

**MEKELLE UNIVERSITY COLLEGE OF SOCIAL SCIENCE AND LANGUAGE  
DEPARTMENT OF SOCIOLOGY PROGRAM**



**CAUSES AND CONSEQUENCES OF DOMESTIC VIOLENCE AGAINST WOMEN AND  
GIRLS: THE CASE OF QUIHA SUB CITY**

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**ASSESSMENT ON CAUSES AND CONSEQUENCES OF DOMESTIC VIOLENCE  
AGAINST TO WOMEN’S AND GIRLS: THE CASE OF QUIHA SUB CITY**



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## **Declaration**

I, **Ashenafi H/kiros** declare that this paper is a result of my independent research work on the topic entitled “Causes and consequences of domestic violence against women’s and girls’: the case of Quiha sub city” in partial fulfillment of the requirements for Masters of sociology degree at Mekelle University. Based on my original work except for quotations and citations which have been duly acknowledged. I also declare that it has not been previously or concurrently submitted to Mekelle University or any other institution.

Ashenafi H/kiros

Signature \_\_\_\_\_

Date \_\_\_\_\_



## **Statement of Certification of Originality and quality**

This is to certify that the thesis prepared by Ashenafi H/kiros, entitled: “Causes and consequences of domestic violence against to women’s and girls’”, and submitted in partial fulfillment of the requirements for the Degree of Masters of sociology complies with the regulations of the University and meets the accepted standards concerning originality and quality.

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External Examiner \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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## **ABBREVIATION**

ADA –American Disability ACT

CDC–Center for Disease Control and Prevention

FGD –focus group discussion

GBV–gender-based violence

GO– Governmental Organization

II–In-depth interview

IK– informant interview

NGO – None-governmental Organization

UN – United Nation

WHO – World Health Organization

US –United States

CDC– Centers for Disease Control

USAID–United States Agency for International Development

HIV/AIDS– human immunodeficiency virus and acquired immunodeficiency syndrome

UNAIDS– Joint United Nations Programme on HIV/AIDS

UNFPA–United Nations Population Fund

PWDs–Persons with disabilities

IRC–international rescue Committee

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## **Abstract**

*This study investigates the causes and consequences of domestic violence against women and girls in Quiha Sub-City, Mekelle, Ethiopia. Employing a qualitative research approach, data were collected through in-depth interviews, key informant interviews, and focus group discussions with a purposively selected sample of 50 participants, including survivors, community members, and service providers. The findings reveal that the phenomenon is driven by a complex interplay of factors, primarily financial instability, alcohol abuse, deeply entrenched patriarchal norms, male dominance, and jealousy. A critical cross-cutting factor identified is a widespread lack of awareness regarding women's rights and the unacceptability of violence. The consequences for survivors are severe and multifaceted, encompassing profound psychological trauma such as depression and loss of confidence, physical health problems, economic disempowerment, and significant negative impacts on children's well-being and family stability. Furthermore, the study identifies critical gaps in institutional support, with health facilities and other services lacking the resources, trained personnel, and coordinated referral systems needed to effectively assist survivors. The study concludes that domestic violence in this context is a systemic crisis requiring an integrated, multi-sectoral response. Key recommendations include implementing large-scale community awareness campaigns, promoting women's economic empowerment, strengthening the capacity of the health sector, and establishing a coordinated system to ensure survivors have access to comprehensive medical, legal, and psychosocial services.*

**Keywords:** *Domestic Violence, Gender-Based Violence, Women and Girls, Service Provision, Qualitative Research, Quiha, Ethiopia.*

# CHAPTER ONE: Introduction

## 1.1 Background of the study

Violence against women is one of the most serious public health and human rights concerns affecting societies around the world. It threatens not only the physical and mental well-being of women but also the stability and welfare of families and communities. Studies have shown that such violence is not limited to a particular social or economic group—it can occur in any household and is most often perpetrated by men (Medical Mondial Humanitarian International Organization, 2020).

Domestic violence, in particular, remains one of the most widespread forms of abuse directed at women. The World Health Organization (2005) estimated that around **35% of women globally** have experienced physical or sexual violence, or both, at some point in their lives. This problem undermines women's rights, limits their social and economic participation, and can lead to lasting psychological trauma. Similarly, the United Nations (2006) has noted that domestic violence reduces women's ability to work, care for themselves and their families, and participate fully in community life.

The Centers for Disease Control and Prevention (CDC, 2017) reports that **one in four women** and **one in seven men** experience physical violence by an intimate partner, while **one in three women** and **one in six men** experience some form of sexual violence during their lifetime. The CDC defines domestic violence as a pattern of physical, sexual, psychological, or emotional abuse—often used by one partner to gain power or control over another in an intimate relationship.

In Ethiopia, domestic violence against women is a serious social and public health issue. A WHO survey found that about **71% of Ethiopian women** have faced either physical or sexual violence (WHO, 2013). Several studies in the country reveal that the problem is often influenced by a range of socio-demographic factors such as income level, educational status, cultural beliefs, alcohol use, and gender roles. For instance, a study by Semahegn and Mengistie (2015) found that more than half of Ethiopian women had experienced domestic violence, and nearly

three-quarters believed that a husband might be justified in beating his wife under certain circumstances.

Other local studies have identified additional contributing factors. Bekele Asmere (2013) reported that financial problems, alcohol consumption, and jealousy were among the leading causes of domestic violence in Bure town. The same study also linked domestic violence to serious emotional and social outcomes, such as loss of confidence, depression, family disruption, and children dropping out of school. Likewise, research by Abbi et al. (2010) and Yigzaw et al. (2004) associated domestic violence with income inequality, limited awareness, patriarchal cultural norms, and the dominance of men over women.

Considering these findings, domestic violence remains a significant challenge that demands continuous research and action. Therefore, this study seeks **to examine the major causes and consequences of domestic violence against women in Mekelle City, specifically in Quiha Sub-City**. The results are expected to contribute to the existing body of knowledge and help inform policy and community-level interventions aimed at preventing violence and supporting affected women.

## **1.2 Statement of the problem**

Domestic violence against women is one of the most widespread and serious problems affecting families and communities worldwide. It is not only a violation of human rights but also a major public health and social concern that undermines women's dignity, equality, and well-being. Women who experience violence often suffer from long-term physical injuries, psychological trauma, loss of confidence, and social isolation. Such violence also negatively affects children, household stability, and community development.

In Ethiopia, domestic violence remains a serious challenge despite legal and policy measures promoting gender equality. National and local studies have revealed that a large proportion of Ethiopian women experience physical, sexual, or emotional abuse from their husbands or intimate partners. According to the World Health Organization (2013), more than **70% of Ethiopian women** have faced some form of violence. This violence is often influenced by factors such

as cultural beliefs that tolerate wife beating, economic dependency, alcohol consumption, and limited awareness of women's rights (Semahegn & Mengistie, 2015).

Domestic violence leads to a wide range of consequences. Physically, women may experience injuries, disability, and even death. Psychologically, many victims suffer from anxiety, depression, and reduced self-esteem. Economically, women who are victims of violence may lose income opportunities and become dependent on their abusers. Socially, domestic violence weakens family bonds, affects children's education, and contributes to intergenerational cycles of abuse.

Although several studies have been conducted on domestic violence in Ethiopia (Getachew, 2006; Sosen, 2007; Bekalu, 2023), most of them have focused on specific groups or limited geographical areas. Little attention has been given to understanding how domestic violence manifests in different urban settings like Mekelle, and how gaps in service provision—such as the lack of adequate support at health facilities—worsen the problem.

Therefore, domestic violence against women continues to be a **pressing social and public health issue** that requires deeper investigation. This study was undertaken to assess the **major causes and consequences of domestic violence against women in Mekelle City, particularly in Quiha Sub-City**, and to explore the **availability and effectiveness of support services** for survivors. By identifying the underlying causes and local realities, the study aims to contribute to practical strategies that can reduce violence and promote the safety, empowerment, and well-being of women.

### **1.3 Objective of the study:**

#### **1.3.1 General objective**

The overall objective of this study to investigate the Causes and consequences of domestic violence against to women's and girls' at Mekelle in the case of Quiha sub city.

#### **1.3.2 Specific objectives**

The specific objective of the study included in this following:

- To examine the causes of domestic violence against women in the study area.
- To identify the consequences of domestic violence against women in the study area.

- To describe the current condition of service provision for GBV survivors at health facilities.

#### **1.4. Research questions**

- What are the causes of domestic violence against women in the study area?
- What are the consequences of domestic violence against women in the study area?
- How accessible and effective are the health facility services provided to gender-based violence (GBV) survivors in Quiha Sub-City?

#### **1.5 Significant of the study**

This study has the following advantages:

- First, the study is input for the organizations or association that is working on area of prevention and response.
- It was creating awareness for the society in the general about the consequences of domestic violence against women and solves their problems through discussion in a peaceful way.
- It was served as source for other researchers to conduct further investigation on domestic violence against to women in Mekelle, Quiha sub-city.
- This study is also significant in forwarding possible responses for the problem in terms of policy formulation, laws and their enforcement, program and projects development and for sociology teaching purpose etc...

#### **1.6 Scope and Delimitation of the study**

The study was focused on the causes and consequences of domestic violence against women. Geographically, the study was conducted in Quiha sub-city, which is located in the Mekelle zone of the Tigray regional state.

The study was delimited to women who experienced violence perpetrated by intimate partners. However, women who were exposed to violence perpetrated by military armed forces or by individuals outside of their relatives were not included in this study.

#### **1.7 Organization of the study**

This thesis was consisting of three chapters.

The first chapter focuses on the background of the study including the statement of the problem, objectives of the study, research questions, significance and scope of the study. It also highlights limitation of the study, definition of key concepts and organization of the thesis.

The second chapter incorporates review of related literatures, such as general overview of violence and domestic violence in specific, forms or types of violence, prevalence of violence in Ethiopia, theoretical models of violence and legal aspects of for violence and abuses.

Third chapter encompasses research methods especially; it deals with research design, description of the study areas, and population of the study, sample size and technique, Eligibility Criteria for Selection Research Participants. Moreover, issues like data collection instruments, data collection procedure, data methods of analysis and ethical considerations also covered.

## **CHAPTER TWO: Literature Review**

### **2.1 Introduction: The Global Pandemic of Gender-Based Violence**

Violence against women (VAW) represents one of the most pervasive, devastating, and structurally entrenched human rights violations of our time. It is not a series of isolated incidents but a global public health crisis and a fundamental obstacle to achieving gender equality and sustainable development. The United Nations (1993) defines it 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 public or private life." This chapter delves into the specific manifestation of VAW known as domestic violence or intimate partner violence (IPV), which occurs within the private sphere of the home, often perpetrated by those closest to the victim.

The World Health Organization (WHO, 2021) estimates that globally, about 1 in 3 women (30%) have been subjected to physical and/or sexual violence by an intimate partner in their lifetime. This figure, staggering as it is, only captures a fraction of the reality, as it often excludes the pervasive psychological, economic, and technological forms of abuse that trap women in cycles of control and fear. This literature review aims to provide a comprehensive and critical analysis of the existing scholarly work on domestic violence against women. It will deconstruct its conceptual foundations, explore its historical and patriarchal roots, examine the theoretical frameworks developed to explain it, document its global magnitude and devastating consequences, and synthesize the evidence on risk factors and intervention strategies. A particular focus will be placed on the context of the Global South, with Ethiopia serving as a critical case study, to illuminate the intersections of culture, poverty, and gender norms in shaping the experience of and response to domestic violence.

### **2.2 Conceptual and Definitional Foundations: Beyond Physical Bruises**

#### **2.2.1 Evolving Definitions: From Physical Assault to Coercive Control**

The understanding of domestic violence has evolved significantly over the past half-century. Early definitions were narrowly focused on physical assault, often requiring visible proof of injury. However, feminist advocacy and academic research have driven a paradigm shift,

expanding the concept to encompass a wide range of abusive behaviors. The World Health Organization (2013) defines violence broadly as the "intentional use of physical force or power... that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation." This inclusion of "power" is critical, as it moves beyond mere physicality to the core dynamic of abuse.

### **2.2.2 The Power and Control Paradigm**

The most influential model for understanding domestic violence is the **Power and Control Wheel**, developed by the Domestic Abuse Intervention Project in Duluth, Minnesota. This model posits that physical and sexual violence are tactics used within a broader, systematic pattern of coercive control. The "spokes" of the wheel include:

- **Intimidation:** Making her afraid through looks, actions, or destroying property.
- **Emotional Abuse:** Putting her down, making her feel bad about herself, mind games.
- **Isolation:** Controlling what she does, who she sees and talks to, where she goes.
- **Minimizing, Denying, and Blaming:** Making light of the abuse, denying it happened, or shifting responsibility for it onto the victim.
- **Using Children:** Using the children to relay messages, using visitation to harass her, threatening to take the children away.
- **Economic Abuse:** Preventing her from getting or keeping a job, controlling all the money.
- **Coercion and Threats:** Making and/or carrying out threats to do something to harm her, threatening to leave, commit suicide, or report her to authorities.
- **Male Privilege:** Treating her like a servant, making all the "big" decisions, defining men's and women's roles.

This framework is essential because it explains why women often feel trapped even in the absence of constant physical violence; the web of control is comprehensive and debilitating (Stark, 2007).

### **2.2.3 Domestic Violence vs. Gender-Based Violence**

While often used interchangeably, it is useful to distinguish between these terms. **Gender-Based Violence (GBV)** is the 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 (UNHCR, 2003). It includes, but is not limited to, sexual violence, child marriage, female genital mutilation, and trafficking. **Domestic Violence** or **Intimate Partner Violence (IPV)** is a specific type of GBV that occurs between individuals in an intimate or family relationship. This review focuses primarily on IPV perpetrated by men against women, as this represents the most common form, deeply rooted in gendered power imbalances.

### **2.3 The Historical and Patriarchal Context: The Bedrock of Inequality**

To understand domestic violence is to understand the historical and systemic subordination of women. Patriarchal structures, which privilege men and masculinity, have for centuries institutionalized male control over women's bodies, labor, and autonomy. Legal and social histories across the globe are replete with examples: the doctrine of coverture in English common law, which subsumed a woman's legal identity under her husband's; the legal sanctioning of "wife correction"; and the explicit exemption of marital rape from prosecution in most legal systems until the late 20th century.

As feminist scholar Sylvia Walby (1990) argues, patriarchy is not a monolithic, transhistorical constant but a social structure that has adapted over time, moving from "private patriarchy" (where the primary site of exploitation is the household) to "public patriarchy" (where oppression operates through the state and labor market). Domestic violence is a key mechanism of private patriarchy, enforcing male authority within the domestic sphere. Religious and cultural traditions have often been marshalled to legitimize this control, framing male headship as divinely ordained and female submission as a virtue. Challenging domestic violence, therefore, requires challenging these deeply embedded historical and structural inequalities.

### **2.4 Theoretical Frameworks: Explaining the Inexplicable**

No single theory can fully account for the complex phenomenon of domestic violence. Instead, scholars employ multiple, often complementary, frameworks.

### 2.4.1 Feminist Theory

Feminist theory is the foundational framework, locating the cause of domestic violence squarely within patriarchal social structures. It posits that violence is a systematic tool used to maintain male dominance and female subordination. It is not a loss of control but an exertion of control, a means of enforcing gendered norms and expectations. Radical feminists, in particular, highlight the role of male sexual proprietariness and the ways in which violence (or the threat of it) functions to terrorize and discipline all women, not just direct victims (Brownmiller, 1975). This perspective shifts the blame from individual pathology to social structure.

### 2.4.2 The Ecological Model

To integrate diverse factors, the Ecological Model (Heise, 1998) provides a comprehensive, multi-level framework. It illustrates how factors at different levels of the social ecology interact to influence the risk of violence:

- **Individual Level:** Factors related to the perpetrator (e.g., history of childhood abuse, substance abuse, antisocial personality traits) and the victim (e.g., young age, pregnancy).
- **Relationship Level:** Dynamics within the intimate relationship (e.g., marital conflict, male control of wealth, economic stress) and family structure.
- **Community Level:** The context in which social relationships are embedded, such as neighborhood poverty, weak community sanctions against violence, and low social cohesion.
- **Societal Level:** The larger macro-level factors, including patriarchal gender norms, laws and policies regarding gender equality, and the media's portrayal of women.

This model is invaluable for designing interventions that target multiple levels simultaneously, from individual therapy to national policy reform.

### 2.4.3 Social Learning and Psychopathological Theories

While feminist and ecological models emphasize context, other theories focus on the individual. **Social Learning Theory** (Bandura, 1973) suggests that violence is a learned behavior. Children who witness violence between their parents or who are victims of abuse themselves may learn that violence is an acceptable and effective strategy for resolving conflict

or asserting control, thereby perpetuating an intergenerational cycle of violence (Kitzmann et al., 2003).

**Psychopathological Theories** explore the role of mental illness and personality disorders in perpetrators. Research has found higher rates of conditions like Antisocial Personality Disorder, Borderline Personality Disorder, and pathological jealousy among batterers (Dutton, 2007). However, critics caution against over-medicalizing the issue, as it can pathologize what is often a socially learned pattern of behavior and detract from the perpetrator's responsibility and the societal norms that enable it.

## 2.5 Typologies of Violence: The Many Faces of Abuse

Domestic violence is not monolithic; it manifests in multiple, often overlapping forms.

- **Physical Violence:** The most visible form, it includes acts like slapping, punching, kicking, burning, and using weapons. It often escalates in severity over time and can be fatal.
- **Sexual Violence:** Encompasses a range of non-consensual sexual acts, from coerced sex through intimidation to marital rape. It is a profound violation of bodily autonomy and is used to humiliate and dominate.
- **Psychological/Emotional Abuse:** This can be more damaging than physical violence in the long term. It includes constant criticism, name-calling, gaslighting (making the victim doubt their own perception of reality), and threats. It systematically erodes the victim's self-esteem and mental stability.
- **Economic Abuse:** A powerful tool of entrapment, this involves controlling a woman's access to financial resources, preventing her from working or pursuing an education, sabotaging her employment, and accruing debt in her name (Adams et al., 2008). It creates tangible financial dependence, making it incredibly difficult to leave.
- **Technological Abuse:** A modern extension of control and stalking, this includes monitoring a partner's communications via spyware, demanding passwords, using GPS tracking, and harassing them through social media and messaging platforms (Dragiewicz et al., 2018).

## 2.6 The Global and Local Magnitude: An Epidemiological Overview

Understanding the scale of domestic violence is challenging due to significant underreporting fueled by stigma, fear, and normalization of abuse. Nevertheless, population-based surveys have shed light on the alarming prevalence of this issue across the globe.

### 2.6.1 Global Prevalence and Regional Disparities

The most cited global data comes from the World Health Organization (WHO). A 2018 report analyzing data from 2000-2018 found that **27% of ever-partnered women aged 15-49** have experienced physical and/or sexual violence by an intimate partner in their lifetime (WHO, 2021). When psychological abuse is included, these figures rise dramatically. Prevalence, however, is not uniform. The same report indicates significant regional variation:

- **Oceania:** 51% of women experienced IPV (highest regional prevalence).
- **Central Sub-Saharan Africa:** 44%
- **Andean Latin America:** 39%
- **South Asia:** 35%
- **High-income North America:** 25%
- **Central Europe:** 16% (lowest regional prevalence).

These disparities are not incidental; they are strongly correlated with levels of gender inequality, the strength of laws protecting women, and the rigidity of patriarchal norms (Heise & Kotsadam, 2015). Methodological challenges persist, as definitions of violence, sampling methods, and cultural willingness to disclose abuse vary, making direct comparisons complex.

### 2.6.2 The Ethiopian Context: A National Crisis

In Ethiopia, domestic violence is not a private matter but a pervasive public health and human rights crisis. Data from the **2016 Ethiopian Demographic and Health Survey (EDHS)** provides a stark picture:

- **Lifetime Physical Violence:** 34% of ever-married women have experienced physical violence from a spouse.

- **Lifetime Sexual Violence:** 14% have experienced sexual violence from a spouse.
- **Combined Physical/Sexual Violence:** 25% have experienced either physical or sexual violence from a spouse.
- **Justification of Violence:** Perhaps most tellingly, **68% of women** believe a husband is justified in beating his wife for at least one specific reason, such as arguing with him, neglecting the children, burning the food, going out without telling him, or refusing sexual relations (Central Statistical Agency [CSA] Ethiopia and ICF, 2017).

This high level of social acceptance is a critical enabler of violence. Community-based studies reveal even higher figures. A study in the Tigray region by Gebrewahd et al. (2020) found a **63% prevalence** of intimate partner violence. Another study in Butajira by Abeya et al. (2011) reported that 78% of women believed wife-beating was acceptable under certain conditions, and 54% had experienced lifetime physical or sexual IPV. These studies consistently identify the intersection of poverty, patriarchal norms, and limited legal recourse as key drivers of this high prevalence.

## 2.7 The Multifaceted Consequences of Domestic Violence

The impact of domestic violence extends far beyond the immediate incident, creating a ripple effect that devastates women's health, well-being, and economic potential, while also imposing significant costs on society.

### 2.7.1 Physical Health Sequelae

The physical consequences are both immediate and chronic.

- **Direct Injuries:** These range from bruises, cuts, and broken bones to more severe outcomes like traumatic brain injury (from blows to the head), damage to sensory organs, and permanent disabilities.
- **Fatal Outcomes:** Domestic violence can end in homicide. Globally, 38% of female murders are committed by male intimate partners (WHO, 2021). It is also a significant risk factor for maternal mortality and suicide.
- **Chronic Health Conditions:** Survivors are at a higher risk for a host of conditions, including chronic pain syndromes (e.g., fibromyalgia), gastrointestinal disorders (e.g., irritable bowel syn-

drome), migraines, and sexually transmitted infections, including HIV (Campbell, 2002). The constant state of stress can dysregulate the immune system and contribute to cardiovascular problems.

### 2.7.2 Mental and Emotional Health Impacts

The psychological trauma of sustained abuse is profound and often long-lasting.

- **Post-Traumatic Stress Disorder (PTSD):** Symptoms such as flashbacks, hypervigilance, nightmares, and severe anxiety are common among survivors, mirroring the psychological responses of combat veterans.
- **Depression and Anxiety:** The relentless erosion of self-worth and the climate of fear frequently lead to major depressive disorders and various anxiety disorders.
- **Suicidality and Self-Harm:** The sense of hopelessness and entrapment can lead to suicidal ideation, suicide attempts, and self-harming behaviors as a coping mechanism.
- **Substance Abuse:** Many survivors turn to alcohol or drugs as a way to numb the psychological pain, which can create a secondary cycle of dependency and vulnerability (WHO, 2013).

### 2.7.3 Socio-Economic Consequences and Intergenerational Trauma

The damage permeates every aspect of a survivor's life.

- **Economic Disempowerment:** Economic abuse and the need to flee for safety can lead to job loss, homelessness, and severe financial hardship. This economic precarity is one of the primary barriers to leaving and achieving independence.
- **Impact on Children:** Children who witness domestic violence are indirect victims. They are at a higher risk for emotional and behavioral problems, poor academic performance, and a range of psychological issues, including anxiety, depression, and aggression (Holt, Buckley, & Whelan, 2008). Crucially, boys who witness their fathers abusing their mothers are significantly more likely to become perpetrators themselves, while girls are more likely to become victims, thus perpetuating the **intergenerational cycle of violence** (Kitzmann et al., 2003).
- **Societal Costs:** The economic burden on society is immense, encompassing costs related to healthcare, criminal justice, social services, and lost productivity in the workforce (Duvvury et al., 2013).

## 2.8 Risk and Protective Factors: A Multi-Level Analysis

Using the Ecological Model, we can categorize the factors that increase vulnerability to violence (risk factors) and those that buffer against it (protective factors).

### 2.8.1 Individual and Relationship Level Factors

- **Risk Factors:**

- *Perpetrator:* Low education, childhood exposure to violence, harmful use of alcohol/drugs, attitudes condoning violence, and antisocial personality traits.
- *Victim/Survivor:* Young age, pregnancy, high dependency, and a history of childhood abuse.
- *Relationship:* Marital conflict, male control of wealth and decision-making, and economic stress.

- **Protective Factors:**

- High levels of education for both partners.
- A woman's economic autonomy and access to employment.
- Strong, equitable communication and conflict-resolution skills within the relationship.

### 2.8.2 Community and Societal Level Factors

- **Risk Factors:**

- *Community:* Poverty, high unemployment, weak community sanctions against violence (i.e., it is seen as a "private matter"), and low social cohesion.
- *Societal:* Patriarchal social norms that ascribe dominance to men and submission to women; laws that discriminate against women in marriage, divorce, and property rights; and weak enforcement of existing laws against domestic violence.

- **Protective Factors:**

- Community intolerance for violence against women.
- Gender-equitable social norms.
- Strong legal frameworks that criminalize all forms of VAW and ensure survivor access to justice.
- The presence of accessible and quality support services (shelters, counseling, legal aid).

## 2.9 Systemic and Institutional Responses: A Critical Review

The journey of a survivor seeking help is often shaped—and sometimes shattered—by the systems designed to protect them.

### 2.9.1 The Justice System

Formal justice systems are frequently a site of re-traumatization for survivors. Common failures include:

- **Police:** Victim-blaming attitudes, failure to take complaints seriously, and treating domestic violence as a "family dispute" rather than a crime.
- **Courts:** Lengthy and complex legal processes, the high cost of litigation, insensitive questioning by lawyers and judges, and lenient sentencing for perpetrators that fails to provide a sense of justice or safety.

In Ethiopia, despite progressive laws like the 2005 Criminal Code which criminalizes marital rape and harmful traditional practices, enforcement remains weak. Many women, particularly in rural areas, have limited knowledge of their rights or access to the formal legal system (UN Women, 2020).

### 2.9.2 The Health Sector

Healthcare providers are often the first and only point of professional contact for survivors. However, they are frequently unprepared. Lack of routine screening for IPV, inability to recognize the signs of abuse, and a narrow focus on treating physical injuries while ignoring the psychological and social context represent significant missed opportunities for early intervention and referral (García-Moreno et al., 2015).

### 2.9.3 Social Service Systems

There is a critical shortage of specialized services for survivors, especially in low-resource settings like Ethiopia. The lack of safe shelters, affordable counseling, and comprehensive legal and economic advocacy services leaves women with nowhere to turn. This service gap is a direct consequence of chronic underfunding and a lack of political prioritization of the issue.

## **2.10 Intervention and Prevention Strategies: From Response to Transformation**

Addressing a problem as complex as domestic violence requires a multi-pronged, multi-level approach that moves beyond crisis intervention to encompass primary prevention and long-term societal transformation. Strategies can be categorized using the public health model of primary, secondary, and tertiary prevention.

### **2.10.1 Primary Prevention: Stopping Violence Before It Starts**

Primary prevention aims to prevent the first occurrence of violence by addressing its root causes, particularly gender inequality and harmful social norms.

**School-Based Education:** Programs that teach adolescents and young people about healthy relationships, consent, gender equality, and conflict resolution skills are critical. These initiatives, such as the "Safe Dates" program, have shown success in changing attitudes and reducing perpetration (Foshee et al., 2004).

**Community Mobilization and Social Norms Change:** Large-scale programs like SASA! from Uganda have demonstrated that it is possible to change community attitudes and norms that condone violence. By engaging entire communities—including men, women, religious leaders, and local officials—in critical reflection about power, gender, and violence, SASA! achieved significant reductions in the social acceptance of IPV and in the experience of physical IPV among women (Abramsky et al., 2014).

**Engaging Men and Boys:** Transforming patriarchal masculinity is a cornerstone of prevention. Programs that work with men and boys to promote positive, equitable, and non-violent masculinities are essential. These initiatives challenge the belief that men must be dominant and that violence is an acceptable expression of manhood (Flood & Pease, 2018).

### **2.10.2 Secondary Prevention: Early Intervention and Response**

These strategies target individuals and relationships where violence has already occurred or where risk factors are high, with the aim of preventing its recurrence and escalation.

**Health Sector Response:** Training healthcare providers to identify, inquire, and respond to domestic violence is a vital secondary prevention strategy. The WHO recommends the LIVES model (Listen, Inquire, Validate, Enhance safety, Support) for first-line support. Integrating

routine, universal enquiry about IPV into reproductive health, HIV, and mental health services can connect survivors to support early (WHO, 2013).

**Specialized Justice Responses:** The creation of specialized domestic violence courts, victim-centered policing protocols, and robust protection order systems can improve survivor safety and perpetrator accountability. However, their effectiveness is highly dependent on proper funding, training, and coordination with service providers.

**Crisis Intervention Services:** Immediate, life-saving services such as 24-hour hotlines, emergency shelters (refuges), and crisis counseling provide a critical safety net for women and children fleeing violence. These services are chronically underfunded but remain a cornerstone of the response infrastructure.

### **2.10.3 Tertiary Prevention: Long-Term Support and Recovery**

Tertiary prevention focuses on long-term support in the aftermath of violence to mitigate its lasting consequences and prevent re-victimization.

**Trauma-Informed Counseling and Support Groups:** Long-term mental health support is crucial for healing from the complex trauma of domestic violence. Support groups provide peer validation and reduce the isolation that abusers enforce.

**Economic and Housing Empowerment:** Sustainable independence for survivors requires economic stability. Programs that offer financial literacy training, microloans, job skills training, and transitional or permanent housing support are fundamental to breaking the cycle of abuse and poverty (Puri et al., 2021).

**Batterer Intervention Programs (BIPs):** These programs aim to change perpetrators' abusive behaviors. The most effective BIPs are coordinated with the justice system, hold perpetrators accountable, and are based on a feminist-informed understanding of power and control, rather than generic anger management (Gondolf, 2002). Their efficacy varies widely, and they should never be presented as a substitute for survivor safety measures.

### **2.10.4 The Ethiopian Policy Landscape and Implementation Gaps**

Ethiopia has made notable legal and policy strides. The Revised Family Code (2000) raised the legal age of marriage and promoted gender equality within marriage. The Criminal Code (2005)

criminalized marital rape and harmful traditional practices like FGM. The 1993 Constitution guarantees equality, and the government has developed a National Policy on Women and a National Action Plan on Gender-Based Violence.

However, a significant implementation gap persists. As noted by UN Women (2020), "the existence of laws has not always translated into effective protection for women and girls." Key challenges include:

**Lack of Awareness:** Many women and community leaders, particularly in rural areas, are unaware of the laws.

**Weak Enforcement:** Police and judicial officials may lack training or may themselves hold traditional beliefs, leading to poor enforcement and victim-blaming.

**Inadequate Funding:** The national budget allocated for implementing GBV action plans and funding essential services like shelters is insufficient.

**Harmful Traditional Practices:** Deeply entrenched practices like child marriage and FGM continue, often with community sanction, undermining the power of formal laws.

## **2.11 Conclusion and Identification of Research Gaps**

This literature review has established that domestic violence against women is a complex, multi-faceted phenomenon rooted in historical and structural gender inequality. It is not a private issue but a public crisis with devastating consequences for women's health, children's development, and societal well-being. The review has traced the evolution of our understanding from a narrow focus on physical abuse to a comprehensive model of coercive control, and has applied multi-level theoretical frameworks to explain its persistence.

The evidence is clear: effective responses must be equally multi-faceted, combining strong legal frameworks, accessible survivor-centered services, economic empowerment, and, most importantly, community-wide programs that transform the patriarchal norms which fuel the violence. The Ethiopian context exemplifies both the promise of progressive policy and the profound challenges of implementation in a setting of pervasive poverty and deeply ingrained traditional values.

Despite the wealth of research synthesized in this chapter, significant knowledge gaps remain, pointing to critical areas for future inquiry:

**Research on Underserved Populations:** There is a paucity of research on the experiences of domestic violence among specific groups in Ethiopia, such as women with disabilities, elderly women, refugees and internally displaced persons, and women in same-sex relationships.

**Economic Costing Studies:** Rigorous studies calculating the full economic cost of domestic violence to the Ethiopian economy—in terms of healthcare, lost productivity, and social service burdens—are needed to galvanize greater political will and resource allocation.

**Implementation Science and Impact Evaluation:** More research is needed to evaluate the real-world impact of Ethiopia's GBV policies and action plans. Why do implementation gaps persist? What are the specific barriers to enforcement at the local level? There is also a need for rigorous, localized impact evaluations of specific intervention models, such as adaptations of the SASA! approach in the Ethiopian cultural context.

**Perpetrator Research:** Far less is known about perpetrators in the Ethiopian context than about survivors. Research into the pathways to perpetration, the effectiveness of local BIPs, and the factors that lead some men to reject violence despite being raised in the same patriarchal culture is crucial.

**Technology and Innovation:** Research is needed on the emerging role of technology—both as a tool for abuse (e.g., mobile phone stalking) and as a potential solution (e.g., mobile apps for safety planning and service access) in the Ethiopian context.

## **CHAPTER THREE: Research methods**

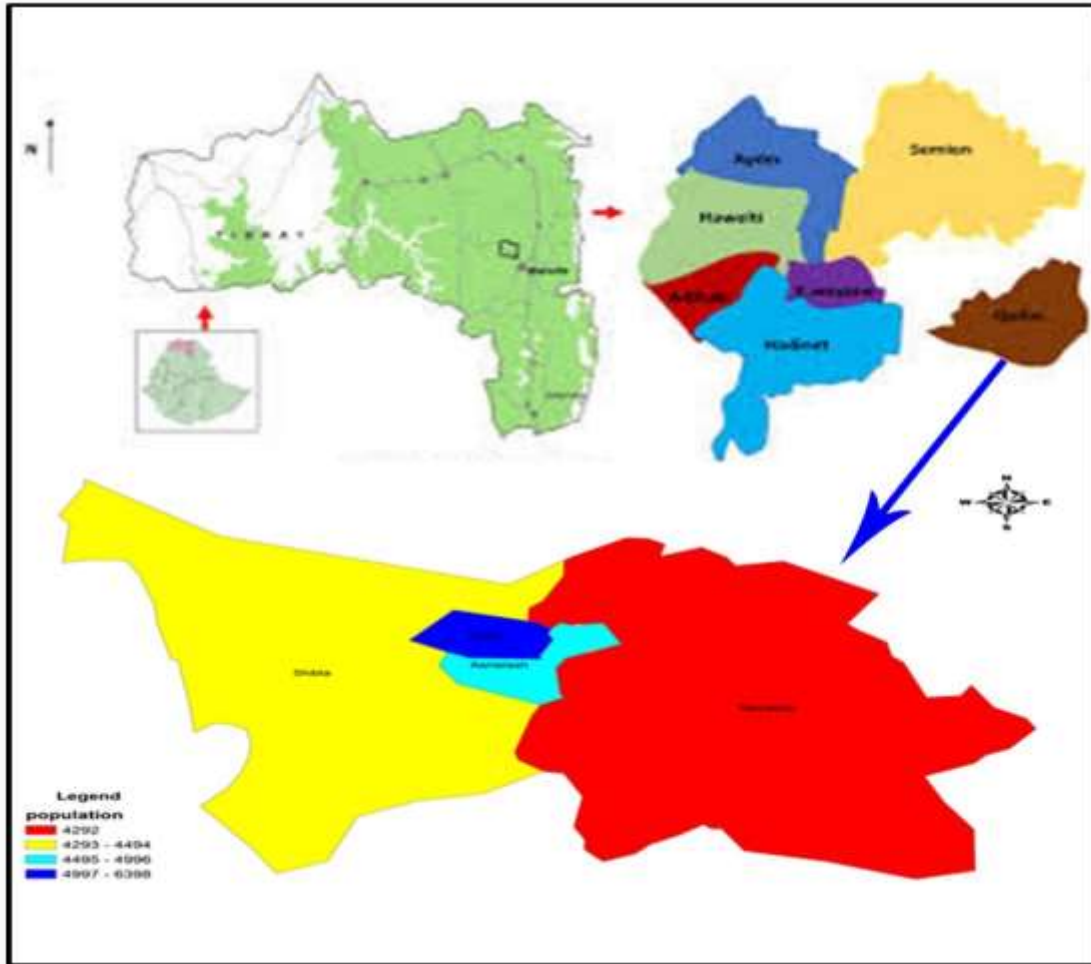
### **3. Introduction**

This chapter provides details of the methodology that employed research design, description of the study areas, population of the study, sample size and technique, Eligibility Criteria for Selection Research Participants, data collection instruments, data collection procedure, data methods of analysis and ethical considerations.

### **3.1 Description of the Study Area**

The study was conducted in **Quiha Sub-City**, located in the southeastern part of Mekelle City, Tigray region, Northern Ethiopia. Quiha is approximately 12 km from the city center of Mekelle and 771 km from the national capital, Addis Ababa. Geographically, it lies between 13°28'56''N latitude and 39°31'59''E longitude, at an elevation of 2,300 meters above sea level, enjoying moderate climate throughout the year. The sub-city has a population of approximately 55,000 residents.

Quiha is a heterogeneous community, with residents migrating from various parts of the region and the country. The local economy comprises government employment, small businesses, self-employment, farming, and industrial activities. The sub-city is particularly known for its textile factories, including MAA Garment, Itaca, and DBL. The selection of Quiha Sub-City for this study is based on its diverse population, the presence of both urban and peri-urban communities, and documented instances of domestic violence and GBV. The area represents a microcosm of broader societal patterns of violence against women, making it suitable for an in-depth exploration of causes, consequences, and mitigation strategies.



*Source: Quiha sub-city planning and finance bureau, 2015.*

### 3.2 Research Design

This study employed a **qualitative research design**, which is appropriate for exploring complex social phenomena such as domestic violence. Qualitative research allows for in-depth understanding of participants' experiences, perspectives, and contextual factors influencing violence (Patton, 2002). The study combined **in-depth interviews, key informant interviews, focus group discussions, and document analysis** to obtain comprehensive insights into domestic violence against women in Quiha Sub-City.

### 3.3 Target Population

The study targeted **women at risk of or exposed to domestic violence** residing in Quiha Sub-City. Women were classified based on the following criteria:

1. **High-risk women:** Women with previous exposure to physical, emotional, sexual, or economic abuse, or those living in households with known history of violence.
2. **Moderate-risk women:** Women showing early indicators of abuse, such as marital conflict, economic dependence, or social isolation.
3. **Low-risk women:** Women without reported experience of violence or identified risk factors.

In addition to women survivors and those at risk, **key informants** such as police officers in gender desks, social workers, NGO representatives, and court personnel were included to provide institutional perspectives on domestic violence and available support services.

### 3.4 Sampling Technique and Sample Size

The study focused on women at risk of domestic violence and survivors of gender-based violence (GBV) living in Quiha Sub-City, Mekelle. The target population was identified based on specific criteria, including women who had experienced any form of physical, sexual, emotional, or economic abuse, or those considered at high risk due to socio-demographic factors such as economic dependence, marital conflict, or previous exposure to violence. The selection of participants was guided by the need to include women capable of expressing their experiences comprehensively, providing rich qualitative data for the study.

A purposive sampling technique was employed to identify participants who could provide in-depth information on the causes and consequences of domestic violence. Purposive sampling is widely used in qualitative research when the researcher aims to select respondents based on judgment regarding their relevance to the research questions (Patton, 1990; Kamuzora, 2008). In this study, women survivors, local officials, police officers in gender desks, social workers, and representatives from NGOs dealing with women and children were purposively selected to pro-

vide detailed insights into domestic violence patterns, risk factors, and service provision challenges in the sub-city.

The sample size consisted of 50 participants, which was determined using the principle of saturation, a common practice in qualitative research. Saturation occurs when additional interviews or discussions no longer provide new information relevant to the research objectives (Furaha, 2004). This size was sufficient to capture diverse perspectives while ensuring manageable and in-depth analysis of the data.

### **3.5 Data collection employed both primary and secondary sources:**

#### **3.5.1 Primary Data**

1. **In-Depth Interviews:** Conducted with women survivors of domestic violence to elicit detailed information about their experiences, emotional responses, and coping mechanisms. Each interview lasted approximately one hour and was audio-recorded with consent (Holland, 2004).
2. **Key Informant Interviews:** Eight interviews were conducted with officials from police, women and children's affairs, social welfare departments, and NGOs. These interviews provided expert knowledge about the prevalence, risk factors, and interventions addressing domestic violence in the sub-city (Mikkelsen, 2005).
3. **Focus Group Discussions (FGDs):** Two FGDs were conducted, each with 6–8 women residing in Quiha Sub-City. The FGDs encouraged dialogue about shared experiences and community perceptions of domestic violence. Sessions lasted approximately 90 minutes and were audio-recorded (Burgess & Bedford, 2001).

#### **3.5.2 Secondary Data**

Secondary data were collected through **document analysis**, including journal articles, theses, government reports, policy documents, international conventions, and organizational guidelines. This allowed triangulation of findings and provided broader contextual understanding of domestic violence.

### **3.6 Data Collection Procedure**

Data collection followed systematic procedures to ensure reliability, validity, and ethical considerations. Interviews and FGDs were conducted in private, safe, and convenient locations, ensuring participants felt free to express themselves. The researcher acted as a facilitator, promoting open dialogue without domination or bias. Each in-depth interview lasted approximately one hour, while FGDs lasted about 90 minutes. Key informant interviews were scheduled based on participants' availability. Audio recordings and detailed field notes were taken to support accurate transcription and analysis.

### **3.7 Data Analysis**

Data were analyzed using **thematic analysis**, which involves identifying, analyzing, and reporting patterns (themes) in qualitative data. Transcripts from interviews and FGDs were reviewed repeatedly, coded, and organized into themes aligned with the study objectives. **Content analysis** was also applied to secondary data to extract relevant information from documents. Findings were presented narratively, with direct quotations from participants and tables to illustrate patterns. This approach ensured coherence between the research questions, data, and interpretations, allowing a comprehensive understanding of the causes, consequences, and mitigation strategies for domestic violence in Quiha Sub-City.

### **3.8 Ethical consideration**

Regarding the autonomy of the participants, it should be realized that women fall under the category of diminished autonomy. Relevant information on the purpose of the study; the potential risks and benefits of participating in the study; its duration and for what purpose the study is used to be clearly be communicated with the participants. Respondents were also be informed that any information they provide were confidential when the respondents of the research are shared with the scientific community. Furthermore, it was also being mentioned to respondents that their names has not be disclosed in the report.

Participants of the study were told that they are free to decide to participate or not and have all the rights to refuse answering to whole or to parts of questions. They were also be informed that they can withdraw from participation at any point in time. Finally, those who can read and wrote read the consent form and give or deny their consent. For those respondents who can't read and write the researcher were read it for them and they were give their consent to participate or not.

Regarding beneficence of participants the researcher would try to minimize all potential risks and maximize all potential benefits of participating in the study. In terms of promoting justice, there was no discrimination or sort of judgment among participants and views during data collection, analysis, and presentation.

## **CHAPTER FOUR : Data Analysis and Interpretation**

### **4.1 Introduction**

This chapter presents the analysis and interpretation of data collected from the respondents through interviews, focus group discussions, and documentary reviews. The aim is to understand the causes, consequences, and responses to domestic violence against women and girls in Quiha town. Data were collected from a total of 50 respondents, including both males and females, to provide a broader understanding of domestic violence from multiple perspectives. The inclusion of male respondents is critical as it allows the study to capture the experiences, attitudes, and behaviors of men in relation to domestic violence, consistent with prior research emphasizing that men's perspectives are essential for comprehensive interventions (Jewkes, 2002; Heise & Garcia-Moreno, 2002).

The chapter is organized as follows: Section 4.2 discusses the demographic characteristics of respondents, while Sections 4.3 and 4.4 examine the causes and consequences of domestic violence. Section 4.5 discusses gaps in service provision for survivors of gender-based violence (GBV) in health facilities. Throughout the analysis, data are triangulated with existing literature and relevant theoretical frameworks, including feminist theory and ecological models of domestic violence (Bronfenbrenner, 1979; Walby, 2004).

### **4.2 Demographic Characteristics of the Respondents**

Understanding the demographic characteristics of respondents provides contextual insight into their experiences and perceptions of domestic violence. The study considers gender, marital status, age, and education as key variables.

#### **4.2.1 Gender of the Respondents**

The study included 50 respondents, of whom 13 (26%) were male and 37 (74%) were female (Table 4.1). While the study primarily focuses on women at risk, male respondents were included to understand household dynamics and the contribution of men to domestic violence, as supported by previous studies emphasizing the importance of men's engagement in domestic violence research (Flood & Pease, 2009).

#### **Table 4.1 Gender of the Respondents**

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<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Male	13	26%
Female	37	74%
Total	50	100%

Source. Own Survey, 2025

The higher proportion of female respondents reflects the direct experience of women as victims, while the male respondents provide insight into patterns of perpetration and societal attitudes that contribute to domestic violence. This aligns with ecological theories suggesting that domestic violence arises from interactions between individual, relational, and societal factors (Heise, 1998).

#### **4.2.2 Marital status of the Respondents**

Marital status has important implications for domestic violence, as marital dynamics often influence both risk and reporting of abuse. Respondents were categorized as single, married, or divorced. Results indicate that 26% were single, 32% married, and 42% divorced (Table 4.2).

**Table 4.2 Marital status of the Respondents**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Single	13	26%
Married	16	32%
Divorced	21	42%
Total	50	100%

Source. OWN SURVEY, 2025

The relatively high proportion of divorced respondents may indicate the long-term impact of domestic violence, consistent with studies showing that domestic violence often results in separation or divorce (Walby & Allen, 2004). Divorce may also exacerbate economic and social vulnerabilities, particularly for women, increasing the importance of protective interventions.

### 4.2.3 Age of the Respondents

This study solicited information on the age of the respondents. Age determines maturity and understanding of issues of the respondents. In this study, 46% of the respondents were of the age 20 – 29 years, 38% were of the age 30-39, while 8% were of the age 40-49. However, 6% had the age of 50-59, and 2% had the age of 60-69. Result in Table 4.3 indicates that, majority of the respondents were 20 – 29. Some male and female under the age of 20 to 39 have experienced domestic violence in their marriages/ families.

**Table 4.3 Age of the Respondents**

<b>GENDER</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
20-29	23	46%
30-39	19	38%
40-49	4	8%
50-59	3	6%
60 <	1	2%
TOTAL	50	100%

Source. OWN SURVEY, 2025

The concentration of respondents in the 20–39 age range reflects the period in which women are most likely to be involved in marital and family life, which is consistent with global trends indicating that younger women face higher rates of domestic violence (WHO, 2013).

### 4.2.4 Level of Education of the Respondents

The research believes education is very important factors which enable respondents to provide accurate and relevant information related to domestic violence. In this study 30% of respondents had primary education level, 32% of respondents have attained secondary education level, 28% of respondents had college education level and 10% of respondents had university education level (Table 4.4).

**Table 4.4: Education Level of Respondents**

<b>Qualification</b>	<b>Frequencies</b>	<b>Percentages</b>
Primary school	15	30%

Secondary school	16	32%
College education	14	28%
University	5	10%
Total	50	100%

**Source:** OWN SURVEY, 2025

The data suggest that the majority of respondents have at least secondary education, which may enhance their ability to articulate experiences and seek assistance. Previous research highlights that higher education levels correlate with increased awareness of women’s rights and reduced tolerance for violence (Yodanis, 2004).

**4.3 Causes of Domestic Violence against Women and girls**

Domestic violence against women and girls in Quiha is a multidimensional problem with multiple interrelated causes. Based on the survey, interviews, and literature review, the main contributing factors include financial issues, drunkenness, jealousy, family conflict, and dominance of men. The study triangulates respondents’ perspectives with global literature to contextualize these findings.

**4.3.1 Financial Issues**

Economic instability was identified as the most dominant cause of domestic violence. About 60% of respondents indicated financial problems as the primary trigger of domestic disputes. Poverty and lack of income undermine family stability and create stress, which may escalate into violence (Jewkes, 2002; Heise & Garcia-Moreno, 2002). In Quiha, women often contribute to household sustenance, but when men fail to provide adequate financial support, women experience both economic and psychological abuse.

Participants noted that financial control is a mechanism of power, consistent with feminist theory, which posits that patriarchal structures often manifest in controlling behaviors over women’s access to resources (Dobash & Dobash, 1979). Some women reported being denied

money for household needs or healthcare, reflecting economic violence as a key component of domestic abuse.

#### **4.3.2 Drunkenness**

Alcohol consumption was frequently cited as a factor triggering aggression. Respondents reported that excessive drinking exacerbates men's violent behavior, consistent with international studies linking alcohol misuse to intimate partner violence (Gorman et al., 1998; Foran & O'Leary, 2008).

Women reported being physically and psychologically harassed by intoxicated partners. Alcohol not only contributes to violent acts but also diminishes men's financial responsibility, reinforcing economic stressors that lead to domestic violence. The ecological framework highlights that substance abuse interacts with societal norms and individual behaviors to produce higher rates of domestic violence (Heise, 1998).

#### **4.3.3 Family Conflicts**

Conflict within the family was identified as another critical cause. In the survey, 42% of respondents indicated that disagreements escalating without mediation often led to violence. Family conflict is linked to negative outcomes such as divorce, psychological distress, and breakdown of parental relationships, corroborating findings by Bickerdike et al. (2014).

These conflicts are often intensified by cultural norms that tolerate male dominance and discourage women from asserting their rights, consistent with feminist and ecological perspectives (Walby, 2004; Bronfenbrenner, 1979).

#### **4.3.4 Dominance of Men**

Traditional gender norms in Quiha often assign men a dominant role within the household. Several respondents emphasized that men enforce authority by controlling women's daily activities, labor, and decision-making. This aligns with social learning theory, which suggests that culturally reinforced gender roles contribute to violent behaviors (Bandura, 1977).

One participant described that her husband expected her to perform both farm and household work while he did minimal chores, illustrating the structural inequalities that underpin domestic violence. Such dominance perpetuates physical, economic, and psychological abuse.

#### **4.3.5 Jealousy**

Jealousy, particularly around extramarital affairs or social interactions, was identified as a contributing factor. Respondents reported that men often resort to physical violence in response to perceived threats to their authority or relationships. This is consistent with the intimate terrorism model, where violence is used to maintain control over a partner (Johnson, 2008).

Jealousy often intersects with financial dependence and male dominance, creating a compounded risk for women. Women who engage in economic activities, such as selling goods, may face violence if these activities challenge male authority or provoke suspicion.

**Triangulation:** These findings align with global research, highlighting that domestic violence is influenced by economic stress, alcohol abuse, family conflict, gender inequality, and jealousy (WHO, 2013; Walby & Allen, 2004).

### **4.4 Consequences of Domestic Violence against Women**

Domestic violence has profound effects on victims, children, and the family system. The study categorizes consequences into psychological, economic, child-related, family, and health impacts.

#### **4.4.1 Psychological Impact**

Most respondents reported psychological effects, including depression, anxiety, fear, and low self-esteem. Victims often experience isolation and reduced social interaction.

The feminist and ecological perspectives suggest that psychological harm results from both individual trauma and societal norms that normalize violence against women (Walby, 2004). Victims of domestic violence in Quiha reported diminished confidence, echoing findings from

Canada and Australia, where mental health challenges among survivors are well-documented (Day, 1995; Australian Bureau of Statistics, 2012).

#### **4.4.2 Economic Consequences**

Domestic violence adversely affects women's economic participation. Respondents indicated reduced productivity, inability to pursue employment, and financial dependency. Economic consequences are compounded by medical costs for injuries and loss of household income.

This aligns with global literature showing that intimate partner violence results in significant economic losses, both at the individual and societal levels (Kishor & Johnson, 2004). Women who face violence are less able to achieve financial independence, perpetuating cycles of poverty and vulnerability.

#### **4.4.3 Impact on Children**

Children witnessing domestic violence experience emotional, cognitive, and behavioral challenges. Respondents noted effects such as poor academic performance, aggression, and diminished emotional security.

According to Walby (2004) and WHO (2013), exposure to domestic violence increases the likelihood of children replicating violent behaviors in adulthood. Boys may adopt aggression as a means of control, while girls may accept victimization as a normalized part of intimate relationships.

#### **4.4.4 Impact on the Family**

Domestic violence undermines family stability by contributing to divorce, property disputes, and strained relationships. Respondents indicated that families suffer socially and economically when violence disrupts household functioning.

Triangulated evidence from the ecological model highlights that family-level dysfunction interacts with community and societal factors, reinforcing patterns of abuse (Heise, 1998).

#### 4.4.5 Health Consequences

Physical injuries, chronic illnesses, and reproductive health problems were reported as consequences. Health impacts extend to mental health, with victims experiencing stress-related illnesses, trauma, and reduced overall well-being (Campbell et al., 2002).

### 4.5 Gaps in Service Provision for GBV Survivors in Health Facilities

In Quiha, health facilities face challenges in providing comprehensive care for GBV survivors, particularly in the context of ongoing conflict and humanitarian crises. Key gaps include:

- **Service Accessibility:** Limited operational capacity due to infrastructure damage and resource shortages.
- **Service Quality:** Inadequate training, insufficient privacy, and shortage of essential medicines, including post-exposure prophylaxis (PEP).
- **Psycho-social Support:** Limited mental health services constrain survivors' recovery and reintegration.
- **Referral Systems:** Weak coordination between health, legal, and social services hinders holistic support.
- **Community Outreach:** Low awareness and reduced engagement prevent survivors from accessing available services (UNFPA, 2020; WHO, 2013).

Addressing these gaps requires multi-sectoral collaboration, capacity building, and integration of community-based approaches to ensure survivors' protection and rehabilitation. The ecological model emphasizes that interventions must address individual, relational, and societal levels to be effective (Heise, 1998).

## **CHAPTER FIVE: Conclusion and Recommendation**

### **5.1. Summary of Major Findings**

This study investigated the causes and consequences of domestic violence against women and girls in Quiha Sub-City, Mekelle, using a qualitative approach with 50 participants. The findings revealed that domestic violence is a complex phenomenon shaped by multiple interconnected factors. Among the primary causes, financial issues and economic dependence emerged as the most frequently reported drivers. Poverty and household economic stress were found to trigger conflicts, with men often using control over household finances as a means of power and coercion. This economic control trapped women in abusive relationships, as they lacked alternative sources of income or financial independence. Alcohol abuse was another significant factor, frequently exacerbating aggressive behavior and lowering inhibitions, which led to both physical and psychological abuse.

Cultural and social norms that reinforce male authority and female submission were also critical contributors. Men's perceived right to control women's movements, social interactions, and decision-making fostered environments conducive to abuse. Jealousy and mistrust, often related to perceived threats to male authority or women's economic activities, further fueled violent behaviors. Additionally, the study highlighted a pervasive lack of awareness among both men and women regarding legal rights and what constitutes abuse. Coupled with a high level of social acceptance of domestic violence, these factors normalized abusive behavior as part of marital life or a husband's prerogative.

The consequences of domestic violence were found to be profound and multi-dimensional. Psychologically, survivors reported chronic anxiety, depression, fear, loss of confidence, and social isolation, all of which hindered their ability to function effectively. Physically, women suffered injuries and long-term health complications, compounded by the stress of continuous abuse. Economically, domestic violence limited women's participation in income-generating activities, reducing productivity, increasing medical expenses, and reinforcing cycles of poverty and dependency. Children exposed to domestic violence experienced behavioral problems, emotional distress, and poor academic performance, while the family unit itself faced destabilization through divorce, separation, and intergenerational transmission of violence.

The study also identified significant gaps in service provision. Health facilities in Quiha lacked adequate resources, trained personnel, and privacy protocols to effectively identify, treat, and refer survivors of gender-based violence (GBV). Essential services, such as psychosocial support and post-exposure prophylaxis, were often unavailable. Moreover, weak coordination among health services, police, legal aid, and social welfare agencies left survivors navigating a fragmented, and sometimes re-traumatizing, system.

## **5.2. Conclusion**

In conclusion, domestic violence against women and girls in Quiha Sub-City is a pervasive and multifaceted issue rooted in patriarchal norms, economic deprivation, and harmful cultural practices. Key drivers, including financial strain, alcohol abuse, and male dominance, are reinforced by a lack of community awareness regarding women's rights and the unacceptability of violence. The repercussions extend beyond individual survivors, negatively affecting children's psychological well-being and destabilizing the family and community. Current institutional responses are insufficient, as gaps in health service provision and the lack of integrated support systems fail to protect survivors or facilitate recovery, inadvertently perpetuating cycles of violence. Addressing domestic violence in Quiha requires a holistic strategy that goes beyond legal frameworks to transform the underlying social, economic, and cultural conditions that sustain abuse.

## **5.3. Recommendations**

Based on the study findings, several multi-level recommendations are proposed.

**A. For Government and Policy Makers:** Programs aimed at economic empowerment are critical, including vocational training, microfinance opportunities, and support for small businesses to reduce women's financial vulnerability. Legal and institutional frameworks should be strengthened through rigorous enforcement of existing GBV laws and continuous, mandatory training for police, judges, and healthcare workers on survivor-centered, gender-sensitive approaches. Funding should also be allocated to establish integrated support services that seamlessly link health care, psychosocial counseling, legal aid, and safe shelters.

**B. For Community and Awareness-Raising Actors (NGOs, Women’s Affairs Office):**

Comprehensive community awareness campaigns should be launched to educate women and girls about their legal and human rights, engage men and boys in dialogues to challenge harmful gender norms, and publicly condemn domestic violence to shift social attitudes from acceptance to accountability. Campaigns should leverage multiple channels such as local radio, community meetings, religious institutions, and schools to ensure wide and culturally relevant reach.

**C. For the Health Sector:**

Health workers should be trained in the WHO LIVES model (Listen, Inquire, Validate, Enhance safety, Support) to confidentially identify, support, and refer GBV survivors. Health facilities must be equipped with essential resources, including post-exposure prophylaxis (PEP) kits, and private consultation spaces to ensure safety and confidentiality for survivors.

**D. For Future Research:**

Further studies should assess the economic cost of domestic violence on households and the local economy to inform policy decisions. Research is also needed to evaluate the effectiveness of specific interventions, such as the “SASA!” community mobilization approach, in the cultural context of Tigray. Finally, understanding the perspectives and pathways of perpetrators can guide the development of more effective prevention and rehabilitation strategies. Implementing these recommendations can help reduce domestic violence, empower women, and strengthen family and community resilience.

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# APPENDICES

## APPENDIX I: INTERVIEW FOR POLICE OFFICE

### A: INTRODUCTION

My name is Ashenafi H/kiros, a student at the Mekelle University of Tigray conducting a study on the “Assessment on Causes and consequences of domestic violence against to women’s and girls: the case of Quiha sub city”. You’re kindly requested to respond to this questionnaire, fill in as much information as you can. The accuracy of the information you provide highly determines the reliability of the study.

**Thank you in advance for your unreserved cooperation!!!**

1. How old are you?
2. Tell me about your educational level?
3. What is your employment status?
4. What is your job title and in which section do you work?

Job Title \_\_\_\_\_ Section \_\_\_\_\_

### B: GENERAL INFORMATION ABOUT RESPONDENTS

5. Can you briefly describe your work and area of responsibility? What is the process for becoming a prosecutor?

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6. What are the causes of women violence do you prosecute a year?

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7. (a) How many women affected involving husband/wife or intimate partner's violence that your office handles?

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(b) Can you estimate how many cases of domestic violence are reported in your district each year? How many cases of domestic violence are charged in your district each year?

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8. Does your office initiate measures to address domestic violence to women?

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6. (i) Where do they report the cases of domestic violence to women?

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.....  
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7. (a) What are the consequences of domestic violence to women experienced by women in residential care?

.....  
.....  
.....

8. Do you have specific strategies to mitigate domestic violence against women?

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## APPENDIX III:INTERVIEW FOR WOMEN AFFAIRS

### INTRODUCTION

My name is Ashenafi H/kiros, a student at the Mekelle University of Tigray conducting a study on the “Assessment on Causes and consequences of domestic violence against to women’s and girls: the case of Quiha sub city.”. You’re kindly requested to respond to this questionnaire, fill in as much information as you can. The accuracy of the information you provide highly determines the reliability of the study.

**Thank you in advance for your unreserved cooperation!!! .**

1. How old are you?

2. Tell me about your educational level?

3. What is your employment status?

4] What are the main causes of domestic violence to women in the society?

a] .....

b] .....

c].....

d].....

e] .....

5] (i)What are the consequences of domestic violence to women experienced in residential care?

a] .....

b] .....

c].....

e] .....

6] describe the recent condition of lacking service provision for GBV survivors at health facility?

a].....

.....

.....

7] What would be suggest possible strategies to mitigate domestic violence against to women?

.....

.....

.....

## **APPENDIX IV:**

### **INTERVIEW GUIDE FOR OFFICERS FROM DOCTORS, NURSES AND COUNSELORS**

#### **INTRODUCTION**

My name is Ashenafi H/kiros, a student at the Mekelle University of Tigray conducting a study on the “Assessment on Causes and consequences of domestic violence against to women’s and girls: the case of Quiha sub city”. You’re kindly requested to respond to this questionnaire, fill in as much information as you can. The accuracy of the information you provide highly determines the reliability of the study.

**Thank you in advance for your unreserved cooperation!!! .**

#### **A. QUESTIONS WITH REGARD TO SERVICE PROVISION BY ONE STOP CENTERS**

(The researcher/assistant self-introduction and purpose of the study)

1. Please briefly tell me about yourself and your role in this office.
2. What are the major causes of domestic violence to women?
- 3a. what social responses are in place to address consequences of domestic violence to women?

- b. what are the strengths of those social responses to violence against them?
- 4. How does your office provide services/support to women with extremely violence?
- 5. What is your recommendation for improvement of these measures of domestic violence to women?

**APPENDIX V:INTERVIEW FOR VIOLATED WOMEN**

**INTRODUCTION**

My name is Ashenafi H/kiros, a student at the Mekelle University of Tigray conducting a study on the“Assessment on Causes and consequences of domestic violence against to women’s and girls: the case of Quiha sub city.”. You’re kindly requested to respond to this questionnaire, fill in asmuch information as you can. The accuracy of the information you provide highly determines the reliability of the study.

**Thank you in advance for your unreserved cooperation!!!**

- 1. How old are you?
- 2. Tell me about your educational level?
- 3. What is your employment status?
- 4.What are the main causes of domestic violence to women in the society?
  - a].....
  - b].....
  - c].....
  - d].....
  - e].....
- 5] (i)What are the effects of domestic violence to women experienced in residential care?

a].....

b].....

c].....

e].....

6 ] List down measures to address domestic violence for the government ministries to improve future life for women violated?

a].....

b].....

c].....

d].....

e].....

7] What do you suggest strategies mitigate of domestic violence as you are violated women?

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## **APPENDIX Vi: FOCUS GROUP DISCUSSION GUIDE FOR WOMEN AND GIRLS**

### **INTRODUCTION**

My name is Ashenafi H/kiros, a student at the Mekelle University of Tigray conducting a study on the “Assessment on Causes and consequences of domestic violence against to women’s and girls: the case of Quiha sub city”. You’re kindly requested to respond to this questionnaire, fill in as much information as you can. The accuracy of the information you provide highly determines the reliability of the study.

**Thank you in advance for your unreserved cooperation!!!**

#### **A. QUESTIONS WITH REGARD TO SERVICE PROVISION BY PARTNERS**

(The researcher/assistant self-introduction and purpose of the study followed by introduction from the participants)

1. What are the main causes related to violence to women in Quiha?
2. What are the main consequences you are facing as women?
3. What do think they are common form of domestic violence?

4. How describe the recent condition of lacking service provision for GBV survivors at health facility?

5. list same possible strategies to mitigate domestic violence against to women?

**መመላ እ ታታት**

**መመላ እ ታ I: መክተቲ ንቤት ጽሕፈት ፖሊስ**

**መጻሕፍት: መቀተዊ**

አሸናፊ ሃ/ኪሮስ ይበሃል አብ መቐለ ዩኒቨርስቲ ትግራይ ተማሃራይ “ገምጋም አብ ጠንቅን ሰዕቤንን ዘቤታዊ ዓመጽ አብ ልዕሊ ደቂ አንስትዮን አዋልድን፡ ጉዳይ ክፍለ ከተማ ኩሓ” ብዝተባህረ ኣርእስቲ መፅናዕቲ ይገብር ኣለኹ። ነዚ መክተቲ’ዚ መጻሕፍት ክትህቡ፣ ብዝተኸለለ ኩም መገን ሓበሬታ ክትመልኡ ብትሕትና ንሓትት። ትኸክለኛ ን ትናይቲ እትህቡዎ ሓበሬታን ተአመን ን ትናይቲ መጽናዕቲ ኣዝዩ ይውስኖ።

**ንምትሕብባር ኩምጽ ቐዲምና ነ መካግን!!!**

- 1. ዕድመኽ ክንደይ እዩ?
- 2. ብዘዕባ ደረጃ ትምህርትኽን ገረኒ?
- 3. ናይ ስራሕ ኩነታትኽ እንታይ እዩ?
- 4. መዓርግ ስራሕኽ እንታይ እዩ ኣብ ኣዩናይ ክፍሊ ድማትሰርሕ?

መዓርግ ስራሕ \_\_\_\_\_ ክፍሊ \_\_\_\_\_

ለ: ሓፈሻዊ ሓበሬታ ብዘዕባ መጻሕፍት ዝሃቡ ሰባት

5. ስራሕኽን ሓላፍነት ከለካ ዓውዲን ሕጽር ዝበለ ክትገልጽ ትኸእል ዲኽ? ኣኸባር ሕጊ ናይ ምኽን መከላከል እንታይ እዩ?

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6. ጠንቂ ዓመጽ ደቂ አንስትዮ እንታይ እዮም?

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7. (ሀ) ቤት ጽሕፈትኩምዝሕዛ፡ ክንደይ ደቂ ኣንስትዮ'የን ብዓመጽ ሰብኣይ/ሰበይቲ ወይ ናይ ቀረባ መጻምድቲ ዝተጎደኣ?

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(ለ) ኣብ ኣወራጃኻ ኣብ ዓመት ክንደይ ናይ ጾታዊ ዓመጽ ከምዝሕበር ክትግምት ትኸእል ዲኻ? ኣብ ኣወራጃኻም ኣብ ዓመት ክንደይ ጉዳያት ጾታዊ ዓመጽ ይኸሰቱ?

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8. ቤት ጽሕፈትኩም ኣብ ልዕሊ ደቂ ኣንስትዮ ዝፍጹም ጾታዊ ዓመጽ ንምፍታሕ ስጉምታት ተወሲዶም?

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**መጫ እታታት ii መክተቲ ን ሓለፍቲ መክበራዊ ድሕነት**

አሸናፊ ሃ/ኪሮስ ይበሃል አብ መቐለ ዩኒቨርስቲ ትግራይ ተማሃራይ “ገምጋም አብ ጠንቅን ሰዕቤንን ዘቤታዊ ዓመጽ አብ ልዕሊ ደቂ አንስትዮን አዋልድን፡ ጉዳይ ክፍለ ከተማ ኩሐ” ዝብል አርእስቲ መጻፍ ሰቲይገ ብርአላኹ። ነዚ መክተቲ’ዚ መጻሲ ክትህቡ፣ ብዝተኸለ ኩም መጠን ሓበሬታ ክትመልኡ ብትሕትና ንሓትት። ትኸክለኛን ትናይቲእትህቡዎ ሓበሬታን ተአማን ን ትናይቲ መጽናዕቲ አዝዩ ይወስኖ።

**ንምኡሕብባር ኩምአ ቐዲምና ነ መኻግን!!!**

- 1. ዕድመኻ ክንደይ እዩ?
- 2. ብዘዕባ ደረጃ ትምህርትኻ ንገረኒ?
- 3. ናይ ስራሕ ኩነታትኻ እንታይ እዩ?
- 4. አብቲ ሕብረተሰብ አብ ልዕሊ ደቂ አንስትዮ ጾታዊ ዓመጽ ዘስዕብ ጠንቂ አሎድዩ?

እወ [ ] አይፋልን [ ] እወ እንተኾይኑ ከመይ?

ሀ,.....  
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ለ,.....  
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ሐ,.....  
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5. እቶምል መዳት ዓይነታት ግህሰትን ምዘመኻ ን እንታይ እዮምአለዉ?

6. (i) ንደቂ አንስትዮ ጾታዊ ዓመጽ ዝምልከት ጉዳያት አበይ ይሕብሩ?

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7. (U)አብ መንበሪ ክንክን ዝርከባ ደቂ ኣንስትዮ ዘጋጥሞ ጾታዊ ዓመጽ ኣብ ልዕሊ ደቂ ኣንስትዮ እንታይ ሳዕቤን ኣለዎ?

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8. ኣብ ልዕሊ ደቂ ኣንስትዮ ዝፍጸም ጾታዊ ዓመጽ ን ምቅላል ፍሉይ ስትራቴጂታት ኣለኩምድዩ?

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**መላእታ III፡ ሕቶታት ን ጉዳይ ደቂ ኣንስትዮ**

ኣሸናፊ ሃ/ኪሮስ ይበሃል ኣብ መቐለ ዩኒቨርስቲ ትግራይ ተማሃራይ “ገምጋም ኣብ ጠንቅን ሳዕቤንን ዘቤታዊ ዓመጽ ኣብ ልዕሊ ደቂ ኣንስትዮን ኣዋልድን፡ ጉዳይ ክፍለ ከተማ ኩሓ” ዝብል ኣርእስቲ መጻኖ ዕቲይገ ብርክላሎ፡ ነዚ መኻተቲ’ዚ መጻሊ ክትህቡ፡ ብዝተኻእለ ኩም መጠን ሓበሬታ ክትመልኡ ብትሕትና ንሓትት። ትኸክለኛን ትናይቲእ ትህቡዎ ሓበሬታን ተኣማንን ትናይቲ መጽናዕቲ ኣዝዩ ይወስኖ።

**ንምቅሕብባር ኩም ጭዳምና ነ መኻግን!!!**

- 1. ዕድመኻ ክንደይ እዩ?
- 2. ብዘዕባ ደረጃ ትምህርትኻ ንገረኒ?
- 3. ናይ ስራሕ ኩነታትኻ እንታይ እዩ?
- 4. ቀንዲ ጠንቂ ጾታዊ ዓመጽ ኣብ ልዕሊ ደቂ ኣንስትዮ ኣብቲ ሕብረተሰብ እንታይ እዮም?

ሀ,.....  
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ለ,.....  
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ሐ,.....  
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መ,.....  
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ሠ,.....  
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5] (ጾታዊዎች አብተን አብ መንበሪ ክንክን ዘጋጥመን ደቂ ኣንስትዮ እንታይ ሳዕቤን ኣለዎ?

ሀ,.....  
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ለ,.....  
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ሐ,.....  
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መ,.....  
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6] ኣብ ቀረባ እዋን ኣብ ትካል ጥዕና ንዝደሓኑ ካብ GBV ዝደሓኑ ኣገ ልግሎት ኣገ ልግሎት ዘይምህላውዝገ ልጽ ኩነታት ይገልጹ?

ሀ,.....  
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7] ኣብ ልዕሊ ደቂ ኣንስትዮ ዝፍጹም ጾታዊዎች ንምቅላል ክህልዉ ዝኽእሉ ስትራቴጂታት እንታይ እዮም?

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**መላእክታራብዓይ፤ ማዕርሒቃለ መክትት ንሓለፍቲ ካብሓካይም ነርስታትን ኣማኸርትን**

ኣሸናፊ ሃ/ኪሮስ ይበሃል ኣብ መቐለ ዩኒቨርስቲ ትግራይ ተማሃራይ “ገምጋም ኣብ ጠንቅን ሳዕቤንን ዘቤታዊ ዓመጽ ኣብ ልዕሊ ደቂ ኣንስትዮን ኣዋልድን፡ ጉዳይ ክፍለ ከተማ ኩሓ” ዝብል ኣርእስቲ መፅናዕቲ ደገብ ኣለኹ። ነዚ መክተቲ’ዚ መጻሕፊ ክትህቡ፣ ብዝተኸለኸለ ኩም መጠን ሓበሬታ ክትመልኡ ብትሕትና ንሓትት። ትኸክለኛ ነ ትናይቲእትህቡዎሓበሬታን ተኣማን ነ ትናይቲመጽናዕቲ ኣዝዩ ይወስኖ።

**ንምትሕብባር ኩምኣ ቐዲምና ነ መካግን!!!**

ሀ/ ብሓይ ደውዝበለ መጻኸላት ዝወሃብ ኣገልግሎት ብዝምልከት ዝቐርቡ ሕቶታት (ተመራመራ/ተሓጋጋዚ ዓርሰ ምልላይን ዕላማን እቲ መፅናዕቲ)

1. ብዘዕባ ነ ብስኽን ኣብዚ ቤት ጽሕፈት ዘለካ ተራን ብሕጽር ዝበለ ንገረኒ?
2. ቀንዲ ጠንቅታት ጸታዊ ዓመጽ ኣብ ልዕሊ ደቂ ኣንስትዮ እንታይ እዮም?
- 3ሀ. ሳዕቤናት ጸታዊ ዓመጽ ኣብ ደቂ ኣንስትዮ ንምፍታሕ እንታይ መክበራዊ መጻስታት ኣለዉ?
- ለ. እቶም ኣብ ልዕሊኡ ምን ዝፍጸምዎም ዝህቡ መክበራዊ ምላሽ እንታይ ጥንካረታት ኣለዎም?
4. ቤት ጽሕፈት ኩምን ኣዝዩ ዓመጽ ዘለዉን ደቂ ኣንስትዮ ብኸመይ ኣገልግሎት/ደገፍ ይህቡ?

5. ነ ዘ ምስ ጉምታት ጾታዊ ዓመጽ ኣብ ልዕሊ ደቂ ኣንስትዮ ን ምምሕያሽ ዝሃ ብካዮ ማዕዳ እንታይ እዩ?

**መላእታ V: መኻተቲ ጽሑፍ ን መጥቃዕቲ ደቂ ኣንስትዮ**

ኣሸናፊ ሃ/ኪሮስ ደበሃል ኣብ መቐለ ዩኒቨርስቲ ትግራይ ተማካራይ “ጉምታት ኣብ ጠንቅን ሰዕቤንን ዘቤታዊ ዓመጽ ኣብ ልዕሊ ደቂ ኣንስትዮን ኣዋልድን፡ ጉዳይ ክፍለ ከተማ ኩሓ” ዝብል ኣርእስቲ መጻኖ ዕቲይ ገብር ኣለኹ። ነዚ መኻተቲ’ዚ መልሲ ክትህቡ፣ ብዝተኻእለ ኩም መጠን ሓበሬታ ክትመልኡ ብትሕትና ንሓትት። ትኸክለኛ ነ ትናይቲ እትህቡዎ ሓበሬታን ተኣማን ነ ትናይቲ መጽናዕቲ ኣዝዩ ይወስኖ።

**ን ምኻሕብባር ኩምኡ ቐዲምና ነ መኻግን!!!**

1. ዕድመኻ ክንደይ እዩ?
2. ብዘዕባ ደረጃ ትምህርትኻ ንገረኒ?
3. ናይ ስራሕ ኩነታትካ እንታይ እዩ?
4. ኣብቲ ሕብረተሰብ ኣብ ልዕሊ ደቂ ኣንስትዮ ዝፍጸም ጾታዊ ዓመጽ ቀንዲ ጠንቅታት እንታይ እዮም?

ሀ,.....  
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ለ,.....  
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ሐ,.....  
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መ,.....  
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ሠ,.....  
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5] (i) ጾታዊ ዓመጽ አብተን አብ መንበሪ ክንክን ዘጋጥመን ደቂ አንስትዮ እንታይ ሳዕቤን ኣለዎ?

ሀ,.....  
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ለ,.....  
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ሐ,.....  
.....

መ,.....  
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6,ን መጺ ስትሪታት መንግስቲ ን ዝፍጸም ጾታዊ ዓመጽ ን ምፍታሕ ዝሕግዙ ስጉምታት ምዘርዘር ን መጻኢ ህይወት ናይተን ዝተጋህሳ ደቂ አንስትዮ ን ምምሕያሽ?

ሀ,.....  
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ለ,.....  
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ሐ,.....  
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መ,.....  
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7]ን መጥቃዕቲ ዓመጽ ዘቃልሉ ስትሪተጂታት እንታይ ትመሻሩ?

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**መጫ እታ Vi: መጥር ሒዘተ ጉጅለ ትኸረት ንደቂ ኣንስትዮን ኣዋልድን**

ኣሸናፊ ሃ/ኪሮስ ይበሃል ኣብ መቐለ ዩኒቨርስቲ ትግራይ ተመሃራይ “ግምገም ኣብ ጠንቅን ሰዕቤንን ዘቤታዊ ዓመጽ ኣብ ልዕሊ ደቂ ኣንስትዮን ኣዋልድን፡ ጉዳይ ክፍለ ከተማ ኩሓ” ዝብል ኣርእስቲ መጻኖ ዕቲይገ ብርኣለኹ። ነዚ መኻተቲ’ዚ መጻሲ ክትህቡ፣ ብዝተኸእለ ኩም መጠን ሓበሬታ ክትመልኡ ብትሕትና ንሓትት። ትኸክለኛ ነ ትናይቲእ ትህቡዎ ሓበሬታን ተኣመን ነ ትናይቲ መጽናዕቲ ኣዝዩ ይውስኖ።

**ንምኻሕብባር ከምኡ ቐዲምና ነ መኻግን!!!**

ሀ. ጉጅለ ዝወሃብ ኣገልግሎት ብዝምልከት ዝቐርቡ ሕቶታት (ተመራመሪ/ተሓጋጋዚ ባዕሉ ምልላይን ዕላማን እቲ መጻኖ ዕቲይ ስዒቡ ካብ ተሳተፍቲ መጽተዊ)

1. ኣብ ኩሓ ኣብ ልዕሊ ደቂ ኣንስትዮ ዝፍጸም ዓመጽ ዝተኣሳሰሩ ቀንዲ ጠንቅታት እንታይ እዮም?
2. ከምደቂ ኣንስትዮ ዘጋጥሙም ዘሎ ቀንዲ ሰዕቤናት እንታይ እዮም?

3. ልመድ መልክዕ ንመጥቃዕቲ ዓመጽ እንታይ ይመስለኩም?

4. ኣብ ቀረባ እዋን ኣብ ትካል ጥዕና ንዝደሓኑ ካብ GBV ዝደሓኑ ኣገልግሎት ኣገልግሎት ዘይምህላውኩም ይግለጽ?

5. ኣብ ልዕሊ ደቂ ኣንስትዮ ዝፍጸም ንመጥቃዕቲ ዓመጽ ንምቅላል ተመሳሳሊ ክኾኑ ዝኽእሉ ስትራቴጂታት ዘርዝሩ?