



**MAGNITUDE OF POST TRAUMATIC STRESS DISORDER AND ITS
ASSOCIATED FACTORS AMONG SEXUAL ASSAULT SURVIVORS IN
SELECTED SAFE HOUSES AND SHELTERS, ADDIS ABABA
ETHIOPIA,2023.**

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**A RESEARCH TO BE SUBMITTED TO THE DEPARTMENT OF PUBLIC
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ADDIS ABABA, ETHIOPIA



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ACRONYM AND ABRIVATIONS

ACE	Adverse Childhood Experience
DSM-5	Diagnostic and Statistical Manual of Mental Disorders
OR	Odd Ratio
PCL-5	PTSD Checklist for DSM-5
PTSD	Post-Traumatic Stress Disorder
TB-CBT	Trauma Based Cognitive Behavioral Therapy
UNHR	United Nation Human Right
WHO	World Health Organization

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ABSTRACT

Background: Sexual assault is a gender-based violence which is one of global health concern. There is a growing mental health consequence among sexual assault survivors particularly post-traumatic stress disorder which is characterized by avoidance, re-experiencing and hyper arousal symptoms.

Objective: The aim of this research is to determine the magnitude of post-traumatic stress disorder and its associated factors among sexual assault survivors

Methods: Facility based Cross sectional study design was used at Mother child rehabilitation center and Association for women'S sanctuary and development centers. Participants were interviewed using pretested questioners including Post traumatic stress disorder checklist -5. Systemic sampling method was utilized with a total sample size of 292 computed using two population proportion formula. The diagnosis of post traumatic stress disorder was made clinically if score is 31 or above out of 80 according to the checklist after adding those symptoms respondents manifests. The magnitude of Post-traumatic stress disorder was measured and those factors that had significant association to the dependent variable with p-value <0.5 in bivariate logistic regression were further analyzed using multivariable logistic regression.

Result. The prevalence of PTSD was found to be 32%. Significant association was seen in those who had history of adverse childhood experiences who are 9 time (AOR: 9.03, 95% CI: 3.311-24.664, p-value: .000) more likely to have PTSD. The odds of PTSD is 4 times in Respondents who know the offender (AOR: 3.69, 95% CI: 1.491-9.133, p-value:.005) and in assaults where more than one offender is involved the odds was found to be 7 times(AOR: 6.93, 95% CI: 1.124-42.808, p-value: .037) .Adequate legal services were found to decrease the risk of PTSD by 0.2 times(AOR: 0.160, 95% CI: 0.057-0.454, p-value:.001).Occurrence of post assault pregnancy is 5 times more likely to have PTSD (AOR:5.162, 95% CI: 1.122-23.743, p-value: 0.035)

Conclusion. PTSD symptoms are more prevalent in sexually abused women. Sexual assault circumstance, vulnerability and quality of post assault care are major factors attributed for the development these symptoms. Awareness creation programs to the family and society, women empowerment programs and training of service providers are essential steps to increase the quality of care and to minimize the incidence of PTSD.

1. Introduction

1.1 Background

Gender based violence is a common health problem and human right violation. Sexual assault is a type of gender-based violence defined as any form of sexual contact without voluntary consent by a person regardless of their relationship to the victim. Whereas, Rape is a type of sexual assault that cause intense trauma and often has long term health implication (1). The rate of sexual violence is among the highest in the world. This makes it one of global public health concern (3)

One of the health implications of sexual assault is mental health disturbance related to it (4). Particularly Post traumatic stress disorder, which is disabling psychiatric disorder that has strong association with rape (5). The occurrence of mental impairment is not the same for all sexual assault victims that indicated there are vulnerable groups who have higher risk among sexual assault survivors. Those group of survivors have different pre assault, assault or post assault factors which make them prone for the development of Post traumatic stress disorder (3, 5). Study in Ethiopia has found a high rate of sexual violence in workplace among women with a pooled prevalence of 22 %(25). However there has been a scarcity of research on determining the level of its mental impacts (6)

Post traumatic stress disorder associated to sexual abuse consist three core symptoms of avoidance and numbing, re-experiencing and hyper arousal (4). Patient also has insomnia, nightmare and dissociative symptoms.

The recovery process is measured by functional engagement in positive life activity. The natural course is called rape trauma syndrome characterized by an acute phase of emotional reaction followed by denial of the event and the last one is long term reorganization where feeling of ashamed, guilt, anxiety and depression is encountered. Overtime survivors will achieve to regain sense of control over there life (7).

1.2 Statement of the problem

Research has identified numerous psychological effects of sexual assault (4). Approximately 33% of rape victim diagnosed with PTSD (9, 16). Its effect is deleterious in unfavorable setups like refugee camps where legal protection and availability of service is weak (8). Among children many studies suggest PTSD is one of psychological consequence of child sexual abuse. The degree to which an individual perceives such an event as traumatic can precipitate PTSD development (10). Especially the avoidance behavior can be severe enough to impair daily life (7).

PTSD is highly associated with factors like socio demographic(4), type and frequency of assault, relation of victim to perpetrator(1,3), complications related to it like pregnancy, abortion(16) and self and social reaction to the incident and the cultural norm of the society(12,13).

The sensitive nature of this kind of trauma which is related to dignity, social rejection, victim blaming and culturally tabooed makes it unwanted topic to talk about. In addition the psychological impact can be overlooked easily unless proper attention is given to it. In developing countries this mental health impacts can be considered as related to religious reasons or can be considered normal. This all factors indicated how this problems are underreported and not fully addressed.

Abundant International rape literatures underrepresent post rape mental disturbance of African society who have different risk factors, socioeconomic and cultural backgrounds (10, 11). The extent of damage and its mental health impact are not well known in Ethiopia (6) and not often addressed in post rape care (12)

The study therefore aims at determining the prevalence of PTSD and its associated factors so as to come up with proper strategies for intervention that can reduce the problem (9) and to highlight the need for mental health specialist to be aware of PTSD risk among sexual assault survivors, which necessitates the expansion of mental health service.

1.3 Significance of the study

The general aim of this study is to improve mental health outcome of sexual violence.

The Significance of the study is to inform service providers the need to have holistic post assault recovery program since action to treat or prevent mental health disturbance in this setting seek to address the sociocultural, demographic, economic, political and other dimensions. Identify risk factors for the development of PTSD following assault and subsequently permit early intervention with those victims at greatest risk may reduce the incidence of PTSD (1).

The study is believed to increasing public awareness about the overlooked mental health consequence of sexual violence, the seriousness of the issue and its aggravating factors.

This study can inform proper resource allocation and will help to direct government and non-governmental organization to give appropriate attention to the problem. Adequate intervention to sexually assaulted people with allocation of qualified health workers who have experience on mental health for prevention, screening and treatment of those in need, demand proper evidence-based quantification of the problem. This kind of study has practical application, highlighting the importance of understanding that is most in need of treatment.

This research also can be used as a reference for the upcoming research.

2. Literature review

2.1 prevalence of sexual assault

sexual violence is rampant globally such that one in three women will be sexually assaulted in their life time, with about 30%-40% of incident involving minors (14).According to World health organization 2004 review of research, global prevalence of child sexual abuse is 27% for female and 14% for male(22).In Africa for year 2010,south Africa had the highest rate of rape in the world at 132.4 incident per 100,000 people(23).In another survey released by south Africa medical research council in 2009 ,approximately 1 in 4 men admitted to committing rape.in addition 1 in 5 children are victim of sexual abuse ,representing 19.8% compared to global prevalence.(24).in one study done in south Africa prevalence of gang rape was found to be high. In this study 31.9% of men who had ever raped had done so with other perpetrator which is a cultural practice in this country.

In Ethiopia context the pooled prevalence of workplace sexual violence was 22%.14.1% for sexual attempt,8% for rape and 33.2% for harassment respectively. Highest prevalence was recorded among female university staff and commercial sex workers (25). In a study conducted by Jibril jemal in Addis Ababa, Ethiopia during a period of 18 months between July 2005-dec 2006,73.4% of sexual assaults were committed by known perpetrators including relatives, neighbors, friends, teachers, employers and priests. In this study 89% of victims were female and three fourth came from single parent and other care taker. (26)

2.2. Prevalence of PTSD

Rape survivor may experience a wide range of immediate and long term emotional and mental health consequence including depression, PTSD, anxiety and feeling of guilt and shame (14). According to Community based cross-sectional mental health survey conducted in 11 countries by WHO, the prevalence of PTSD associated with randomly selected sexual assaulted averaged 20.2% globally which is significantly higher in higher income country (3). In another cross-

sectional study held in Ibadan, Nigeria high rate of PTSD (87%) was recorded. in Africa particularly in South Africa rape survivors (10). A longitudinal prospective cohort Studies done in cape town in 2020 involving 31 adolescent rape survivors also support those findings, indicates that quarter of sample involved fulfill criteria for major depressive episode, 12.9% had stress related symptoms and 16.1% had pre-existing anxiety disorder and the risk of suicide was 54.8% partly because of sequel of increased fear, stress, anxiety and feeling of helplessness (14). children sexual abuse was most prevalent in age group between 15-17 which account for 55% and the prevalence of PTSD was 49%, according to a study done in Kenyatta national hospital, Nairobi in 2013 (9)

The prevalence of post sexual assault PTSD is also high in Ethiopia. In a study conducted in Ethiopia in 2018 by Feven Teklehaimanot at different shelters and institutions with total sample size of 71 the prevalence of PTSD among sexual assault survivors was 46%. (27). In another similar study conducted on 41 children sexual assault survivors by sonnan Daniel at different safe houses in 2015 in Addis Ababa, the prevalence of PTSD was 100% (28).

2.3 Factor associated to PTSD

Prior cross-sectional research held in South Africa involving 100 female survivors in 2017 has identified a range of predictors of PTSD among sexual assault survivors. Classified them into pre assault, assault and post assault (4).

2.31 Socio demographic factors

According to a study conducted in Germany on 296 women who have escaped after being held hostage by Islamic state terrorist group, prevalence of PTSD in adult rape survivors can goes as high as 49%, highest risk groups were age between 24-28, those who has comorbid health problem, who lives alone, who became pregnant due to the assault and undergo abortion or give away the baby for adoption (16). In the above South African cross-sectional research, young age, being female, low educational background, employment and marital status were socio demographic factors related to post sexual assault PTSD, as unmarried individuals and those who have low income have high risk of depression and post-traumatic stress disorders (4).

Regarding sex being Females has high risk of PTSD than male evidenced by 50% of female but only 35% of male develop post assault PTSD attributed to gender differences and societal

expectation related to it as the culture in Ethiopia does not allow women to expose herself by going out late and going alone. Any women who act differently from this cultural expectation would take the responsibility for whatever happened to her (27). According to yemataw zewidie and workie zemene study the symptom of PTSD is more sever in never married survivors. (29)

Regarding age two contradictory results was found according to one institution based cross-sectional study in Ethiopia. Majority of respondents said as age increase particularly at age of raising question (14-15), the more the victim is aware of the situation and high risk of PTSD but it is rare to see symptoms in fewer than 9 years of age, 2 of respondent in contrast said little ones less than age 6 repress what happen than understanding and develop PTSD at higher rate later. Low socioeconomic status, being married and low educational background are also associated to high rate of PTSD in this particular study (27).

2.32 Sexual Assault circumstance

Assault factors such as victim assailant relationship where the perpetrator known to the victim has high rate of PTSD (1). Other factors with high risk include gang rape, full penetration, perceived life treat and more physical injury during the assault (3,5). In addition, attributing blame to one's behavior or personality and perceive event as uncontrolled and high level of distress increase the likelihood of PTSD (7). Among these predictors Significant relation with identity of perpetrator OR 4.8 and frequency of assault OR 4.6 were detected during WHO mental health survey (3)

Higher rate of PTSD among survivors is found to be associated with demonstration of physical force and abuse according to study conducted by yemataw wondie and workie zemene in 2011 in different fistula hospital and institutions (29). According to Another Ethiopian study conducted by Sonan Daniel though all victims on the study sample show symptoms of PTSD, severity of symptoms was significantly correlated with unwanted pregnancy due to Rape, encounter of repeated abuse and being abused by family member (28).80% of victim who were perpetrated by more than one perpetrator found to have higher risk and sever form of PTSD. Victim who has been assaulted by known perpetrator are at advanced risk of developing PTSD due to having reminder, sharing same bloodline, conflict within family due to the incident (27)

2.33 Post sexual assault interventions

Study done in Nairobi in 2013 indicates Post assault factors such as social support network facilitate the recovery process (1,9). WHO mental health survey signifies the impact of contact with legal system, quality of medical care including nonjudgmental, empathetic standard care on the outcome of trauma (3,5).

Effective treatment refer to that has been tested and have proven to be effective in reducing the symptomatology of survivors (35). The importance of social support for effective outcome of treatment was stated in study conducted by sarason as survivor of abuse who report satisfactory social support appear to have higher self-esteem and optimistic view of life ,in the contrary those with low social support appear to have distorted perception and feel that things are beyond their control and report more symptom of impaired self-reference(36). In one research done in Ethiopia similar finding was entertained. Of all participants who get satisfactory social support only 5% of them have sever PTSD (28).

Basic health response to sexual assault survivors includes collecting evidence for forensic purpose, clinical care of physical trauma and prevention of HIV, other STI and unwanted pregnancy and referral to psychosocial support, security, legal aid and livelihood program.it also include good collaboration between medical and non-medical team (31). To deal with psychological problem of victims, trauma focused cognitive behavioral therapy, music therapy, art therapy and non-directive supportive therapy are options. Of all treatment modalities, TB-CBT is more effective in reducing symptoms of PTSD and re-structuring dysfunctional belief which accompany various psychological disease (34). In a quasi-experimental control group pre-post design with intra and inter group comparison study done by Riyadh Abdela in 2015, intervention group who gets effective TB-CBT show low rate of PTSD than control group. (30)

Effective legal response to sexual trauma includes universal application to women right declaration (article 6) on the elimination of violence against women (32). Regional application of Protocol to the African charter on human and people's right (article 25), right of women in Africa (33) and working in accordance with national lows, in case of Ethiopia application of

FDRE constitution (article 35), revised criminal law and revised family law articles, which has direct relevance to right of women.

The negative impact of impaired justice system was stated in the study conducted by feven. When perpetrator do not get punished at all or at less, it has great influence on the victim's mental health and increase risk of PTSD. (27)

2.34 Sociocultural factors

Shame involves a fear of social rejection, feeling of embarrassment, humiliation and inferiority triggers the victim to make harsh negative attribution about themselves impacting self-worth and predict occurrence of PTSD.

Study done in 2020 on impact of self-blame and shame has shown that Common rape myths including notion that the victim is lying about being raped and only certain type of women such as promiscuous women are raped, the victim internalize these myths and forced to blame themselves. The society will also hold them responsible for being assaulted as the society expect them to protect themselves from violence and women who receive unwanted sexual attention is forced to believe and considered as if she did something sexually provocative and deviate from the norm. Victim who believes in traditional feminine norms which dictate female to be nice, sweet and sexual fidelity are more likely to blame themselves for the occurrence of assault. (15)

As many as 92% of sexual assault victims disclose the incident to another person. The positive and negative social reaction they receive has been found relate to PTSD symptoms and speed of recovery. Positive reaction such as providing emotional and practical support lead to high perceived control over the situation, high social and individual coping this in turn has protective effect against PTSD whereas negative social reaction like victim blaming, treating victim differently, control victim action relates to greater PTSD symptoms through maladaptive coping and low perceived control (12,13)

In the above-mentioned study conducted by yemataw wondie and workie zemem, Perception of rape held by survivors and community to which they belong is much more negative than other

type of sexual abuse like child prostitution or early marriage, which makes risk of PTSD higher in raped individual (29).

2.35. Vulnerability

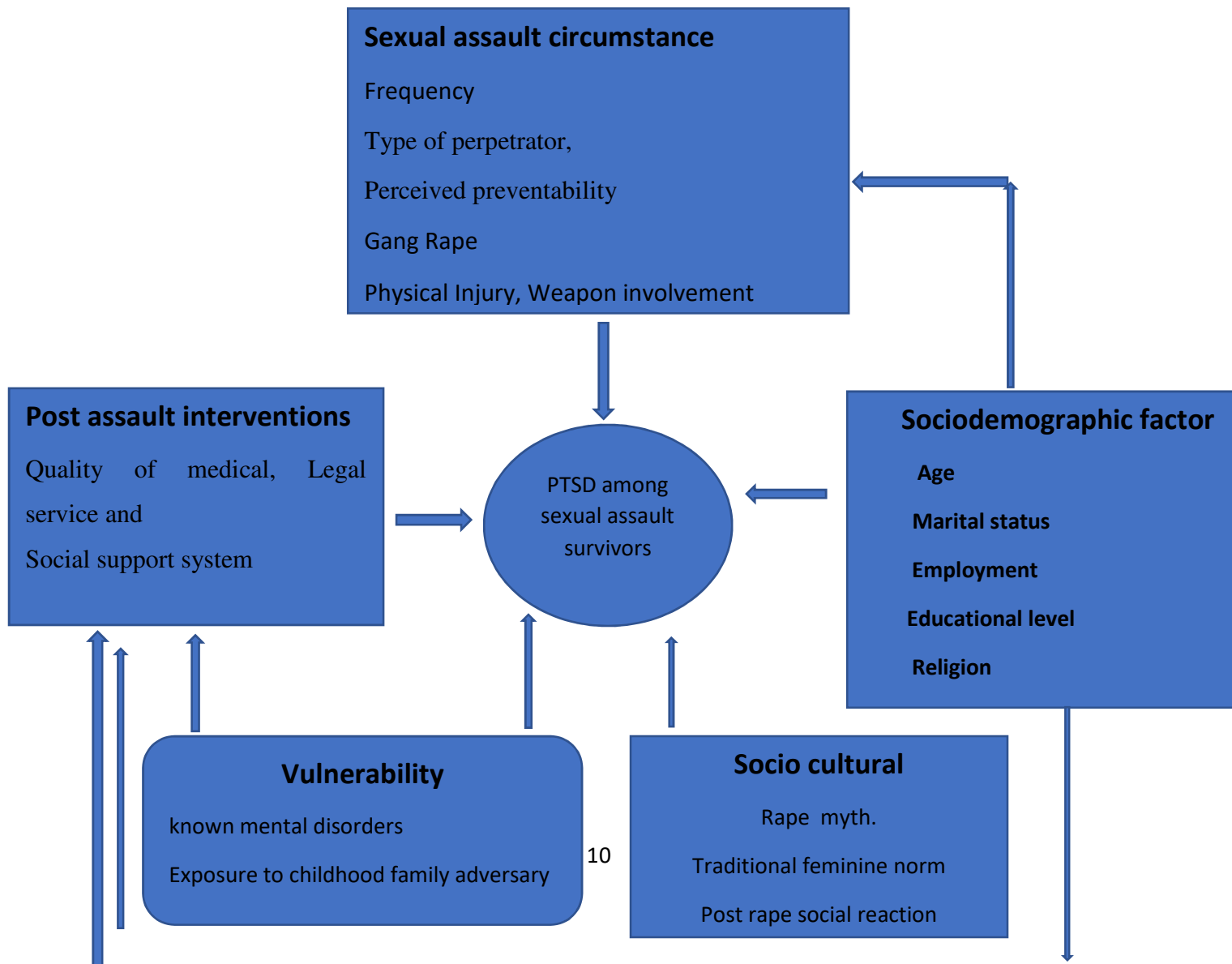
Adverse childhood experience including any kind of abuse, lived in dysfunctional family where the mother is physically abused or separated parents or living with anyone who was in prison, who had mental illness or who was drug abuser has significant relation with adulthood mental disturbance. A person with ACE score of >4 was 460% more likely to be depressed. According to one study which was done on 2002 by Vincent, Higher ACE score was also associated thirty to fifty-fold to attempted suicide (18). Analysis of the joint association between ACE and PTSD after sexual assault found ACE was independent predictor of PTSD with OR 1.6. Prior confirmed psychiatry disorder is also significantly correlated to Post assault PTSD (3)

Ethiopian study findings regarding ACE showed similar findings where dysfunctional family such as family aggression, separation, substance abuse, and psychiatric ill patient with in the family, decrease care giving ability of the family to the victim, in addition family can use victim's situation as a coping mechanism for dealing with aggression and displacement, which force victim to remember the situation every day. All of this ACE increase risk of PTSD and its chronicity. (27)

2.4 Conceptual framework on PTSD and associated factors among sexual assault survivors

The conceptual framework shows the impact of socio demographic factors, sexual assault circumstances, availability, accessibility and quality of care after the insult, societal response to the victim and prior exposure to childhood adversaries on prevalence of PTSD.

Figure 1. Conceptual framework on PTSD and associated factors among sexual assault survivors at safe houses, Addis Ababa, Ethiopia, 2022.





3. Objective

General objective

- To determine the magnitude of post-traumatic stress disorder and its associated factors among sexual assault survivors in selected safe house and centers, Addis Ababa, Ethiopia. From April 2022 till march 2023.

Specific objectives

- To determine the magnitude of post-traumatic stress disorder among sexual assault survivors in selected safe house and centers, Addis Ababa, Ethiopia. From April 2022 till march 2023
- To identify associated factors of post-traumatic stress disorders among sexual assault survivors in selected safe house and centers, Addis Ababa, Ethiopia. From April 2022 till march 2023

4. Method and materials

4.1 Study area and period

Two study area among six centers which give post sexual assault care were selected, based on where they located which is Addis Ababa.

The association for women's sanctuary and development (AWSAD) is a non-profitable organization established in 2003 G.C with a vision of violence free society. Provide holistic service for women and girls and children who have survived violence providing them with transitional shelter, psychologic counseling, legal aid and other service facilitate recovery and reintegration into society.in 2020 alone 3769 survivors of gender based violence and 1223 of their children were given safe shelter and support through its six safe house .currently it runs 6 safe houses across different regions of Ethiopia and it has 115 technical and supporting staff members and has supported over 5000 women and girls. AWSAD also run capacity building program for stakeholders including police, prosecutors, community members, media professionals and school children toward the prevention of violence against women and girls.

Mother child rehabilitation center (MCRC) was established by mrs.jutta de muynck in 2006.legally registered in 2010 as localized Non-governmental organizations, located in Addis Ababa Arada subcity.it was initiated to help needy children but expand its service to cover survivor of violence and vulnerable women for adequate food, shelter, medical care and psychological support, community based support, education and women empowerment. It offers support for an average of 80 children and 60 women per month.

The study was conducted between 2022GC and 2023Gc.The data collection process took five days.

4.2 Study design

Institution based cross sectional study design was used for the study

4.3 Target population

- Women and girls who are exposed to sexual assault

4.4 Source population

- Women and girls who are exposed to sexual assault and live in these selected safe house and centers

4.5 Study population

- Women and girls who are exposed to sexual assault, and live in these selected safe house and centers that satisfy the inclusion criteria

Variables

4.6 Dependent variable

- post-traumatic stress disorder among sexual assault survivors

4.7 Independent variables

- Socio-demographic
 - Age
 - Marital status
 - Employment and economic status
 - Educational level
 - Religion
- Sexual assault circumstance
 - Frequency of Assault
 - Type of perpetrator

Perceived preventability

Physical force and injury

Involvement of weapon

Gang Rape

➤ Post assault circumstances

Post assault pregnancy

Quality of medical, legal service and social support system

Sociocultural dimension, self-blame

➤ Vulnerability

Psychiatric illness

Exposure to adverse childhood experience

4.8 Operational definitions

- ✓ For this particular study sexual assault focused on rape
- ✓ Gang Rape: Involvement of more than one perpetrator (2)
- ✓ Adverse Childhood experience: exposure to any of 8 adverse childhood experience before eighteenth birthday (2,(18))
- ✓ Frequency of assault: whether the incident is a one time or repeated assault (2)
- ✓ Type of perpetrator: perpetrator known or unknown to the victim (2)
- ✓ Standard Post assault interventions: nonjudgmental empathetic rehabilitative and medical service including basic sexual transmitted infection screening, post exposure prophylaxis, pregnancy testing, treatment for physical injury ,psychotherapy, empowerment programs ,provision of temporary shelters and legal intervention as per to the national Guideline (17).For this study after explaining what standard intervention is, participants were asked to rate their satisfaction subjectively based on their perception.
- ✓ Household member: anyone who live in the same house with the victim
- ✓ Traumatic events: is an incident that cause physical, emotional, spiritual, psychological harm (2)
- ✓ Post-traumatic stress disorder: is a clinical diagnosis made after a victim exhibit collection of symptoms like intrusive flashback memories of events, avoidance of reminder of the traumatic events, altered negative thoughts and feelings about oneself or others and hyper arousal after experiencing or witnessing a traumatic event. Those

symptoms has to last for more than one month to make the diagnosis. According to PCL-DSM 5, Provisional diagnosis of PTSD will be made if the total score is 31 or above out of 80 after addition of those symptoms exhibited by the victim. (18)

- ✓ Safe house: is transitional shelter which provide a holistic service for survivors like psychological counseling, legal aid and other service facilitate recovery and reintegration into society.

4.9 Sample size

Two methods were used to calculate sample size.

Single population proportion formula to calculate sample size.

Assumptions Where confidence level of 95%

Accepted deviation of 5%

Proportion of 20.2% (previous study)

$$\begin{aligned} \text{Sample size will be } n_i &= (Z_{\alpha/2})^2 \cdot Pq/d^2 \\ &= (1.96)^2 \cdot (0.202)(0.798)/(0.05)^2 \\ &= 248 \end{aligned}$$

Number of women who lives in these two shelters is N= 600

376(63%) in AWSAD and 224(37%) in MCRC

Adding 10% for non-responders will make final sample size

$$n_f = 273$$

Two population proportion

It was computed by entering Odds ratio of factors to epi info version 7 which had significant association in previous studies (5) such as Gang rape OR 4.01, repeated frequency of assault OR 2.93, involvement of physical force and injury OR 2.48, With a Confidence level of 95%, Accepted deviation from the expected prevalence of 5% and power of 80% entering these OR

Table 1. Sample size for statistically significant factors based on two population proportion formula

Factors	CI	Power	Ratio (unexposed to exposed	% in UNEXPOSED	OR	Sample size
Gang rape	95%	80%	1	82.2	4.01	228
Frequency of rape	95%	80%	1	45.2	2.93	132
Physical injury	95%	80%	1	12.3	2.48	292

Final sample size is taken by comparing them and taking the maximum. Which is 292 from two population proportion formula.

Final sample size = 292

Sampling and sampling procedure

The study areas are selected based on three criteria. the first is location as those shelters who reside in Addis Ababa are selected, second is Character of victims reside in these shelters as most of victims in these shelters are sexually assaulted and type of service provided by these shelters. Those who give holistic service are selected because this service is determinant for the outcome of this research.

The final sample size was proportionally allocated and shared to these two-study areas based on the number of study population they contributed.

Systematic sampling technique was used to select samples from study population in each institution by selecting one unit at random using lottery method then selecting the rest using sampling intervals after dividing the number of individual who fulfil the inclusion criteria to the final sample size.

Sampling frame which contains the list of all study population was obtained from respective centers and used to select sample.

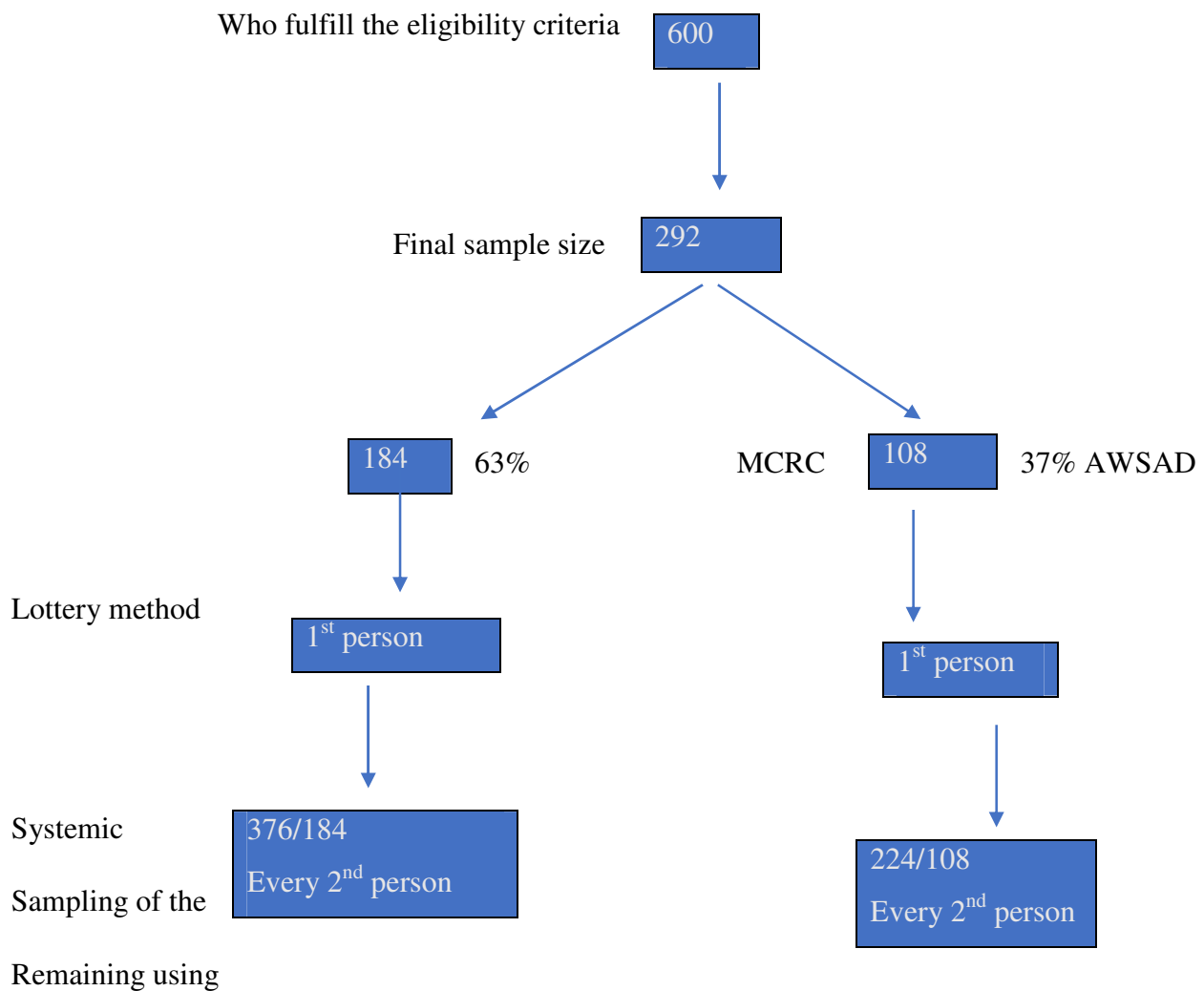
4.10 Eligibility criteria

Inclusión criteria

1. Sexual assault survivors in these shelters who stayed between 1-6 month
2. Age above 10

Exclusion criteria

1. Sexual assault survivors in these shelters admitted for reason other than rape
2. Those who are not willing for the interview



4.11 Data collection methods and quality control

4.11.1 Data collection tool

The questioner contains introduction and consent form, socio demographic, vulnerability (18), sexual abuse profile, post sexual assault interventions, sociocultural (19,20) and PCL-5 components (18).

Except PCL-5 check list other components of Questioners are adopted from other similar studies who has similar topics (18–20) with relevant modification to match the current condition. Since PCL-5 is a standard tool (18), it is not modified.

PTSD Checklist for DSM-5 (PCL-5)

The PCL-5 is a 20-item self-report measure that assesses the 20 DSM-5 symptoms of PTSD. Its purpose is to make a provisional PTSD diagnosis

Administration and Scoring (21)

The PCL-5 is a self-report measure that can be completed by participants as part of a research study. It takes approximately 5-10 minutes to complete.

The PCL-5 can be scored in different ways :(21)

A total symptom severity score (range - 0-80) can be obtained by summing the scores for each of the 20 items.

Response: 5-point Likert (0 = "Not at all" to 4 = "Extremely")

- *DSM-5* symptom cluster severity scores can be obtained by summing the scores for the items within a given cluster, i.e., cluster B (items 1-5), cluster C (items 6-7), cluster D (items 8-14), and cluster E (items 15-20).
- A provisional PTSD diagnosis can be made by treating each item rated as 2 = "Moderately" or higher as a symptom endorsed, then following the *DSM-5* diagnostic

rule which requires at least: 1 B item (questions 1-5), 1 C item (questions 6-7), 2 D items (questions 8-14), 2 E items (questions 15-20).

- Many research suggests that a PCL-5 cutoff score **31-33** is indicative of probable PTSD across samples. Depending on purpose of the study.

In order to maximize detection of possible cases, lower cutoff point 31 is taken. (18)

4.11.2 Data collector

Four Data collectors and one supervisor who are Medical and Dental Doctors participated in Data collection process. The data collection was completed in five days period.

4.11.3 Data collection technique/procedure

Data collectors were oriented about the components of questioner and how to fill and calculate PCL score. The data was collected through interviews using those questioners. Data collectors filled all respective answers on the questioner while making the interview base on the response of participants. Supervision was made throughout the process by investigator. The data collection was completed within five days period between 1/4/2022-5/4/2022Gc.

4.11.4. Data quality control

Data quality control was done before, during data collection, data entry, processing, and during analysis and interpretation.

Operationalizing and standardization of variables were done to maximize data quality

Training of Data collectors before data collection, making sure participant understand all question and filled data properly, checking data for omission and errors during data collection were some of the methods used to get good quality of data. In addition, in order to get complete data the survey were not being submitted unless all variables were answered. .

The questioner is first prepared in English language then it was translated to Amharic language and finally retranslated back to English to assess its consistency. It is designed with clear structure, presentation, explanation and concise instruction. The questioners was pretested on 5% of study population from another study area who were not selected in the actual study.

Data cleansing before entry for completeness, correctness, consistency and redundancy using correction and standardization was done. The collected data was encoded in epi info version 7 after checking its completeness and 20% of it was double checked on epi info version 7 for out of range or invalid response, missing or blank values, incorrectly entered data.

4.12 Data analysis

Cleaned data was exported to SPSS version 25 for analysis. Using SPSS descriptive statistics, respondent's general features were obtained and reported as frequencies and percentages.

Using SPSS bivariate analysis and bivariate logistic regression was made to identify association between dependent variables and independent variables. Multivariable logistic regression model used to identify the relative importance of each predictor to the dependent variable by controlling the effect of other variable. Those variables which are potential independent predictors (probability of having PTSD on with P-value < 0.5 entered to multivariable logistic regression analysis. The association between dependent and independent variables determined using Odds ratio (OR) with 95% confidence interval.

4.13 Ethical consideration

The questioner was designed in a manner so as not to increase distress on participants. The data collection process was undertaken with due attention to respecting the right and dignity of all participants. Ethical review was conducted by ethical and review committee of St Paul millennium medical college.

Written consent had been taken from participants after all appropriate information regarding the research was given. Participants were allowed to withdraw from the study at any time. In regard to confidentiality participant name was not used; instead, they were assigned ID number and were informed that the information they provided would be kept confidential. It was ascertained that data collectors have no personal interest in the outcome. They were reassured that the research will not cause any harm. Special care had been taken during questioner filling process since the topic is sensitive and participants are traumatized and are in vulnerable condition.

Willingness of child victim and written consent of legal guardian was taken for interviewing children. These legal guardians are professionals reside in the safe house who are assigned to assist them. Safety precaution was taken to make sure availability of supervision for children after participation so that counselors would provide counseling to those participants who seemed distressed. Service provider were not involved during the interview unless needed to assure privacy and to minimize bias. We did not encounter participant who had sever distress which demand further intervention apart from counseling during the interview.

4.14 Dissemination of result

Report of the finding will be disseminated to St Paul millennium medical college department of public health, the association for women's sanctuary and development (AWSAD), Mother Child rehabilitation center (MCRC) and other interested relevant stakeholders through publication.

Result

Socio demographic characteristics of study participants

In the study, 270 respondents participated making the response rate 92.4%. Age and income have approximately normal distribution. The mean age was 17.63(SD 2.39) years and the mean monthly income was 1552.34(SD 510.70) Birr. Majority of the respondents were in the age group 15-19 years. In regard to marital status and education status, 96.3% were single and 51.9% were in primary education respectively. Most of the respondents were employed at time of the incident.

Table 2. Socio demographic characteristics at safe houses, Addis Ababa, Ethiopia

Variables		Frequency	Percentage
Age in years	10-14	21	7.8
	15-19 years	191	70.7
	20-24 years	54	20.0
	25-29 years	4	1.5
Marital status	Never married	260	96.3
	Other*	10	3.7
Educational status	Cannot read and write	119	44.1
	Can read or write	3	1.1
	Primary education	140	51.9
	Secondary education	8	3.0
Religion	Orthodox	176	65.2
	Muslim	56	20.7
	Protestant	38	14.1
Employed during the incident	No	61	22.6
	Yes	209	77.4
Monthly Income	900ETB and less	26	9.6
	901-1800	113	41.9
	1801-2700	72	26.7
	Above ETB	3	1.1

*Other- married, widowed or divorced

Vulnerability

Adverse childhood experiences (ACE) occurred in 74 (27.4%) of the respondents. Physical abuse, psychological abuse and sexual abuse occurred in 60 (22.2%), 62 (23.0%) and 5(1.9%) of them respectively. Household substance use was identified in 23 (8.5%) of the respondents while 5 (1.9%) had household member who is inmate or prisoner. Less than a quarter of respondents have witnessed their father abusing their mother. Parents were divorced in 34 (12.6%) and in 5 (1.9%) family history of psychiatric illness in the household was found. known Personal history

Variables		Frequency	Percentage
Adverse childhood experience	No	196	72.6
	Yes	74	27.4
Survived physical assault	No	210	77.8
	Yes	60	22.2
Survived psychological assault	No	208	77.0
	Yes	62	23.0
Survived sexual assault	No	265	98.1
	Yes	5	1.9
Household member with any substance use	No	247	91.5
	Yes	23	8.5
Household member with alcohol use	No	247	91.5
	Yes	23	8.5
Ex-prisoners in the household	No	265	98.1
	Yes	5	1.9
Psychiatric illness in household member	No	265	98.1
	Yes	5	1.9
Parents divorced	No	236	87.4
	Yes	34	12.6
Ever witness father abusing mother	No	209	77.4
	Yes	65	22.6
23			
Hasknown psychiatric illness	No	269	99.6
	Yes	1	0.4

of psychiatric illness was identified in only 1 (1.4%) the respondents.

Table 3. Exposure to Vulnerable conditions at safe houses, Addis Ababa, Ethiopia, 2022

Sexual abuse circumstance factors

Concerning the circumstances of abuses, in 71(26.3%) the abuses occurred more than once. The perpetrators were known in 129 (47.8%). In most cases, only one perpetrator (offender) was involved but in 18 (6.7%) cases more than one offender committed the abuse. Perpetrators used force in 130 (48.1%) and weapons in 68 (25.2%) of the assaults. Pregnancy occurred after 74 (27.4%) of assaults. In 74 (27.4%) of the sexual assaults, the survivors believe the assault was preventable.

Table 4. Sexual abuse circumstance safe houses, Addis Ababa, Ethiopia, 2022.

Variables		Frequency	Percentage
Number of assaults	Once	199	73.7
	More than once	71	26.3
Is perpetrator known	No	141	52.2
	Yes	129	47.8
Number of perpetrators	One	252	93.3
	More than one	18	6.7
Believe the assault was preventable	No	196	72.6
	Yes	74	27.4
Perpetrator used force	No	140	51.9
	Yes	130	48.1
Perpetrator used weapon	No	202	74.8
	Yes	68	25.2
Get pregnant after the assault	No	241	89.3
	Yes	29	10.7
Feel responsible about the event	No	199	73.7
	Yes	71	26.3
Feel guilty about the event	No	197	73.0
	Yes	73	27.0

Sociocultural factors

Almost half of the respondents strongly agree that families and relatives understand their problem, received advice about support services, families and relatives supported when they felt depressed and feel families and relatives fulfilled their need. Just more than half of the respondents strongly agree that

Table 5. Social support and attitude toward survivors at safe houses, Addis Ababa, Ethiopia, 2022.

	Variables	Frequency	Percentage
Feel families and relatives understand your problem	Strongly disagree	109	40.4
	Disagree	4	1.5
	Neutral	7	2.6
	Agree	11	4.1
	Strongly agree	139	51.5
Family advised about support services	Strongly disagree	105	38.9
	Disagree	6	2.2
	Neutral	12	4.4
	Agree	10	3.7
	Strongly agree	137	50.7
Family and relatives support when you feel depressed	Strongly disagree	106	39.3
	Disagree	10	3.7
	Neutral	10	3.7
	Agree	8	3.0
	Strongly agree	136	50.4
Feel families and relatives fulfilled your needs		29	9.7
	Strongly disagree	108	40.0
	Disagree	6	2.2
	Neutral	7	2.6
	Agree	11	4.1
Feel families and relatives showed hate	Strongly agree	138	51.1
	Strongly disagree	162	60.0
	Disagree	8	3.0
	Neutral	14	5.2
	Agree	42	15.6
	Strongly agree	44	16.3

Families and relatives prevented from accessing support services	Strongly disagree	163	60.4
	Disagree	8	3.0
	Neutral	12	4.4
	Agree	44	16.3
	Strongly agree	43	15.9
Families and relatives criticized you for the event	Strongly disagree	162	60.0
	Disagree	13	4.8
	Neutral	10	3.3
	Agree	43	15.9
	Strongly agree	42	15.6

Post sexual assault intervention

Majority, of the respondents received legal (250 (92.6%)), healthcare (266(98.5%)) and rehabilitative service (269(99.6%)) after the assault. Most rated the services they received after the assault as an adequate service. This rates are based on subjective perception after the definition of standard service and its component was explained to participants.

The median (IQR) and mean (SD) PTSD symptom severity score was 21 (17-39) and mean 28.29(15.39) respectively. PTSD was identified in 86 (31.9%) of the respondents.

Table 6. Post assault service provision for survivors at safe houses, Addis Ababa, Ethiopia, 2022.

Variables		Frequency	Percentage
Received any services after the event	No	1	0.4
	Yes	269	99.6
Received healthcare services	No	4	1.5
	Yes	266	98.5
Satisfactory healthcare services	No	3	1.1
	Yes	263	98.9

Received legal services	No	20	7.4
	Yes	250	92.6
Satisfactory legal services	No	54	21.6
	Yes	196	78.4
Received rehabilitative services	No	1	0.4
	Yes	269	99.6
satisfactory rehabilitative services	No	2	0.7
	Yes	267	99.3

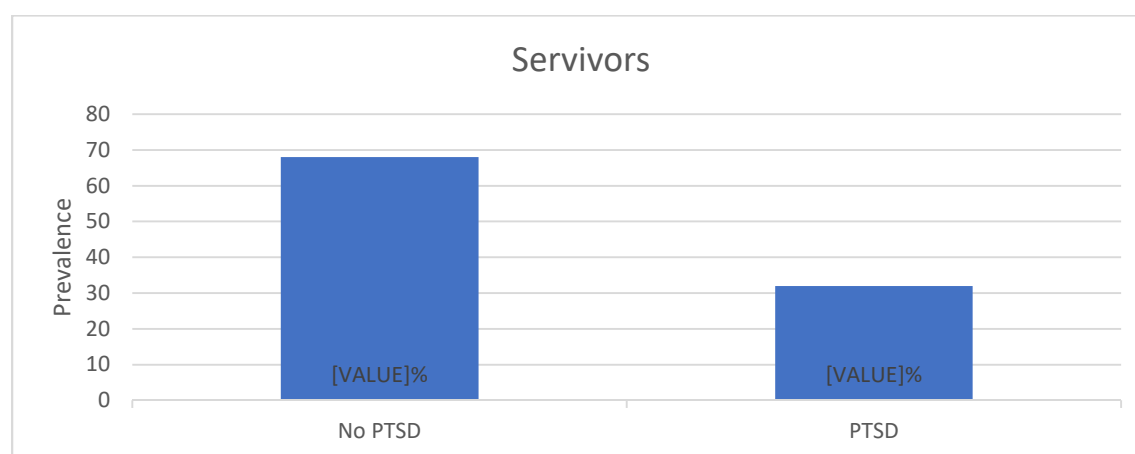


Fig 3. Prevalence of PTSD among survivors at safe houses, Addis Ababa, Ethiopia 2022

Factors associated with PTSD among survivors

Bivariate analysis of factors associated with PTSD

In bivariate analysis, age in years, marital status, average monthly income, adverse childhood experiences, physical abuse, psychological abuse, household member with alcohol use, Ex prisoner household member, parents' divorce, knowing the offender, number of perpetrators, getting pregnant after the assault, receiving legal service and adequacy of legal service were found to have significant association with PTSD. But survivor's educational status, religion, employment status, personal or family history of psychiatric illness, the number of assaults and use of force or weapon were not found to have statistically significant association with developing PTSD.

Multivariable analysis of factors associated with PTSD

In a multivariate logistic regression, adverse childhood experience, knowing the offender, numbers of offenders, getting pregnant after the assault and receiving adequate legal services were found to have statistically significant association with PTSD

Respondents with adverse childhood experiences are 9 times more likely (AOR: 9.03, 95% CI: 3.311-24.664, p-value=000) to have PTSD than those without childhood adverse experiences. The risk of PTSD is 4 times more likely (AOR: 3.69, 95% CI: 1.491-9.133, p-value=005) if the respondent know the offender. If more than one perpetrator is involved in the assault the risk of PTSD is 7 times more likely (AOR: 6.93, 95% CI: 1.124-42.808, p-value=037) than assaults with a single perpetrator. In respondents who received adequate legal services the risk of PTSD is 0.2 times less likely (AOR: 0.160, 95% CI: 0.057-0.454, p-value=001) than those who did not received adequate legal services. If the survivor gets pregnant after the assault the risk of having PTSD is 5 times more likely (AOR:5.162, 95% CI: 1.122-23.743, p-value=0.035) than not getting pregnant after the assault.

Variables	PTSD		COR (95% CI)	P-value	AOR (95% CI)	P-values
	Yes	No				

Adverse childhood experiences						
No	43(21.9%)	153(78.1%)	1.00		1.00	
Yes	43(58.1%)	31(41.9%)	4.935(2.784-8.749)	.000	9.037(3.311-24.664)	.000
Known perpetrator						
No	26(18.4%)	115(81.6%)	1.00		1.00	
Yes	60(46.5%)	69(53.5%)	3.846(2.222-6.656)	.000	3.690(1.491-9.133)	.005
Numbers of perpetrators						
One	72(28.6%)	180(71.4%)	1.00		1.00	
More than one	14(77.8%)	4(22.2%)	8.750(2.786-27.477)	.000	6.935(1.124-42.808)	.037
Get pregnant after the assault						
No	62(25.7%)	179(74.3%)	1.00		1.00	
Yes	24(82.8%)	5(17.2%)	13.858(5.068-37.892)	.000	5.162(1.122-23.743)	.035
Received adequate legal services						
No	35(64.8%)	19(35.2%)	1.00		1.00	
Yes	35(17.8%)	162(82.2%)	0.117(0.060-0.229)	.000	0.160(0.057-0.454)	.001

DISCUSSION

In this study of PTSD among sexual assault survivors who reside in Addis Ababa, Ethiopia, we studied subject from two facility safe houses who has stayed there for at least one month. The study found that there is higher prevalence of PTSD which is 32% among assault survivors comparing to Community based cross-sectional mental health survey conducted in 11 countries by WHO. The prevalence of PTSD according to this survey is 20.2 %(3). But a research similar with our research done in Ethiopia found prevalence of PTSD of 100 %(28), which is quite higher than our finding .This difference might be due to the smaller number of sample taken in the later research which includes only 71 participants.

Sexual abuse was more prevalent in age group 15-19 who represented 70.7% of the study population. In the contrary Highest prevalence of sexual abuse was recorded among female university staff and commercial sex workers who are in the age range of 18-23 according to systemic review and meta-analysis done at workplaces in Ethiopia (25). This difference might be attributed to deference in the study area and population utilized in the later study which involved mainly occupational environment and universities which can compromises its generalizability to the various communities.

In this study 77.4% of victims were employed and all of them were handmaids. 47.8% of sexual abuse was committed by known abusers and majority of them were either their employers or their own relatives who took responsibility to raise them. Consistent result was found in a study conducted by Jibril jemal et al, 2012 in Addis Ababa, Ethiopia where 73.4% of sexual assaults were committed by known perpetrators including relatives, neighbors, friends, teachers, employers and priests (26). These consistencies of results might be due to similarity of background, economical and social vulnerability of victims who flooded to the capital city for a better life and put their life in danger.

The high number of respondents who received post assault legal (250 (92.6%)), healthcare (266(98.5%)) and rehabilitative service (269(99.6%)) might be due to the accessibility of those service after admission in the safe house hence this facilities provide holistic service. Most rated the services they received after the assault as an adequate.

In multivariate analysis respondents with adverse childhood experiences which account for 27.4% of the total respondents are 9 times more likely to have PTSD. Similar finding was

identified in WHO (3) mental health survey which analyze the joint association between ACE and PTSD after sexual assault and found ACE was independent predictor of PTSD with OR 1.6. Comparable result was also found in one Ethiopian study regarding ACE done by FEVEN TEKLEMARIAM, et al 2018, where dysfunctional family such as family aggression, separation, substance abuse, and psychiatric ill patient with in the family increase risk of PTSD and its chronicity (27).

In this study the risk of PTSD is 7 times and 4 times more likely in respondents who know the offender and in assaults where more than one offender is involved respectively. These results are similar to the finding of WHO mental health survey where Significant relation with identity of perpetrator OR 4.8 and frequency of assault OR 4.6 were detected(3). According to another Ethiopian study conducted by Sonan Daniel et al, 2015 severity of symptoms was significantly correlated with encounter of repeated abuse and being abused by family member, where 80% of victim who was perpetrated by more than one perpetrator found to have higher risk and sever form of PTSD (28).

Among respondents who received adequate legal service, the risk of PTSD is found to be 0.2 times less likely. This signifies the impact of contact with legal system where standard intervention have proven to be effective in reducing the symptomatology of survivors .Similarly the negative impact of impaired justice system was also stated in the study conducted by Feven, et al, 2018 (27). According to this study when perpetrator does not get punished at all or at less, it has great influence on the victim's mental health and increase risk of PTSD.

Another finding we found on our study is if the survivor gets pregnant after the assault the risk of having PTSD is 5 times more likely. This is a consistent finding with a study conducted on hostages of Islamic state (ISIS) in Germany (16) and victims in selected safe house in Addis Ababa, Ethiopia (28) which states unwanted incidental pregnancy after assault can increase the incidence and severity of PTSD.

LIMITATION OF THE STUDY

Qualitative or mixed study design would be preferred for this specific topic to assess the mental dynamic of participant in-depth since it is difficult to quantify subjective feelings using quantitative study design. To minimize this gap we have tried to include as much representative information in the questionnaire for the interview.

The other limitation was Trust issues of respondent to be open and to give full information in the fear of transfer of personal information to third party or perpetrator and the fear of being blamed and judged, this perception was tried to be minimized with proper explanation about the study and its confidentiality though it can't be fully eliminated due to the sensitive nature of the study topic.

CONCLUSION

Based on the finding it can be concluded that PTSD is a significant psychiatric issue among sexual abuse survivors in Ethiopia with a prevalence of 32%.

Presence of factors like Adverse childhood experience, knowing the offender, being assaulted by more than one offenders, getting pregnant after the assault and not receiving adequate legal services increase risk of developing PTSD.

RECOMMENDATION

Family awareness programs through different platforms like broadcasting, social media and religious setups has to be held on the psychological impact of having dysfunctional and unstable family on children .Since adverse childhood experience which are considered normal and not seen as hazardous traditionally have greater impact on occurrence of PTSD. Families are recommended to protect their child from unwanted exposures and to be vigilant on the relationship children have with relatives and neighbors.

Awareness creation programs are also highly recommended for the society about women's right, the impact of women empowerment, criminality of sexual abuse and mental health impact of sexual assault so that they can support and facilitate accessibility of care for the needy rather than giving negative societal reaction and aggravating the mental disturbance.

The post assault medical service to prevent incidental pregnancy has to be strengthen to minimize the occurrence of unwanted pregnancy during the incident.

The quality of legal service has to be standard as evidenced by the established correlation between the quality of legal service and PTSD. Service providers including legislative personals has to be well trained on the character and debilitative effect of PTSD when making judgment.

Further qualitative research are needed to be done to assess the psychological impact in depth and to identify effective approaches for intervention hence the prevalence of sexual assault and the functional impairment of highly prevalent PTSD associated to it are increasing . Additional researches also help to direct government and non-governmental organization to give appropriate attention to the problem and to focus on priority areas.

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ANNEX

English version questionnaire

English Version Information Sheet

My name is _____. I am working as data collector in the research Conducted by Dr Kalkidan Behailu, who is conducting this research for the partial fulfillment of her Master degree in General public health in St Paul Millennium Medical College. We are trying to assess the prevalence of PTSD and associated factors among sexual assault survivors. We would like your honest opinion pertaining to the questions.

Name of advisor; Hailemichael Bizuneh (assistant professor) and Samson Zegeye (lecturer)

Name of the organization: St Paul Millennium Medical College, Department of public health.

Name of the Sponsor: The researcher

Introduction: Information sheet and consent form is prepared for sexual assault survivor women who stay in safehouse and shelters who meet the inclusion criteria and who will be volunteer to participate in research project. cross-sectional study will be used to assess the prevalence of PTSD and associated factors among sexual assault survivors.

Purpose: the main purpose of this study is to conduct research as a partial fulfillment of Master degree.in addition to that, I am hopeful that this research will benefit all sexual assault survivors and improve the quality of reproductive and mental health care. I will provide research results to concerned body for intervention.

Procedure: To assess the prevalence of PTSD and associated factors among sexual assault survivors you are invited to take part in this project. If you are willing to participate in this project, you need to understand and sign on the agreement form. Then after, you will be interviewed by the data collector which will take 30-45minute. All your responses and the results obtained will be kept confidential by using coding system whereby no one will have access to your response.

Risk/ Discomfort: the study doesn't cause any physical or psychological harm on the participants.

Benefits: your Participation is likely to help us in assessment of the prevalence of PTSD and associated factors among sexual assault survivors. ultimately, this will help us to identify the gap and take the appropriate intervention by the authorized stakeholder. You will not be provided any incentive or payment to take part in this project.

Confidentiality: The information collect from this research project will be kept confidential and information about you that will be collected by this study will be stored in a file, without your name, but a code number assigned to it. In addition, it will not be revealed to anyone except the principal investigator and will be kept locked with key.

Right to refuse or withdraw: You have full right to refuse from participating in this research. You can choose not to respond to some or all questions if you do not want to give your response. You have also the full right to withdraw from this study at any time you wish, without losing any of your right. If you have any question about the study please contact

Dr Kalkidan Behailu , principal investigator

Tel: +251-912-33-06-31

Email: kalkidanadere@gmail.com

English Version Consent Form

I understand all conditions stated above. I have understood that Participation in this study is entirely voluntarily. I have been told that my answers to the questions will not be given to anyone else and no reports of this study ever identify me in any way Therefore, I am Ready and willing to participate in this study.

If agreed please Signature; _____ If not _____

Supervisor Name _____ signature _____ Date ____/____/____ E.C.

Time Interview Started: Hour: _____ Time Interview Ended: Hour: _____ Minute: _____

Questionnaire code No _____

Name of interviewer _____ Date ____/____/____ E.C. signature _____

Part I: Socio demographic characteristics of sexual assault survivors in selected safe houses and shelters Addis Ababa, Ethiopia, 2022

No	Questions	Choices
1	How old are you?	_____ age in completed years
2	What is your marital status	1) Married 2) Single 3) Widowed 4) Divorced 5) Separated
3	What is your educational status?	1.can't read and write 2. can read and write 3.primary school 4.secondary school 5.Tecnique or Diploma 6.Degree 7. Masters or Above
4	What is your religion?	1.Orthodox 2.Muslim 3 Protestant 4.Catholic 5.Other (Specify
5	Were you employed during the incident?	0.Yes

		1.No
6.	If yes to No .5 What is your average monthly income?	_____ ETB

Part II. vulnerability questions

No	Questions	Choices
1	Do you have adverse childhood experience before the age of eighteen	0.Yes 1.No
2	If yes to Question number 1, what is the adverse childhood experience? Select all that apply	
2.1	Did you encounter Childhood Abuse before the age of eighteen?	1.Physical abuse 2. Emotional abuse 3. Sexual abuse

2.2	Was there any one in the house who was?	1.Substance user 2. Prisoner 3. Mentally ill
2.3	Was your parent Divorced?	0.Yes 1. No
2.4	Was your mother treated violently by your father?	0.Yes 1. No
3	Do you have confirmed Psychiatric illness	0.Yes 1. No

Part III. Sexual assault circumstance

No	question	choice
1	What was the frequency of the assault?	1. one time 2. More than Once
2	Was the perpetrator known to the victim?	0. Yes 1. No
3	How many perpetrators involved	1.one 2. More than one
4	Do you perceive that you could have prevented the incident?	0. Yes 1. No

5	Did perpetrator use physical force	0. yes 1. No
6	Did perpetrator use Weapon	0. Yes 1. No

Part IV. Socio cultural dimension

No	Question	Choice
Positive Social support		
1	How much does significant other provide you with encouragement and understand your feeling	1, Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. All the time
2	How much does significant other provide you with useful information regarding where to find help	1, Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. All the time
3	How much does significant other talk to you when you are depressed and anxious	1, Not at all 2. A little bit 3. Moderately 4. Quite a bit

		5. All the time
4	How much does significant other provide you with what you need	1, Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. All the time
Social undermining Questions		
1	How much does the significant other shows they dislike you and make you feel unwanted?	1, Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. All the time
2	How much does the significant other hinder you from attaining help regarding the assault?	1, Not at all 2. A little bit 3. Moderately

		4. Quite a bit 5. All the time
3	How much does the significant other criticize you?	1, Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. All the time
4	Do you believe you are responsible for the incident?	0. Yes 1.NO
5	Do you blame yourself for the incident?	0. Yes 1.NO

Part V. Post Assault Intervention

No	Question	choice
1	Did you Get Post Assault Intervention	0. Yes 1. No
2	If yes to Question number 1. which service did you get? Select all that apply	
2.1	Medical service	0. Yes 1. No
2.2	If yes to Question number 2.1 was it satisfactory?	0. Yes 1. No

2.3	Legal service	0. Yes 1. No
2.4	If yes to Question number 2.3 was it satisfactory?	0. Yes 1. No
2.5	Social support system	0. Yes 1. No
2.6	If yes to Question number 2.5 was it satisfactory?	0. Yes 1. No

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4

10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behaviour, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being “super alert” or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

Part V. Post-traumatic stress disorder check list for DSM- 5(PCL-5), last month version

Selected one option among the list which best fit your situation

የአማርኛ መጠይቅ

የአማርኛ መጠይቅ የመረጃ ቅፅ

ስሜ _____ እባላለሁኝ። በቅዱስ ጳውሎስ ሚሊኒየም ሜዲካል ኮሌጅ የሁለተኛ ዲግሪ የማህበረሰብ ጤና አጠባበቅ ተማሪ በሆነችው ዶ/ር ቃልኪዳን በኃይሉ በሚደረገው ጥናት ላይ መረጃ ሰብሳቢ ሆኜ እየሰራሁ ነው። ይህ መጠይቅ የተዘጋጀው ድንገተኛና አስቀድሞ ጉዳት ወይም አደጋ ካጋጠመ በኋላ የሚፈጠር ከመጠን ያለፈ የጭንቀት ችግርን እና ተዛማጅ ጉዳዮች ከጽታዊ ጥቃት ባገገሙ ሴቶች ላይ በምን ያክል መጠን ይከሰታሉ የሚለውን ለማወቅ ነው። ለጥናቱ መሳካት የእርስዎን ታማኝ እና ቀና የሆነ ትብብር እንፈልጋለን።

የአማካሪዎች ስም: ሃይለሚካኤል ብዙነህ (ተባባሪ ፕሮፌሰር) እና ሳምሶን ዘገየ (መምህር)

የተቋሙ ስም: ቅዱስ ጳውሎስ ሚሊኒየም ሜዲካል ኮሌጅ ፣ የማህበረሰብ ጤና አጠባበቅ ት/ክፍል

የጥናቱ ድጋፍ ሰጪ ተቋም ስም: በግል

መግቢያ: ይህ ጥናት ጽታዊ ጥቃት የደረሰባቸው ሴቶች ባለፉት ስድስት ወራት ውስጥ ያስተናገዷቸውን ከመጠን ያለፈ ጭንቀት ድብርትና ፍርሃት በመዳሰስ ጽታዊ ጥቃት ከድህረ ጥቃት ስነልቦናዊ ጭና ጋር ያላቸውን ግንኙነት እና ጭናውን ሊያባብሱ የሚችሉ ተዛማጅ ሁኔታዎችን አዲስ አበባ ውስጥ ባሉ በተመረጡ ጊዜያዊ መጠለያዎች ያጠናል።

ዓላማ: የዚህ ጥናት ዋና ዓላማ የመመረቂያ ጽሁፍ ለማዘጋጀት ነው። ይሁን እንጂ ይህ ጥናት ጽታዊ ጥቃት የሚያደርሰውን ስነልቦናዊ ቀውስ አንዲሁም ተዛማጅ ሁኔታዎችን በመገምገምና ውጤቱንም ለመመለከታቸው አካላት በማዳረስ በሳይንሳዊ ጥናት ላይ የተደገፈ የመፍትሄ አቅጣጫዎችን ለመጠቀም ይረዳል።

አካሌድ: በአዲስ አበባ ውስጥ ባሉ በተመረጡ ጊዜያዊ መጠለያዎች ውስጥ ያሉና ጽታዊ ጥቃት ተፈጽሞባቸው የጥናቱን መስፍርት የሚያሟሉ ሴቶች በጥናቱ እንዲሳተፉ ተጋብዘዋል። በጥናቱ ላይ ለመሳተፍ ከተስማሙ በፊርማዎ መስማማቶን ያመልክቱ። ከዚህም በኋላ በመረጃ ሰብሳቢው ከ30-45 ደቂቃ የሚፈጅ መጠይቅ ይደረግሎታል። የሚሰጡት መረጃ በጠቅላላ ሚስጥራዊነቱ የተጠበቀ ነው።

ጉዳት/ስጋት: በጥናቱ ላይ በመሳተፍዎ ምንም አይነት አካላዊም ሆነ ስነልቦናዊ ጉዳት አይደርስብዎትም።

ጥቅም: የችግሩን መጠን በሳይንሳዊ ጥናት ማወቁ ችግሩን ለመከላከል የሚረዱ አቅጣጫዎችን ለማስቀመጥ እና የታማሚዎችን ችግር በተሻለ ሁኔታ ለመፍታት ያግዛል። በጥናቱ ላይ በመሳተፎ የተለየ ክፍያ አያገኙም።

ምስጢራዊነት: በዚሁ ጥናት ላይ የሚገኘው መረጃ በሙሉ ሚስጢራዊነቱ የተጠበቀ ነው። የእርስዎ መረጃ በፍይል ውስጥ ስምዎችን ወይም አርሶ መሆኖን የሚያመለክት መረጃ ሳይጠቀስ ኮድ ተሰጥቶት ይቀመጣል። በተጨማሪም መረጃዎ ከጥናቱ ውጪ ለማንም ሰው አይሰጥም።

ያለመሳተፍ/የማቋረጥ መብት: በጥናቱ የመሳተፍም ሆነ ያለመሳተፍ ሙሉ መብት አለዎት። በተጨማሪም በጥናቱ ውስጥ ላሉ ጥያቄዎችም መልስ ያለመስጠት አንዲሁም በማንኛውም ጊዜ ከጥናቱ አቋርጠው የመውጣት መብት አለዎት። ተጨማሪ ጥያቄ ካለዎት በሚከተለው አድራሻ ያገኙናል።

ዶ/ር ቃልኪዳን በሃይሉ

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የስምምነት ማረጋገጫ ቅጽ

ከላይ የተጠቀሱትን በሙሉ ተረድቻለሁ። በዚህ ጥናት ላይ የምሳተፈው በሙሉ ፍቃደኝነት ነው።

በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ነኝ ፊርማ _____ ፍቃደኛ አደለሁም _____

የተቆጣጣሪ ስም _____ ፊርማ _____ ቀን _____

ቃለ መጠይቁ የተጀመረበት ሰዓት _____ ቃለ መጠይቁ ያለቀበት ሰዓት _____

መለያ ኮድ ቁጥር _____

ቃለ መጠይቁን ያደረገው ባለሙያ ስም _____ ፊርማ _____ ቀን _____

ክፍል 1: ከጾታዊ ጥቃት ያገገሙ ሴቶች ማህበረሰባዊ መረጃዎች

ተቁ	ጥያቄ	መልስ
1	እድሜ?	_____ አመት
2	የጋብቻ ሁኔታ	1.ያገባች 2.ያላገባች 3.አግብታ የሞተባት 4.የተፋታች 5.ተለያይትው የሚኖሩ
3	የትምህርት ደረጃ?	1.ማንበበ እና መጻፍ የማትችል 2.ማንበበ እና መጻፍ የምትችል 3.አንደኛ ደረጃ 4.ሁለተኛ ደረጃ 5.ቴክኒክ እና ሙያ/ ዲፕሎማ 6.የመጀመርያ ድግሪ 7.ድህረ ምረቃ (ማስተርስ እና ከዛ በላይ)
4	ሃይማኖት?	1.ኦርቶዶክስ 2.ሙስሊም 3 ፕሮቴስታንት

		4.ካቶሊክ 5.ልላ (ጥቀስ)
5	ሁኔታው ሲከሰት የገቢ ምንጭ ነበረኝ?	0. አዎ 1.አይ
6	አማካኝ ወርሃዊ ደሞዝ?	_____ ብር

ክፍል 2 የተጋላጭነት ጥያቄዎች

ተቁ	ጥያቄ	ምርጫ
1	ከአስራስምንት አመት በፊት በቤተሰብ ወይም በራስ አስተዳደግ ላይ የተከሰቱ አስከፊ ክስተቶች አሉ	0.አዎ 1.አይ
2	ለጥያቄ ተቁ 1 መልሶት አዎ ከሆነ አስከፊ ክስተቱ ምንድን ነበረ? የሚመለከቶችን በሙሉ ይመረጡ	
2.1	1.በልጅነት የደረሰ ጥቃት	1. አካላዊ 2. ስነ ልቦናዊ 3. ጾታዊ
2.2	ከታች የተዘረዘሩት አካል ያለበት ስው በቤት ውስጥ ይኖር ነበር	1. አደንዛዥ ዕጽ/አልኮል ተጠቃሚ 2. አስር ቤት ያሳለፈ 3. የአዕምሮ ህመም ያለበት
2.3	ወላጆችን ተፋተው ነበር	0. አዎ 1. አይ

2.4	እናትነት በአባትነት አካላዊ ጥቃት ይደርስባቸዋል ነበር	0. አዎ 1. አይ
3	በሀኪም የተረጋገጠ የአዕምሮ ጤና አክል አለብኝ	0. አዎ 1. አይ

ክፍል 3 የጾታዊ ጥቃቱ ሁኔታ

ትቁ	ጥያቄ	ምርጫ
1	የጾታዊ ጥቃቱ ድግግሞሽ	1 .አንድ ጊዜ 2 .ከአንድ ጊዜ በላይ
2	ጥቃት አድራሹን በቅርበት ታውቂዋለሽ	0. አዎ 1.አይ
3	ስንት ጥቃት አድራሾች ተሳትፈዋል	1.አንድ 2.ከአንድ በላይ
4	ጥቃቱ አንዳይደርስ ማድረግ አችል ነበር ብለሽ ታስቢያለሽ	0.አዎ 1.አይ
5	ጥቃት አድራሹ/ሾቹ አካላዊ ሀይል ተጠቅመዋል	0. አዎ 1. አይ

6	ጥቃት አድራሻ/ሾቹ መሰረያ ተጠቅመዋል	0. አዎ 1. አይ
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ክፍል 4 የማህበረሰብ ድጋፍ እና ምልከታ

ተቁ	ጥያቄ	ምርጫ
አወንታዊ የማህበረሰብ ድጋፍ		
1	ምን ያክል የቅርብ ሰዎች ስሜትሽን ተረድተውልሻል እና አበረታተውሻል	1. ምንም 2. ትንሽ 3. መካከለኛ 4. በጣም 5. እጅግ በጣም

2	ምን ያክል የቅርብ ሰዎች የት ሄደሽ አርዳታ ማግኘት አንዳለብሽ መረጃ ሰጡሽ	1. ምንም 2. ትንሽ 3 መካከለኛ 4 በጣም 5. አጅግ በጣም
3	ምን ያክል የቅርብ ሰዎች የጭንቀት እና የድብርት ስሜት ሲሰማሽ ሊያዋዩሽ ፈልገዋል	1. ምንም 2. ትንሽ 3. መካከለኛ 4. በጣም 5 .አጅግ በጣም
4	ምን ያክል የቅርብ ሰዎች ያስፈለገሽን አቅርቦት አቅርበውልሻል	1 .ምንም 2. ትንሽ 3. መካከለኛ 4. በጣም 5.አጅግ በጣም
አሉታዊ የማህበረሰብ ድጋፍ		

1	ምን ያክል የቅርብ ሰዎች ጥላቸውን አሳይተውሻል/ያለመፈለግ ስሜት አንዲሰማሽ አድርገውሻል	1. ምንም 2. ትንሽ 3. መካከለኛ 4. በጣም 5 አጅግ በጣም
2	ምን ያክል የቅርብ ሰዎች ከጥቃቱ ጋር የተያያዙ አርዳታዎችን አንዳታገኝ አቅበውሻል	1. ምንም 2 ትንሽ 3. መካከለኛ 4. በጣም 5.አጅግ በጣም
3	ምን ያክል የቅርብ ሰዎች ኮንነውሻል	1. ምንም 2. ትንሽ 3. መካከለኛ 4. በጣም 5. አጅግ በጣም
4	ለክስተቱ ሀላፊነት አለብኝ/ተጠያቂ ነኝ ብለሽ ታስቢያለሽ	0. አዎ

		1.አይ
5	በክስተቱ ምክንያት ራስሽን ትወቅሻለሽ	0.አዎ 1.አይ

ክፍል 5 ከጥቃት በኋላ የተሰጡ አገልግሎቶች

ተቁ	ጥያቄ	ምርጫ
1	ከጥቃት በዋላ የተሰጡ አገልግሎቶች አሉ	0.አዎ 1.አይ
2	ለጥያቄ ተቁ 1 መልሶት አዎ ከሆነ ያገኙት አገልግሎት ምንድን ነበረ? የሚመለከቶትን በሙሉ ይመረጡ	

2.1	የህክምና አገልግሎት አግንቻለው	0.አዎ 1.አይ
2.2	ለጥያቄ ተ.ቁ 2.1 መልሶት አዎ ከሆነ አገልግሎቱ አርኪ ነበረ	0.አዎ 1.አይ
2.3	የህግ/ፍትህ አገልግሎት	0.አዎ 1.አይ
2.4	ለጥያቄ ተ.ቁ 2.3 መልሶት አዎ ከሆነ አገልግሎቱ አርኪ ነበረ	0.አዎ 1.አይ
2.4	የጊዜያዊ መጠለያና ማገገሚያ ማህከላት አገልግሎት	0.አዎ 1.አይ

2.5	ለጥያቄ ተ.ቁ 2.4 መልሶች አዎ ከሆነ አገልግሎቱ አርኪ ነበረ	0.አዎ 1.አይ

ክፍል 6, አደጋ ከደረሰብን በኋላ የሚፈጠር የጭንቀት ችግር መገምገሚያ ቅፅ

ካሉት ምርጫ ዉስጥ እኛን በተሻለ ይገልፃል የምትሉቱን ይምረጡ

ባለፈዉ አንድ ወር በምን ያህል መጠን በነዚ ጉዳዮች ተጨንቀዋል?	ምንም	ትንሽ	መካከልኛ	በጣም	እጅግ በጣም/ከፍተኛ
1. በተደጋጋሚ መረበሽ እና የተከሰተዉን ነገር ማስታወስ	0	1	2	3	4
2. በተደጋጋሚ ስለተከሰተዉ ነገር የሚረብሽ ህልም ማለም?	0	1	2	3	4
3. ድንገተኛ የሆነ የተከሰተዉ ነገር አሁን ላይ እንደገና አየተከሰተ አንደሆነ መሰማት	0	1	2	3	4
4. ክስተቱን የሚያስታዉስ ነገር ሲያጋጥም ከፍተኛ የመበሳጨት/የመናደድ ሰሜት መሰማት?	0	1	2	3	4
5. ያሳለፍነዉን አስጨናቂ ክስተት የሚያስታዉሱን ሁኔታዎች ሲያጋጥሙን ከፍተኛ የሰውነት ለውጦች ማጋጠም (የልብ ምት መፍጠን፣ማላብ፣ትንፋሽ ማጠር፣ ማንቀጥቀጥ?)	0	1	2	3	4
6. ካሳለፍነዉ ክስተት ጋር የተገናኙ ትውስታዎችን፣ሃሳቦችን፣ ስሜቶችን መራቅ/ማሰገድ	0	1	2	3	4

7. ያሳለፍንዉን ክስተት ከሚያስታውሱን በአካባቢያችን ያሉ ነገሮች መራቅ (ለምሳሌ ከሰዎች, ከቦታዎች, ንግግሮች, እንቅስቃሴዎች, ቁሶች ወይም አጋጣሚዎች)?	0	1	2	3	4
8. ከክስተቱ ጋር የተያያዙ አስፈላጊ ሉዓላትን ለማስታወቅ መቸገር?	0	1	2	3	4
9. ስለራሳችን፣ ስለሌሎች ሰዎች ወይም ስለአለም ጠንከር ያለ አሉታዊ አመለካከቶች መኖር(ለምሳሌ እኔ መጥፎ ነኝ፣ የሆነ ችግር አለብኝ፣ማንም አይታመንም፣አለም ሙሉ በሙሉ አደገኛ ናት)?	0	1	2	3	4
10 ስለተፈጠረዉ ክስተት ወይም ክስተቱን ተከትለዉ ለሚመጡ ሁኔታዎች . እራስን ወይም ሊሎችን መውቀስ?	0	1	2	3	4
11. ጠንከር ያሉ አሉታዊ ስሜቶችን ማስተናገድ(ፍርሃት፣መረበሽ፣ ጥፋተኝነት፣ማፈር፣ብሰጭት)	0	1	2	3	4
12. ደስታን ይሰጡ የነበሩ ነገሮች/ድርጊቶች ላይ ፍላጎት ማጣት?	0	1	2	3	4
13. ከቅርብ ሰዎች ጋር የመራራቅ ወይም የመለያየት ስሜት	0	1	2	3	4

14.ጥሩ ስሜቶችን ያለማስተናገድ ችግር (የደስታ ስሜት አለመሰማት፣ የሚቀርቡንን ሰዎች ለመውደድ አለመቻል)	0	1	2	3	4
15. ብስጩ ጠባይ፣ በንዴት ቱግ ማለት ወይም ሞገደኛ መሆን?	0	1`	2	3	4
16. ሊጎዱን የሚችሉ ነገሮችን ማድረግ ወይም እራሳችንን ለጉዳት ማጋለጥ	0	1	2	3	4
17. ተጠራጣሪነት	0	1	2	3	4
18. በቀላሉ መደንገጥ/ድንጉጥ መሆን	0	1	2	3	4
19. ትኩረት ማጣት/ሃሳብ መበታተን	0	1	2	3	4
20. እንቅልፍ ለመተኛት ወይም ለመውሰድ መቻላት?	0	1	2	3	4



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