experiences and perspectives (McIntosh & Morse, 2015). This approach was particularly useful for capturing the experiences of women survivors of GBV. It generated qualitative data that provided deep insights into the participants' experiences with GBV and the use of psychosocial support in their recovery journeys.

The semi-structured interview guide was divided into nine sections, each targeting specific aspects of the participants' experiences, including their background, experiences with GBV, and interactions with psychosocial support services and their recovery along with their suggestions for improvement. Fourteen participants participated in the interview face to face. The flexibility of this format allowed for a deeper exploration of the participants' emotions and perceptions, which is crucial in qualitative research (DeJonckheere & Vaughn, 2019). This format also facilitated the collection of rich, detailed narratives that contribute to a broad understanding of the research topic (Castleberry & Nolen, 2018). Rather than adopting or translating existing instruments, the guide was developed from scratch, directly addressing the research questions of the study to suit the unique context of women affected by GBV.

The preparation between the data collection instrument and the study aims is reviewed by GBV experts in the field who have long experiences in it and which works at the organization have been checked. To ensure its validity and minimize the risk of retraumatization(Gill et al., 2018). The development process ensured that the questions were both relevant and sensitive to the participants' needs (Kallio et al., 2016).

3.6.2. Focus Group Discussions (FGDs)

Following the semi-structured interviews, FGDs were conducted to expand upon the data gathered from individual participants. The FGD guide used in this study was specifically developed to address the research objectives while following to scientific principles of qualitative instrument development, the guide was designed with significant input from experts in the field of psychosocial support and trauma recovery at the study setting. To ensure the guide's relevance, themes and questions were drawn from prior qualitative studies on psychosocial services, adapting them to the unique needs of this research.

The FGDs were useful for enabling discussion among participants, encouraging them to express their experiences in a group setting, which can reveal additional insights not taken in one-on-one interviews (Krueger & Casey, 2015).

The FGDs focused on exploring collective experiences with psychosocial support services and their role in recovery from GBV. The supportive environment of a group setting allowed participants to openly share their experiences along with the moderator and professional counselor of the organization were present for the under aged females, to the discussion on such sensitive issues. The collective nature of FGDs also helped participants recall and articulate experiences that they might not have shared individually (Nyumba et al., 2018).

The FGD guide was divided into different sections, each designed to facilitate discussions, on the opening section included welcoming participants, explaining the purpose of the research, and assuring confidentiality and anonymity. The next sections covered participants' experiences with GBV, the psychosocial support they received, the perceived effectiveness of these services in their recovery, and the challenges they faced in accessing support. Key questions included reflections on the quality of the support services, signs of recovery, and barriers to accessing services. The FGDs were structured to allow for living conversation while ensuring that key topics were addressed.

Twelve participants were involved in the FGDs, divided into two subgroups of six to create a more manageable group size, enabling focused discussion and ensuring that each participant had the opportunity to share openly. This division fostered a more intimate setting, reducing the potential for participants to feel overshadowed or hesitant to speak, thus promoting a supportive environment conducive to open dialogue and enriching the study's findings.

Overall, both the semi-structured interviews and FGDs contributed valuable qualitative data that deepened the understanding of how psychosocial support services impacted the recovery of women survivors of GBV. The combination of these methods ensured a broad exploration of individual and collective experiences.

3.6.3. Data Collection Process

In arranging interview appointments with the organization the researcher sent an email and visits In person after getting permission to the AWSAD's office and later sent to the shelter so that they would be interested in agreeing to participate in the study, after having permission from the setting to meet the survivors and describing the safeguarding of the research by the

counselor the researcher contact participants in person, there were 29 survivors at the safe house at the time. This approach ensured the confidentiality and privacy of participants while providing clear information about the research purpose and safeguards in place to protect their well-being.

During initial contact, the voluntary nature of participation was highlighted, and participants received detailed explanations of the study's objectives, procedures, and potential benefits. Participants had the opportunity to raise concerns or ask questions before consenting to participate, ensuring informed consent all 29 survivors were selected for the study but 3 survivors weren't willing to participate.

Once appointments were scheduled, interviews took place in person at AWSAD's safe house, chosen for its secure and comfortable environment which is familiar to them. This site selection prioritized participant comfort and safety, fostering trust and openness during the interview process (Møller et al., 2024). Interviews were conducted with compassion and without judgment, creating a supportive atmosphere of mutual respect. Participants were encouraged to share their experiences and perspectives freely, knowing that their confidentiality and anonymity were strictly maintained. Sensitivity was vital when discussing any sensitive or distressing topics (Gore-Gorszewska 2024). The use of secure communication and in-person interviews recognized a declaration to safeguard participants' privacy and well-being as the researcher was dealing with the organization during the meeting period.

3.6.4. Data Collection Procedures

There must be a clear procedure implemented to record and transcribe interview data, while highlighting confidentiality and ethical considerations (Creswell & Poth, 2018). Initially,

the researcher contacted the administration of the head office via email, describing the study's objectives and ethical safeguards. The organization's willingness to participate was secured after inviting me the head office and after several meetings in which the research protocols, confidentiality measures, and the ethical treatment of vulnerable populations were discussed.

Once the organization's participation was confirmed, all participants were identified as potential participants through collaboration with shelter staff. Participants were approached individually, and the researcher explained the purpose of the study and what their involvement would entail. Their willingness to participate was secured through informed consent procedures, where participants were provided with detailed information about the study, its aims, and their rights, including the right to withdraw at any time (Wiles, 2012).

Given the sensitive nature of the study and the vulnerability of the participants, the researcher followed strict safeguarding protocols established by the organization and participant Consent Letter. This included obtaining signed consent forms that clearly outlined the purpose of the recordings, how they would be used, and the measures in place to protect participants' privacy (Israel & Hay, 2006).

Data were collected through semi-structured interviews and focus group discussions, conducted face-to-face at the shelter. To ensure a comfortable and confidential environment, interviews were held in private, familiar settings within the shelter. In this study, underage participants, specifically those aged 15 to 17, provided informed consent through the organizations that serve as their legal guardians. These organizations are fully responsible for the well-being of the participants. To ensure emotional safety and support during the interviews, trained counselors were present throughout the process. Each semi-structured interview lasted

approximately 75 to 90 minutes and FGD took for each subgroup around 60 to 90 minutes depending on the flow of the conversation. This environment was chosen to ensure participants felt safe and encouraged open and honest communication. The interviews were scheduled at times that were suitable for participants, and only the researcher and the participant were present during the sessions to ensure privacy.

All interviews were recorded with participants' consent, and immediately after each session, the recordings were transferred to storage devices to protect against unauthorized access according to what was stated (Smith, 2018). The researcher was responsible for the transcription of the interviews to maintain the confidentiality of the data. During transcription, all identifying details were carefully anonymized to ensure privacy (Kaiser, 2009).

Upon finishing point of the transcription process, the data were analyzed using coded identifiers instead of participants' real names to further protect their confidentiality. Throughout the research process, the researcher followed all established ethical guidelines and the stated confidentiality rules with the shelter organization, emphasizing the commitment to participant privacy and data security.

3.6.5. Reliability and Validity Measures

To ensure the trustworthiness of the data, both reliability and validity were addressed throughout the study. Given the academic consistency required for a thesis, special attention was placed on the data collection process (Yegidis, 2018). Reliability was achieved through the consistent application of the semi-structured interview guide. All interviews were conducted uniformly, to maintain consistency across participants. This approach minimized variation in data collection, ensuring that each participant's responses were captured reliably.

Several strategies were employed to ensure the data exactly reflected participants' experiences, Each question was made to comprehensively address key areas of interest, including experts in the area that are available in the organization.

Furthermore, participants were allowed to review the transcripts of their interviews. This allowed them to verify the accuracy of the data and clarify any misunderstandings (Birt et al., 2016). By involving participants in the review process, the validity of the collected data was strengthened, ensuring that their perspectives were genuinely captured. By carefully planning the study maintained reliability and validity, which were crucial for the sensitive nature of the research topic and the qualitative methodology employed (Schwandt, 2014).

3.7. Data Analyses Techniques

3.7.1. Thematic Analysis

Thematic analysis was used for this study. This approach allows for a systematic identification, analysis, and interpretation of themes within the qualitative data, aligning effectively with the research objective of understanding the role of psychosocial support in the recovery journey of women survivors of GBV. Thematic analysis is widely employed for analyzing various forms of qualitative data, including interview and focus group transcripts, with an emphasis on uncovering frequent themes or ideas within the dataset (Thematic Analysis of Qualitative Data, 2021).

In this research, I engaged in a rigorous coding process, beginning with familiarization with the data by reading through all interviews. I then identified initial codes based on recurring ideas and patterns related to psychosocial support and its effects on recovery then identified in vivo coding. After coding the data, I analyzed these codes to identify potential themes, grouping

related codes into broader themes that reflected participants' experiences (Riger & Sigurvinsdottir, 2016). Braun and Clarke (2019) discuss the method, which helps organize the data, facilitating clearer analysis and enhancing the interpretation process by drawing attention to significant themes rooted in the data. Importantly, this method strengthens the credibility and validity of the findings by grounding interpretations in participants' actual responses.

3.7.2. Coding Method: In Vivo Coding

In vivo coding was employed as the first cycle of coding in this study. By using participants' own words and phrases, this method preserved the authenticity of their experiences (Maguire & Delahunt, 2017). The researcher reviewed the transcripts and identified key words and phrases that captured the essence of the participants' narratives. This manual coding process ensured a deep understanding of the data and allowed for a more nuanced analysis of the experiences of GBV survivors.

3.7.3. Developing Themes

After coding, related codes were systematically grouped into potential themes, representing patterns of meaning across the dataset (Braun & Clarke, 2023). This involved frequent clarification of themes to ensure consistency and significant output (Mishra & Dey, 2022). a process where emerging patterns were reviewed and revised to reflect the complexities of participants' experiences by constantly linking the data. Continuous comparison of data allowed for a multi-layered understanding of key insights, contributing to the depth and accuracy of the analysis (Vaismoradi & Snelgrove, 2019).

3.7.4. Reviewing Themes

Themes were carefully reviewed for clarity, relevance, and arrangement with the research objectives. Throughout this repeated process, the data were revisited to ensure any overlooked patterns were captured, and themes were developed to enhance specificity and depth. The researcher remained attentive to potential biases, ensuring the findings stayed true to participants' experiences (Almalki, Gray, & Martin-Sanchez, 2016). This repeated analysis allowed the study to remain dynamic and responsive to new insights, ensuring robust conclusions.

Themes were developed to construct a clear interpretation and understanding of the phenomenon, with careful attention given to the relationships between themes. Analysis must reveal deeper insights into the complexities of participants' experiences (Xu & Zammit, 2020). This reveal sheds light on the mechanisms through which psychosocial support aids their recovery.

3.7.5. Reporting and Interpretation

Finally, the themes were integrated into the broader interpretation of the findings. Thematic mapping was used to link each theme directly to specific research questions, ensuring a focused analysis that remained aligned with the study's core objectives (Barker, Pistrang, & Elliott, 2015).

3.8 Ethical Considerations

The study strictly followed ethical guidelines, ensuring participant safety and maintaining research integrity, particularly given the sensitive nature of working with women survivors of GBV. Informed consent was arranged, providing participants with clear and transparent

information about the research's aims, risks, and procedures. The voluntary nature of participation was emphasized, ensuring autonomy and the right to withdraw at any point without effects.

To safeguard anonymity and privacy, participants' identities were protected by assigning codes to personal information, and anonymization techniques were applied throughout the data analysis process. Confidentiality was maintained to prevent any potential harm or re-traumatization. Debriefing sessions were conducted after data collection to provide emotional support and address any concerns, promoting a respectful and ethical research environment.

Chapter Four

4.1. Results

The primary objective of this study is to explore the impact of psychosocial support on the recovery of survivors of GBV. This chapter presents the findings based on the key themes that emerged from the interviews and following data analysis. To begin, a brief profile of each participant will be provided, offering essential context for the results that follow.

4.1.1. Background

Participant Characteristics:

The study involved 26 female participants who had experienced GBV and received psychosocial support at AWSAD. The participants were diverse in terms of their geographical origins, educational backgrounds, and current occupations. They hailed from various regions across Ethiopia and were currently residing in Addis Ababa. Their educational levels ranged from primary school to diploma, with some participants having no formal education. A significant portion of the participants were students or unemployed.

This information was gathered through semi-structured interviews and focus group discussions. The data from these methods was used to gain a deeper understanding of the participants' experiences and perceptions.

4.1.2. Nature of GBV Experiences:

Participants recounted a range of GBV experiences, including:

Sexual Violence: This included various forms of non-consensual sexual acts, such as rape, sexual assault, and sexual harassment.

Physical Violence: This involved physical assault, such as hitting, slapping, kicking, and pushing.

Emotional Abuse: This encompassed verbal abuse, threats, intimidation, and gas lighting.

Psychological Abuse: This included emotional manipulation, isolation, and control.

A common theme among the participants was the betrayal of trust, often by individuals known to them, such as family members, partners, or friends. Many participants described feeling manipulated, pressured, or betrayed, leading to traumatic experiences.

4.1.3. Themes Identified in the Data

Theme 1: Emotional Impact of GBV

The emotional effects reported by survivors were profound, encompassing trauma, hopelessness, suicidal ideation, and fear. These emotional impacts varied depending on the survivor's age, the type of abuse (such as rape and physical violence), and the relationship to the abuser. The data underscore critical areas where psychosocial support can intervene effectively.

Sub-theme 1: Trauma:

All participants reported significant traumatic responses following incidents of GBV, particularly those who experienced rape. The emotional and psychological consequences of trauma were deep, highlighting the varying impacts based on the survivors' ages and the context of their experiences.

For younger survivors (ages 15-17), described their experiences as throwing, creating a sense of helplessness that flooded their daily lives. One 16-year-old participant explained this sentiment:

After it happened, I felt like I was lost in a dark place with no way out. Everything I once loved felt trauma.

(Participant 1, Interview).

The experiences of younger survivors of GBV reveal a strong sense of emotional disruption and a loss of safety, which leaves many of them feeling isolated and unable to see a path forward in their recovery. Many of these younger participants express feelings of confusion and powerlessness, as if they are trapped by their experiences. This highlights the urgent need for support systems that provide these survivors with guidance and emotional stability, helping them regain a sense of control and security in their lives. Without this support, they may continue to feel lost and overwhelmed, making it challenging for them to move toward healing.

On the other hand, the responses from older survivors (ages 20–23) show a more complex relationship with trauma. Many in this age group describe lasting emotional scars and intense mistrust, especially when their trauma involves close family members. For instance, one 23-year-old participant shared,

“It was not just what happened; it was who did it... it changed everything about who I could trust.”

(Participant,3)

This statement points to the deep feelings of betrayal and hurt that arise when the abuser is someone who should have provided safety and care. Abuse by family members not only intensifies the pain but also makes it harder for these survivors to trust others, creating a barrier to

recovery and emotional growth. They may struggle with forming new relationships or feeling safe with others, as their sense of trust has been deeply affected by their experiences.

These results suggest that different age groups require different types of support for effective healing. For younger survivors, immediate support may be beneficial in addressing their feelings of helplessness and confusion. They may need safe spaces where they can express their emotions freely and gain confidence in themselves. Simple, focused interventions that teach coping skills and help them regain a sense of personal control can be especially helpful. In contrast, older survivors, especially those who have experienced abuse by family members, may need support that is focused on rebuilding trust and working through the unique pain of betrayal. Support programs that emphasize restoring trust can give these survivors the skills to connect with others in healthy ways and slowly build positive relationships, helping them find hope in moving forward.

Understanding these different needs can improve the effectiveness of psychosocial support services. Recognizing that younger survivors may feel overwhelmed and powerless can guide the creation of age-appropriate therapies that provide comfort and stability, giving them a foundation to move past their trauma. For older survivors, especially those dealing with betrayal from loved ones, support that helps them rebuild trust and address the intense impact of betrayal may be critical for their healing.

These findings emphasize the importance of creating support systems that respond to each survivor's specific needs and circumstances. By listening to and understanding each survivor's story, service providers can create an environment that feels safe, supportive, and personalized, helping survivors feel respected and empowered as they rebuild their lives. This trauma-informed, individualized approach to care can make a significant difference in each survivor's journey, allowing them to heal at their own pace and with the right support.

Sub-theme 2: Hopelessness:

Participants described feelings of hopelessness being trapped and isolated following the abuse. This sense of hopelessness often permeated their daily lives, severely impacting their mental health and outlook on recovery.

Among younger survivors, the feeling of hopelessness was particularly severe. These participants frequently carried a pervasive sense of helplessness, emphasizing their struggle to see a path forward in their recovery.

“I didn’t know what else to do... It felt like no one could understand or help.”

(Participant 3, Interview).

The emotional burden of feeling misunderstood but also highlights a critical gap in the support systems available to these survivors. Their inability to access resources or receive adequate support compounded their feelings of isolation and despair.

Younger survivors often reported that they felt invisible in the aftermath of their trauma, leading them to believe that their experiences were not recognized or validated. This experience of invisibility worsens their hopelessness, as they struggle to identify safe spaces or individuals who can offer meaningful support. The emotional toll of this isolation can lead to a detrimental cycle, where feelings of hopelessness reinforce their withdrawal from potential support.

To address this, interventions must go beyond merely providing emotional support; they should also empower survivors to explore and access available resources actively. This could involve educational programs aimed at increasing awareness of psychosocial support options, as well as creating safe environments where survivors can share their experiences and seek guidance. Initiatives that foster peer support networks may also be beneficial, allowing younger survivors to connect with others who have faced similar challenges, thereby reducing their sense of isolation.

By integrating empowerment strategies into psychosocial support services, providers can help survivors cultivate a sense of agency over their recovery process. Enabling them to recognize and utilize available resources can foster resilience and promote a more hopeful outlook on their future.

Sub-theme 3: Suicidal Ideation:

Participant disclosed struggles with suicidal thoughts, particularly prominent among those who endured long-term abuse without consistent support. This troubling finding indicates a critical intersection between trauma and mental health challenges. For instance, a 21-year-old participant expressed her despair, saying,

“I just wanted an end to everything... no one knew what I was going through, and I felt like I couldn't take it anymore.”

(Participant 5, interview).

This statement reflects not only the intensity of her emotional pain but also a profound sense of isolation; it highlights how survivors often feel invisible and unheard, intensifying their suicidal ideation.

The experiences of suicidal thoughts among participants varied considerably, with older survivors frequently articulating feelings of hopelessness associated with their long-term experiences of abuse. These participants often reported that the absence of reliable support systems worsened their struggles, leading them to contemplate suicide as an escape from their pain. It is crucial to acknowledge that these thoughts were not merely fleeting; they represented deep-seated emotional distress stemming from the cumulative effects of their trauma.

To address this alarming trend, the need for accessible and sustained psychosocial support is paramount. Implementing structured support systems that provide ongoing mental health resources can play a vital role in helping survivors navigate their emotional struggles. Developing

crisis intervention programs and ensuring regular check-ins from mental health professionals can create a safety net for survivors, allowing them to express their feelings and seek help before they reach a critical point.

Sub-theme 4: Fear

Fear was a common emotion reported by all participants, although its manifestations varied significantly based on individual experiences. Survivors of familial abuse, especially those who were raped by close family members three participants specifically reported abuse from their fathers struggled with profound anxieties surrounding vulnerability and safety. The trauma of familial betrayal heightened their fears, creating an atmosphere of distrust that extended beyond the abuse itself.

Younger participants predominantly voiced fears for their immediate safety, expressing concerns about being re-victimized or facing hostility from peers and family members. One 17-year-old participant shared,

“I’m always looking over my shoulder... I can’t trust anyone now.”

(Participant 8, Interview).

This fear reflects a pervasive anxiety that often disrupts their sense of security and well-being, preventing them from forming healthy relationships or feeling safe in their environments.

In contrast, older survivors articulated fears related to future relationships and societal judgment. Their experiences of abuse often left them questioning their worthiness of love and acceptance. A 22-year-old participant noted,

“I worry about how anyone could ever see me as normal after what happened.”

(Participant 6, FGD).

Such fears can significantly delay their recovery process, underscoring the need for targeted interventions that address these anxieties. The data obtained highlight the complex emotional

impacts of GBV survivors typically face immediate safety concerns and feelings of helplessness, and faced deeper layers of betrayal and enduring mental health struggles. The prevalence of suicidal ideation and pervasive fear among participant's points to a critical need for sensitive, trauma-informed psychosocial support services tailored to individual survivor needs.

Furthermore, understanding the specific experiences and backgrounds of each survivor can inform interventions aimed at fostering recovery and resilience. By integrating personalized approaches that address not only emotional pain but also fears and suicidal ideation, support services can better equip survivors to navigate their healing journey and reclaim a sense of safety and hope for the future.

Theme 2: Experience of Supportive Environment

The psychosocial environment within the shelter played a vital role in the recovery of survivors. Many participants reported that the sense of security, the establishment of trust, the peer support network, and the feeling of belonging were critical components that significantly contributed to their emotional healing. This environment not only allowed survivors to confront their trauma but also facilitated the development of healthy relationships that are essential for recovery.

Sub-theme 1: Safety

All participants expressed that entering the shelter marked an essential shift in their sense of security. Participants described their previous environments as filled with constant fear and vulnerability, which hindered their ability to heal. One participant, an 18-year-old girl, reflected, *“When I first arrived here, it felt like a new beginning. I didn't have to look over my shoulder anymore.”*

(Participant 3, FGD).

This statement show the deep relief survivors felt upon entering a space that prioritized their safety. The security provided by the shelter allowed survivors to lower their emotional defenses and engage more fully in their healing processes. The absence of external threats and the assurance of safety encouraged them to share their experiences without the fear of retribution or judgment. This newfound sense of security was essential for survivors to explore their emotions and experiences openly, creating a good ground for recovery.

Sub-theme 2: Trust

Building trust was identified as a crucial aspect of the healing process within the shelter. Participants had previously experienced betrayal by trusted individuals, which made it challenging to open up to others. In the supportive environment of the shelter, however, consistent, non-judgmental interactions with staff members and fellow survivors facilitated this rebuilding of trust. A 23-year-old participant remarked, *“It took time, but I learned that I could trust the people here. They didn’t judge me; they listened.”*

This rebuilding of trust was not instantaneous; it required patience and consistent support from the shelter staff, who demonstrated understanding and empathy. The safe space allowed survivors to gradually reveal their stories, helping them process their trauma. Trust became a vital ingredient in fostering a sense of safety and belonging, which ultimately empowered survivors to seek help and engage in therapeutic activities.

Sub-theme 3: Peer Support

The importance of peer support emerged as a transformative factor in the recovery journey of survivors. Of the participants, 15 emphasized how group sessions provided a unique opportunity for them to connect with others who shared similar experiences. In these sessions, survivors found strength in hearing the stories of others, which helped diminish their feelings of isolation. A 19-year-old participant shared,

“Hearing others talk made me realize I wasn’t the only one going through this. It felt like a weight lifted off my shoulders.”

(Participant 9, Interview).

This sense of solidarity fostered an environment where survivors felt comfortable expressing their emotions, validating their experiences, and finding strength in community. The shared understanding among peers helped survivors reframe their narratives and recognize that they were not alone in their struggles. This collective healing experience became a powerful tool in combatting feelings of shame and helplessness.

Sub-theme 4: Belonging

The sense of belonging seen within the shelter was fundamental to the recovery of participants. Many expressed that group activities and shared experiences allowed them to feel accepted and valued. One participant, aged 22, stated,

“Being here is the first time I’ve felt safe enough to tell my story, and when I hear others talk, I feel like I’m not alone.”

(Participant,4 Interview).

This reflects the significance of creating an inclusive environment where survivors can freely share their stories without fear of judgment. The feeling of belonging not only facilitated emotional healing but also encouraged survivors to engage actively in the therapeutic process. By fostering connections with others, participants could rebuild their social identity and self-worth, both of which had been adversely affected by their experiences with GBV. The shelter environment became a space for survivors to reclaim their narratives, rediscover their voices, and cultivate a renewed sense of hope for the future.

The findings highlight that the shelter environment was more than just a physical space; it was a critical component of the emotional recovery process. The establishment of security

allowed survivors to feel safe enough to confront their trauma, while the development of trust enabled them to engage more openly with staff and peers. Peer support emerged as a transformative experience, helping participants feel less isolated and more understood.

Moreover, the sense of belonging reinforced survivors' self-esteem and fostered a supportive community that emphasized collective healing. These elements combined to create a holistic approach to recovery, underscoring the necessity of tailored psychosocial support interventions that can meet the diverse needs of survivors.

By addressing the unique experiences and backgrounds of each survivor, recovery programs can be designed to promote resilience and empowerment, allowing individuals to navigate their healing journeys with the support they need. Understanding these dynamics is essential for developing effective psychosocial support services that can facilitate recovery and foster a sense of hope for the future.

Theme 3: Benefits of Psychosocial Support Services

The psychosocial support services provided at the shelter, including individualized and group counseling, group support sessions, Play, Art and Dance Therapy, Self-defense training, and skill-building workshops, played a crucial role in aiding survivors' recovery processes. Participants reported notable improvements in their ability to manage trauma symptoms, regulate emotions, and reduce the frequency and intensity of flashbacks. These services not only equipped survivors with effective coping mechanisms but also fostered a sense of empowerment, self-acceptance, and community, highlighting their significance in the recovery journey.

Sub-theme 1: Trauma Coping Skills

Among the survivors, a significant majority (24 out of 26) identified counseling sessions as a pivotal aspect of their healing. The counselors employed a variety of techniques tailored to each

survivor's needs, enabling them to effectively manage intrusive thoughts and emotional distress commonly associated with their experiences of GBV.

Specifically, younger participants aged 15-17 expressed deep gratitude for the supportive environment fostered by the counselors. They found support in learning that their feelings were valid and manageable. For instance, one 17-year-old participant shared,

“I learned that it’s okay to feel sad or angry. The counselor showed me how to talk about it instead of keeping it inside.”

(Participant5,FGD)

This quote illustrates how counseling not only validated their emotions but also empowered them to express themselves constructively.

According to the data obtained from participants Counselors introduced coping strategies, such as grounding techniques and mindfulness exercises, which they helped survivors. By learning these skills, younger survivors reported a noticeable decrease in the frequency and intensity of flashbacks, allowing them to regain a sense of control over their emotional responses. For example, one participant noted, *“When I feel overwhelmed, I remember what my counselor taught me about focusing on my breathing. It helps me calm down and not spiral into those memories.”*

Sub-theme 2: Reduction in Self-Blame

In contrast, survivors (ages 20-23) highlighted a different yet equally important benefit derived from the psychosocial support services, specifically the shift from self-blame to self-acceptance. Many of these survivors entered the shelter with deep-seated feelings of guilt and shame related to their experiences, which significantly hindered their recovery.

Through therapeutic sessions that focused on challenging and reframing these negative beliefs, the survivors began to apart the self-blaming narratives they had internalized. For example, a 21-year-old participant shared,

“Before the counseling, I blamed myself, but now I’m starting to understand that I wasn’t at fault. I see that it was never my choice.”

(Participant 4, FGD).

This reflects realization marked a turning point in her recovery, as it allowed her to reclaim her identity outside of the trauma.

These therapeutic discussions not only addressed the misconceptions surrounding GBV but also facilitated an understanding of the dynamics of abuse, which helped survivors decontextualize their experiences. The process of learning about the psychological effects of GBV fostered a sense of empowerment among older survivors, enabling them to view themselves as survivors rather than victims.

The gradual shift towards self-acceptance was crucial for participants, as it helped them cultivate a healthier self-image and reinforced their agency in the recovery process. The support they received allowed them to embrace their strength and resilience, ultimately contributing to a more positive outlook on life and the future.

“Before the counseling, I blamed myself, but now I’m starting to understand that I wasn’t at fault.”

(Participant 12, Interview).

As the finding revealed from data obtained from participants psychosocial support services offered at the shelter effectively addressed the trauma-related challenges faced by survivors, illustrating the diverse benefits of these interventions. For younger survivors, the emphasis on trauma coping skills facilitated initial steps toward emotional regulation and expression, allowing

them to articulate their feelings in a safe environment. Other participants experienced significant shifts in their self-perception, moving from self-blame to self-acceptance as a result of sustained therapeutic engagement.

Moreover, the findings highlight the importance of continuous support, as longer engagement with the program tends to yield more substantial shifts in self-acceptance and emotional resilience. By fostering an environment that promotes both coping skills and self-empowerment, the shelters psychosocial support services play a vital role in facilitating lasting recovery for survivors of GBV.

Theme 4: Empowerment and Recovery

According to the finding psychosocial support services at the shelter not only alleviated trauma symptoms but also fostered a sense of empowerment among survivors. Through structured skill-building and counseling, participants gradually regained their sense of agency, allowing some to consider future goals for the first time since experiencing abuse.

Sub-theme 1: Regaining Control

Survivors reported that vocational training was instrumental in helping them regain a sense of control over their lives. A 19-year-old participant shared,

“Learning to sew made me feel like I could take care of myself.” This newfound ability to develop practical skills provided younger survivors with a sense of autonomy that contrasted sharply with their previous experiences of powerlessness.

Conversely, a 22-year-old participant who had faced long-term abuse, noted, *“Gaining new skills gave me the confidence to make choices for myself again.”* This statement reflects how the acquisition of skills helped them reclaim authority over their decisions and futures.

Sub-theme 2: Restoring Self-Worth

The journey toward restoring self-worth varied among participants, influenced by their age and duration of stay in the shelter. According to the finding participant expressed initial feelings of inadequacy, but as they engaged in counseling, they began to shift their perspectives. A 17-year-old participant remarked,

“Before counseling, I thought I was worthless. Now, I see that I have value.”

(Participant 1,FGD).

In contrast, Participants who had been in the program longer spoke about a gradual shift from self-blame to self-acceptance. One 23-year-old participant reflected, *“At first, I felt like it was my fault for what happened to me. Through therapy, I learned that I was a survivor, not a victim.”* This shift in self-perception highlights the importance of therapeutic interventions in helping survivors redefine their identities.

Sub-theme 3: Plans for the Future

As survivors regained their sense of agency and self-worth, Participants began to set personal goals for reintegration into society. By articulated aspirations for the future, a 21-year-old participant stated, *“I want to find a job and build my life again. I can’t wait to show my family I’m okay.”* This desire for independence illustrates the transformative power of psychosocial support in enabling survivors to envision a future beyond their trauma. A 16-year-old expressed, *“I just want to finish school and make something of myself.”* Their goals reflected a newfound determination to reclaim their lives and pursue opportunities previously overshadowed by their experiences of GBV.

The findings show that an empowerment process was particularly significant for participants, who could see beyond their trauma toward a future where they had regained agency and control.

Skill-building workshops, combined with individual counseling, facilitated the development of coping mechanisms and a renewed sense of purpose. This transformation underscores the necessity of psychosocial support services that are individualized to meet the diverse needs of survivors. By creating an environment conducive to healing, the shelter effectively fosters resilience, helping survivors reclaim their identities and pursue their aspirations.

The finding reveals that the shelter successfully created an environment helpful to healing and recovery. Participants highlighted the importance of supportive relationships with staff and peers, as well as the effectiveness of counseling and skill-building programs. However, the lack of reported dissatisfaction may also reflect a hesitance among survivors to voice concerns or critique services due to fear of judgment or a lack of perceived safety in expressing negative experiences.

Chapter Five

5. Discussion

5.1. Introduction

This study identified four significant themes from the data: the Emotional Impact of GBV, the Experience of Supportive Environment, the Benefits of Psychosocial Support Services, and Empowerment and Recovery. Each of these themes reflects the complex psychological and social effects of GBV on survivors, as well as the vital role of psychosocial support in their recovery process.

5.1.1. Emotional Impact of GBV

GBV has profound and long-lasting impacts, both physical and emotional, that can leave deep psychological scars on survivors. The emotional toll of GBV was consistently evident in the participants' narratives, with survivors reporting pervasive feelings of shame, anxiety, fear, and isolation. Many participants described a significant decline in their self-esteem and sense of security following the violence they experienced, often leading to severe depressive symptoms (Campbell, Dworkin, & Cabral, 2009). The psychological aftermath of GBV can be devastating, as some participants expressed suicidal thoughts as a desperate escape from their emotional pain. This extreme response highlights the severity of their mental distress, indicating the urgent need for comprehensive support mechanisms.

The loss of interest in previously enjoyable activities, including academic pursuits and social interactions, was another theme among survivors. The participants indicated that their former sources of joy had transformed into reminders of their trauma, complicating their ability to cope with everyday life. Research indicates that survivors of sexual assault frequently exhibit

symptoms of post-traumatic stress disorder (PTSD), which can manifest as feelings of worthlessness and a disconnection from previously cherished activities (Ullman et al., 2006).

Trust issues among survivors extend beyond intimate relationships, affecting friendships, family ties, and even professional interactions. Survivors often grapple with the fear of being harmed again, perpetuating a cycle of isolation and heightening their overall stress levels, which further compromises their well-being. The prevalence of self-harm and sleep disorders among GBV victims illustrates the far-reaching emotional consequences of their trauma, regardless of cultural context (Dillon et al., 2013).

Many survivors reported a loss of confidence and a pervasive sense of isolation, compounded by a lack of support from their communities. This underscores the critical need for systemic changes to foster environments that are conducive to healing. Wasco (2003) emphasizes that emotional challenges faced by survivors are often inadequately addressed by existing trauma response models, highlighting the necessity for more culturally inclusive approaches to understanding and supporting survivors' emotional well-being.

Participants consistently expressed the need for an understanding and compassionate environment throughout their recovery journey. They described their struggles with emotional injuries that extended far beyond physical abuse, noting that the interventions they received helped them progress toward healing. Conversely, unfavorable environments exacerbated their pain during critical periods, underscoring the importance of a supportive atmosphere. Starzynski, Ullman, Filipas, and Townsend. (2005) emphasize that supportive systems significantly benefit sexual assault survivors by providing both emotional and practical assistance crucial for their recovery. However, negative social reactions to disclosures can complicate this dynamic, illustrating the complexity of the support landscape.

5.1.3. Experiencing a Supportive Environment

A supportive environment is essential for survivors to address the comprehensive impacts of GBV. A key finding of this research is the positive perception of the psychosocial support environment provided by the AWSAD Safe House. Participants frequently highlighted how the safe house created an atmosphere where they felt understood, accepted, and supported by both staff and peers. Initially, participants experienced fear and hesitation in opening up, but their perspectives transformed as they received empathetic and supportive care.

The sense of acceptance they encountered was critical in alleviating feelings of isolation, shame, and mistrust associated with GBV. Many survivors reported that the supportive environment facilitated not only emotional healing but also fostered a sense of community, allowing them to form meaningful connections with others who had experienced similar trauma. This peer support was instrumental in rebuilding their self-esteem and confidence, providing a safe space to share their stories without fear of judgment. The staff's commitment to empathetic care further reinforced a sense of safety, enabling participants to embark on the gradual process of recovery.

This finding aligns with existing literature, which emphasizes that non-judgmental and empathetic care environments are crucial for GBV survivors, as they foster a sense of safety that allows individuals to express their feelings and experiences without fear of stigma or discrimination. Training staff to operate in trauma-informed ways is essential to minimizing the risk of re-traumatization and creating supportive environments for survivors (USAID, 2022).

Participants consistently reported that feeling understood and valued played a pivotal role in their recovery journey. The community's role was seen as instrumental in creating an atmosphere where survivors could share their experiences openly, free from stigma, judgment, or blame. This

aligns with existing research indicating that community engagement and societal acceptance are crucial for creating supportive environments that facilitate healing (McFarlane et al., 2005).

Moreover, survivors noted that interactions with supportive individuals whether caregivers or fellow survivors were vital for rebuilding trust and self-worth over time. The presence of empathetic, non-judgmental individuals gave them the courage to confront their trauma in a supportive setting, emphasizing empathy as a foundational principle in the design of support services. Kutlu and Coskun (2014) affirm that survivors are more likely to experience emotional and psychological healing when surrounded by individuals who show care and understanding.

However, the data indicated that this supportive environment cannot exist in isolation. The broader community, including family members, healthcare providers, and societal structures, must actively foster an atmosphere of acceptance and understanding. All participants emphasized the importance of addressing societal attitudes toward GBV through training and awareness programs to create a pervasive culture of support.

5.1.4. Benefits of Psychosocial Support Services

Psychosocial support services, including counseling and peer group support, were essential in helping survivors regain emotional strength and self-worth. According to the data, all participants expressed how these interventions significantly aided their mental health and helped mitigate the aftermath of traumatic experiences. Survivors emphasized that access to these services provided them with a safe and non-judgmental environment to share their emotions and experiences openly. The data reveal that not only did these services alleviate emotional disturbances, but they also offered life-saving potential by empowering survivors to regain control over their lives.

Being believed and supported was a powerful catalyst for repairing survivors' sense of self. Research shows that survivors who receive support are more likely to experience positive

emotional outcomes compared to those who do not (Anderson et al., 2023). The act of being heard and respected by professionals and peers fosters confidence, which is often undermined by their traumatic experiences.

A recurrent theme in the interviews was the role of supportive environments from counselors and support staff. This finding underscores the importance of a supportive and empathetic approach in helping survivors overcome the harmful narratives imposed by their abusers. By fostering an environment where survivors feel understood and valued, psychosocial support services enable them to rebuild their self-esteem and view themselves more positively.

Beyond emotional healing, psychosocial support services also contributed to survivors' practical empowerment, a key element of the recovery process. Participants indicated that the sense of purpose and direction fostered by these services was essential for helping them transition from victimhood to survivorship. Existing research supports this notion, highlighting that psychosocial interventions not only address emotional wounds but also equip survivors with practical skills for reintegration into society (Lakin et al., 2022).

Group therapy played a vital role in reducing feelings of isolation. By connecting survivors with peers who share similar experiences, these groups foster a sense of unity and mutual support. This communal healing can be particularly effective in helping survivors combat the social stigma often associated with GBV. Sharing stories and coping mechanisms with others allows survivors to feel understood and supported, thereby lightening their emotional burdens.

Additionally, participants highlighted the positive effects of engaging in activities that promote joy and creativity within the safe house. These opportunities for self-expression and reconnection with positive aspects of life are crucial for enhancing emotional well-being. The testimonials of survivors reveal that psychosocial support not only aids in emotional recovery but also helps them regain control over their personal lives. This transformation underscores the

broader benefits of these services, extending beyond emotional healing to encompass the rebuilding of healthy relationships.

Furthermore, several participants expressed that psychosocial support significantly reduced thoughts of self-harm and suicide. This finding is consistent with evidence that mental health support plays a critical role in mitigating suicidal ideation among trauma survivors. Evidence-based therapies, such as Cognitive-Behavioral Therapy (CBT), are effective in helping survivors manage their mental health and reduce suicidal thoughts. Support networks and therapeutic interventions enhance resilience, empowering individuals to regain control over their lives.

The potential for psychosocial services to prevent further harm underscores their necessity within any GBV recovery framework. The benefits of psychosocial support services are extensive and far-reaching. By offering survivors a safe space to heal, validating their experiences, boosting self-confidence, and empowering them to reclaim control over their lives, these services form the foundation of recovery for women survivors of GBV. The importance of empathetic professionals, community support, and survivor-centered practices cannot be overstated, as they collectively create an environment conducive to healing, empowerment, and hope.

5.1.5. Empowerment and Recovery

Psychosocial support services empower survivors to recover through regular follow-ups and active engagement, highlighting their role in fostering resilience and empowerment. As survivors participate in counseling and peer support, they often discover newfound strength to confront their trauma and regain control over their lives. Grasselli et al. (2020) discuss the importance of empowerment in the healing process, suggesting that effective support leads to greater survivor confidence and well-being, which in turn strengthens coping skills.

Many participants indicated that empowerment encompasses not only recovery from trauma but also the pursuit of personal and professional goals. This realization emphasizes how empowerment energizes and drives survivors to envision a life beyond their experiences of GBV. Participants expressed their desire to achieve academic and professional aspirations, underscoring the transformative effect of psychosocial support. This aligns with the findings of Marzbani et al. (2020), who emphasize the role of empowerment in enabling survivors to re-engage with their goals and aspirations after experiencing violence.

Empowerment was also evident in the survivors' decision-making processes. Participants reported feeling more confident in asserting their boundaries and making choices about their lives after receiving psychosocial support. This new found agency was particularly crucial for survivors who had experienced control and manipulation in their relationships. The ability to make autonomous decisions not only aids in their recovery but also reinforces their sense of self-worth.

However, it is essential to recognize that empowerment does not occur in a void. The broader societal context significantly influences survivors' ability to achieve personal empowerment. Stigmatization, discrimination, and lack of resources can hinder the progress of even the most resilient individuals. To create lasting change, supportive environments must be fostered both within and outside of the safe house, reinforcing the need for community involvement and systemic change.

Chapter Six

Summary and Conclusion

6.1. Summary

This research aimed to explore the psychosocial support services available to women survivors of GBV and their role in addressing recovery needs. The study focused on the experiences of women residing in the AWSAD Safe House in Addis Ababa, Ethiopia. The primary research questions were centered on the availability of psychosocial support services, survivors' perceptions of these services, the signs of recovery presented by survivors, and the challenges they face in accessing support. To answer these questions, qualitative methods were employed, with data collected through semi-structured interviews and focus group discussions involving survivors at the safe house.

The major findings of the study indicate that psychosocial support services, such as counseling and group therapy, Play, Art and Dance Therapy, Self-defense training were crucial in fostering emotional recovery and interpersonal growth among the women. Survivors reported feeling more understood and supported as a result of these services. However, challenges such as revealing oneself as GBV survivors fear societal stigma and limited access to resources were highlighted as significant obstacles to fully benefiting from these services. The results emphasize the importance of reducing stigma and expanding the availability of psychosocial support to improve the recovery process for GBV survivors.

6.2. Conclusion

The findings of this study have highlighted the critical role of psychosocial support in the recovery process for women survivors of GBV. In response to the first research question, the study identified several types of psychosocial support services available at AWSAD, including counseling, group therapy, self-defense training, Art and dance therapy, Basic Literacy Education, and life-skills training. These services have been instrumental in helping survivors rebuild emotional stability and regain control over their lives. The second research question revealed that survivors perceive these services as essential for their recovery, especially in overcoming trauma and rebuilding their self-esteem. Most participants emphasized that the empathetic and professional guidance they received was a key factor in their recovery journey.

In addressing the final two research questions, the study found that signs of recovery among survivors included improved mental health, stronger social relationships, and increased in confidence. However, regardless of the evident benefits, survivors continue to face significant challenges in accessing psychosocial support services. These include fear of opening up because of societal stigma surrounding GBV and limited availability of services.

Over all, psychosocial support services are essential for the recovery of GBV survivors, but addressing the barriers to access remains crucial for enhancing the effectiveness of these interventions.

6.3. Recommendation

I recommend incorporating human resources education into the training of staff that provides psychosocial support to GBV survivors. This will equip them with the skills necessary to offer individualized and empathetic care that addresses the unique needs of each survivor.

Furthermore, enhancing the accessibility of psychosocial support services for GBV survivors should include implementing individualized counseling that empowers them to manage their emotions. Establishing peer support networks in shelters can help reduce feelings of isolation and foster a sense of belonging.

Additionally, integrating skill-building workshops, such as self-defense and art therapy, will provide practical coping mechanisms and promote resilience among survivors. Collaborating with local organizations to raise awareness of GBV can encourage community support.

Finally, prioritizing legal initiatives to hold perpetrators accountable is essential for creating a safer environment for survivors. This comprehensive approach addresses both the emotional and societal aspects of recovery for GBV survivors.

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Appendix

Appendix A- English version of Data Collection Instrument

Addis Ababa University

College of Education and Behavioral Science

School of psychology

A semi- structured Interview: Psychosocial Support Services for Women Survivors of GBV

Demographic Information:

-Gender: F

-Age:

-Location:

1. Introduction:

- Purpose: This Interview was developed to complement a master's degree study in social psychology. The interview will last approximately 75 to 90 minutes . It aims to explore your personal experiences, opinions, and emotions regarding the psychosocial support services offered by AWSAD. The primary goal is to gain a deeper understanding of how these services have impacted your recovery and overall well-being.
- Brief overview of the study: Before we begin, I want to briefly explain the purpose of this study. We are conducting this research to better understand the experiences and perceptions of women survivors of GBV in accessing psychosocial support services and how it help to recover. Your participation is crucial in helping us achieve this goal.

2. Verbal Consent:

- Would you like to participate in this interview?
 Verbal consent was obtained from the study participant.
 Verbal consent was NOT obtained from the study participant.

3. Background Information:

- Can you briefly tell me about yourself?
- Can you tell me about your experience with Gender-Based Violence? What happened?
- That must have been very difficult for you. How did you feel during that time?
- How long did this experience last?
- Can you describe how it has impacted your daily life and relationships?

4. Psychosocial Support Services Availability:

- Can you describe the psychosocial support services you are aware of or have accessed through AWSAD?
- Which services have you personally used? (e.g., counseling, group therapy, legal aid, etc.)
- How did you learn about these services?
- Have you received any referrals to other services or organizations?

5. Experience of Psychosocial Support Services:

- How would you describe your overall experience with the psychosocial support services provided by AWSAD?
- In what ways have these services addressed your recovery needs?
- Can you share any specific instances where you felt particularly supported or helped by these services?

- Were there any aspects of the services that you found less helpful or effective? Why?
- How satisfied are you with the services provided by AWSAD? Would you recommend them to others?

6. Signs of Recovery:

- Since accessing psychosocial services, what changes or improvements have you noticed in your emotional and mental well-being?
- Can you describe any positive changes in your daily life or relationships that you attribute to the support you received?
- Are there any specific milestones or achievements that you feel mark your recovery journey?
- How do you feel now compared to before accessing the services?

7. Challenges in Accessing Services:

- Can you describe any difficulties or barriers you faced when trying to access psychosocial support services?
- Were there any specific challenges related to location, cost, stigma, or other factors?
- How did these challenges impact your ability to receive the help you needed?
- What suggestions do you have to improve access to their services?

8. Additional Insights:

- Is there anything else you would like to share about your experience with AWSAD or other support services?
- Do you have any suggestions for how AWSAD could better support women survivors of GBV?

- What do you think is the most important aspect of psychosocial support services for women survivors of GBV?

9. Closing:

- Thank you for sharing your experiences and insights. Your feedback is incredibly valuable and will contribute to understanding and improving support services for women survivors of GBV.
- Is there anything else you would like to add or say about your experience?

Appendix B- English version of Data Collection Instrument

Addis Ababa University

College of Education and Behavioral Science

School of psychology

Focus Group Discussion: Psychosocial Support Services for Women Survivors of GBV

Introduction:

- Welcome and introduction
- Explanation of the purpose and objectives of the research
- Assurance of confidentiality and anonymity

Opening Questions:

1. Can you introduce yourself and share a bit about your experience with GBV?

Transition Questions

Section 1: Psychosocial Support Services

1. Have you received any psychosocial support services? If so, what kind? (open-ended question)
2. How do you feel about the quality of the support services and how these services could be improved to better support women survivors of GBV?

Uncued Question: Can you share specific experiences or features of these services that stood out to you, whether positive or negative?

Section 2: Signs of Recovery

1. Effectiveness of Services in Addressing Recovery Needs: Can you think back to when you first started receiving support from AWSAD? How did the services impact your recovery process initially?

Follow-Up Question: What specific aspects of the support services have been most helpful in addressing your recovery needs?

2. Signs of Recovery: Reflecting on your journey, what changes have you noticed in yourself that you would consider signs of recovery?

Follow-Up Question: Are there specific milestones or moments that made you feel you were making progress?

Section 4: Challenges in Accessing Psychosocial Support Services

1. Challenges in Accessing Services: What difficulties have you faced in accessing the psychosocial support services provided by AWSAD?

Uncued Question: Have there been any barriers such as location, availability of services, cultural factors, or others that made it challenging for you?

2. Do you think these challenges have been related to the type of service, the provider, or something else? (open-ended question)

3. How do you think these challenges could be addressed to improve access to psychosocial support services for women survivors of GBV? (open-ended question)

Section 5: Ending Questions

1. Final Question: Is there anything else you would like to add or any other experiences you feel are important to share regarding the psychosocial support services you have received from AWSAD?

2. Thank you all for your time!

Appendix C- English version of safeguarding rule

Addis Ababa University

College of Education and Behavioral Science

School of psychology

This rule outlines the commitment to safeguarding the participants' well-being and the responsibilities of both parties.

Safeguarding Rules

Between:

AWSAD and Samra Alemayehu

Purpose of the Rules:

This Safeguarding rule outlines the responsibilities and commitments of both parties in ensuring the safety, well-being, and dignity of participants involved in the research study titled "The Role of Psychosocial Support in the Recovery Journey of GBV Survivors at AWSAD."

1. Commitment to Safeguarding:

Both parties agree to uphold the highest standards of safeguarding for all participants, particularly women survivors of GBV. This includes:

- Ensuring a safe and respectful environment for participants during interviews and focus group discussions.
- Protecting the confidentiality and anonymity of all participants throughout the research process.
- Providing participants with clear information about the research, including their rights, the voluntary nature of participation, and their ability to withdraw at any time.

2. Responsibilities of AWSAD:

- Facilitate the staffing of qualified participants for the study.

- Provide a safe and supportive environment for conducting interviews and focus group discussions.
- Ensure that participants are informed about the research and their rights as participants.
- Support the researcher in addressing any concerns or issues that may arise during the research process.

3. Responsibilities of the Researcher:

- Conduct the research in accordance with ethical guidelines and safeguarding principles.
- Obtain informed consent from all participants and ensure their understanding of the study's purpose and processes.
- Maintain the confidentiality of participant data and ensure that all information is securely stored and anonymized during analysis.
- Report any safeguarding concerns to AWSAD on time.

4. Reporting Safeguarding Concerns:

Both parties agree to establish a protocol for reporting and addressing any safeguarding concerns that may arise during the research process. This includes:

- A clear process for participants to report any discomfort or concerns during the study.
- Collaboration between AWSAD and the researcher to address and resolve any safeguarding issues promptly.

5. Agreement Duration:

This agreement will remain in effect throughout the duration of the research study and will be reviewed periodically to ensure continued obedience to safeguarding principles!

Appendix D- English version of Participant Consent Letter

Addis Ababa University

College of Education and Behavioral Science

School of psychology

Participant Consent Letter

Title of the Study: The Role of Psychosocial Support in the Recovery Journey of GBV

Survivors sheltered in the Association for Women Sanctuary and Development

Researcher: Samra Alemayehu

Institution: Addis Ababa University: College of Education and Behavioral Science

Program: Master's degree in social psychology

Purpose of the Study:

The purpose of this research study is to explore the experiences of women survivors of GBV regarding the psychosocial support services provided at AWSAD. This study aims to gain insights into the effectiveness of these services, the signs of recovery, and the challenges participants face in accessing support.

Participant Consent:

I agree to participate in this study about my experiences related to get GBV and the psychosocial support services I have received. I understand that my participation is voluntary, and I can withdraw from the study at any time without any negative consequences.

I acknowledge that:

- The information I provide will be treated confidentially.
- My identity will remain anonymous in all reports and publications resulting from this research.

- The interview will be audio recorded for accuracy and thoroughness, and notes will be taken during the discussion.

Confidentiality:

All data collected will be securely stored and will only be accessible to the research team. Any identifiable information will be anonymized during analysis and reporting to ensure my privacy and confidentiality.

Consent:

By signing this form, I confirm that I have read and understood the information provided above and agree to participate in the research study.

Participant's Signature: _____

Date: _____

Researcher's Signature: _____

Date: _____

Appendix E- Amharic Version of Data Collection Instrument

አዲስ አበባ ዩኒቨርሲቲ

የትምህርትና ባህሪ ጥናት ኮሌጅ

የሳይኮሎጂ ትምህርት ቤት

ከፊል የተዋቀረ የቃለ መጠይቅ መመሪያ: የስነ-ልቦና-ማህበራዊ ድጋፍ አገልግሎት ጸታን መሰረት ያደረገ

ጥቃት ተጠቂዎች ። ይህ ቃለ መጠይቅ የተዘጋጀው በማህበራዊ ሳይኮሎጂ የማስተርስ ዲግሪ ጥናት

ለማሟላት ነው።

የስነ-ሕዝብ መረጃ:

- ጾታ:

- ዕድሜ:

- ቦታ:

1. መግቢያ:-

• ዓላማ: ቃለ መጠይቁ በግምት ከ75- 90 ደቂቃዎች ይቆያል። የሴቶች ማረፊያና ልማት ማህበር ውስጥ

የሚሰጡትን የስነ-ልቦና-ማህበራዊ ድጋፍ አገልግሎቶችን በተመለከተ የእርስዎን የግል ተሞክሮዎች፣

አስተያየቶች እና ስሜቶች ለመዳሰስ ያለመ ነው። ዋናው ግብ እነዚህ አገልግሎቶች በማገገም እና

በአጠቃላይ ደህንነት ላይ እንዴት ተጽዕኖ እንዳሳደሩ ጠለቅ ያለ ግንዛቤ ማግኘት ነው።

• የጥናቱ አጭር መግለጫ: ከመጀመሪያችን በፊት የዚህን ጥናት አላማ በአጭር ማብራራት እፈልጋለሁ።

ይህንን ጥናት እያደረግን ያለው ከጾታን መሰረት ያደረገ ጥቃት ተጠቂዎች ሴቶች የስነ ልቦና-ማህበራዊ

ድጋፍ አገልግሎቶችን በማግኘት ረገድ ያላቸውን ልምድ እና ግንዛቤ እና ለማገገም እንዴት እንደሚረዱ

የበለጠ ለመረዳት ነው። ይህንን ግብ እንድናሳካ ለመርዳት የእርስዎ ተሳትፎ ወሳኝ ነው።

2. የቃል ስምምነት፡-

- በዚህ ቃለ መጠይቅ ላይ መሳተፍ ትፈልጋለህ?

[] የቃል ስምምነት የተገኘው ከጥናቱ ተሳታፊ ነው።

[] የቃል ስምምነት ከጥናቱ ተሳታፊ አልተገኘም።

3. የጀርባ መረጃ፡

- ስለራስሽ በአጭሩ ልትነግረኝ ትችያለሽ?
- በሥርዓተ-ፆታ ላይ የተመሰረተ ጥቃት ስላጋጠመሽ ልምድ ልትነግረኝ ትችያለሽ? ምን ሆነ?
- ያ ለእርስዎ በጣም ከባድ ነው። በዚያ ጊዜ ውስጥ ምን ተሰማሽ?
- ይህ ተሞክሮ ለምን ያህል ጊዜ ቆየ?
- በዕለት ተዕለት ሕይወትዎ እና በግንኙነቶችዎ ላይ እንዴት ተጽዕኖ እንዳሳደረ መግለጽ ይችላሉ?

4. የስነ-ልቦና-ማህበራዊ ድጋፍ አገልግሎቶች መገኘት፡-

- የምታውቃቸውን ወይም በየሴቶች ማረፊያና ልማት ማህበር በኩል የደረሱትን የስነ-ልቦና-ማህበራዊ ድጋፍ አገልግሎቶችን መግለጽ ይችላሉ?
- የትኞቹ አገልግሎቶች በግል ተጠቅመዋል? (ለምሳሌ፣ የምክር አገልግሎት፣ የቡድን ሕክምና፣ የሕግ ድጋፍ፣ ወዘተ)።
- ስለእነዚህ አገልግሎቶች እንዴት አወቅሽ?
- ወደ ሌሎች አገልግሎቶች ወይም ድርጅቶች ሪፈራል ደርሶዎታል?

5. የስነ-ልቦና-ማህበራዊ ድጋፍ አገልግሎቶች ግንዛቤዎች፡

- በሴቶች ማረፊያና ልማት ማህበር ውስጥ የሚሰጡ የስነ-ልቦና-ማህበራዊ ድጋፍ አገልግሎቶች አጠቃላይ ልምድዎን እንዴት ይገልጹታል?

- እነዚህ አገልግሎቶች የመልሶ ማግኛ ፍላጎቶቻቸውን በምን መንገድ አሟልተዋል?
- በእነዚህ አገልግሎቶች በተለይ ድጋፍ ወይም እርዳታ የተሰማዎትን ማንኛውንም የተለየ አጋጣሚ ማጋራት ይችላሉ?
- ብዙም አጋዥ ወይም ውጤታማ ሆነው ያገኟቸው የአገልግሎቶቹ ገጽታዎች ነበሩ? ለምን?
- በሴቶች ማረፊያና ልማት ማህበር ውስጥ በሚሰጡት አገልግሎቶች ምን ያህል ረክተዋል? ለሌሎች ትመክራቸዋለህ?

6. የማገገሚያ ምልክቶች:

- የስነ-ልቦና-ማህበራዊ አገልግሎቶችን ካገኘህ ጀምሮ በስሜታዊ እና አእምሮአዊ ደህንነትህ ላይ ምን አይነት ለውጦች ወይም ማሻሻያዎች አስተውለሻል?
- ባገኘሽው ድጋፍ በዕለት ተዕለት ህይወታሽ ወይም በግንኙነቶቻችሁ ላይ የሚደረጉ አወንታዊ ለውጦችን መግለጽ ትችያለሽ?
- የመልሶ ማግኛ ጉዞዎን የሚያመለክቱ ልዩ ክንውኖች ወይም ስኬቶች አሉ?
- አገልግሎቶቹን ከመድረስዎ በፊት እና አሁን ምን ይሰማዎታል?

7. አገልግሎቶችን በማግኘት ላይ ያሉ ተግዳሮቶች:-

- የስነ-ልቦና-ማህበራዊ ድጋፍ አገልግሎቶችን ለማግኘት ሲሞክሩ ያጋጠሙዎትን ማንኛውንም ችግሮች ወይም መሰናክሎች መግለጽ ይችላሉ?
- ከቦታ፣ ወጪ፣ መገለል ወይም ሌሎች ምክንያቶች ጋር የተያያዙ ልዩ ተግዳሮቶች ነበሩ?
- እነዚህ ተግዳሮቶች የሚፈልጉትን እርዳታ የማግኘት ችሎታዎ ላይ እንዴት ተጽዕኖ አሳድረዋል?
- የአገልግሎቶቻቸውን ተደራሽነት ለማሻሻል ምን ምክሮች አሉት?

8. ተጨማሪ ግንዛቤዎች:-

• በሴቶች ማረፊያና ልማት ማህበር ውስጥ የሚሰጡ ወይም ከሌሎች የድጋፍ አገልግሎቶች ማካፈል የሚፈልጉት ሌላ ነገር አለ?

• በሴቶች ማረፊያና ልማት ማህበር ውስጥ ያሉ ተጠቂዎች እንዴት በተሻለ ሁኔታ መደገፍ እንደሚችል ምንም አይነት አስተያየት አሉት?

• በሴቶች ማረፊያና ልማት ማህበር ውስጥ ያሉ ተጠቂዎች የስነ-ልቦና-ማህበራዊ ድጋፍ አገልግሎቶች በጣም አስፈላጊው ገጽታ ምን ይመስላቸዋል?

9. መዝጊያ:

• ተሞክሮዎችዎን እና ግንዛቤዎችዎን ስላካፈሉ እናመሰግናለን። የእርስዎ አስተያየት በሚያስደንቅ ሁኔታ ጠቃሚ ነው እና ለ ጾታን መሰረት ያደረገ ጥቃት ተጠቂ ሴቶች የድጋፍ አገልግሎቶችን ለመረዳት እና ለማሻሻል አስተዋፅዖ ያደርጋል።

• ስለ ልምድዎ ማከል ወይም መናገር የሚፈልጉት ሌላ ነገር አለ?
እናመሰግናለን።

Appendix F- Amharic Version of Data Collection Instrument

አዲስ አበባ ዩኒቨርሲቲ

የትምህርትና ባህሪ ጥናት ኮሌጅ

የሳይኮሎጂ ትምህርት ቤት

የ ቡድን ውይይት፡ ጾታን መሰረት ያደረገ ጥቃት ተጠቂዎች ሴቶች የስነ-ልቦና-ማህበራዊ ድጋፍ

አገልግሎቶች።

መግቢያ፡-

- እንኳን ደህና መጣህ እና መግቢያ።
- የጥናቱ አላማ እና አላማ ማብራሪያ።
- የምስጢርነት እና ማንነትን መደበኛ ማረጋገጫ።

የመክፈቻ ጥያቄዎች፡-

1. እራስዎን ማስተዋወቅ እና ስለ ልምድዎ ከ ጾታን መሰረት ያደረገ ጥቃት ልምድ ጋር ማካፈል ይችላሉ?

የሽግግር ጥያቄዎች

ክፍል 1፡ የስነ-ልቦና-ማህበራዊ ድጋፍ አገልግሎቶች።

1. ምንም አይነት የስነ-ልቦና-ማህበራዊ ድጋፍ አገልግሎቶችን አግኝተዋል? ከሆነ ምን ዓይነት? (የተከፈተ ጥያቄ)።

2. ጾታን መሰረት ያደረገ ጥቃት ተጠቂዎችን በተሻለ ሁኔታ ለመደገፍ ስለ የድጋፍ አገልግሎቶች ጥራት እና እነዚህ አገልግሎቶች እንዴት ሊሻሻሉ እንደሚችሉ ምን ይሰማዎታል?

ጥያቄ፡- አወንታዊም ይሁን አሉታዊ የእነዚህን አገልግሎቶች ልዩ ተሞክሮዎችን ወይም ባህሪያትን ማጋራት ትችላሉ?

ክፍል 2: የመልሶ ማግኛ ምልክቶች።

1. የማገገሚያ ፍላጎቶችን ለመፍታት የአገልግሎቶች ውጤታማነት፣ ከየሴቶች ማረፊያና ልማት ማህበር ድጋፍ ማግኘት ለመጀመሪያ ጊዜ ወደ ጀመሩበት ጊዜ ማሰብ ይችላሉ? አገልግሎቶቹ መጀመሪያ ላይ የመልሶ ማግኛ ሂደት ላይ እንዴት ተጽዕኖ አሳድረዋል?

የክትትል ጥያቄ፡- የመልሶ ማግኛ ፍላጎቶችን ለመፍታት ምን ዓይነት የድጋፍ አገልግሎቶች ልዩ ገጽታዎች በጣም አጋዥ ሆነዋል?

2. የመልሶ ማግኛ ምልክቶች፡ በጉዞ ላይ በማንፀባረቅ፣ የማገገም ምልክቶችን እንደሚያስቡ በራስዎ ውስጥ ምን ለውጦች አስተውለዋል?

የክትትል ጥያቄ፡ እድገት እያደረጉ እንደሆነ እንዲሰማዎት ያደረጉ ልዩ ክንውኖች ወይም አፍታዎች አሉ?

ክፍል 4: የስነ-ልቦና-ማህበራዊ ድጋፍ አገልግሎቶችን በማግኘት ላይ ያሉ ተግዳሮቶች።

1. አገልግሎቶችን በማግኘት ላይ ያሉ ተግዳሮቶች፡ በየሴቶች ማረፊያና ልማት ማህበር የሚሰጡትን የስነ-ልቦና-ማህበራዊ ድጋፍ አገልግሎቶችን ለማግኘት ምን ችግሮች አጋጥመውዎታል?

ጥያቄ፡- እንደ አካባቢ፣ የአገልግሎቶች አቅርቦት፣ የባህል ሁኔታዎች ወይም ሌሎች ለእርስዎ ፈታኝ ያደረጉ እንቅፋቶች ነበሩ?

2. እነዚህ ተግዳሮቶች ከአገልግሎት ዓይነት፣ ከአቅራቢው ወይም ከሌላ ነገር ጋር የተገናኙ ይመስላችኋል? (የተከፈተ ጥያቄ)።

3. ከጾታን መሰረት ያደረገ ጥቃት ተጠቂዎች የተረፉ ሴቶች የስነ-ልቦና-ማህበራዊ ድጋፍ አገልግሎቶችን ተደራሽነት ለማሻሻል እነዚህ ተግዳሮቶች እንዴት ሊፈቱ እንደሚችሉ ያስባሉ? (የተከፈተ ጥያቄ)።

ክፍል 5: ጥያቄዎችን ማብቃት።

1. የመጨረሻ ጥያቄ፡ ማከል የምትፈልጉት ሌላ ነገር አለ ወይንስ ከየሴቶች ማረፊያና ልማት ማህበር የተቀበላችሁትን የስነ-ልቦና-ማህበራዊ ድጋፍ አገልግሎቶችን በተመለከተ ለማካፈል አስፈላጊ እንደሆኑ የሚሰማዎት ሌላ ማንኛውም ነገር አለ?
2. ለጊዜዎ ሁላችሁንም አመሰግናለሁ!

Appendix G- Amharic Version of Safe Guarding rules

አዲስ አበባ ዩኒቨርሲቲ

የትምህርትና ባህሪ ጥናት ኮሌጅ

የሳይኮሎጂ ትምህርት ቤት

ይህ ደንብ የተሳታፊዎችን ደህንነት ለመጠበቅ ያለውን ቁርጠኝነት እና የሁለቱም ወገኖች ሃላፊነት

ይዘረዝራል።

ስምምነትን መጠበቅ መካከል፡

የሴቶች ማረፊያና ልማት ማህበር

እና

ሳምራ አለማየሁ።

አዲስ አበባ፣ ኢትዮጵያ።

ቀን: _____

የስምምነቱ ዓላማ:-

ይህ የጥበቃ ስምምነት "በየሴቶች ማረፊያና ልማት ማህበር የ ጾታን መሰረት ያደረገ ጥቃት ተጠቂዎች ሴቶች የተረፉ ሰዎች የማገገሚያ ጉዞ ውስጥ የስነ-ልቦና-ማህበራዊ ድጋፍ ሚና" በሚል ርዕስ በምርምር ጥናቱ ውስጥ የተሳተፉ ተሳታፊዎችን ደህንነት፣ ደህንነት እና ክብር በማረጋገጥ ረገድ የሁለቱም ወገኖች ሀላፊነቶች እና ቁርጠኝነት ይዘረዝራል።

1. ለመጠበቅ ቁርጠኝነት:-

ሁለቱም ወገኖች ለሁሉም ተሳታፊዎች በተለይም ከጾታን መሰረት ያደረገ ጥቃት ተጠቂዎች ሴቶች የተረፉ ሴቶች ከፍተኛውን የጥበቃ ደረጃዎች ለማክበር ተስማምተዋል። ይህ የሚከተሉትን ያጠቃልላል፡-

- በቃለ-መጠይቆች እና በትኩረት የቡድን ውይይቶች ወቅት ለተሳታፊዎች ደህንነቱ የተጠበቀ እና የተከበረ አካባቢን ማረጋገጥ።

- በምርምር ሂደቱ ውስጥ የሁሉንም ተሳታፊዎች ምስጢራዊነት እና ማንነት መደበኛ መጠበቅ.

- ለተሳታፊዎች ስለ ጥናቱ ግልጽ መረጃ መስጠት, መብቶቻቸውን, የተሳትፎ በፈቃደኝነት ባህሪ እና በማንኛውም ጊዜ የመውጣት ችሎታቸውን ጨምሮ.

2. የሴቶች ማረፊያና ልማት ማህበር

ኃላፊነቶች፡-

- ለጥናቱ ብቁ ተሳታፊዎችን የሰው ኃይል ማመቻቸት.

- ቃለ-መጠይቆችን እና የትኩረት ቡድን ውይይቶችን ለማካሄድ ደህንነቱ የተጠበቀ እና ደጋፊ አካባቢን ያቅርቡ።

- ተሳታፊዎች ስለ ጥናቱ እና እንደ ተሳታፊዎች መብቶቻቸው እንዲያውቁ ያረጋግጡ.

- በምርምር ሂደቱ ውስጥ ሊነሱ የሚችሉ ማናቸውንም ስጋቶች ወይም ጉዳዮችን ለመፍታት ተመራማሪውን ይደግፉ።

3. የተመራማሪው ኃላፊነቶች:

- በሥነ-ምግባር መመሪያዎች እና የጥበቃ መርሆዎች መሰረት ምርምሩን ያካሂዱ.

- ከሁሉም ተሳታፊዎች በመረጃ የተደገፈ ስምምነት ያግኙ እና የጥናቱን ዓላማ እና ሂደቶች መረዳታቸውን ያረጋግጡ።

- የተሳታፊውን መረጃ ሚስጥራዊነት ይጠብቁ እና ሁሉም መረጃዎች በመተንተን ወቅት ደህንነቱ በተጠበቀ ሁኔታ መከማቻቸውን እና ማንነታቸው እንዳይገለጽ ያረጋግጡ።

- ማንኛውንም የጥበቃ ስጋቶች ለ የሴቶች ማረፊያና ልማት ማህበር በሰዓቱ ሪፖርት ያድርጉ።

4. ስጋቶችን መከላከልን ሪፖርት ማድረግ፡-

ሁለቱም ወገኖች በምርምር ሂደቱ ውስጥ ሊፈጠሩ የሚችሉ ማንኛውንም የጥበቃ ስጋቶችን ሪፖርት ለማድረግ እና ለመፍታት ፕሮቶኮል ለማቋቋም ተስማምተዋል። ይህ የሚከተሉትን ያጠቃልላል፡-

- በጥናቱ ወቅት ተሳታፊዎች ማንኛውንም ምችት ወይም ስጋት ሪፖርት እንዲያደርጉ ግልጽ ሂደት.

- ማንኛውንም የጥበቃ ጉዳዮችን በፍጥነት ለመፍታት በየሴቶች ማረፊያና ልማት ማህበር

እና በተመራማሪው መካከል ትብብር።

5. የስምምነት ጊዜ፡

ይህ ስምምነት በምርምር ጥናቱ ጊዜ ሁሉ ተግባራዊ ሆኖ የሚቆይ ሲሆን መርሆችን ለመጠበቅ ቀጣይነት

ያለው ታዛዥነትን ለማረጋገጥ በየጊዜው ይገመገማል!

Appendix H- Amharic Version of Participant Consent Letters

አዲስ አበባ ዩኒቨርሲቲ

የትምህርትና ባህሪ ጥናት ኮሌጅ

የሳይኮሎጂ ትምህርት ቤት

የተሳታፊ ስምምነት ደብዳቤ።

ተመራማሪ፡ ሳምራ አለማየሁ።

ተቋም፡ አዲስ አበባ ዩኒቨርሲቲ፡ የትምህርት እና የባህሪ ሳይንስ ኮሌጅ።

ፕሮግራም፡ በማህበራዊ ሳይኮሎጂ የማስተርስ ዲግሪ።

የጥናቱ ዓላማ፡-

የዚህ የምርመራ ጥናት አላማ በ ሴቶች ማረፊያና ልማት ማህበር የሚሰጠውን የስነ-ልቦና-ማህበራዊ ድጋፍ አገልግሎቶችን በተመለከተ በስርዓተ-ጾታ ላይ የተመሰረተ ጥቃት የ ጾታን መሰረት ያደረገ ጥቃት ተጠቂዎች ሴቶች ልምድ መመርመር ነው። ይህ ጥናት ዓላማው ስለእነዚህ አገልግሎቶች ውጤታማነት፣ የማገገሚያ ምልክቶች እና ተሳታፊዎች ድጋፍ ለማግኘት የሚያጋጥሟቸውን ተግዳሮቶች ግንዛቤ ለማግኘት ነው።

የአሳታፊ ስምምነት፡-

የ ጾታን መሰረት ያደረገ ጥቃት ተጠቂዎች ሴቶች እና ያገኛቸውን የስነ-ልቦና-ማህበራዊ ድጋፍ አገልግሎቶችን ለማግኘት ስላጋጠሙኝ ተሞክሮዎች በዚህ ጥናት ለመሳተፍ ተስማምቻለሁ። የእኔ ተሳትፎ በፈቃደኝነት ላይ የተመሰረተ እንደሆነ ተረድቻለሁ, እና ምንም አይነት አሉታዊ ውጤት ሳያስከትል በማንኛውም ጊዜ ከጥናቱ መውጣት እችላለሁ.

ያንን እውቅና እሰጣለሁ፡

• የማቀርበው መረጃ በሚስጥር ይታከማል።

• በዚህ ጥናት በተገኙ ሪፖርቶች እና ህትመቶች ውስጥ ማንነቱ ማንነቱ ሳይታወቅ ይቀራል።

• ቃለ መጠይቁ ለትክክለኛነት እና ለጥልቅነት በድምጽ የተቀዳ ሲሆን በውይይቱ ወቅት ማስታወሻዎች ይወሰዳሉ።

ምስጢራዊነት:

ሁሉም የሚሰበሰቡ መረጃዎች በአስተማማኝ ሁኔታ ይከማቻሉ እና ለምርመራ ብቻ ተደራሽ ይሆናሉ።

ማንኛውም ሊታወቅ የሚችል መረጃ የእኔን ግላዊነት እና ምስጢራዊነት ለማረጋገጥ በመተንተን እና ሪፖርት በሚደረግበት ጊዜ ማንነቱ እንዳይገለጽ ይደረጋል።

ስምምነት:

ይህንን ቅጽ በመፈረም ከላይ የቀረበውን መረጃ እንዳይገቡኩ እና እንደተረዳሁ እና በምርመራ ጥናቱ

ለመሳተፍ መስማማቴን አረጋግጣለሁ።

የተሳታፊዎች ፊርማ: _____

ቀን: _____

ተመራማሪ ፊርማ: _____

ቀን: _____