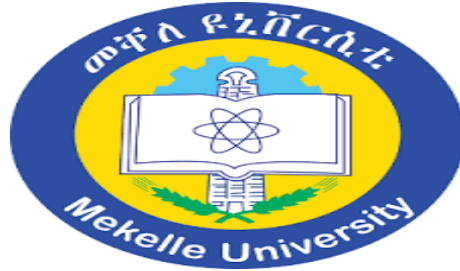


Mekelle University
College of Business and Economics
School of Management
Department of Development Studies



Assessment of Vulnerability of Women to Gender Based Violence (GBV) in
Mekelle City, Tigray

A Thesis Submitted to School of Management for the Partial Fulfilment of the
Requirement of Master of Art (MA) Degree in Development Studies

By- Merhawit Mesgina
(ID No- cbe/dvse/0053/12)

Advisor: Desta Kidanu (Ass. Professor)

February, 2025
Mekelle, Tigray- Ethiopia

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February, 2025

Declaration

I, Merhawit Mesgina Gebregziabher, certify that this thesis, titled *Vulnerability of Women to Gender Based Violence (GBV) in Mekelle City, Tigray, Ethiopia*, is my original work. It has not been submitted in any form to any other institution. I have acknowledged all sources of information and data and made every effort to maintain the integrity of this research.

I understand that this thesis will be made available to the public in accordance with the academic policies of Mekelle University.

Declared by: Merhawit Mesgina

Signature: _____

Date: _____

Certification

I certify that the thesis entitled “Vulnerability of Women to Gender Based Violence (GBV) in Mekelle City, Tigray, Ethiopia,” is the legal work of Ms. Merhawit Mesgina, who carried out the research under my guidance. I certified further that, to the best of my knowledge, the work reported herein does not form part of any other thesis report or dissertation on the basis of which a degree or award was conferred on an early occasion on this or any other candidate.

Advisor’s Name:

Desta Kidanu (Assistant Professor)

Signature: _____

Date: _____

Approval/Authentication

This thesis, titled Vulnerability of Women to Gender-Based Violence (GBV) in Mekelle City, Tigray, has been examined and approved as fulfilling the requirements for the Master of Arts degree in Development Studies.

Approved by:

Date: February, 2025

Institution: Mekelle University, College of Business and Economics

Acknowledgements

I would like to thank God for all the blessings, being alive and finishing what I start is upon his will as passed through difficult experiences. The contributions of different people, in their different ways have made this possible. Sincere gratitude is hereby extended to the following people who never stopped in helping until this thesis is structured.

I want to express my heartfelt gratitude to Desta Kidanu, (Ass. Professor), for making this thesis possible. His support, guidance is greatly appreciated. Indeed, without his guidance, I would not be able to reach this stage. I would like to express my appreciation to coordinator of the department Assefa Shamie (Ass. Professor) for his genuine support on the process of this thesis.

Furthermore, I would like to thank the participants (employees of organizations), who have willingly shared their precious time during the process of answering the questionnaire. I would like to thank my loved one and friends who have supported me throughout entire process. It is a blessing having you besides me. this thesis would not have been conceivable without the participation you all.

Finally, I would like to thank my dad in heaven for his unconditional support in all the phases. In particular, the patience and understanding shown by my mom, brothers and friends during the years is greatly appreciated.

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Abbreviation

AIDS	-----	Acquired immune deficiency syndrome
DV	-----	Domestic violence
EHRC	-----	Human Rights Commission
ENDF	-----	Ethiopian National Defense Force
FGM/C	-----	Female genital mutilation/cutting
GBV	-----	Gender-Based Violence
GBVIMS	-----	Gender-based violation information management system
HIV	-----	Human Immunodeficiency Virus
HRW	-----	Human Rights Watch
IASC	-----	Inter-Agency Standing Committee
ICCPR	-----	Inter-Agency Standing Committee
IDP	-----	Internally displaced people
IGO	-----	Inter-governmental organization
IRC	-----	International Rescue Committee
NGOs	-----	Non-governmental Organizations
OHCHR	-----	Office of the High Commissioner for Human Rights
SGBV	-----	Sexual and Gender-Based Violence
STIs	-----	Sexually Transmitted Infections
UN	-----	United Nations
UNICEF	-----	United Nations International Children's Emergency Fund
WHO	-----	World Health Organizations

Abstract

Motivation to conduct this research is my professional experience as witnessing difficult cases and personal interest to contribute my part on GBV. This study assesses the vulnerability of women to gender-based violence (GBV) in Mekelle City, Tigray, during and after the Tigray war. Using a cross-sectional design, data were collected from 391 women aged 15–49 through structured interviews and surveys, supplemented by key informant interviews with professionals from healthcare and humanitarian sectors. Data analysis was conducted using SPSS version 26. The findings reveal a 100% prevalence of GBV, with emotional abuse (100%), sexual violence (91%), and economic abuse (89.3%) being the most commonly reported forms. Perpetrators included soldiers (67.5%), friends (77.7%), and family members (43.2%), with violence predominantly occurring at home (67.8%) and during transportation (38.1%). War (100%), power imbalances (77.7%), and harmful societal norms (70.1%) were the primary contributing factors. The consequences of GBV were severe, with all respondents reporting psychological distress, including PTSD (100%), depression (100%), and stigma (88.5%), alongside physical injuries (100%) and reproductive health complications. Despite the availability of healthcare services (89.3%) and victim assistance programs (91%), barriers such as social stigma and lack of awareness persist. The study underscores the urgent need for trauma-informed interventions, community education, legal reforms, and strengthened support systems to protect survivors and prevent GBV in post-conflict settings.

Keywords: Gender, Violence, Gender based Violence, prevalence of Gender Based Violence, Sexual Violence.

Chapter One

Introduction

1.1. Background of the study

According to the UN, 1993, and WHO, 2018, gender-based violence (GBV) refers to the sexual assault of women and girls. It is defined as "a range of violent acts mainly committed by males against females, within the context of women and girls' subordinate status in society, and often serves to retain this unequal balance." It constitutes a basic infringement of people's rights to life, liberty, security, and dignity as well as gender inequality, nondiscrimination, and mental and physical integrity. Intimate partner or domestic violence, forced pregnancy, forced prostitution, human trafficking, female genital mutilation, sexual slavery, honor killings, and other acts of physical, sexual, verbal, and emotional abuse are also characteristics of it (Kirsten Johnson et al., 2008; European Institute for Gender Equality, 2010; Pada Her, 2020; and Insecurity).

GBV has both immediate and long-term health effects, including issues with reproduction, surgery, and mental health (Krug EG. et al., 2002; Kinyanda E. et al., 2010). The repercussions of gender-based violence are greater than those of survivors as long as women are the major caregivers for their families and play a large part in the informal sector. There are substantial financial and personal consequences associated with gender-based violence, which has an impact on household income, food security, and the efficiency of the police, courts, and healthcare systems (Sida, 2015). In conflict and post-conflict settings, gender-based violence (GBV) can take many different forms, but the most prevalent ones are sexual assault and rape. Other forms of GBV include forced pregnancy and miscarriages, forced nudity, kidnapping and trafficking, and enslavement (Elisabeth and Rehen, 2020). In addition, there is a high prevalence of sexual abuse, especially when it takes the form of forced nudity, strip searches, and other actions that violate and humiliate people in public. These and other sexual assault actions, such as forced pregnancy or forced abortions, are frequently a part of a deliberate war tactic designed to undermine the confidence of the civilian populace and betray the dignity of the enemy force (Prosecutor v. *et al.*, 2009). However, recent information has shown that sexual assault is purposefully employed as a weapon of war during armed conflict, aiding in the deliberate instability, humiliation, and degradation of a population (UN, 2008)

Gender-based violence is a worldwide issue that transcends all barriers, be they ethnic, cultural, social, economic, or geographic (UN, 1993). In particular, GBV against women is widespread and

widely perpetrated worldwide. Low-income (such as African) and certain high-income nations typically arise during wars (Stachow E. 2020; Bartels S.A. et al., 2010). According to independent research conducted in numerous countries, including those in Africa, the incidence of sexual violence varies from 2.6% in current conflict-ridden Ukraine (2.6%) to 21.3% in South Sudan during the country's civil war that lasted from 2005 to 2011 (Capasso A, et al., 2021; Bitar and Parra, 2015). Humanitarian and intellectual attention was drawn to women's rights abuses caused by sexual violence committed by armed actors during conflicts (UN, 2000).

According to the 2016 Ethiopian Population Survey, 35% of married women between the ages of 15 and 49 report having been abused physically, psychologically, or sexually by their spouse; 68% of these women think beating a wife is acceptable; and roughly 65% of these women have undergone female genital mutilation (Phan, 2016). Comparably, child marriage remains a major problem in Ethiopia, where more than 58% of women between the ages of 25 and 49 were married before they were 18. Finally, according to Social Impact Inc. (2018), 10% of women between the ages of 15 and 49 reported having been sexually abused by someone else. Furthermore, there is proof that girls—especially young women—are disproportionately affected by GBV. Reports state that GBV persists (GBV AOR Ethiopia, 2022).

It is well known that a severe humanitarian catastrophe has been brought on by the conflict between the federal government and the regional government of Tigray, which broke out at the start of November 2020. According to preliminary reports, there has been widespread intentional and organized sexual and gender-based violence (SGBV) against women and girls in Tigray due to the war. Some of these victims have been subjected to serious violence, such as gang rape and the insertion of strange objects into their reproductive organs (EHRC and OHCHR, 2021). According to the report of Human Rights Watch (HRW), 2024 survivors sought services for sexual violence at health facilities across Tigray from November 2020 through June 2021 (Human Rights Watch, 2021).

Following multiple sources, there has been much violence against women and girls in the Tigray region of Ethiopia, especially during the past three years of the Tigray war. As a result, it is necessary to address issues of gender violence with appropriate interventions and solutions while working with regional and global humanitarians. On the other hand, adequate data about the causes, consequences, and levels of gender-based violence are needed. Because of this, this study

aims to close the significant knowledge gap about GBV and raise awareness of the issue in Mekelle City, which is home to Shire Endasilassie City, the second-highest IDP population in Tigray.

1.2.Statement of the problem

Gender-based violence (GBV) is globally the most pervasive yet least visible human rights violation in the world, which constitutes “any harmful act that is perpetrated against a person’s will and that is gender-based differences between males and females” (UNICEF, 2021). As noted by UNICEF (2019), at least one in three females over one billion worldwide experience physical and/or sexual violence in their lifetime, simply because of the reason that they are female (WHO, 2013). The World Health Organization (WHO) also estimates that an intimate partner globally commits over 35 % of all murders of women (WHO, 2013). Accordingly, an estimated 5,000 murders each year are committed in the name of “honor” (WHO, 2012). Likewise, at least 117 million women are believed to be lost, for instance never born because of a cultural preference for sons rather than daughters, and gender-biased sex selection (UN, 2012).

On the other hand, one form of violence against women in conflict areas is sexual violence and rapes perpetrated by soldiers. Scholars and policy analysts tend to describe this form of violence as a weapon of war (Eriksson and Stern, 2013). Sexual violence against women perpetrated by armed forces in conflict areas is tragically prevalent. While proper quantification of the phenomenon is hard for obvious reasons, it is estimated for example that at least 500,000 women were raped during the Rwandan genocide and 50,000 during the war in Bosnia (Guarnieri and Tur-Prats, 2022).

In Ethiopia, GBV is a serious crime (ICCPR, 1966), which represents a potential threat to national, regional, and local peace and security, and even increases the transmission of HIV/AIDS. Thus, governmental organizations and concerned humanitarians have a mandate to protect their citizens from all forms of human rights violations, including GBV, since its cost to the economic and sustainable development of a country is inevitable. Ethiopia is one of the countries with a high prevalence of gender-based violence where 50-60 % of females experience gender-based violence in their lifetime (Berhane, 2005).

Marew and Alemtsehay (2021), and Tadiwos (2001) noted that there are several reasons that females are still perceived and treated as subordinate to males; violence against females is accepted as the cultural norm in many societies and is often overlooked by the community and sometimes-state leaders. The authors also added the stigma attached to female victims of violence has resulted

in very low rates of reporting. Likewise, if females do report violence against authorities either they are turned away because the authorities see violence against females as a matter to be dealt with privately or within the family, or they struggle to access justice in a criminal justice system that is not informed by or sensitive to the needs of females. The problem is also exacerbated due to the shortcomings of well-documented and comprehensive reports on gender-based violence in Ethiopia, resulting in the inadequacy of appropriate legal frameworks laid down to curb gender-based violence against women and girls.

It is widely known that Gender-based violence is one of the tragic outcomes of armed conflicts in the Tigray war. Since the start of the war in November 2020, sexual violence has been a continuous feature of the conflict committed by occupying the armed forces of the Ethiopian National Defense Force (ENDF), the Eritrean army, and the Amhara Militia. Conflict-related sexual violence has been rampant and has affected hundreds of Tigrayan women and girls by those allied forces (Insecurity Insights, 2022). The devastating war has also resulted in a massive humanitarian crisis. Preliminary reports have shown that Tigrayan women and girls have experienced deliberate and organized widespread war-related GBV, in which some were subjected to severe violence including gang-raping, and the insertion of foreign objects into their reproductive organs (EHRC and OHCHR, 2021). As a result, large-scale displacement continues to be reported from conflict-affected areas in Tigray (Verhoeven H, Woldemariam; EHRC and OHCHR, 2021). The armed conflict has led to many being internally displaced from their homes, the mass traumatization of the population, and the sexual violence against girls and women (Fisseha G. et al., 2022).

There are still many unresolved GBV-related research problems in humanitarian situations. These include understanding the dynamics of GBV in various types of humanitarian settings as well as appropriate and successful measures for response and prevention (GBV research). Most of the available evidence in Tigray was based on reports from the limited functioning health facilities and humanitarian agencies. However, these reports are likely to be unrepresentative. The scale and scope of GBV at a community level in Tigray is also not comprehensively known. Thus, the purpose of this study is to determine the vulnerability of women, and girls to GBV in Mekelle City, Tigray region of Ethiopia.

1.3. Research questions

What was the forms of gender-based violence in Mekelle City?

What was the major reasons behind gender-based violence in Mekelle City?

What was the consequences of gender-based violence in Mekelle City?

1.4. Objective of the study components

The study's overall objective is to provide comprehensive information on gender-based violence in Mekelle–City, Tigray region, Ethiopia. The study aims to describe violence against women and girls by investigating the vulnerability as well as the component types disclosed in gender-based violence.

1.4.1. Specific objectives

Specific objectives of the study include:

To evaluate the impacts of gender-based violence in Mekelle City

To investigate the major reasons behind gender-based violence in Mekelle City.

To identify the forms of gender-based violence in Mekelle City.

1.5. Significance of the study

The findings of this study were anticipated to be used as baseline data on the magnitude, severity, and factors of the GBV particularly during and after the war period in Tigray. Besides, the findings contribute valuable data to humanitarian agencies, as well as national and local authorities in providing comprehensive medical and psychological support, and continuous follow-up to survivors in reducing the burden of GBV against women and girls. Furthermore, the findings of the study are useful for local and international humanitarian agencies that have a keen interest in community involvement in combating GBV and developing programs to assist the victims.

1.6. Scope and Limitation of the Study

1.6.1 Scope of the Study

Despite the fact, that GBV victims are not only women but also men, women and girls are the only targets of this study. Therefore, the sample of the study is limited to Gender Based Violence (GBV) in Mekelle City, representing all women and girls aged 15 to 49 years including internal displaced persons. Thus, the vulnerability of women and girls to GBV in the case of Mekele City was comprehensively reported in this study. Moreover, supporting information from key informants such as humanitarians and concerned healthcare providers was also be included.

1.6.2 Limitations of the Study

The study is designed to disclose the problems of Gender-based violence in the case of Mekelle City, Tigray Regional State, Ethiopia. However, due to limitations such as time, data availability since I was working in mobile locations, and thereby making the study more feasible, the research was conducted by taking out limited numbers of respondents from randomly selected two sub-cities. Thus, the whole findings of the study were not including the entire population of Mekelle City at large.

1.7. Organization of the paper

The research is mainly organized to have six chapters. The introduction section, which is part of the first chapter, describes the research problem, the research question, and the purpose of the study. In the second chapter of the literature review, relevant literature related to the research question was reviewed, and the theoretical framework is also developed accordingly. Whereas, the research methodology, part of the third chapter explains the design of the study, the sampling strategy, data collection methods, and data analysis techniques used in the study. after result stated in chapter four, chapter five and six are discussion and conclusion. Furthermore, the last sections of the research embrace references and appendix respectively.

Chapter Two

Review of Related Literature

2.1. Definition and concepts of gender-based violence (GBV)

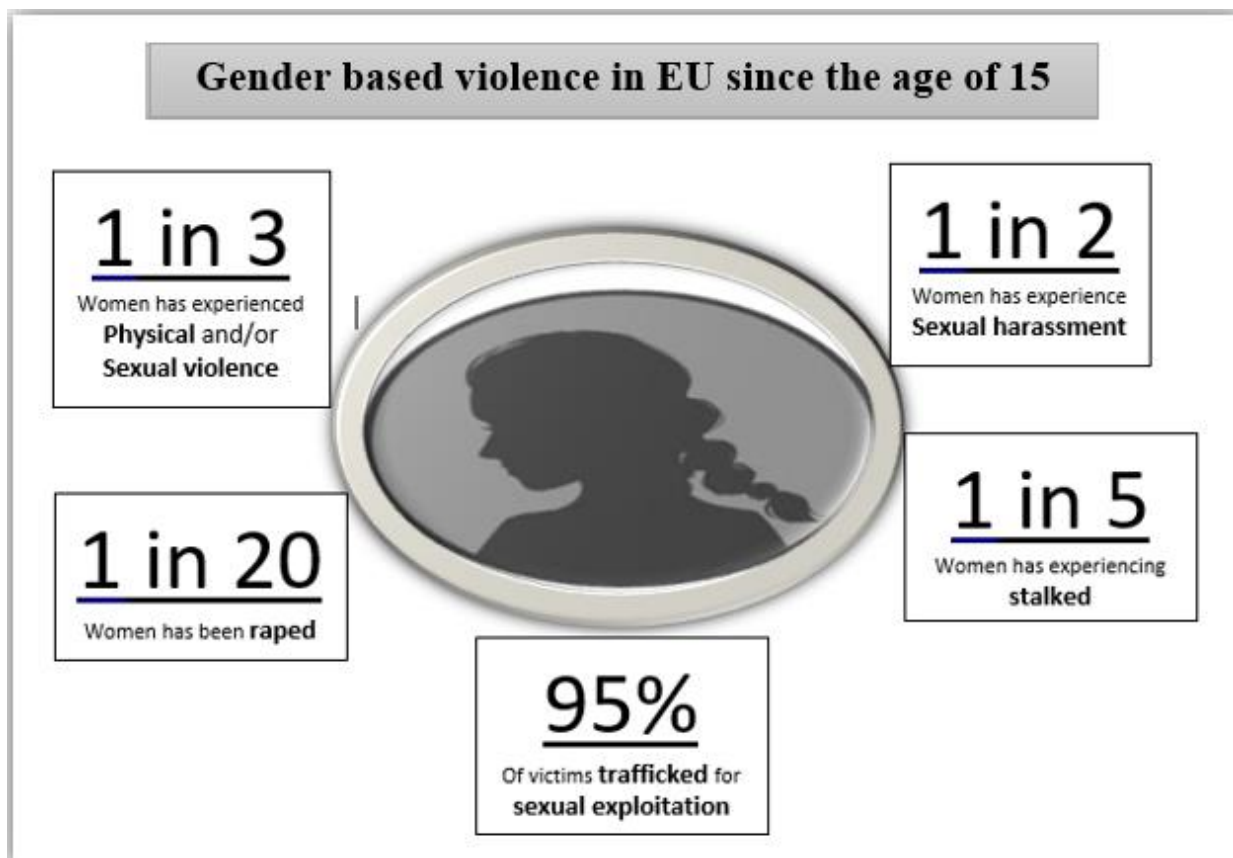
In 2015, the IASC adopted a definition of GBV in its Guidelines for the Integration of GBV Interventions in Humanitarian Action that is most commonly referenced by humanitarian workers: “Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.”

2.2. Impacts of GBV

Gender-based violence (GBV) can have devastating impacts on anyone, irrespective of their “geographical location, social-cultural, socio-economic background, race, religion, sexuality, gender or gender orientation and affiliation” (Enaifoghe, 2019). The scholar further articulated that “women and girls are seen to be the most affected group who stand at risk the most with gender-based violence, though boys, men, and gender minorities also experience gender-based violence” (Enaifoghe, 2019). According to Ott (2017), argument gender-based violence can have serious physical, mental, economic, and social repercussions. The scholar added that the adverse effects of sexual violence against women include unwanted pregnancies, unsafe abortions, and sexually transmitted infections (STIs).

The factors that may have increased “women's vulnerability to some types of violence include age, disability, and poverty” (World Health Organization, 2016). World Health Organization (2016) reported that women are often denied equal opportunities in different circles of life, including access to education, economic opportunities, and political leadership and they are regarded as weaker vessels”. This according to Enaifoghe (2019) contributes to gender inequality and gender abuse. Despite the fact that gender-based violence is any sort of violence that is directed against a person because of their gender (hence both women and men equally experience gender-based violence), however, the majority of victims are women and girls. According to some researchers, intimate-partner violence, rape or sexual assault, constrained prostitution, abuse, human trafficking, sexual abuse, child murder, disregard for human rights, coercion, and pressure are the focal components of sexual violence (Andrew et al., 2021).

As a result of GBV's damaging effect, hundreds of organizations focus on ending violence against women. According to the United Nations Population Fund, 1 in 3 women have experienced physical or sexual violence in their lifetime (Ott, 2017) which does not include emotional, financial, or verbal abuse. The World Bank (2019) states that "gender-based violence (GBV) or violence against women and girls is a global pandemic that affects 1 in 3 women in their lifetime". In the 2019 World Economic Forum report, nearly 3,000 women were killed in South Africa between 2017 and 2018. A study conducted by the European Institute for Gender Equality (2019), found that "gender-based violence is a phenomenon deeply rooted in gender inequality, and continues to be one of the most notable human rights violations within all societies".



Source: European Union Agency for Fundamental Rights, Violence Against Women, An EU Wide Survey – results at a glance, 2014

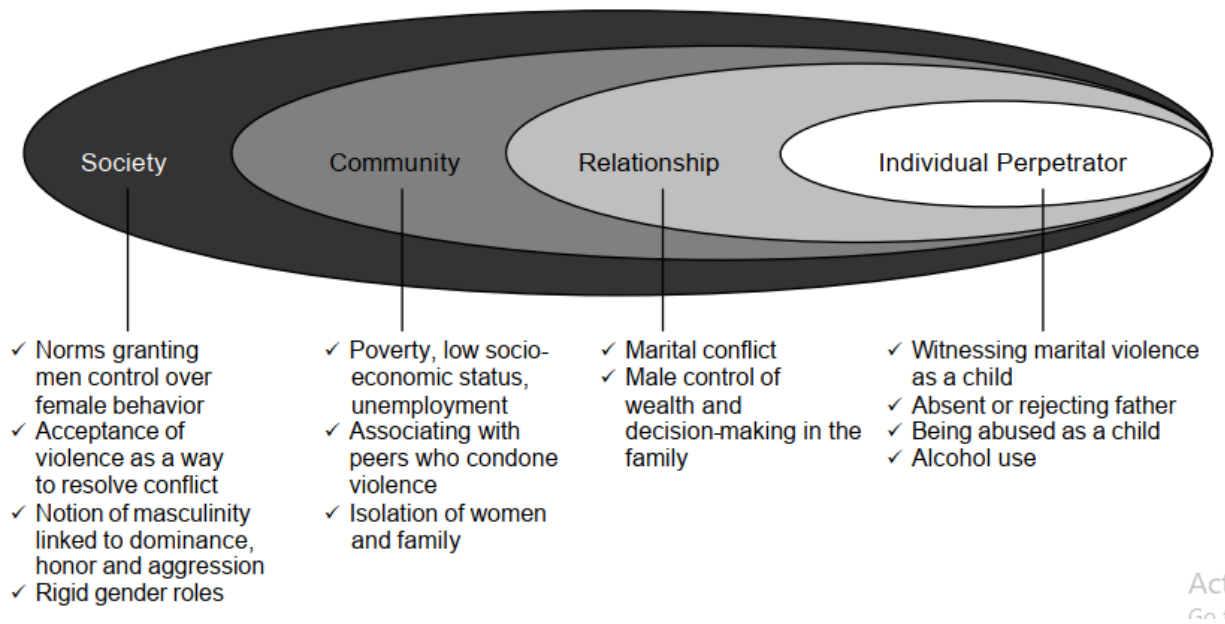
2.3.Causes of Gender-Based Violence

The principal characteristic of gender-based violence is that it occurs against women precisely because of their gender. Gender-based violence involves power imbalances where, most often, men are the perpetrators and women the victims. Justifications for violence frequently are on based

gender norms – that is, social norms about the proper roles and responsibilities of men and women (Di Martino V., 1998). According to the author, these cultural and social norms socialize males to be aggressive, powerful, unemotional, and controlling, and contribute to a social acceptance of men as dominant. Similarly, expectations of females as passive, nurturing, submissive, and emotional also reinforce women's roles as weak, powerless, and dependent upon men. The socialization of both men and women has resulted in an unequal power relationship between men and women.

In revealing what causes violence against women, researchers are increasingly using an “ecological framework” to understand the interplay of personal, situational, and sociocultural factors that combine to cause gender-based violence (Population Reports/CHANGE, Volume XXVII, No. 4, December 1999). In this model, violence against women results from the interaction of factors at different levels of the social environment.

Ecological framework model



Source: Heise, L. Violence Against Women: An integrated, ecological framework, 1998, cited in Population Reports/CHANGE, Volume XXVII, No. 4, December 1999, available at <http://www.jhucp.org/pr/111edsum.stm>.

The model above can best be visualized as four concentric circles. The innermost circle represents the biological and personal history that affects an individual’s behavior in his/her relationships. The second circle represents the immediate context in which gender-based violence takes place— frequently the family or other intimate or acquaintance relationship. The third circle represents the

Acti
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institutions and social structures, both formal and informal, in which relationships are embedded—neighborhood, workplace, social networks, and peer groups. The fourth, outermost circle is the economic and social environment, including cultural norms.

- A wide range of studies suggest that several factors at each of these levels, while not the sole cause, may increase the likelihood of gender-based violence occurring (studies cited in Population Reports/CHANGE, Volume XXVII, No. 4, December 1999):
 - ❖ At the individual level, these factors include the perpetrator being abused as a child or witnessing marital violence in the home, having an absent or rejecting father, and frequent use of alcohol.
 - ❖ At the level of the family and relationship, cross-cultural studies have cited male control of wealth and decision-making within the family and marital conflict as strong predictors of abuse.
 - ❖ At the community level women's isolation and lack of social support, together with male peer groups that condone and legitimize men's violence, predict higher rates of violence.
 - ❖ At the societal level, studies around the world have found that violence against women is most common where gender roles are rigidly defined and enforced and where the concept of masculinity is linked to toughness, male honor, or dominance. Other cultural norms associated with abuse include tolerance of physical punishment of women and children, acceptance of violence as a means to settle interpersonal disputes, and the perception that men have “ownership” of women.
- An ecological approach to gender-based violence argues that no one factor alone “causes” violence but rather that several factors combine to raise the likelihood that a particular man in a particular setting may act violently toward a woman.

In the ecological framework, social and cultural norms—such as those that assert men’s inherent superiority over women – combine with individual-level factors – such as whether a man was abused himself as a child – to determine the likelihood of gender-based violence. The more risk factors present, the higher the likelihood of violence.

2.4.Common types of GBV

Acts of violence may be considered GBV when they reflect or reinforce unequal power relations between males and females. The term 'GBV' is also increasingly used by some actors to describe violence committed with the explicit purpose of reinforcing prevailing gender-inequitable norms

of masculinity and/or norms of gender identity. The forms of violence listed below are the very common and generally seen but not limited to.

Types of violence	Definition/Description
Child sexual abuse	The term ‘child sexual abuse’ generally is used to refer to any sexual activity between a child and a closely related family member (incest) or between a child and an adult or older child from outside the family. It involves either explicit force or coercion or, in cases where consent cannot be given by the victim because of his or her young age, implied force (Dominguez, N. et al., 2002).
Conflict-related sexual violence	‘Conflict-related sexual violence’ refers to incidents or (for SCR 1960 listing purposes) patterns of sexual violence, that is rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity, against women, men, girls or boys. Such incidents or patterns occur in conflict or post-conflict settings or other situations of concern (e.g. political strife). They also have a direct or indirect nexus with the conflict or political strife itself, i.e. a temporal, geographical and/or causal link. In addition to the international character of the suspected crimes (that can, depending on the circumstances, constitute war crimes, crimes against humanity, acts of torture, or genocide), the link with conflict may be evident in the profile and motivations of the perpetrator(s), the profile of the victim(s), the climate of impunity/weakened State capacity, cross-border dimensions and/or the fact that it violates the terms of a ceasefire agreement.” (UN, 2011).
Denial of resources, opportunities or services	Denial of rightful access to economic resources/assets or livelihoods opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. ‘Economic abuse’ is included in this category. Some acts of

	confinement may also fall under this category (GBVIMS User Guide, 2010).
Domestic violence (DV); also referred to as intimate partner violence (IPV)	‘Domestic violence’ is a term used to describe violence that takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between other family members. Intimate partner violence applies specifically to violence occurring between intimate partners and is defined by WHO as behavior by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, and psychological abuse and controlling behaviors. ⁴ This type of violence may also include the denial of resources, opportunities or services (WHO, 2014).
Economic abuse	An aspect of abuse where abusers control victims’ finances to prevent them from accessing resources, working or maintaining control of earnings, achieving self-sufficiency, and gaining financial independence (NCDV, 2012).
Emotional abuse also referred to as (psychological abuse)	Infliction of mental or emotional pain or injury. Examples include threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures, or written words of a sexual and/or menacing nature, destruction of cherished things, etc. ‘Sexual harassment’ is included in this category of GBV (GBVIMS User Guide, 2010).
Female genital mutilation/cutting (FGM/C)	Refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (WHO, 2018).
Female infanticide and sex-selective abortion	Sex selection can take place before a pregnancy is established, during pregnancy through prenatal sex detection and selective abortion, or following birth through infanticide (the killing of a baby) or child neglect. Sex selection is sometimes used for family balancing purposes

	but far more typically occurs because of a systematic preference for boys (OHCHR, 2011).
Forced marriage and child (also referred to as early) marriage	Forced marriage is the marriage of an individual against her or his will. Child marriage is a formal marriage or informal union before age 18.10 Even though some countries permit marriage before age 18, international human rights standards classify these as child marriages, reasoning that those under age 18 are unable to give informed consent. Therefore, child marriage is a form of forced marriage as children are not legally competent to agree to such unions (UNHCR, 2013).
Gender-based violence	An umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. The term ‘gender-based violence’ is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the Declaration on the Elimination of Violence against Women (1993), this includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion, and other deprivations of liberty, whether occurring in public or private life. The term is also used by some actors to describe some forms of sexual violence against males and /or targeted violence against LGBTI populations, in these cases when referencing violence related to gender-inequitable norms of masculinity and/or norms of gender identity (OHCHR. 1995).
Harmful traditional practices	Cultural, social, and religious customs and traditions can be harmful to a person’s mental or physical health. Every social grouping in the world has specific traditional cultural practices and beliefs, some of which are beneficial to all members, while others are harmful to a specific group, such as women. These harmful traditional practices include female genital mutilation (FGM); forced feeding of women; child marriage; the various taboos or practices that prevent women from controlling their own fertility; nutritional taboos and traditional birth practices; son

	<p>preference and its implications for the status of the girl child; female infanticide; early pregnancy; and dowry price. Other harmful traditional practices affecting children include binding, scarring, burning, branding, violent initiation rites, fattening, forced marriage, so-called honor crimes and dowry-related violence, exorcism, or ‘witchcraft’ (UN, 2006).</p>
Physical assault	<p>An act of physical violence that is not sexual in nature. Examples include: hitting, slapping, choking, cutting, shoving, burning, shooting, or use of any weapons, acid attacks, or any other act that results in pain, discomfort or injury (GBVIMS User Guide, 2010).</p>
Rape	<p>Physically forced or otherwise coerced penetration—even if slight—of the vagina, anus or mouth with a penis or other body part (WHO, 2002). It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy (GBVIMS User Guide, 2010). The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape (GBVIMS User Guide, 2010).</p>
Sexual abuse	<p>The term ‘sexual abuse’ means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions (UN, 2003).</p>
Sexual assault	<p>Any form of non-consensual sexual contact that does not result in or include penetration. Examples include attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks (GBVIMS User Guide, 2010).</p>
Sexual exploitation	<p>The term ‘sexual exploitation’ means any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. Some types of forced and/or coerced prostitution can fall under this category (UN, 2003).</p>
Sexual exploitation and abuse (SEA)	<p>A common acronym in the humanitarian world refers to acts of sexual exploitation and sexual abuse committed by United Nations, NGOs, and</p>

	inter-government (IGO) personnel against the affected population (UNFPA, 2012).
Sexual harassment	Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature (2003, 2003).
Sexual violence	For the purposes of these guidelines, sexual violence includes, at least, rape/ attempted rape, sexual abuse and sexual exploitation. Sexual violence is “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work.” (WHO, 2002). Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.
Sexual and gender-based violence (SGBV)	The very earliest humanitarian programming addressing violence against conflict-affected women and girls focused on exposure to sexual violence and was primarily based in refugee settings. In 1996, the International Rescue Committee (IRC), in collaboration with UNHCR, introduced a project entitled the Sexual and Gender-Based Violence Program in refugee camps in Tanzania. The inclusion of the term ‘gender-based violence’ was reflective of the projects’ commitment to address types of violence other than sexual that were evident in the setting, particularly domestic violence and harmful traditional practices. Gender-based violence was at the time of IRC’s program an increasingly common international term used to describe a spectrum of abuses to which women and girls are exposed as a result of discrimination against them in male-dominated cultures around the world. In 2005, the IASC officially adopted the term ‘GBV’ in the IASC Guidelines on Gender-Based Violence Interventions in Humanitarian Settings. Sexual violence was recognized within these guidelines as one type of GBV. Many of the original global guidelines and resources use the language of SGBV.

	<p>This term continues to be officially endorsed and used by UNHCR about violence against women, men, girls, and boys: “UNHCR consciously uses [SGBV] to emphasize the urgency of protection interventions that address the criminal character and disruptive consequences of sexual violence for victims/ survivors and their families”</p> <p>(Action against Sexual and Gender-Based Violence: An updated strategy, UNHCR, 2011, <www.unhcr.org/4e1d5aba9.pdf>).</p>
Son preference	<p>“Son preference refers to a whole range of values and attitudes which are manifested in many different practices, the common feature of which is a preference for the male child, often with concomitant daughter neglect. It may mean that a female child is disadvantaged from birth; it may determine the quality and quantity of parental care and the extent of investment in her development; and it may lead to acute discrimination, particularly in settings where resources are scarce. Although neglect is the rule, in extreme cases son preference may lead to selective abortion or female infanticide.” (OHCHR, 1995).</p>
Trafficking in persons	<p>“...the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs.”(UN, 2010).</p>
Violence against women and girls (VAWG)	<p>The United Nations Declaration on the Elimination of Violence Against Women (1993) defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in</p>

	<p>public or in private life. (Article 1). Violence against women shall be understood to encompass, but not be limited to, the following:</p> <ul style="list-style-type: none">a. Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;b. Physical, sexual, and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions, and elsewhere, trafficking in women and forced prostitution;c. Physical, sexual, and psychological violence perpetrated or condoned by the State, wherever it occurs. (Article 2) (UN, 1993); The Secretary-General’s In-Depth Study on All Forms of Violence against Women (2006) highlights that the term ‘women’ is used broadly to cover females of all ages, including girls under the age of 18 (UN, 2006).
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Source: IASC GBV Guidelines (2015).

Chapter Three

Methodology

3.1. Description of the Study Site

Location

The study area (Figure 3), Mekelle city is the capital city of Tigray National Regional State, the northernmost first-order administrative entity of the Federal Democratic Republic of Ethiopia. Geographically, it is located at about 13°29' N and 39° 28' E and at an elevation of 2076 meters above sea level. In Ethiopia’s administrative hierarchy, Mekelle is a “Special Zone” (second-order administrative entity) and comprises seven sub-cities. The fifth largest city in Ethiopia (after Addis Ababa, Dire Dawa, Adama, and Gondar), it is the economic, cultural, and political hub of northern Ethiopia (Yohannes A., 2007). The city has long been an important marketing and distribution center for the salt trade from the Danakil Depression to the Ethiopian Highlands (Wilson RT., 1976).

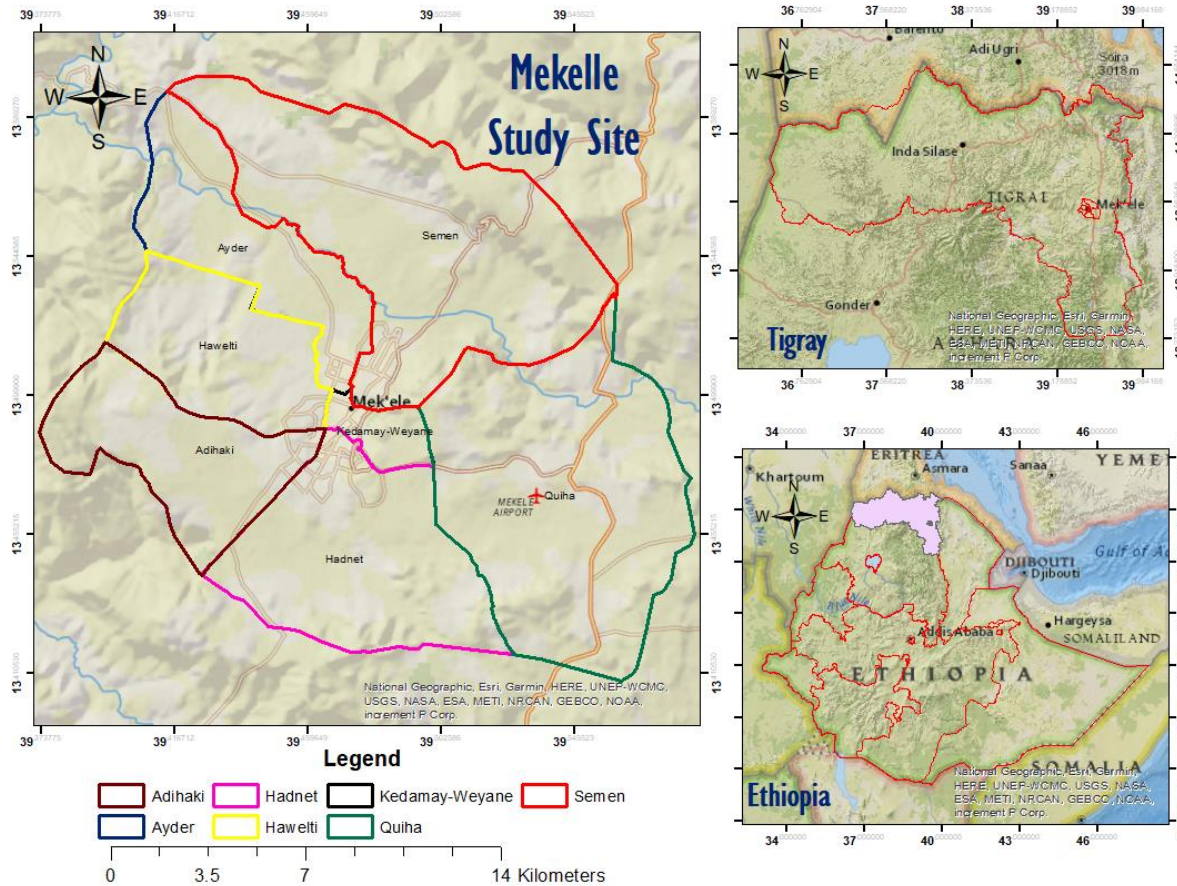


Figure 3: Map showing the location of the study area

According to the Central Statistical Agency of Tigray, Mekelle city has an estimated total population of 537,822. Mekelle owns one specialized hospital, two general hospitals, one primary hospital, and five health centers (Tahir M. et al. 2013; Kiros M. et al., 2023). The Average annual temperature of the city is 23.8° C with a low of 17.60° and a high of 26.0°. The highest means of 27° C occur in May and June and the lowest means of 15° C in December. Annual rainfall of 705 mm falls on 85 days of the year in a distinct wet season in July (200 mm, 22 rainy days) and August (215 mm, 21 rainy days (Ashenafi et al., 2018).

3.2. Methods of Data Collection and Sampling Design

3.2.1. Preliminary Study

Before the actual period of data collection, a preliminary survey was conducted. During this period, representative sub-cities and kebeles was selected and sample size was determined proportionally based on the number of populations for each sub-city.

3.2.2. Study Design and Strategy

To collect data on GBV at Mekelle City, both quantitative and qualitative methods was used. To accomplish the goal of this study project, a community-based cross-sectional study design was employed from September to November 30, 2024. As long as Mekelle City is a large city with seven sub-cities under administration, it is impractical to take a population sample throughout all the sub-cities. Therefore, women from randomly selected two sub-cities, aged 15 to 49 years, were the target population of the study project. Likewise, increasingly to crosscheck the vulnerability of women to GBV, reports from Ayder Referral Hospital and Mekelle General Hospital, as well as from concerned humanitarians was taken into account.

3.3. Sampling Design and Sample Size

In this study, a probability sampling technique was employed. Accordingly, out of the seven sub-cities of Mekelle City, two of them was randomly selected using a lottery method. Then, two kebeles from each sub-cities were randomly selected to obtain the appropriate sample size for the study area (Singh & Masuku, 2014).

Table 1. Target population of the study

Summary of the target population and their characteristics	Characteristics
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<p>Women and girls living in Mekelle was determined from randomly selected two sub-cities and calculated using the Cochran formula</p>	<ul style="list-style-type: none"> ✓ They can be married/ single or divorced but aged from 15 to 49 years ✓ They can be violated or not including internal displaced persons
<p>Key informants</p>	<ul style="list-style-type: none"> ✓ Healthcare service providers and humanitarians ✓ They can be governmental and non-governmental organizations ✓ For instance those from Ayder Specialized Referral Hospital and Mekelle General Hospital

Consequently, a sample of 412 participants was selected for the study. Consisting of 391 women and girls and 21 professionals were chosen from male and female groups. the sample size was determined by considering Cochran’s formulae (Equation 1) to investigate the extent and proportion of women's and girls’ vulnerability to gender-based violence. Most probably, this formula is used when the population is large. Moreover, the Cochran formula allows an investigator to determine an ideal sample size given a desired level of precision, desired confidence level, and the estimated proportion of the attribute present in the population (Cochran, 1942).

Hence, the sample size was calculated as follows: -

$$n = t^2 \times p(1-p)/d^2 \text{ ----- (1).}$$

Where

- n = the required sample size.
- t = the confidence level at 95% (standard value of ±1.96)
- p = the estimated proportion of 50%.
- d = the standard error at 5% (standard value of 0.05)

3.4. Data collection approaches

Interview

The structured and semi-structured interview aimed to cover plenty of topics, including respondents’ life experiences of violence, the causes and consequences of gender-based violence, and, formal and informal support and responses. The interviews which are designed to be

implemented, was initially be written in English and then translated into Tigrigna. Furthermore, the researcher was able to discuss with key informants who may closely work with GBV victims such as healthcare service providers and humanitarians' workers.

Questionnaires

Questionnaires like interviews are forms of oral reports always conducted not only to enquire about attitudes, opinions, and beliefs but also to know about behavior when direct observation is difficult or impossible (Anastas, 2004). Therefore, every proposed respondent GBV victim or not, was asked to express themselves freely in a state of convenience along with a structured questionnaire as one of the data collection tools. The questionnaires were designed both closed and open-ended focusing on ensuring that each interview was present with similar questions in the same order. The formerly prepared English language-based questionnaire was interpreted into Tigrigna to easily understand the responses of respondents towards gender-based violence.

A secondary source of data

To meet the goal of this research project associated information from published and unpublished materials like reports, seminars, and project documentation was further used.

3.5.Data Analysis

Developing a set of categories to summarize the information is the commonly used step in methods of data analysis. Consequently, the information obtained from the interview was classified into different categories: forms of GBV, effects of GBV, and causes of GBV.

Collected data was coded, and entered into SPSS version 26 for analysis. A descriptive analysis was computed for selected variables. The prevalence of GBV was determined by running frequencies with their 95% Confidence Interval estimates. A bi-variable analysis was performed to investigate the association between independent variables and gender-based violence. Then after, variables that had a P-value <0.25 on Bi-variable analysis was selected and considered in multivariable analysis. Odds ratio and 95% CI was used to measure the existence of a statistically significant association, and a P-value <0.05 was used to determine the statistical significance of the tests. Furthermore, quantitative data was analyzed using simple statistical parameters.

3.6.Ethical considerations

To maintain the feasibility of the study and ensure the well-being and quality of information of respondents, the researcher applied the due ethical observations under respect guidelines derived from the World Health Organization (WHO) on ethical issues related to gender-based violence.

Accordingly, the willingness of respondents was first be asked and the purpose of the study was also explained to them. Likewise, participants were encouraged very well and informed that any information they provide will be kept confidential.

Informed Consent

Before starting data collection, the study protocol and informed consent forms for this research was able to be reviewed and approved by the concerned body. Before the beginning of the interviews, all participants were asked about their willingness and be given written informed consent (IC).

Chapter Four

Result

This chapter presents the study's findings, addressing the prevalence, contributing factors, impacts, and coping mechanisms of gender-based violence (GBV) in the Mekelle, Tigray region. The results are based on both quantitative and qualitative data, with perspectives from participants and key informants. The chapter begins with a socio-demographic overview of respondents, followed by an exploration of the prevalence, forms, and perpetrators of GBV. It also examines the reasons behind GBV and its physical, psychological, and social effects. Perspectives from key informants provide a broader understanding on prevention mechanisms and service gaps, aiming to inform targeted, culturally sensitive responses to GBV.

4.1. Socio demographic characteristics of the respondents

The socio-demographic profile of respondents is important for contextualizing the study findings and understanding the diversity within the sample. This section examines key variables such as age, education, and marital status, offering understanding into how these factors may influence the study's outcomes. Demographic data not only indicate patterns and trends within the population but also inform tailored interventions and recommendations. By providing a clear picture of the respondents' backgrounds, this section establishes a foundation for interpreting the findings within their socio-economic and cultural context.

Table 1: Demographic Characteristics of the Respondents (N=391)

Demographic Variable	Category	Freq uenc y	Perce nt	Valid Perce nt	Cumulat ive Percent	Mean	Std. Deviati on
Age of the respondents	18 to 25 years old	38	9.7	9.7	9.7	2.4552	.82736
	26 to 35 years old	184	47.1	47.1	56.8		
	36 to 45 years old	122	31.2	31.2	88.0		
	Above 46 years old	47	12.0	12.0	100.0		
	Total	391	100.0	100.0			
Education level completed by the respondent	University Degree	78	19.9	19.9	19.9	2.7469	1.05725
	College diploma	46	11.8	11.8	31.7		
	9th -12th grade	164	41.9	41.9	73.7		
	below 9th grade	103	26.3	26.3	100.0		

	Total	391	100.0	100.0			
Current marital status of the respondent	Married	120	30.7	30.7	30.7	2.0460	0.81204
	Unmarried	133	34.0	34.0	64.7		
	Divorced	138	35.3	35.3	100.0		
	Total	391	100.0	100.0			

The above table indicates the demographic composition of the study participants, providing valuable understanding into their age, education level, and marital status.

It shows that the majority of respondents (47.1%) were between the ages of 26 and 35, indicating this group as the most represented in the study. Respondents aged 36 to 45 years accounted for 31.2%, while the younger group (18 to 25 years) and those above 46 years made up 9.7% and 12%, respectively. This distribution suggests that individuals in their early and middle adulthood were the primary participants.

In terms of educational achievement, the result demonstrates that 41.9% of respondents had completed 9th to 12th grade, making it the most common level of education. University graduates comprised 19.9% of the sample, while 11.8% had a college diploma. A significant 26.3% of participants reported completing education below the 9th grade. These findings indicate a moderate level of educational diversity, with a significant representation of secondary education levels.

The marital status distribution in the table shows a relatively even representation across categories. Divorced respondents constituted the largest group (35.3%), followed closely by unmarried participants (34.0%) and married participants (30.7%). This distribution suggests a balance among the three categories, with a slightly higher proportion of divorced individuals, potentially reflecting unique social or economic factors in the study context.

These demographic results provide a foundational understanding of the study population, which is essential for contextualizing the findings and their implications.

4.2. Overview of Gender-Based Violence (GBV) Experiences: Encounters, Forms, Perpetrators, Locations, Motivations, Consequences, and Social Responses (N=391)

Table 2: Respondents' Encounter with Gender-Based Violence (GBV) in Home or Locality (N=391)

Have you ever encountered any GBV in your home or locality?				
	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	391	100.0	100.0	100.0

The finding that 100% of respondents reported encountering Gender-Based Violence (GBV) in their home or locality shows the pervasive nature of GBV within the community. This indicates that GBV is not an isolated issue but rather a widespread and systemic problem affecting all individuals in the study context.

Such results suggest a deeply entrenched culture of violence or societal norms that tolerate or fail to address GBV effectively. This prevalence emphasizes the urgent need for comprehensive interventions, including public awareness campaigns, support systems for survivors, and policies aimed at prevention and accountability.

Moreover, the uniformity in responses might also reflect a high level of awareness or willingness among respondents to acknowledge the issue, which could be influenced by cultural, educational, or contextual factors in the study area. This finding serves as a critical call to action for stakeholders to prioritize GBV as a key area of focus in community development and policy-making.

Table 3: Respondents' Exposure to Gender-Based Violence (GBV) and Origins of Perpetrators (N=391)

		Responses		Percent of Cases
		N	Percent	
Have you ever been exposed to any forms of GBV?				
	Yes	391	100.0%	100.0%
Origins of perpetrators ^a				
	Soldier	264	21.7%	67.5%
	Family	169	13.9%	43.2%
	Friend	304	25.0%	77.7%
	Husband	45	3.7%	11.5%
	Neighbors	42	3.5%	10.7%

Total	1215	100.0%	210.0%
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a. Dichotomy group tabulated at value 1.

The result indicates that 100% of respondents (N=391) reported exposure to Gender-Based Violence (GBV), demonstrating the pervasive and universal nature of GBV within the surveyed population. This finding emphasizes the severity of the issue, suggesting that GBV affects all individuals in this group, regardless of their background or circumstances. The total number of responses (1215) exceeds the number of respondents (391), which reflects the fact that many respondents encountered GBV from multiple perpetrators, leading to a cumulative total of 310.7%. This indicates that respondents were subjected to various forms of GBV, often from different sources, reinforcing the complex and multifaceted nature of the violence they faced.

In terms of the origins of perpetrators, the data reveal that friends were the most frequently reported perpetrators, cited by 77.7% of respondents. This suggests that GBV often occurs within trusted, personal relationships, pointing to the normalization of violence or power imbalances within such interactions. The second most common perpetrators were soldiers, identified by 67.5% of respondents, indicating the significant role of external authority figures, such as military personnel, in perpetuating GBV. This could reflect the broader socio-political context of conflict or instability. Family members were mentioned by 43.2% of respondents, emphasizing the domestic nature of much of the GBV and the betrayal of trust within family structures. Husbands and neighbors were cited less frequently, with 11.5% of respondents identifying them as perpetrators. While lower in frequency, this still indicates that intimate partner violence and community-based violence are present.

The cumulative total of 310.7% further suggests that respondents experienced GBV from multiple perpetrators, reinforcing the broad and repeated nature of this violence. The data indicate that GBV is perpetrated by a wide range of individuals, from personal relationships (friends and family) to authority figures (soldiers), emphasizing the complexity of the issue. These findings call for comprehensive interventions to address not only the physical and psychological effects of GBV but also the broader societal structures and cultural norms that contribute to its persistence.

Table 4: Forms of Gender-Based Violence (GBV) Experienced by Respondents (N=391)

Forms of GBV ^a	Responses		
	N	Percent	Percent of Cases
Sexual and gender-based violence (SGBV)	309	9.9%	79.0%
Sexual violence	356	11.4%	91.0%
Sexual exploitation	122	3.9%	31.2%
Domestic violence	45	1.4%	11.5%
Rape	271	8.7%	69.3%
Economic abuse	349	11.2%	89.3%
Sexual harassment	274	8.8%	70.1%
Emotional abuse	391	12.6%	100.0%
Female genital mutilation	46	1.5%	11.8%
Son preference	88	2.8%	22.5%
Sexual assault	349	11.2%	89.3%
Forced marriage	78	2.5%	19.9%
Physical assault	345	11.1%	88.2%
Harmful traditional practice	45	1.4%	11.5%
Violence against women and girls (VAWG)	42	1.4%	10.7%
Total	3110	100.0%	795.4%

a. Dichotomy group tabulated at value 1.

The data in Table 4 show the widespread and multifaceted nature of Gender-Based Violence (GBV) experienced by the respondents, with a total of 3110 instances of GBV reported. This figure indicates the extent to which respondents encountered various types of violence, with multiple forms reported by many individuals, indicating the complex and overlapping nature of GBV. Emotional abuse was reported by all respondents (100%), making it the most universally experienced form of violence. This suggests that emotional abuse, which includes manipulation, control, and degradation, is a foundational and pervasive issue within the community.

In addition, sexual violence was reported by 91.0% of respondents, further emphasizing its prevalence as a central issue affecting nearly all individuals in the study. Economic abuse, reported by 89.3% of respondents, shows the significant role financial control plays as a tool of

manipulation and dependency within relationships. Similarly, sexual assault, also reported by 89.3% of respondents, reinforces the widespread occurrence of this severe form of sexual violence. Physical assault was experienced by 88.2% of respondents, emphasizing the extent of physical violence in the community.

Furthermore, sexual harassment and rape were both reported by 70.1% of respondents, suggesting that while these forms of violence are prevalent, they are somewhat less widespread compared to other forms such as emotional abuse and sexual violence. These high percentages reflect the complex and compounded nature of GBV, where individuals often face multiple forms of violence simultaneously, further emphasizing that GBV is deeply fixed in the community.

The pervasive nature of emotional abuse, sexual violence, economic abuse, sexual assault, and physical assault calls for comprehensive interventions. These must address not only the immediate physical and psychological effects of GBV but also the structural and cultural factors that perpetuate such violence. Given the severity and widespread nature of these forms of GBV, intervention strategies must be multi-faceted, involving legal, social, economic, and psychological support systems to effectively combat and prevent GBV in the community.

Table 5: Locations Where Respondents Encountered Gender-Based Violence (GBV) (N=391)

		Responses		
		N	Percent	Percent of Cases
Where have you been	At Home	265	49.4%	67.8%
encountered GBV? ^a	At work or office	7	1.2%	1.8%
	At school	49	9.4%	12.5%
	At transport	149	25.9%	38.1%
	at Recreational Sites	78	14.1%	19.9%
Total		548	100.0%	140.2%

a. Dichotomy group tabulated at value 1.

Table 5 shows the locations where respondents encountered Gender-Based Violence (GBV). The data show that the most common location for GBV was at home, with 67.8% of respondents reporting this as their primary experience. This emphasizes the domestic nature of GBV, suggesting that the home is a central site of violence for many individuals. The second most frequent location was transport, where 38.1% of respondents reported experiencing GBV, showing

the vulnerability individuals face in public spaces, especially while commuting. Other locations included recreational sites (19.9%) and schools (12.5%), which further indicate that GBV occurs across a variety of settings, including both public and private spheres. A very small percentage of respondents (1.8%) reported encountering GBV at work or in an office setting, indicating that the workplace is a less common, though still significant, location for such violence.

The total number of responses (548) exceeds the number of respondents (391), with some individuals reporting experiencing GBV in multiple locations. This results in a total percentage of 140.2%, reflecting the pervasive nature of GBV across different environments. The data suggest that GBV is not confined to a single location but occurs in multiple spaces, including domestic, public, and recreational settings. These findings emphasize the need for multi-faceted interventions that address GBV in various contexts, from home environments to public spaces, to ensure comprehensive protection and support for affected individuals.

Table 6: Reasons Behind Gender-Based Violence (GBV) as Reported by Respondents (N=391)

		Responses		
		N	Percent	Percent of Cases
Some reasons behind GBV ^a	Power imbalance	304	14.4%	77.7%
	Social norms	274	12.9%	70.1%
	Political factors	88	4.2%	22.5%
	Cultural norms	227	10.7%	58.1%
	Poverty	129	6.1%	33.0%
	Marital conflict	172	8.1%	44.0%
	Alcohol use	262	12.4%	67.0%
	Any addiction	42	2.0%	10.7%
	Ignorance	227	10.7%	58.1%
	War	391	18.5%	100.0%
Total		2116	100.0%	541.2%

a. Dichotomy group tabulated at value 1.

Table 6 summaries the reasons behind Gender-Based Violence (GBV) as reported by respondents, showing a complex array of contributing factors. The most frequently cited reason was war,

mentioned by all respondents (100%), indicating the pervasive impact of conflict on GBV. Power imbalance was the second most common reason, identified by 77.7% of respondents, indicating that unequal power dynamics within relationships and communities play a significant role in the occurrence of GBV. Other prominent factors included social norms (70.1%), alcohol use (67%), and cultural norms and ignorance (both 58.1%), further suggesting that deeply ingrained societal beliefs and behaviors contribute to the perpetuation of violence.

Marital conflict was reported by 44% of respondents, indicating that relationship struggles are also a significant factor in GBV. Poverty (33.0%) and political factors (22.5%) were cited less frequently but still pointed to structural issues that exacerbate GBV. The least commonly mentioned reason was addiction (10.7%), suggesting that while substance abuse can be a contributing factor, it is less frequently seen as the primary cause.

A total of 2116 responses were recorded, reflecting that respondent identified multiple reasons for GBV, resulting in a cumulative total of 541.2%. This indicates that GBV is not driven by a single factor but is influenced by a combination of social, cultural, economic, and political elements. The findings emphasize the multifaceted nature of GBV and suggest that addressing its root causes requires comprehensive approaches that tackle both individual and societal issues.

Table 7: Effects of Gender-Based Violence (GBV) Experienced by Respondents (N=391)

		Responses		
		N	Percent	Percent of Cases
Some effects of GBV ^a	Drug addiction	42	0.9%	10.7%
	Physical injury	391	8.2%	100.0%
	Psychological injury	391	8.2%	100.0%
	Unintended pregnancy	169	3.6%	43.2%
	Fear	391	8.2%	100.0%
	Pregnancy complication	177	3.7%	45.3%
	Isolation	195	4.1%	49.9%
	Alcohol use	45	0.9%	11.5%
	Sexually transmitted infection	152	3.2%	38.9%
	Depression	391	8.2%	100.0%
	Post-traumatic stress disorder	391	8.2%	100.0%
	Acute weight	169	3.6%	43.2%

Stigma and discrimination	346	7.3%	88.5%
Prevention of job opportunity	208	4.4%	53.2%
Genital injuries	346	7.3%	88.5%
Loss of trust and self-esteem	391	8.2%	100.0%
Regular smoking	30	0.6%	7.7%
Infertility	42	0.9%	10.7%
Divorce	45	0.9%	11.5%
Chronic health problems	391	8.2%	100.0%
Behaving with unsafe sex	45	0.9%	11.5%
Total	4748	100.0%	1214.3%

a. Dichotomy group tabulated at value 1.

Table 7 shows the various effects of Gender-Based Violence (GBV) experienced by respondents, demonstrating the profound and multifaceted impact of GBV on individuals. The most common effects, reported by all respondents (100%), included physical injury, psychological injury, fear, depression, post-traumatic stress disorder (PTSD), and loss of trust and self-esteem, reflecting the severe mental, emotional, and physical toll GBV has on individuals. Additionally, genital injuries and stigma and discrimination were experienced by 88.5% of respondents, further emphasizing the long-term and visible consequences of violence.

Other significant effects include isolation (49.9%), unintended pregnancy (43.2%), and pregnancy complications (45.3%), suggesting that GBV also leads to serious reproductive health issues. Additionally, 38.9% of respondents reported sexually transmitted infections, while acute weight changes were noted by 43.2%, pointing to the broader health implications of GBV.

Less frequently reported effects included drug addiction and infertility (10.7%), along with chronic health problems, which were experienced by all respondents (100%), indicating the pervasive and long-term nature of GBV's effects on overall health. Some respondents also reported social and economic consequences, such as divorce (11.5%) and prevention of job opportunities (53.2%), indicating the broader social and economic impact of GBV.

A total of 4748 responses were recorded, resulting in a cumulative total of 1214.3% due to the multiple effects reported by individuals. This indicates that GBV has wide-ranging consequences, affecting both the physical and mental well-being of individuals, their social relationships, and

their ability to function in society. The findings emphasize the need for comprehensive support systems to address the diverse effects of GBV.

Table 8: Social Responses to Gender-Based Violence (GBV) (N=391)

	Responses		
	N	Percent	Percent of Cases
Some of the social responses to GBV ^a			
Health care services	349	29.7%	89.3%
Victim assistance services	356	30.3%	91.0%
Media information and awareness	45	3.8%	11.5%
Campaigns	42	3.8%	11.5%
Education	271	23.1%	69.3%
Community interventions	70	6.0%	17.9%
Faith-based programs	42	3.6%	10.7%
Total	1175	100.0%	300.5%

a. Dichotomy group tabulated at value 1.

Table 8 presents various social responses to Gender-Based Violence (GBV) as reported by respondents, showing the range of support mechanisms available to survivors. The most commonly cited responses were victim assistance services (91.0%) and health care services (89.3%), indicating that there are substantial systems in place to assist those affected by GBV. These services appear to be integral to addressing the immediate needs of survivors.

Education, reported by 69.3% of respondents, emphasizes efforts to raise awareness and increase knowledge about GBV, which could help prevent future incidents and support victims. However, other social responses such as community interventions (17.9%), media information and awareness (11.5%), and campaigns (10.7%) were mentioned less frequently, suggesting that while these responses exist, they may play a smaller role in combating GBV in the community.

Faith-based programs were also reported by 10.7% of respondents, pointing to the involvement of religious institutions in addressing GBV. The table indicates a wide variety of social responses, with a total of 1175 responses recorded, reflecting the diversity in the ways GBV is being addressed. The cumulative total of 300.5% results from multiple responses given by individuals, showing the varied and multifaceted approach taken by society to address the issue of GBV.

4.3. Demographic characteristics of the professional respondents/ key informants

Table 9: Professional Respondent Demographics and Work Details (N=21)

Variable	Category	Frequency	Percent	Valid Percent	Cumulative Percent
Education level completed by the professional respondent	University Degree	17	81.0	81.0	81.0
	Master's Degree	4	19.0	19.0	100.0
	Total	21	100.0%	100.0%	100.0%
Working Experience of the professional respondent	1 to 3 years of professional work experience	6	28.6	28.6	28.6
	4 to 6 years of professional work experience	8	38.1	38.1	66.7
	7 to 10 years of professional work experience	5	23.8	23.8	90.5
	above 11 years of professional work experience	2	9.5	9.5	100.0
	Total	21	100.0	100.0	
Job of the professional respondent	Hospital	4	19.0	19.0	19.0
	Non-Governmental Organization	17	81.0	81.0	100.0
	Total	21	100.0	100.0	
Position	Social Worker	12	57.1%	57.1%	57.1%
	Case Manager	4	19.0%	19.0%	76.2%
	Nurse	2	9.5%	9.5%	85.7%
	Psychologist	3	14.3%	14.3%	100.0%
	Total	21	100.0%	100.0%	100.0%
Working with GBV Victims	Yes	21	100.0%	100.0%	100.0%

The table offers a detailed snapshot of the professional backgrounds and roles of the 21 respondents. The majority hold a University Degree (81.0%), with a smaller proportion having a Master's Degree (19.0%), indicating a highly qualified group. In terms of experience, most respondents have 4 to 6 years in the field (38.1%), with a significant number having 1 to 3 years

(28.6%), and fewer having 7 to 10 years (23.8%) or more than 11 years (9.5%). This diverse range of experience levels brings a variety of perspectives to their work. The respondents are predominantly employed by Non-Governmental Organizations (81.0%), rather than hospitals (19.0%), reflecting a focus on community-based or non-profit settings. Most hold positions as Social Workers (57.1%), with some serving as Case Managers (19.0%), Nurses (9.5%), or Psychologists (14.3%). Importantly, all respondents are involved in providing services to victims of Gender-Based Violence (GBV), underscoring their commitment to this critical area of support.

4.4. The prevalence of different forms and effects of Gender-Based Violence (GBV)

Table 10: Frequency Distribution of Forms of Gender-Based Violence (GBV) (21)

		Responses		
		N	Percent	Percent of Cases
3.2.1. Forms of GBV ^a	1.00	246	73.2%	1171.4%
	2.00	90	26.8%	428.6%
Total		336	100.0%	1600.0%

a. Group

The table illustrates the prevalence of various forms of Gender-Based Violence (GBV) among the respondents. A substantial majority, 73.2%, reported experiencing or witnessing different forms of GBV, while 26.8% did not. This indicates a high prevalence of GBV within the population surveyed. The large percentage of respondents who have encountered GBV underscores the widespread nature of the issue, suggesting that GBV is a significant concern among the respondents, with nearly three-quarters reporting exposure to such violence.

Table 11: Frequency Distribution of Effects of Gender-Based Violence (GBV) (21)

		Responses		Percent of Cases
		N	Percent	
		3.5.1. Some effects of GBV ^a	Drug addiction	7
	Physical injury	19	7.6%	90.5%
	Psychological injury	21	8.4%	100.0%
	Unintended pregnancy	12	4.8%	57.1%
	Fear	21	8.4%	100.0%
	Pregnancy complication	6	2.4%	28.6%

Isolation	21	8.4%	100.0%
Alcohol use	5	2.0%	23.8%
Sexually transmitted infection	17	6.8%	81.0%
Depression	21	8.4%	100.0%
Post-traumatic stress disorder	19	7.6%	90.5%
Acute weight	7	2.8%	33.3%
Stigma and discrimination	21	8.4%	100.0%
Prevention of job opportunity	6	2.4%	28.6%
Genital injuries	2	0.8%	9.5%
Loss of trust and self-esteem	12	4.8%	57.1%
Regular smoking	3	1.2%	14.3%
Infertility	2	0.8%	9.5%
Divorce	15	6.0%	71.4%
Chronic health problems	9	3.6%	42.9%
Behaving with unsafe sex	3	1.2%	14.3%
Total	249	100.0%	1185.7 %

a. Dichotomy group tabulated at value 1.

The table details the various effects of Gender-Based Violence (GBV) experienced by respondents. Psychological injury, fear, and stigma and discrimination are reported by 100% of the respondents, highlighting their significant impact. Physical injury and post-traumatic stress disorder each affect 7.6% and 7.6% of the respondents, respectively. Other notable effects include depression and isolation (8.4% each), sexually transmitted infections (6.8%), and unintended pregnancy (4.8%). Less common effects include genital injuries (0.8%) and regular smoking (1.2%). This comprehensive list underscores the diverse and severe consequences of GBV, affecting respondents' physical health, mental well-being, and social circumstances.

4.5. Perpetrators of Gender-Based Violence: Insights from respondent

Respondents who reported encountering gender-based violence (GBV) in their home or locality provided insights into the various perpetrators involved. A common theme that emerged was the betrayal of trust, with friends being the most frequently mentioned perpetrators (46 cases). These incidents reflect how GBV can occur within personal and intimate relationships, where the

violation of trust intensifies the trauma. Soldiers were identified in 40 cases, illustrating the prevalent influence of militarization and conflict on communities, where the presence of military personnel may contribute to heightened risks of violence. Additionally, family members, including close relatives, were cited in 26 cases, indicating that GBV often occurs within the household, further complicating family dynamics and revealing the hidden nature of abuse. A smaller but significant number of respondents (7 cases) reported experiencing violence from their husbands, shedding light on domestic violence as a form of GBV that disrupts marital relationships. Lastly, neighbors were mentioned in 7 cases, highlighting the proximity of violence within local communities and the potential for GBV to be perpetuated by those in close contact with the victims. These qualitative findings reveal the multifaceted nature of GBV and the variety of perpetrators, from personal acquaintances to community figures, who contribute to this pervasive issue.

4.6. Common Prevention Mechanisms Employed by Victims of GBV

Respondents who reported encountering gender-based violence (GBV) in their home or locality shared a range of common prevention mechanisms they employed to protect themselves. A frequently mentioned strategy was seeking help from family or community elders, where victims turned to trusted individuals for protection and guidance in handling GBV incidents. Another notable approach involved avoiding specific areas or individuals that posed a threat, with victims choosing to distance themselves from known perpetrators or unsafe locations, especially in areas affected by conflict.

Reporting to police station or legal authorities and internal displaced person leaders was also widely used, as victims sought intervention and justice through formal channels within their community. Many respondents highlighted the role of traditional conflict resolution mechanisms, such as Shimagile, where respected elders mediated disputes and offered protection from further violence. Support from local women's associations, such as the Tigray Women Association and women affairs was commonly mentioned, with victims relying on these organizations for legal assistance and advocacy.

Some victims found safety by relocating to shelters or staying with relatives, reflecting the need for secure environments away from abusive situations. Additionally, many emphasized the importance of religious or spiritual support, seeking guidance from church or mosque leaders who play a crucial role in mediating conflicts and offering protection. Community-based support

groups, such as iddir, also provided a network of assistance, offering both social support and advocacy for victims.

From a professional perspective, several key prevention mechanisms were recognized. Professionals observed that seeking support from family or trusted community elders was a significant strategy, leveraging traditional structures for mediation and protection. Avoidance strategies, where victims deliberately steer clear of individuals or locations known for GBV risks, were also frequently noted, especially in conflict-affected regions with heightened vulnerability. Reporting to local authorities and using traditional conflict resolution mechanisms like Shimagile were common, though professionals emphasized the need to strengthen these systems and their integration with formal legal frameworks.

Professionals also highlighted the critical role of women's advocacy groups like Tigray Women Association in bridging traditional support systems with formal legal processes, and the importance of relocating victims to shelters or safe spaces. Religious leaders and community-based organizations, such as iddir, were underscored as key sources of emotional and practical support, though there is a call for capacity building within these networks to ensure they offer comprehensive solutions, including legal action and rehabilitation.

In summary, the prevention mechanisms against GBV encompass a blend of traditional, community-based, and modern approaches. Professionals advocate for the continued integration of these methods with formal legal systems, the expansion of technological solutions, and the strengthening of local support networks to create a more healthy and comprehensive response to GBV, particularly in conflict-affected regions like Tigray.

4.7. Comparative Analysis of Key Informants' and Participants' Responses

The responses from key informants and participants show both complementary and divergent perspectives on the issues of gender-based violence (GBV).

a. Key Informants' Perspectives

Key informants identified the pervasive effects of war, entrenched social norms, and power imbalances as primary contributors to GBV in the Tigray region. Key informants also emphasized the limitations of existing support systems, indicating gaps in resources, cultural stigma, and inadequate integration of formal and traditional intervention mechanisms. Their responses provided a macro-level understanding of the challenges and emphasized the need for culturally sensitive and community-based interventions.

Key informants identified that traditional conflict resolution mechanisms, such as Shimagile, and advocacy by women's organizations played critical roles in addressing GBV. However, they called for stronger connections between these community-based approaches and formal legal systems to ensure comprehensive solutions. Additionally, key informants indicated the psychological impacts of GBV, particularly its long-term effects on survivors' mental health, trust, and social relationships.

b. Participants' Responses

Participants, reported encounters with GBV, reflecting its widespread and systemic nature. The forms of violence experienced were multifaceted, with emotional abuse, sexual violence, and physical assault being the most frequently reported. Participants emphasized the betrayal of trust, particularly when violence was perpetrated by close acquaintances, such as friends or family members. The data also show recurring instances of GBV, with some survivors encountering multiple forms of violence across various settings, including their homes, public spaces, and workplaces.

Participants also detailed the coping mechanisms they employed, including seeking support from family, relocating to safe spaces, and engaging with traditional and religious leaders for guidance. Their responses indicated a reliance on informal support systems and community structures to navigate the challenges posed by GBV. Furthermore, participants shared the severe psychological and physical impact of GBV, including PTSD, depression, and chronic health issues, emphasizing the urgent need for accessible and holistic support services.

c. Comparison and Insights

Key informants provided a systemic lens, focusing on the root causes and structural barriers to addressing GBV, while participants offered a ground-level view, sharing personal experiences and immediate coping strategies. Both groups indicated the significance of traditional and community-based interventions, though participants reported relying more heavily on these mechanisms due to limited access to formal support systems. Key informants, however, stressed the importance of integrating these traditional systems with formal frameworks to enhance their effectiveness.

While participants focused on the personal impacts of GBV, such as psychological injuries and disrupted trust, key informants drew attention to the broader implications, including the societal normalization of violence and the gaps in institutional responses. This comparison emphasizes

the need for a comprehensive approach that addresses individual, community, and systemic factors.

d. Implications of the Findings

The comparative understandings show several critical areas for intervention. First, there is a need to strengthen the integration of formal and informal systems. Traditional mechanisms, such as Shimagile and women's advocacy groups, should be formally recognized and supported, bridging gaps in the legal and psychosocial response to GBV. Second, community engagement and awareness efforts should be directed towards both survivors and perpetrators, aiming to reduce stigma and challenge deeply rooted cultural norms that perpetuate violence. Additionally, a holistic support system is essential, with comprehensive services, such as psychological care, legal aid, and safe housing, expanded to meet the diverse needs of survivors. Finally, policy advocacy and capacity building are crucial. Policies that prioritize survivor-centered care must be developed, alongside efforts to enhance the capacity of local organizations to provide effective and sustainable interventions. These multifaceted strategies are key to addressing the root causes and wide-ranging impact of GBV in the community. These strategies, informed by the findings, are crucial to supporting survivors and mitigating GBV in the Tigray region.

Chapter Five

Discussion

The discussion focuses on interpreting the findings of this study on gender-based violence (GBV) in Mekelle City, Tigray, in the context of existing literature. The discussion emphasizes the prevalence, forms, impacts, and contributing factors of GBV while comparing these findings with global and regional studies. The implications for interventions and policies are also considered.

5.1. Prevalence of GBV

The study showed an alarming 100% prevalence of GBV among respondents, signifying that GBV is pervasive and systemic in Mekelle City. This finding is consistent with global literature indicating heightened GBV rates in conflict and post-conflict settings. Studies from Rwanda and Bosnia, for instance, reported significant increases in sexual violence during armed conflicts, with up to 70% of women affected by GBV in some regions (Dyregrov et al., 2000; Qouta et al., 2003). Similarly, research from Syria found similar patterns, where 75% of displaced women reported experiencing GBV (UN Women, 2017).

These comparisons emphasize how armed conflict exacerbates pre-existing gender inequalities and creates environments where violence against women becomes normalized. The 100% prevalence rate in Mekelle reflects the profound societal impact of war on vulnerable populations and the absence of protective systems during the Tigray conflict.

5.2. Forms of GBV

The study identified the most common forms of GBV as emotional abuse, sexual violence, economic abuse, and physical assault. These findings align with the ecological framework of violence, which recognizes multiple levels of influence: individual, relational, community, and societal factors (Heise, 1998).

Emotional abuse, reported by 100% of respondents, demonstrates the psychological dimension of GBV. This finding is similar to studies from Palestine, where emotional abuse accounted for a significant portion of violence during conflicts (Thabet & Vostanis, 2000).

Sexual violence, reported by 91.0% of respondents, mirrors findings from conflict-affected regions such as the Democratic Republic of Congo (DRC), where sexual violence was used as a weapon of war (Mukwege & Nangini, 2009).

Economic abuse, affecting 89.3% of respondents, indicates the intersection of economic dependency and GBV. Studies emphasize how economic abuse often intensifies during conflicts due to displacement and the breakdown of traditional livelihoods (Fulu et al., 2013).

The high prevalence of multiple forms of GBV emphasises the compounded vulnerabilities faced by women and girls in Mekelle.

5.3. Perpetrators of GBV

The study identified soldiers (67.5%), friends (77.7%), and family members (43.2%) as key perpetrators. This finding reflects the complex dynamics of GBV in conflict zones, where violence occurs both in the public sphere and within private relationships. Soldiers' involvement consistent with global evidence of conflict-related sexual violence, often employed as a tool to intimidate, control, or humiliate communities (Wood, 2009).

Violence by friends and family members indicates the pervasive normalization of GBV, even among trusted individuals. Literature from South Sudan and Somalia also shows increased interpersonal violence during periods of societal breakdown (UNICEF, 2018). These findings demonstrate the intersection of public and private violence, necessitating multi-faceted intervention strategies.

5.4. Impact of GBV

The study found that all respondents reported physical, psychological, and social consequences of GBV, including 100% prevalence of PTSD, depression, fear, and stigma. This consistent with existing research that links GBV to long-term mental health challenges.

- **Psychological Impacts**

Studies from Rwanda and Bosnia show that survivors of sexual violence experience PTSD prevalence rates of 50–75% (Dyregrov et al., 2000). Similar findings were reported in Palestine, where 60% of GBV survivors exhibited severe depression and anxiety (Qouta et al., 2003).

- **Social Impacts**

The study's finding of 88.5% stigma and discrimination as barriers to seeking help reflects a common theme in GBV research. Survivors often face victim-blaming, ostracism, and rejection by their communities (Heise et al., 1999).

5.5. Contributing Factors

The study emphasised war (100%), power imbalances (77.7%), and social norms (70.1%) as critical drivers of GBV.

- **War as a Driver**

Armed conflict disrupts social structures and fosters environments where GBV is used as a weapon of war. For instance, the use of rape as a systematic tactic in conflicts like those in Bosnia, Rwanda, and the DRC has been extensively documented (Mukwege & Nangini, 2009).

- **Power Imbalances**

The finding that 77.7% of respondents cited power imbalances resonates with feminist theories that emphasize patriarchal structures as central to perpetuating GBV (Connell, 1987).

- **Social Norms**

The 70.1% prevalence of societal acceptance of violence aligns with global studies identifying cultural and traditional norms as critical enablers of GBV (Fulu et al., 2013).

These findings demonstrate the intersectionality of systemic, cultural, and contextual factors driving GBV in Mekelle.

5.6. Implications for Policy and Practice

- **Integrated Support Systems:**

Combining formal legal systems with traditional mechanisms like Shimagile can ensure more accessible and survivor-centred justice. Additionally, community-based organizations should be empowered to provide holistic mental health and legal support.

- **Awareness and Education:**

Public campaigns targeting harmful norms can reduce stigma and promote survivor empowerment. Moreover, training programs for religious and community leaders can help shift attitudes toward GBV.

- **Policy Development:**

Governments and NGOs must prioritize GBV prevention in post-conflict recovery plans, with a focus on funding trauma-informed services and shelters.

Chapter Six

Conclusion

The conclusion integrates the findings of this study, places them within the broader context of gender-based violence (GBV) in conflict-affected settings, and provides actionable recommendations for stakeholders. By examining the prevalence, impacts, and contributing factors of GBV in Mekelle City, this research shows the urgent need for targeted interventions and a survivor-centred approach.

6.1. Summary of Key Findings

1. Prevalence of GBV

The study showed a 100% prevalence of GBV among respondents, demonstrating the systemic nature of violence in conflict settings. Moreover, emotional abuse (100.0%), sexual violence (91.0%), and economic abuse (89.3%) were the most frequently reported forms, reflecting the multifaceted ways women experience violence during and after conflict.

2. Perpetrators and Contexts

The primary perpetrators of GBV included soldiers (67.5%), friends (77.7%), and family members (43.2%). Additionally, most incidents occurred in private spaces, such as homes (67.8%), indicating the concealed nature of GBV and the betrayal of trust by known individuals.

3. Impacts of GBV

The consequences of GBV were profound, with 100% of respondents reporting physical, psychological, and social impacts. Additionally, survivors exhibited PTSD, depression, and fear, while stigma and discrimination (88.5%) further isolated them and hindered their recovery.

4. Contributing Factors

War was identified as the primary driver of GBV (100%), with power imbalances (77.7%) and social norms (70.1%) compounding the issue.

6.2. Contributions of the Study

First, the study contributes to a growing body of research that links conflict to increased GBV prevalence and severity. It indicates the unique sociocultural dynamics of Mekelle City, providing context-specific insights into the drivers and impacts of GBV. Secondly, the research emphasizes

the intersectionality of GBV, showing how systemic inequalities, cultural norms, and conflict dynamics interact to perpetuate violence.

Additionally, while much of the existing literature focuses on global conflict zones like Rwanda and Palestine, this study provides empirical data specific to Tigray. Finally, it addresses a critical gap in understanding the role of traditional and community-based mechanisms in responding to GBV.

6.3. Practical Implications

For Survivors, the findings emphasise the importance of trauma-informed mental health services to address the widespread PTSD and depression among survivors. Plus, expanding access to safe shelters and support systems is critical for promoting recovery and resilience.

For Communities, public awareness campaigns must challenge harmful norms and foster a culture of zero tolerance for GBV. Moreover, community leaders, including religious figures and traditional elders, play a vital role in promoting accountability and prevention.

For Policymakers, integrating GBV prevention and response into post-conflict recovery plans is essential. Additionally, policies should prioritize funding for survivor-centred interventions, including legal aid, psychosocial support, and economic empowerment programs.

For Humanitarian Organizations, the study calls for enhanced coordination between formal and informal systems to provide holistic care for survivors. Partnerships with local organizations can ensure culturally sensitive and sustainable interventions.

6.4. Recommendations

- ✓ Future studies should explore GBV dynamics in rural areas and other regions of Tigray to understand variations in prevalence and contributing factors.
- ✓ Research should examine the experiences of marginalized groups, including individuals with disabilities, older women, and those from minority ethnic groups.
- ✓ While this study emphasizes the prevalence and impacts of GBV, further research is needed to identify protective factors and resilience mechanisms among survivors.

The findings of this study emphasise the urgent need for comprehensive and coordinated efforts to address GBV in Mekelle City and similar conflict-affected settings. Stakeholders must work together to:

- Prioritize survivor-centered care, ensuring access to justice, health services, and psychosocial support.

- Challenge harmful societal norms that perpetuate GBV through education and advocacy.
- Strengthen community-based mechanisms to complement formal systems, making interventions accessible and culturally relevant.

By addressing the structural and cultural roots of GBV, it is possible to foster a safer, more equitable society where survivors are supported, and violence is no longer tolerated

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Appendix I

Survey questionnaire

Dear Sir/Madam

My name is Merhavit Mesgina, I am attending my higher education studies at Mekelle University College of Business and Economics, School of management Department of Development Studies. Today, I have reached out to gather critical information about the gender-based violence of women in Tigray today. I would like to thank you in advance for giving me invaluable support to answer the following questions as part of the research project. It takes almost a few minutes to complete the questions. I want to make sure that at the end of your information, it will only apply to academic goals and remain strictly confidential. The final report is only about the community in the area so it is not known or will not mention any individual who responded So please help me with a sincere answer to all the ideas that are summarized in the question with your good will and with great responsibility.

Thank you in advance for your kind cooperation.

NB

➤ Please put a checkmark (✓) in the boxes as appropriate

Name of Interviewer _____ Date ___/___/___

Name of respondent: _____ Questionnaire number _____

Age of the respondent (years) _____

1. Education level completed by the respondent:

- University Degree 9th -12th grade
 College diploma below 9th grade Illiterate

2. Current marital status of the respondent.

- Married Unmarried Divorced Widow

3. Variables related to forms of GBV

3.1. Have you ever encountered any GBV in your home or locality? Yes No

If your answer for the aforementioned question is Yes, who are the perpetrators committing that crime? (List out).

3.2. Have you ever been exposed to any forms of GBV? Yes No

3.2.1. If your answer in question no. 3.2. is Yes, select the types of GBV you had been faced up (tick over the box provided)

No.	Forms of GBV	Yes	No
1	Sexual and gender-based violence (SGBV)	<input type="checkbox"/>	<input type="checkbox"/>
2	Sexual violence	<input type="checkbox"/>	<input type="checkbox"/>
3	Sexual exploitation	<input type="checkbox"/>	<input type="checkbox"/>
4	Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
5	Rape	<input type="checkbox"/>	<input type="checkbox"/>
6	Economic abuse	<input type="checkbox"/>	<input type="checkbox"/>
7	Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>
8	Emotional abuse	<input type="checkbox"/>	<input type="checkbox"/>
9	Female genital mutilation	<input type="checkbox"/>	<input type="checkbox"/>
10	Son preference	<input type="checkbox"/>	<input type="checkbox"/>

11	Sex selection (female infanticide)	<input type="checkbox"/>	<input type="checkbox"/>
12	Sexual assault	<input type="checkbox"/>	<input type="checkbox"/>
13	Forced marriage	<input type="checkbox"/>	<input type="checkbox"/>
14	Physical assault	<input type="checkbox"/>	<input type="checkbox"/>
15	Harmful traditional practice	<input type="checkbox"/>	<input type="checkbox"/>
16	Violence against women and girls (VAWG)	<input type="checkbox"/>	<input type="checkbox"/>
17	Others (specify) _____		

3.1.2. If your answer in question no. 3.2 is YES, how often have you encountered the forms of GBV listed below (tick over the box provided to answer?)

No.	Forms of GBV	Usually	Frequently	Occasionally
1	Sexual and gender-based violence (SGBV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Sexual violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Sexual exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Rape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Economic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Emotional abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Female genital mutilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Son preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Sex selection (female infanticide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Forced marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Physical assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Harmful traditional practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Violence against women and girls (VAWG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Others (specify) _____			

3.1.3. Who was the perpetrator of your GBV amongst the under-mentioned individuals (tick over the box provided to answer)

No.	Origins of perpetrators	Yes	No
1	Soldier	<input type="checkbox"/>	<input type="checkbox"/>
2	Family	<input type="checkbox"/>	<input type="checkbox"/>
3	Friend	<input type="checkbox"/>	<input type="checkbox"/>
4	Husband	<input type="checkbox"/>	<input type="checkbox"/>
5	Teacher	<input type="checkbox"/>	<input type="checkbox"/>
6	Classmate	<input type="checkbox"/>	<input type="checkbox"/>
7	Employer	<input type="checkbox"/>	<input type="checkbox"/>
8	Manager	<input type="checkbox"/>	<input type="checkbox"/>
9	Colleague	<input type="checkbox"/>	<input type="checkbox"/>
10	Neighbor	<input type="checkbox"/>	<input type="checkbox"/>
11	Unknown	<input type="checkbox"/>	<input type="checkbox"/>
17	Others (specify) _____		

3.1.4. Where have you been encountered GBV?

Home Work/Office School Transport Recreational sites

Others (specify) _____

4. Variables related to the reasons behind GBV

a. If your answer in question no. 3.1 is YES, what could be the causal factors of GBV victim?

b. If your answer in question no. 3.2 is YES, what could be the causal factors GBV to be a victim (tick over the box provided to answer below)

No.	Some reasons behind GBV	Yes	No
1	Power imbalance	<input type="checkbox"/>	<input type="checkbox"/>
2	Social norms	<input type="checkbox"/>	<input type="checkbox"/>
3	Political factors	<input type="checkbox"/>	<input type="checkbox"/>
4	Cultural norms	<input type="checkbox"/>	<input type="checkbox"/>

5	Religious norms	<input type="checkbox"/>	<input type="checkbox"/>
6	Passiveness of females	<input type="checkbox"/>	<input type="checkbox"/>
7	Poverty	<input type="checkbox"/>	<input type="checkbox"/>
8	Marital conflict	<input type="checkbox"/>	<input type="checkbox"/>
9	Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>
10	Any addiction	<input type="checkbox"/>	<input type="checkbox"/>
11	Ignorance	<input type="checkbox"/>	<input type="checkbox"/>
12	Legal factors	<input type="checkbox"/>	<input type="checkbox"/>
13	War	<input type="checkbox"/>	<input type="checkbox"/>
14	Others (specify) _____		

5. Variables related to the impacts of GBV

a. If your answer in question no. 3.1 is YES, what could be the impacts of GBV?

b. If you have ever been a victim of GBV, what are the impacts of GBV you have already faced following the case of GBV (tick over the box provided to answer below)

No.	Some effects of GBV	Yes	No
1	Drug addiction	<input type="checkbox"/>	<input type="checkbox"/>
2	Physical injury	<input type="checkbox"/>	<input type="checkbox"/>
3	Psychological injury	<input type="checkbox"/>	<input type="checkbox"/>
4	Unintended pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
5	Fear	<input type="checkbox"/>	<input type="checkbox"/>
6	Pregnancy complication	<input type="checkbox"/>	<input type="checkbox"/>
7	Isolation	<input type="checkbox"/>	<input type="checkbox"/>
8	Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>
9	Sexually transmitted infection	<input type="checkbox"/>	<input type="checkbox"/>
10	Depression	<input type="checkbox"/>	<input type="checkbox"/>
11	Post-traumatic stress disorder	<input type="checkbox"/>	<input type="checkbox"/>

12	Acute weight	<input type="checkbox"/>	<input type="checkbox"/>
13	Stigma and discrimination	<input type="checkbox"/>	<input type="checkbox"/>
14	Fatal disease	<input type="checkbox"/>	<input type="checkbox"/>
15	Prevention of job opportunity	<input type="checkbox"/>	<input type="checkbox"/>
16	Genital injuries	<input type="checkbox"/>	<input type="checkbox"/>
17	Loss of trust and self-esteem	<input type="checkbox"/>	<input type="checkbox"/>
18	Regular smoking	<input type="checkbox"/>	<input type="checkbox"/>
19	Infertility	<input type="checkbox"/>	<input type="checkbox"/>
20	Divorce	<input type="checkbox"/>	<input type="checkbox"/>
21	Chronic health problems	<input type="checkbox"/>	<input type="checkbox"/>
22	Behaving with unsafe sex	<input type="checkbox"/>	<input type="checkbox"/>
23	Others (specify) _____		

c. What about the social response to the forms of Gender-based violence in your community? (tick over the box provided to answer below)

No.	Some of the social responses to GBV	Yes	No
1	Health care services	<input type="checkbox"/>	<input type="checkbox"/>
2	Victim assistance services	<input type="checkbox"/>	<input type="checkbox"/>
3	Working with perpetrators	<input type="checkbox"/>	<input type="checkbox"/>
4	Media information and awareness campaigns	<input type="checkbox"/>	<input type="checkbox"/>
5	Exploring masculinities	<input type="checkbox"/>	<input type="checkbox"/>
6	Education	<input type="checkbox"/>	<input type="checkbox"/>
7	Legal responses	<input type="checkbox"/>	<input type="checkbox"/>
8	Community interventions	<input type="checkbox"/>	<input type="checkbox"/>
9	Faith-based programs	<input type="checkbox"/>	<input type="checkbox"/>
10	International conferences and conventions	<input type="checkbox"/>	<input type="checkbox"/>
11	Others (specify) _____		

Appendix II: Interview Guidelines for Key Informants

Dear Sir/Madam

My name is Merhavit Mesgina, I am attending my higher education studies at Mekelle University College of Business and Economics, School of management Department of Development Studies. Today, I have reached out to gather critical information about the gender-based violence of women in Tigray today. I would like to thank you in advance for giving me invaluable support to answer the following questions as part of the research project. It takes almost a few minutes to complete the questions. I want to make sure that at the end of your information, it will only apply to academic goals and remain strictly confidential. The final report is only about the community in the area so it is not known or will not mention any individual who responded So please help me with a sincere answer to all the ideas that are summarized in the question with your good will and with great responsibility.

Thank you in advance for your kind cooperation.

NB

➤ Please put a checkmark (✓) in the boxes as appropriate

Section I: Demographic Characteristics of Respondents

Name: _____

Educational Background: _____ Job: _____

Position/Title: _____

Working Experience: _____

Section II: Interview Questions

1. What do you know about GBV in your organization?

2. Are you working with the provision of health care/humanitarian services for Victims of GBV? Yes____ No.____

3. If your answer to question number 2 is yes,

3.1. So far, how many GBV victims have ever been treated in the packages of health care/humanitarian services of your organization? _____

3.2. If your answer to question number 2 is yes, what are the forms of GBV by which women/girls are being affected? (tick over the box provided to answer below)

No.	Forms of GBV	Usually,	Frequently	Occasionally
1	Sexual and gender-based violence (SGBV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Sexual violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Sexual exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Rape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Economic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Emotional abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Female genital mutilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Son preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Sex selection (female infanticide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13	Forced marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Physical assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Harmful traditional practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Violence against women and girls (VAWG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.3.From the above table question number 3.2, which forms of GBV are the most dominant and frequent happened (list out the Top five forms of GBV in order).

3.4.If your answer to question number 2 is yes, list out the perpetrators committing GBV.

3.5.If your answer to question number 3 is yes, what are the consequences of GBV on victims? (tick over the box provided to answer below)

No.	Some effects of GBV	Yes	No
1	Drug addiction	<input type="checkbox"/>	<input type="checkbox"/>
2	Physical injury	<input type="checkbox"/>	<input type="checkbox"/>
3	Psychological injury	<input type="checkbox"/>	<input type="checkbox"/>
4	Unintended pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
5	Fear	<input type="checkbox"/>	<input type="checkbox"/>
6	Pregnancy complication	<input type="checkbox"/>	<input type="checkbox"/>
7	Isolation	<input type="checkbox"/>	<input type="checkbox"/>
8	Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>
9	Sexual transmitted infection	<input type="checkbox"/>	<input type="checkbox"/>
10	Depression	<input type="checkbox"/>	<input type="checkbox"/>
11	Post-traumatic stress disorder	<input type="checkbox"/>	<input type="checkbox"/>
12	Acute weight	<input type="checkbox"/>	<input type="checkbox"/>
13	Stigma and discrimination	<input type="checkbox"/>	<input type="checkbox"/>
14	Fatal disease	<input type="checkbox"/>	<input type="checkbox"/>

15	Prevention of job opportunity	<input type="checkbox"/>	<input type="checkbox"/>
16	Genital injuries	<input type="checkbox"/>	<input type="checkbox"/>
17	Loss of trust and self-esteem	<input type="checkbox"/>	<input type="checkbox"/>
18	Regular smoking	<input type="checkbox"/>	<input type="checkbox"/>
19	Infertility	<input type="checkbox"/>	<input type="checkbox"/>
20	Divorce	<input type="checkbox"/>	<input type="checkbox"/>
21	Chronic health problems	<input type="checkbox"/>	<input type="checkbox"/>
22	Behaving with unsafe sex	<input type="checkbox"/>	<input type="checkbox"/>
23	Others (specify) _____		

3.6.If your answer to question number 3 is yes, what are the reasons behind GBV victims? Please list out them here.

ዝኸበርክን

ስመይ መርሃዊት ምስግና ዝተብሃልኩ፣ ኣብ ዩኒቨርሲቲ መቐለ ኮሌጅ ቢዝነስን ቁጠባን ቤት ትምህርቲ ምሕደራን ክፍሊ ትምህርቲ ዕቤታዊ መፅናዕቲ ትምህርተይ ይከታተል ኣለኹ። ሎሚ ኣብ ትግራይ ዝነበራ ኣብ ጾታ እተመርኩሰ ዓመጽ ደቂ ኣንስትዮ ተሞክሮታት ብዝምልከት ወሳኒ መረዳኢታ ንምእካብ ኢደይ ዘርጊሐ ኣለኹ። ንስኽን ሓደ ኸፋል እቲ ፕሮጀክት ምርምር ከም ም'ኳንክን መጠን፣ ነዚ ዚስዕብ ሕቶታት ንምምላስ ብዋጋ ዘይትመን ደገፍ ትገብራለይ ብምህላውክን ኣቐዲመ ክመስግን ይፈቱ። እቶም ሕቶታት ንምዝላም ዳርጋ ሒደት ደቂይቕ ኣቢሉ እዩ ዝወስድ።

ኣብ መወዳእታ እቲ እትህበኡ ሓበሬታ ኣብ ኣካዳሚያዊ ዕላማታት ጥራይ ከም ዝወዕልን ምስጢር ከም ዚኸውንን ከረጋግጽ እደሊ እየ። እቲ ናይ መወዳእታ ጸብጻብ ብዛዕባ እቲ ኣብቲ ኸባቢ ዘሎ ማሕበረሰብ ጥራይ ኢዩ ዝምልከት ስለዚ ስሙ ኣይፍለጥን ወይ ንዝኸነ ይኹን መልሲ ዝሃበ ውልቀ - ሰብ ኣይክጠቅስን ኢዩ ። ስለዚ በጃኽን ንኹሉ እቲ ኣብቲ ሕቶ ተጠቓሊሉ ዘሎ ሓሳባት ብሰናይ ፍቓድክንን ብልዑል ሓላፍነትን ልባዊ መልሲ ብምሃብ ክትሕግዛኒ ይላቦ።

ስለቲ ቅንዕና ዝመልኦ ምትሕብባርክን ኣቐዲመ የመስግን!

➤ መተሓሳሰቢ

በጀት/ኣን መልሶም/ሰን ኣብቲ ዝተዳለወ ሳጹን፣ እዙይ ምልክት (✓) እንዳቐመጡ ይመልሱ

ስም ሓታቲ: _____ ዕለት / _____ / _____

ስም ምላሽ ውሃቢ: _____ ተራ ቁጽሪ ቃለ መጠይቅ _____

ዕድሜ ምላሽ ውሃቢ (ዓመታት) _____

ደረጃ ት/ቲ ምላሽ ውሃቢ ዝምልከት

- ናይ ዩኒቨርሲቲ ዲግሪ ካብ 9 -12 ክፍሊ
- ዲፕሎማ ኮሌጅ ትሕቲ 9ይ ክፍሊ ምንም ዘይተምሃረ

ኸኻታት ሓዳር እቲ ምላሽ ዚህብ ሰብ

- በዓልቲ ሓዳር ዘይተመርፀዎት መበለት/ዝፈትሐት

ሀ) ምስ ጸታዊ መጥቃዕታት ዝላመዱ ተለዋወጥቲ ነጥብታት

1. ኣብ ገዛኹም ወይ ድማ ትነብርሉ ኸባቢ ጸታ መሰረት ዝገበሩ መጥቃዕታት ሪኢኪ ዶ ትፈልጡ? እወ ኣይፋል

2. ኣብ ላዕላይ ንዝጠተጠቐሰ ሕቶ (ቁ 1) መልስኺ እወ እንተዳኣ ኮይኑ ነቲ ዝተጠቐሰ ገበን ብምፍጻም ዝፍለጡ ኣካላት እንመን እዮም? ዘርዝሪ!

3. ንባዕልኺ ኸኺ ንዝኮነ ይኹን ዓይነት ጸታዊ መጥቃዕቲ እተቐላቐሉ እዋን ኣሎ ዶ?

- እወ ኣይፋል

3.1. ኣብ ሕቶ ቁ. 3 መልስኺ እወ እንተ ኹይኑ፣ እንታይ ዓይነት ጸታዊ መጥቃዕቲ ኸም ዘጋጠመኪ ኣብ ታሕቲ ካብ ዘለዉ ዓይነታት ጸታዊ መጥቃዕታት ምረጹ (ኣብ ልዕሊ እቲ እተዋህበ ሳጹን ድማ ምልክት ግበሪ)

ተ.ቁ	ዓይነታት ጸታ መሰረት ዝገበሩ መጥቃዕታት	እወ	ኣይፋል
1	ጸታውን ንጸታ መሰረት ዝገበረ መጥቃዕቲ	<input type="checkbox"/>	<input type="checkbox"/>
2	ጸታዊ ዓመጻት	<input type="checkbox"/>	<input type="checkbox"/>

3	ጾታዊ ምዝመዛ	<input type="checkbox"/>	<input type="checkbox"/>
4	ዘቤታዊ ዓመጸት	<input type="checkbox"/>	<input type="checkbox"/>
5	ጠለፋ	<input type="checkbox"/>	<input type="checkbox"/>
6	ቍጠባዊ ማህሰይቲ	<input type="checkbox"/>	<input type="checkbox"/>
7	ጾታዊ ግህሰት	<input type="checkbox"/>	<input type="checkbox"/>
8	ስምዒታዊ ማህሰይቲ	<input type="checkbox"/>	<input type="checkbox"/>
9	ምክንሻብ መራብሒ አካል ንል አንስተይቲ	<input type="checkbox"/>	<input type="checkbox"/>
10	ምርጫ ወዲ	<input type="checkbox"/>	<input type="checkbox"/>
11	ሕርያ ጾታ (ቅትለት ሕጻናት ደቂ አንስትዮ)	<input type="checkbox"/>	<input type="checkbox"/>
12	ጾታዊ መጥቃዕቲ	<input type="checkbox"/>	<input type="checkbox"/>
13	አገዲድካ ምምርጻው	<input type="checkbox"/>	<input type="checkbox"/>
14	አካላዊ መጥቃዕቲ	<input type="checkbox"/>	<input type="checkbox"/>
15	ጎዳኢ ልምዲ	<input type="checkbox"/>	<input type="checkbox"/>
16	አብ ልዕሊ አንስትን አዋልድን ዝረከ ግህሰት	<input type="checkbox"/>	<input type="checkbox"/>
17	ካልኣት (ብንጹር ይጠቐሱ) _____		

3.3. መልሲ ሕቶ ቍ. 1 እወ እንተ ኹይኑ፣ ክንደይ ግዘ ኢኹ አብ ታሕቲ ተዘርዚሩ ዘሎ ዓይነት ጾታ መሰረት ዝገበረ መጥቃዕቲ አጋጢሙኪ ዘሎ?

ተ.ቁ	ዓይነታት ጾታ መሰረት ዝገበሩ መጥቃዕቲ	ኩሉ ግዜ	ብተደጋጋሚ	ሓሓሊፉ
1	ጾታውን ንጾታ መሰረት ዝገበረ መጥቃዕቲ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	ጾታዊ ዓመጸት	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	ጾታዊ ምዝመዛ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	ዘቤታዊ ዓመጸት	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	ጠለፋ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	ቍጠባዊ ማህሰይቲ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	ጾታዊ ግህሰት	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8	ስምዒታዊ ማህሰይቲ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	ምክንያብ መራብሒ አካል ንል አንስተይቲ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	ሕርያ ህጻን ወዲ ተባዕታይ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	ሕርያ ጾታ (ቅትለት ሕጻናት ደቂ አንስትዮ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	ጾታዊ መጥቃዕቲ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	አገዲድካ ምምርጫ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	አካላዊ መጥቃዕቲ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	ጎዳኢ ልምዲ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	አብ ልዕሊ አንስትን አዋልድን ዝረከ ግህሰት	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	ካልኦት (ብንጹር ይጠቐሱ)_____			

3.3.1. አብ ልዕሌኺ ክሳብ ሕዚ ጾታ መሰረት ዝገበሩ መጥቃዕተታት ዝፈጸሙ ገበነኛታት እንተዳ ሃልዮም ካብቶም አብ ታሕቲ ተጠቂሶም ዘለዉ አየኖት ክኾኑ ይኸእሉ? (መልሲ ንምሃብ አብ እተዳለወ ሳጹን ምልክት ግበሪ)

ተ.ቁ	መበቄል ገበነኛታት	እወ	አይፋል
1	ዕጡቓት/ወታሃደራት	<input type="checkbox"/>	<input type="checkbox"/>
2	አባል ስድራ ቤት	<input type="checkbox"/>	<input type="checkbox"/>
3	መሓዛ	<input type="checkbox"/>	<input type="checkbox"/>
4	ሰብአይ/በዓል ቤት	<input type="checkbox"/>	<input type="checkbox"/>
5	መምህር	<input type="checkbox"/>	<input type="checkbox"/>
6	መማህርቲ	<input type="checkbox"/>	<input type="checkbox"/>
7	አስራሒ	<input type="checkbox"/>	<input type="checkbox"/>
8	አካያዲ ስራሕ	<input type="checkbox"/>	<input type="checkbox"/>
9	መሳርሕቲ	<input type="checkbox"/>	<input type="checkbox"/>
10	ጎረቤት	<input type="checkbox"/>	<input type="checkbox"/>
17	ካልኦት (ብንጹር ይጠቐሱ)_____		

3.3.2. ጾታ መሰረት ዝገበረ መጥቃዕቲ አበይ እዩ አጋጢሙኪ ዝፈልጥ?

- ገዛ ስራ-ሕ ቦታ ቤት ት/ቲ
- አብ መንግሥቱ መዘናግዲ ቦታ
- ካልኦት (ብንጹር ይጠቅሱ)_____

ለ). ምስ መበገስታት/ምኽንያታት ጾታ መሰረት ዝገበሩ መጥቓዕቲታት ዝሓመዱ ተለዋወጥቲ ነጥብታት አብ ሕቶ ቍ. 1 መልስኺ እወ እንተ ዳኣ ነይሩ ፣ መልዕሊ/መበገሲ ምኽንያታት እቶም ጾታ መሰረት ዝገበሩ መጥቓዕቲታት እንታይ ክኮኑ ይኽእሉ? ይዘርዘሩ

አብ ሕቶ ቍ. 3 መልስኺ እወ እንተ ዳኣ ኸይኑ፣ መልዕሊ ምኽንያታት እቶም ጾታ መሰረት ዝገበሩ መጥቓዕቲታት እንታይ ክኮኑ ይኽእሉ? (መልሲ ንምሃብ አብ ታሕቲ እተዳለወ ሳጹን ምልክት ግበሪ)

ተ. ቐ	መልዕሊ ምኽንያታት	እወ	አይፋል
1	ናይ ስልጣን ምምዝባዕ	<input type="checkbox"/>	<input type="checkbox"/>
2	ማሕበራዊ ስርዓታት	<input type="checkbox"/>	<input type="checkbox"/>
3	ፖለቲካዊ ረጅሒታት	<input type="checkbox"/>	<input type="checkbox"/>
4	ባህላዊ ስርዓታት	<input type="checkbox"/>	<input type="checkbox"/>
5	ሃይማኖታዊ ስርዓታት	<input type="checkbox"/>	<input type="checkbox"/>
6	ዘይንቐሕ ተሳትፎ ደቂ እንስትዮ	<input type="checkbox"/>	<input type="checkbox"/>
7	ድኽነት/ቁጣባዊ ማህሰይቲ	<input type="checkbox"/>	<input type="checkbox"/>
8	አብ ሓዳር ዘጋጥም ግጭት	<input type="checkbox"/>	<input type="checkbox"/>
9	አልኮላዊ መስተ	<input type="checkbox"/>	<input type="checkbox"/>
10	ዝኸነ ይኸን ወልፊ	<input type="checkbox"/>	<input type="checkbox"/>
11	መሃይምነት	<input type="checkbox"/>	<input type="checkbox"/>
12	ሕጋዊ ረጅሒታት	<input type="checkbox"/>	<input type="checkbox"/>

13	ውግእ	<input type="checkbox"/>	<input type="checkbox"/>
14	ካልኦት (ብንጹር ይጠቅሱ)_____		

ሐ) ምስ ሳዕቤናት ጸታ መሰረት ዝገበሩ መጥቃዕቲታት ዝዛመዱ ተለዋወጥቲ ነጥብታት ኣብ ሕቶ ቍ. 1 መልስኺ እወ እንተ ዳኣ ኸይኑ፣ ኣብ ልዕሊ ሰብ ግዳያት ጸታዊ መጥቃዕቲታት፣ ዝረኣዩ ሳዕቤናት መን መን እዮም? ይዘርዘሩ

Isolation, hopelessness ,

ንባዕልኺ ኣካል እቲ ጸታ መሰረት ዝገበሩ መጥቃዕቲታት ኮይንኪ እንድሕር ድኣ ትፈልጢ፣ ኣብ ህይወትኪ ዘምጽኡልኪ ሳዕቤናት ፍለዩ (መልሲ ንምሃብ ኣብ ታሕቲ እተዳለወ ሳጹን ምልክት ግበሪ)

ተ.ቁ	ገለ ሳዕቤናት ካብቶመ ጸታ መሰረት ዝገበሩ መጥቃዕቲታት	እወ	ኣይፋል
1	ወልፊ ኣሻሻ	<input type="checkbox"/>	<input type="checkbox"/>
2	ኣካላዊ ጉድኣት	<input type="checkbox"/>	<input type="checkbox"/>
3	ስነ-ልቦናዊ ጉድኣት	<input type="checkbox"/>	<input type="checkbox"/>
4	ዘይተሓሰበ ጥንሲ	<input type="checkbox"/>	<input type="checkbox"/>
5	ፍርሒ/ስግኣት	<input type="checkbox"/>	<input type="checkbox"/>
6	ናይ ጥንሲ ሕልኸላኻት	<input type="checkbox"/>	<input type="checkbox"/>
7	ኣልኮላዊ መስተ	<input type="checkbox"/>	<input type="checkbox"/>
8	ጸታዊ ተመሓላለፍቲ ሕማማት	<input type="checkbox"/>	<input type="checkbox"/>
9	ጭንቀት	<input type="checkbox"/>	<input type="checkbox"/>
10	ድሕሪ ዘሰምብድ ውጥረት ዘጋጥም ሕማም	<input type="checkbox"/>	<input type="checkbox"/>
11	ክብደት ምውሳኽ	<input type="checkbox"/>	<input type="checkbox"/>

12	ምግላልን አድልዎን	<input type="checkbox"/>	<input type="checkbox"/>
13	ቀታሊ ሕግም	<input type="checkbox"/>	<input type="checkbox"/>
14	ናይ ስራሕ ዕድል ምስኣን	<input type="checkbox"/>	<input type="checkbox"/>
15	ጉድኣት መራብሒ ኣካል	<input type="checkbox"/>	<input type="checkbox"/>
16	እምነት ምስኣንን ዓርሰ ምትሓትን	<input type="checkbox"/>	<input type="checkbox"/>
17	ስሩዕ ሽጋራ ምትካሽ	<input type="checkbox"/>	<input type="checkbox"/>
18	መኻንነት	<input type="checkbox"/>	<input type="checkbox"/>
19	ሓዳር ምፍታሕ	<input type="checkbox"/>	<input type="checkbox"/>
20	ንሕዱር ሕግማት ምስጣሕ	<input type="checkbox"/>	<input type="checkbox"/>
21	ዘይውሑስ ጾታዊ ርክብ ምፍጻም	<input type="checkbox"/>	<input type="checkbox"/>
22	ካልኦት (ብንጹር ይጠቐሱ)_____		

መ) ብዛዕባ እቲ ኣብ ማሕበረሰብኪ ዝረኣ ኣብ ጾታ ንእተመርኩሰ ዓመጻት፣ ዝወሃብ ማሕበራዊ ምላሽ ከ እንታይ ይመስል? (መልሲ ንምሃብ ኣብ ታሕቲ ዘሎ መውሃቢ መልሲ ምልክት ይግበራ)

ተ.ቁ	ገለ ካብቶም ንጾታዊ ዓመጻት ክወሃቡ ዝኽእሉ ማሕበረ-ሰባዊ ምላሻት	እወ	ኣይፋል
1	ግልጋሎት ጥዕናዊ ክንክን	<input type="checkbox"/>	<input type="checkbox"/>
2	ግዳያት ናይ ምሕጋዝ ግልጋሎት	<input type="checkbox"/>	<input type="checkbox"/>
3	ምስ ገበነኛታት ጾታዊ ግሕሰት ሓቢርካ ምስራሕ	<input type="checkbox"/>	<input type="checkbox"/>
4	ብመራኽብታት ሓፋሽ ሓበሬታ ክሓልፍ ምግባርን ወፍሪ ግንዛብ መጨበጫ ት/ቲ ምስጓምን	<input type="checkbox"/>	<input type="checkbox"/>
5	ተባዕታይነት ምድህሳስ	<input type="checkbox"/>	<input type="checkbox"/>
6	ትምህርቲ	<input type="checkbox"/>	<input type="checkbox"/>
7	ሕጋዊ ግብረ መልሲ	<input type="checkbox"/>	<input type="checkbox"/>
8	ማሕበረ ሰባዊ ጣልቃ ኣታውነት	<input type="checkbox"/>	<input type="checkbox"/>
9	እምነት መሰረት ዝገበሩ መርሃ-ግብርታት	<input type="checkbox"/>	<input type="checkbox"/>
10	ዓለም-ለኻዊ ጉባኤታት ስምምዓትን ምክያድ	<input type="checkbox"/>	<input type="checkbox"/>
11	ካልኦት (ብንጹር ይጠቐሱ)_____	<input type="checkbox"/>	<input type="checkbox"/>

Appendix IV: መምርሒ ቃለ ምልልስ ንሰብ ዋና መዳርግቲ ትካላት እቲ መጽናዕቲ

APPENDIX III (መመላእታ ነጥቢ 3 ሕቶታት መጽናዕቲ)

ዝኸበርኩም/ክን

ስመይ መርገዊት ምስግና ዝተብሃልኩ፣ ኣብ ዩኒቨርሲቲ መቐለ ኮሌጅ ቢዝነስን ቁጠባን ቤት ትምህርቲ ምሕደራን ክፍሊ ትምህርቲ ዕቤታዊ መፅናዕቲ ትምህርተይ ይከታተል ኣለኹ። ሎሚ ኣብ ትግራይ ዝነበራ ኣብ ጾታ እተመርኩሰ ዓመጽ ደቂ ኣንስትዮ ተሞክሮታት ብዝምልከት ወሳኒ መረዳእታ ንምእካብ ኢደይ ዘርጊሐ ኣለኹ። ንስኽን ሓደ ኸፋል እቲ ፕሮጀክት ምርምር ከም ም'ኳንክን መጠን፣ ነዚ ዚስዕብ ሕቶታት ንምምላስ ብዋጋ ዘይትመን ደገፍ ትገብራለይ ብምህላውክን ኣቐዲመ ክመስግን ይፈቱ። እቶም ሕቶታት ንምዝህም ዳርጋ ሒደት ደቂይቕ ኣቢሉ እዩ ዝወስድ።

ኣብ መወዳእታ እቲ እትህበኡ ሓበሬታ ኣብ ኣካዳሚያዊ ዕላማታት ጥራይ ከም ዝወዕልን ምስጢር ከም ዚኸውንን ከረጋግጽ እደሊ እየ። እቲ ናይ መወዳእታ ጸብጻብ ብዛዕባ እቲ ኣብቲ ኸባቢ ዘሎ ማሕበረሰብ ጥራይ ኢዩ ዝምልከት ስለዚ ስሙ ኣይፍለጥን ወይ ንዝኸውን ይኹን መልሲ ዝሃበ ውልቀ - ሰብ ኣይክጠቅስን ኢዩ ። ስለዚ በጃኽን ንኹሉ እቲ ኣብቲ ሕቶ ተጠቓሊሉ ዘሎ ሓሳባት ብሰናይ ፍቓድክንን ብልዑል ሓላፍነትን ልባዊ መልሲ ብምሃብ ክትሕግዛኒ ይላቦ።

ስለቲ ቅንዕና ዝመልኦ ምትሕብባርኩም/ክን የመስግን!

መተላለፊ

በጀት/አንድ መልሶም አብቲ ዝተዳለወ ሳጹን፣ እዙይ ምልክት (✓) እንዳቐመጡ ይመልሱ

ሀ) ቀዳማይ ክፋል፡ ጂኦግራፊያዊ ባህርያት ምላሽ ወሃብቲ

ስም፡ _____

ድሕረ-ባይታ ትምህርቲ፡ _____

ስራሕ፡ _____

ናይ ስራሕ ሓላፍነት፡ Case management

ስራሕ ልምዲ፡ _____

ለ) ካልኣይ ክፋል፡- ሕቶታት ቃለ መጠይቕ

1. ብዛዕባ ጾታ መሰረት ዝገበረ መጥቃዕቲ ኣብ ትካልኻ/ኪ እንታይ ትፈልጥ?

2. ግዳያት ጾታ መሰረት ዝገበረ መጥቃዕቲ ዝኾና ደቂ ኣንስትዮ ንምሕጋዝ ትካልኩም

እንታይ ዓይነት ኣገልግሎት ይህብ? ሀ) ሰብኣዊ ሓገዝ ለ) ሓገዝ ጥዕናዊ

ኣገልግሎት

3. ኣብ ሕቶ ቁጽሪ 2 መልስኻ/ኪ ፊደል ሀ እንተድኣ ኾይኑ ትካልኩም ዝህበም ዓይነታት

ሰብኣዊ ሓገዝ ዘርዘር

4. ኣብ ሕቶ ቁጽሪ 2 መልስኻ/ኪ ፊደል ለ እንተድኣ ኾይኑ ትካልኩም ዝህቦም ዓይነታት ኣገዝ ጥዕናዊ ኣገልግሎት-ዘርዘር

5. ክሳብ ሕዚ ክንዳይ ዝኣኸላ ግዳያት ጾታዊ መጥቃዕቲ፣ ናይ ትካልኩም ኣገዝ ረኽቦን/ይረኽባ ኣለዎ?

6. ናይ ትካልኩም ኣገዝ ዝረኽባ ግዳያት፣ ዘጋጥምዎን ዓይነታት ጾታዊ መጥቃዕቲ ፍለ (ኣብ ልዕሊ እቲ እተዋህበ ሳጹን ምልክት ግበር)

ተ.ቁ	ዓይነታት ጾታ መሰረት ዝገበሩ መጥቃዕታት	እወ	ኣይኑል
1	ጾታውን ንጾታ መሰረት ዝገበረ መጥቃዕቲ	<input type="checkbox"/>	<input type="checkbox"/>
2	ጾታዊ ዓመጸ	<input type="checkbox"/>	<input type="checkbox"/>
3	ጾታዊ ምዝመዛ	<input type="checkbox"/>	<input type="checkbox"/>
4	ዘቤታዊ ዓመጸት	<input type="checkbox"/>	<input type="checkbox"/>
5	ጠለፋ	<input type="checkbox"/>	<input type="checkbox"/>
6	ቍጠባዊ ማህሰይቲ	<input type="checkbox"/>	<input type="checkbox"/>
7	ጾታዊ ግህሰት	<input type="checkbox"/>	<input type="checkbox"/>
8	ስምዒታዊ ማህሰይቲ	<input type="checkbox"/>	<input type="checkbox"/>

9	ምክንሻብ መራብሒ ንል ኣንስተይቲ	<input type="checkbox"/>	<input type="checkbox"/>
10	ምርጫ ወዲ	<input type="checkbox"/>	<input type="checkbox"/>
11	ናይ ጾታ ምርጫ (ቅትለት ሕጻናት ደቂ ኣንስትዮ)	<input type="checkbox"/>	<input type="checkbox"/>
12	ጾታዊ መጥቃዕቲ	<input type="checkbox"/>	<input type="checkbox"/>
13	ኣገዲድካ ምምርጫ	<input type="checkbox"/>	<input type="checkbox"/>
14	ኣካላዊ መጥቃዕቲ	<input type="checkbox"/>	<input type="checkbox"/>
15	ጎዳኢ ልምዲ	<input type="checkbox"/>	<input type="checkbox"/>
16	ኣብ ልዕሊ ኣንስትን ኣዋልድን ዝወርድ ዓመጻት	<input type="checkbox"/>	<input type="checkbox"/>
17	ካልኣት (ብንጹር ይጠቐሱ)_____		

7. ካብ ሕቶ ቁጽሪ 6 እቶም ብበዝሒ ዝኸሰቱን ብጣዕሚ ዝደጋገሙን ዓይነታት ጾታዊ መጥቃዕቲ እቶም ቅድሚት ዝሰርዑ ዘርዘር 1,2,3,4,6,7,12,14

8. ኣብ ሕቶ ቁጽሪ 6 ግዳያት እቲ ጾታዊ መጥቃዕታት ዝኮና ደቂ ኣንስትዮ ዝጠቐሰኦም ገበነኛታት እንመን እዮም፣ ዘርዘር? Armed force, husband, neighbor, relatives

9. ግዳያት እቲ ጾታ መሰረት ዝገበረ መጥቃዕታት ስዒቡ እተን ደቂ ኣንስትዮ ዘንጎፉዎን ሳዕቤናት እንታይን እንታይን እዮም? (ኣብ ልዕሊ እቲ እተዋህበ ሳጹን ምልክት ግበሪ)

ተ.ቁ	ገለ ሳዕቤናት ካብቶም ጾታ መሰረት ዝገበሩ መጥቃዕታት	እወ	እይፋል
1	ወልፊ ሓሸሽ	<input type="checkbox"/>	<input type="checkbox"/>
2	ኣካላዊ ጉድኣት	<input type="checkbox"/>	<input type="checkbox"/>
3	ስነ-ኣእምሮኣዊ ጉድኣት	<input type="checkbox"/>	<input type="checkbox"/>

4	ዘይተሓሰበ ጥንሲ	<input type="checkbox"/>	<input type="checkbox"/>
5	ፍርሒ	<input type="checkbox"/>	<input type="checkbox"/>
6	ሕልኸላኽ ጥንሲ	<input type="checkbox"/>	<input type="checkbox"/>
7	ርእሰኝ ምግላል	<input type="checkbox"/>	<input type="checkbox"/>
8	አልኮላዊ መስተ	<input type="checkbox"/>	<input type="checkbox"/>
9	አልኮላዊ መስተ	<input type="checkbox"/>	<input type="checkbox"/>
10	ጭንቀት	<input type="checkbox"/>	<input type="checkbox"/>
11	ድሕሪ ዜሰምብድ ውጥረት ዜጋጥም ሕማም	<input type="checkbox"/>	<input type="checkbox"/>
12	ክብደት ምውሳኽ	<input type="checkbox"/>	<input type="checkbox"/>
13	ምግላልን አድልዎን	<input type="checkbox"/>	<input type="checkbox"/>
14	ቀታሊ ሕማም	<input type="checkbox"/>	<input type="checkbox"/>
15	ናይ ስራሕ አጋጣሚ ምክልኻል	<input type="checkbox"/>	<input type="checkbox"/>
16	ብልፅጊ ዝወረደ ጉድኣት	<input type="checkbox"/>	<input type="checkbox"/>
17	እምነት ምስኣንን ዓርሰ ምትሓትን	<input type="checkbox"/>	<input type="checkbox"/>
18	ስሩዕ ሽጋራ ምትካኽ	<input type="checkbox"/>	<input type="checkbox"/>
19	መኻንነት	<input type="checkbox"/>	<input type="checkbox"/>
20	ሓዳር ምፍታሕ	<input type="checkbox"/>	<input type="checkbox"/>
21	ንሕዱር ሕማማት ምስጣሕ	<input type="checkbox"/>	<input type="checkbox"/>
22	ዘይውሑስ ጸታዊ ርክብ ምፍጻም	<input type="checkbox"/>	<input type="checkbox"/>
23	ካልኦት (ብንጹር ይጠቐሱ) _____		

10. ቀንዲ ተጠቀሱቲ ምኽንያታት ጸታ መሰረት ዝገበሩ መጥቓዕታት ዘርዘር
