



**HAWASSA UNIVERSITY, SCHOOL OF GRADUATE STUDIES,
COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCES,
DEPARTMENT OF PSYCHOLOGY MA IN SOCIAL PSYCHOLOGY**

**PSYCHOLOGICAL DISTRESS AND COPING MECHANISMS OF
SEXUALLY ABUSED FEMALE CHILDREN: THE CASE OF
ASSOCIATION FOR WOMEN'S SANCTUARY DEVELOPMENT (AWSAD)
SHELTER HOME IN HAWASSA CITY**

MA. THESIS

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MAY, 2024

HAWASSA, ETHIOPIA

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**A THESIS SUBMITTED TO THE DEPARTMENT OF PSYCHOLOGY SCHOOL OF
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DECLARATION

This study, entitled "**Psychological distress and coping mechanisms of sexually abused female children in the AWSAD shelter home,**" is my original work and has not been presented in any other university. I have duly acknowledged all sources of material used in the study.

Name of Student

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Board of Examiner's Approval Sheet

We, the undersigned, members of the Board of Examiners of the final open defense by Mr. Henock Haile have read and evaluated his thesis entitled "**Psychological distress and coping mechanisms of sexually abused female children in the Association for Women's Sanctuary Development (AWSAD) shelter home in Hawassa City.**" and examined the candidate. This is therefore, to certify that the thesis has been accepted in partial fulfillment of the requirements for the Master of Arts degree in Social Psychology.

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TABLE OF CONTENTS

ACKNOWLEDGMENTS	i
ABSTRACT	ix
CHAPTER ONE:.....	1
1. INTRODUCTION	1
1.1 Background of the Study	1
1.2 Statement of the Problem	3
1.3 Research Questions	5
1.4 Research Objectives	6
1.4.1 General Objective.....	6
1.4.2 Specific Objectives.....	6
1.5 Significance of the Study	6
1.6 Scope of the Study.....	7
1.7 Limitations of the Study	7
1.8 Operational Definition of Key Terms	8
CHAPTER TWO:.....	9
2. REVIEW OF RELATED LITERATURE.....	9
2.1 The Concept of Child Sexual Abuse	9
2.2 The Global Situation of Female Sexually Abused Children	10
2.3 Sexually Abused Female Children’s Situation in Ethiopia	10
2.4 The Concept and Definition of Psychological Distress.....	11
2.5 Theoretical Review of Psychological Distress	12

2.5.1	Medical Model	12
2.5.2	Psychodynamic Theory	13
2.5.3	Cognitive Theory	13
2.5.4	Interpersonal Theory	14
2.6	Relationship of Psychological Distress and Female Sexually Abused Children	14
2.7	The Prevalence of Psychological Distress among Female Sexually Abused Children	15
2.8	The Relationship between Socio Demographic Characteristics and Psychological Distress among Female Sexually Abused Children	16
2.9	Trauma and Psychological Distress among Sexually Abused Children	17
2.10	The Coping Mechanism of Female Sexually Abused Children	18
2.11	Conceptual Framework of the Study	19
CHAPTER THREE:		21
3.	RESEARCH METHODOLOGY	21
3.1	Research Design	21
3.2	Study Area	21
3.3	Study Population	22
3.4	Sample and Sampling Procedure.....	22
3.5	Data Collection Procedure.....	23
3.6	Data Collection Instruments	23
3.6.1	Questionnaire	24
3.6.2	Interview	25
3.7	Pilot Test.....	26

3.8	Data Analysis	27
3.8.1	Quantitative Data Analysis.....	27
3.8.2	Qualitative Data Analysis	27
3.9	Ethical Considerations.....	27
CHAPTER FOUR:		28
4.	RESULTS OF THE STUDY.....	29
4.1	Socio-demographic Characteristics of Participants.....	29
4.2	Prevalence Level of Sexually Abused Female Children’s Psychological Distress.....	30
4.3	Distribution of Traumatic Experiences and Symptoms	32
4.4	Relation between Traumatic Experience and Psychological Distress.....	34
4.5	Types of Coping Mechanisms Used by Respondents	37
4.6	Effectiveness of the Coping mechanisms.....	40
CHAPTER FIVE		42
5.	DISCUSSION.....	43
5.1	Prevalence of Psychological Distress among Sexually Abused Female Children.....	43
5.2	The Relationship between Trauma and Psychological Distress.....	44
5.3	Coping Mechanisms Used by Sexually Abused Female Children.....	45
5.4	The effectiveness of Coping Mechanisms.....	46
CHAPTER SIX.....		48
6.	SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	48
6.1	Summary	48
6.2	Conclusions	49

6.3 Recommendations 49

REFERENCES 51

APPENDICES 58

 APPENDIX A: English Version Questionnaire 58

 APPENDIX B: Interview Guide for Abused Female Children 65

 APPENDIX C: Interview Guide for Key Informants 67

LIST OF TABLE

Table 1: Cronbach's alpha for each field of the questionnaire.....	26
Table 2: Socio-demographic characteristic of the respondents	29
Table 3: The respondents' level of psychological distress.	31
Table 4: Inter-correlations of the study variables	35
Table 5: Types of commonly used coping strategies	38

LIST OF FIGURE

Figure 1: Conceptual frameworks of the study 20

Figure 2 Distribution of traumatic experiences and symptoms in percentile 32

ACRONYMS

APA = American Psychological Association

AWSAD = Association for Women's Sanctuary Development

BoWCYA = Bureau of Women, Children and Youth Affairs

CSA = Child Sexual Abuse

DSM = Diagnostic and Statistical Manual for Mental Disorders

GBV = Gender Based Violence

K10 = Kessler's 10-Item Psychological Distress Scale

MOLSA = Ministry of Labor and Social Affairs

PTSD = Post Traumatic Stress Disorder

SPSS = Statistical Package for the Social Sciences

UNICEF = United Nations Children's Fund

UNODC = United Nations of Drugs and Crime

WHO = World Health Organization

ABSTRACT

This study was aimed to investigate the prevalence of psychological distress and coping mechanisms among sexually abused female children in the AWSAD shelter home in Hawassa City. A descriptive cross-sectional study design was employed, and data were collected from 60 participants using Kessler-10, Post-traumatic Stress-Checklist 5 (PCL-5), and Brief Coping-28. The participants' ages ranged from 6-18 years, and data were analyzed using Statistical Package for Social Science (SPSS) version 26. The results revealed a high prevalence of psychological distress (55%) among sexually abused female children. The Pearson correlation model showed a strong positive correlation between psychological distress and traumatic experiences ($r = 0.815, p < 0.05$). Additionally, there was a positive correlation between psychological distress and coping mechanisms ($r = 0.280, p < 0.05$), age ($r = 0.308, p < 0.05$), and education level ($r = 0.368, p < 0.01$). However, there was a weak negative correlation between psychological distress and employment ($r = -0.031, p < 0.80$). The study also found that the highest mean score for adaptive coping strategies was for religion or spiritual beliefs ($M=3.62, SD=0.715$) and doing something to think about it less ($M=3.58, SD=0.907$). The lowest mean score for an adaptive coping strategy was for accepting the reality ($M=1.95, SD=1.333$). The most commonly used maladaptive coping strategies were criticizing oneself ($M=3.28, SD=1.166$), self-blame ($M=3.25, SD=1.174$), and denial ($M=2.18, SD=1.308$). In conclusion, the study found a high prevalence of psychological distress among sexually abused female children, despite their use of adaptive coping mechanisms. Therefore, comprehensive and specialized support programs within shelter homes are essential to minimize further mental health problems.

Keywords: *Psychological distress, trauma, coping mechanisms, sexually abused female children.*

CHAPTER ONE:

1. INTRODUCTION

1.1 Background of the Study

The issues of child abuse and violence have become a major concern and global issue during the last few decades. This pressing issue is acknowledged to impede the normal growth and development of children, thereby, representing a significant social and health challenge. Child abuse is a pervasive type of human rights violation that infringes upon the fundamental freedoms of children. The core of child abuse comprises a range of elements, primarily including sexual, physical, psychological, and neglectful components. Child sexual abuse is a worldwide issue, with cases escalating in various countries. Jemal (2012) contends that child sexual abuse often remains concealed, despite its significant occurrence and only a minor fraction of cases are reported to the authorities. The settings where child sexual abuse occurs are typically assumed to be secure, such as homes, schools, and recreational facilities (Munro, 2000). It is rare for children to disclose instances of sexual abuse.

Child sexual abuse is a traumatic incident that can have enduring effects on the mental health of victims. Burgić (2020), points out that sexually abused children are at a heightened risk of experiencing psychological distress, including depression, anxiety, and post-traumatic stress disorder (PTSD). The effects of sexual abuse can be compounded by other factors, such as lack of social support, feelings of shame, and stigma (Rahm et al., 2013).

Psychological distress is essentially defined as an unpleasant emotional state that individuals experience in response to a particular stressor or demand, and it may cause temporary or lasting harm to the person (Ridner, 2004). According to clinical definitions, psychological distress is characterized by depressive

symptoms such as sadness and despair, as well as anxiety symptoms such as restlessness and tension (Mirkowsky & Ross, 2002). Studies indicate that sexually abused children are at an elevated risk of developing psychological issues, such as depression, anxiety, and post-traumatic stress disorders, as noted by Burgić (2020). Additionally, research suggests that sexually abused children may experience long-term effects in their lives, including relationship issues, difficulty trusting others, stress, persistent anxiety, tension, phobias, fear of intimacy, and destructive behaviors such as abusive relationships. Survivors of abuse also frequently internalize negative messages and blame themselves following the abuse (King, 2009).

Sexual exploitation of children is a widespread issue in Ethiopia, and the lack of economic power and inadequacies in the child protection systems contribute to the problem. In Addis Ababa, an estimated 30 percent of girls between the ages of 12 and 26 have experienced sexual abuse. This abuse can have a devastating impact on children's physical and psychological health, and can lead them to end up in child-care centers [Ministry of Labor and Social Affairs (MOLSA, 2005)]. The psychological aftermath of sexual abuse is extensive and can lead to severe mental health problems like anxiety, depression, and addiction (Street Invest London, 2011).

Coping mechanisms are strategies employed by individuals to manage stress and trauma (Burgić, 2020). These mechanisms can be adaptive or maladaptive, and their effectiveness is influenced by various factors such as personality, stressor nature, and availability of social support. Burgić (2020) has reported that coping mechanisms used by sexually abused children include avoidance, dissociation, and self-blame. However, the effectiveness of these coping mechanisms is dependent on several factors such as personality, stressor nature, and availability of social support.

The Association for Women's Sanctuary and Development (AWSAD) is a shelter for survivors of violence situated in the center of Hawassa City, Ethiopia. Survivors of violence, including sexual abuse, can find solace in shelters like AWSAD that offer housing and support services. Research has shown

that female survivors of sexual abuse are at a higher risk of developing psychological distress, depression, anxiety, post-traumatic stress disorder (PTSD), and somatic symptoms (Rahm et al., 2013). Studies conducted in Ethiopia have confirmed that gender-based violence is associated with mental health disorders and often results in depressive symptoms (Gelaye et al., 2009). The high prevalence of child sexual abuse in Ethiopia, and the lack of research on the psychological distress and coping mechanisms of sexually abused female children in Ethiopia, particularly in the Hawassa area, incited the researcher to conduct a study on the topic of psychological distress and coping mechanisms of sexually abused female children in the AWSAD shelter home.

1.2 Statement of the Problem

Child Sexual Abuse (CSA) is a pervasive global issue that affects millions of children, with a greater proportion of girls. The severe and long-lasting consequences of CSA on survivors include psychological distress, depression, anxiety, post-traumatic stress disorder (PTSD), and somatic symptoms (Onyishi, 2020). In comparison to males, female survivors of CSA are at a higher risk of developing psychological distress and other mental health problems (Trickett et al., 2011). A study conducted in a health maintenance organization (HMO) setting in Nigeria revealed that women with a history of CSA had elevated levels of psychological distress (Onyishi, 2020).

Child Sexual Abuse (CSA) is a significant problem in Ethiopia, with an estimated prevalence of 15.6% among girls and 7.6% among boys [Central Statistical Agency and (CSA & ICF International, 2016). This means that one in every seven girls and one in every ten boys in Ethiopia will experience CSA at some point in their lives. However, there is a paucity of empirical research on the psychological distress and coping mechanisms of female sexually abused children in Ethiopia. A few studies have looked at the prevalence of psychological distress in female sexually abused children, but have not specifically focused on the psychological distress and coping mechanisms of such children in shelter homes, resulting in a lack of understanding about the prevalence of psychological distress, the relationship

between traumatic experiences and psychological distress, and the effectiveness of coping mechanisms used by sexually abused female children in Ethiopia.

A study conducted in Jimma town showed that the prevalence of violence among high-school children was 62.5% (Alemayehu et al., 2022). Nonetheless, this study did not concentrate specifically on female sexually abused children or examine the prevalence of psychological distress. A study conducted in six fistula-management-focused hospitals located in the Southern Nations, Nationalities, and Peoples' Region (SNNPR), Addis Ababa, Harar, Tigray, Amhara, and Oromia regions in Ethiopia found that women with fistula have a significantly higher incidence of symptoms of psychological distress such as depression and anxiety (Belayihun et al., 2019). The aim of this study was to assess the effects of surgical repair of obstetric fistula on the severity of depression and anxiety in women with obstetric fistula in Ethiopia. However, the study did not concern specifically on female sexually abused children. Furthermore, an additional investigation was carried out on secondary school adolescents in Mekelle town, located in North Ethiopia. This study disclosed that the occurrence of psychological distress among participants was found to be 34.9% (Haftom, 2020). The study indicates a significant occurrence of psychological distress among adolescents in secondary school. It also identifies several factors that are significantly associated with psychological distress, including being female, current alcohol use, sexual abuse, physical fighting, and bullying. These findings have implications for the mental health and well-being of adolescents in school settings. It highlights the need for interventions and support systems to address and prevent psychological distress among adolescents, particularly targeting the identified risk factors. Additionally, the study emphasizes the importance of creating a safe and supportive school environment to promote positive mental health outcomes for adolescents. However, it is important to mention that this research was predominantly focused on secondary students and did not place specific emphasis on female children who have been sexually abused and currently reside in shelter homes.

The Association for Women's Sanctuary Development (AWSAD) shelter home in Hawassa offers rehabilitation assistance to female sexually abused children. Nonetheless, there is a lack of research on the prevalence of psychological distress and coping mechanisms of female sexually abused children. Existing studies have focused on the general prevalence of violence and psychological distress among adolescents, but have not specifically addressed the experiences of female children who have been sexually abused and are residing in shelter homes. Therefore, this study was aimed to evaluate the level of psychological distress and coping mechanisms of sexually abused female children in the AWSAD shelter home in Hawassa City.

1.3 Research Questions

This study specifically sought to address the following research questions:

1. What is the prevalence of psychological distress among sexually abused female children in the AWSAD shelter home in Hawassa?
2. Is there a statistically significant relationship exists between socio-demographic variables and the experience of trauma with psychological distress among sexually abused female children residing in the AWSAD shelter home in Hawassa?
3. What are the coping mechanisms used by sexually abused female children in the AWSAD shelter home in Hawassa?
4. How effective are the coping mechanisms used by sexually abused female children in the AWSAD shelter home in Hawassa?

Therefore, conducting a study on the psychological distress and coping mechanisms of sexually abused female children is essential to comprehend the prevalence of psychological distress, the relationship of traumatic experiences and psychological distress among victims, examine the relationship between socio-demographic characteristics, traumatic experiences, and psychological distress, as well as to

identify the coping mechanisms used by these children and assess their effectiveness.

1.4 Research Objectives

1.4.1 General Objective

The general objective of this study was to assess the prevalence of psychological distress and coping mechanisms of female sexually abused children in the Association for Women's Sanctuary Development (AWSAD) shelter home in Hawassa City.

1.4.2 Specific Objectives

The specific objectives of this study are:

1. To assess the prevalence of psychological distress among sexually abused female children in the AWSAD shelter home in Hawassa.
2. To investigate the relationship between socio-demographic characteristics and experience of trauma with psychological distress among sexually abused female children in the AWSAD shelter home in Hawassa.
3. To identify the coping mechanisms used by sexually abused female children in the AWSAD shelter home in Hawassa.
4. To assess the effectiveness of the coping mechanisms used by sexually abused female children in the AWSAD shelter home in Hawassa.

1.5 Significance of the Study

The study was aimed to increase awareness regarding the prevalence of psychological distress among sexually abused female children in Ethiopia. To this end, the study finding would provide valuable insights into the effectiveness of support services provided by AWSAD shelter home in Hawassa City,

which can be utilized to improve the quality of services provided to victims. Furthermore, the study will identify coping mechanisms used by sexually abused female children in the AWSAD shelter home in Hawassa City. These findings would be used to develop evidence-based interventions that are tailored to the needs of victims. Moreover, the study could inform policy development on child protection and welfare in Ethiopia, and the findings would be used to develop policies and guidelines for the prevention of child sexual abuse and the protection of victims. Finally, the study would contribute to the existing literature on the prevalence of psychological distress and coping mechanisms of female sexually abused children in Ethiopia. The findings of this study would be used to inform future research on the topic.

1.6 Scope of the Study

The main objective of the research was to investigate the psychological distress experienced by female children who have been subjected to sexual abuse. Additionally, the study aimed to explore the connection between trauma and psychological distress, as well as analyze the coping mechanisms utilized by these children. It also assessed the effectiveness of these coping strategies. The research was delimited to female children who are survivors of sexual abuse residing in the AWSAD shelter home, in Hawassa, Ethiopia

1.7 Limitations of the Study

The main objective of the study was to examine the prevalence of psychological distress, the correlation between psychological distress and traumatic events, and the coping strategies used by girls who have suffered from sexual abuse. However, there are certain limitations to this study. One of the limitations is that the study focused exclusively on a single shelter home in Hawassa, Ethiopia, which means that generalizing the findings to other shelter homes or situations might be challenging. In different shelter homes or areas, sexually abused female children may have different experiences and coping approaches.

The complexity and intricacy of psychological distress and coping mechanisms presented difficulties in fully understanding the entire range of experiences and strategies. This challenge was further improved when analyzing these dynamics within a specific context such as a shelter home. The cultural and contextual factors unique to Ethiopia have the potential to influence the experiences of sexually abused girls and their coping mechanisms. However, the research may not encompass these factors comprehensively, which limits our understanding of the broader context.

1.8 Operational Definition of Key Terms

Coping mechanisms: In this study, coping mechanisms are defined as the strategies used by female sexually abused children to manage the psychological distress associated with child sexual abuse and measured by Brief Cope-28 (Carver et al., 1997).

Psychological distress: In this study, it is defined as a range of negative emotional and psychological symptoms that can result from the major traumatic event of child sexual abuse; including depression and anxiety, and measured with Kessler-10 (K-10) (Kessler & Mroczek 1994).

Sexual Abuse: In this study, it is defined as any sexual activity between a child and an adult or an older child that is intended for the sexual gratification of the perpetrator or involves coercion or force. It is a significant risk factor for psychological distress among female children.

Socio-demographic characteristics: The study was referring to the self-report of sex, age, marital status, educational status, religion, income, and residence of the respondents.

Traumatic experiences: The study defines traumatic experiences as the extent to which an individual has been significantly affected in the past month due to a distressing event they experienced. This was assessed using the PTSD Checklist for DSM-5 (PCL-5) (Bovin et al., 2016).

CHAPTER TWO:

2. REVIEW OF RELATED LITERATURE

This chapter provides an overview of the literature on psychological distress, focusing on the relationship between traumatic events and psychological distress, as well as coping mechanisms among sexually abused female children. The chapter is divided into three parts. The first part examines the global and local context of sexual abuse and its impact on female children. The second part delves into the definition and theoretical frameworks of psychological distress. Finally, the last part reviews studies on psychological distress, the connection between traumatic events and psychological distress, particularly in the context of sexually abused female children, and the coping mechanisms employed by these children.

2.1 The Concept of Child Sexual Abuse

Child sexual abuse can take many different forms, and it can be difficult to define due to the range of behaviors, frequency, settings, and relationships involved. Different organizations and investigators have different definitions of child sexual abuse, but all definitions have two main components: child-related sexual activity and abusive situations that indicate a lack of consent, such as compulsion or a significant age difference between the participants (Jonzon, 2006). Examples of sexual acts that can occur between a child and an adult include open mouth kissing, caressing, fondling, and manipulating the genitalia, anus, or breasts with the fingers, lips, tongue, or with an object (Whealin, 2006).

Sexual abuse can involve sexual activity, and children may be compelled to engage in sexual activity with an adult or older child instead of being touched themselves. The literatures agree that child sexual abuse is any act or circumstance that has a sexual meaning and an adult or a younger person intentionally deploying a child to gratify their own sexual needs.

2.2 The Global Situation of Female Sexually Abused Children

Child sexual abuse is a global issue that cannot be ignored. An analysis of 65 research studies from 22 countries, conducted in 2009 at the University of Barcelona, revealed that it is prevalent in many countries around the world, with Africa having the highest prevalence rate of child sexual abuse and Europe having the lowest. Females are more likely to experience child sexual abuse than males [World Health Organization [WHO, 2004].] The issue's prevalence in the general female population ranges from 15% to 33% and from 35% to 75% in female clinical samples (Polnsny & Follette; Rind et al., 1998 as cited Binega et al., 2014). The situation is worse in underdeveloped countries, particularly in Sub-Saharan Africa (Yemataw, 2009). Many children do not disclose their abuse due to embarrassment, normalization of the abuse, and fear of consequences. According to Wihbey (2011), Europe, America, and Asia had prevalence rate of 9.2%, 10.1%, and 23.9%, respectively. With regards to females, seven countries reported prevalence rates as being more than one fifth i.e., 37.8% in Australia, 32.2% in Costa Rica, 31% in Tanzania, 30.7% in Israel, 28.1% in Sweden, 25.3% in the US, and 24.2% in Switzerland and the highest prevalence rate of CSA was seen in Africa 34.4% (Wihbey, 2011).

2.3 Sexually Abused Female Children's Situation in Ethiopia

Ethiopia has a high prevalence of sexual abuse of minors, with little difference between urban and rural areas and various ethnic and traditional groups. Research investigation on sexual violence among female high school students in Debarq, north-west Ethiopia show that Sixty two percent of the respondents having heard of young girls experiencing sexual abuse. 65.3% of respondents reported experiencing sexual violence (Worku and Addisie, 2002). Additionally, one government hospital in Addis Ababa received 214 reports of allegedly mistreated children under the age of 15 over the course of a year, with 74% of these cases being sexual abuse (Ababa et al., 2019).

On the other side the study conducted in Hawassa city on 251 night school students found that 72 (14%)

of the students reported experiencing rape at least once in their lifetime. Among these, 14 (19.4%) were victims of rape (Medhanit, 2010).

However, the prevalence of sexual abuse in Ethiopia is based on self-reported data, which may be subject to recall bias and under-reporting. Also some other studies are small-scale investigations, which do not provide comprehensive examination of the extent and nature of child sexual abuse in the general population.

2.4 The Concept and Definition of Psychological Distress

Psychological distress is a complex concept that is often used interchangeably with terms like strain, stress, and distress. However, it is important to define psychological distress as a distinct concept in order to effectively manage the victims. According to Drapeau, et al (2012), the expression "psychological distress" is often used to refer to undifferentiated combinations of symptoms ranging from depression and anxiety to personality traits, functional disabilities, and behavioral problems. On the other hand, Ridner (2004) defines psychological distress as a unique, discomforting, emotional state experienced by an individual in response to a specific stressor or demand that results in harm, either temporary or permanent, to the person.

According to the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V), psychological distress that occurs after stressful or traumatic events can often be effectively explained by symptoms related to fear or anxiety. On the other hand, individuals who have gone through a traumatic or stressful event often exhibit a phenotype characterized by prominent clinical traits of anhedonia (reduced motivation to experience pleasure) and dysphoria (a state of unease or dissatisfaction) rather than anxiety, as defined by the American Psychiatric Association (APA, 2013).

Another, more inclusive definition offered by Drapeau and his colleague is worth citing here:

Psychological distress is largely defined as a state of emotional suffering characterized by symptoms of depression (e.g., lost interest; sadness; hopelessness) and anxiety (e.g., restlessness; feeling tense) (Drapeau, et al, 2012). These symptoms may be tied in with somatic symptoms (e.g., insomnia; headaches; lack of energy) that are likely to vary across cultures (Drapeau, et al, 2012). High levels of psychological distress are indicative of impaired mental health and may reflect common mental disorders, such as depressive and anxiety disorders. It is crucial for healthcare professionals, particularly nurses, counselors, psychologists, social workers and other helping professionals to have a clear understanding of psychological distress in order to provide effective interventions and support. However, the concept of psychological distress is broad and complex concept in the literature and further research is needed to explore and understand this concept more comprehensively.

2.5 Theoretical Review of Psychological Distress

The varied differences in the description of psychological distress have not yet been adequately explained. Thus, there are various competing points of view found, that precisely indicates the explanation and contributing variables are not fully understood. So that, more perspectives on psychological disorders are required. Among various theories some of them that are relevant for this study are reviewed.

2.5.1 Medical Model

The medical model is the most common or prevalent understanding of pathology in the world. The definition of psychological distress in this paradigm is comparable to that used by medical professionals, and it is treated as a sickness in the same classification as any other physical ailment. According to Carson, et al (1996), psychological distress is a neurological condition that needs care and therapy since it results in abnormal thinking and behavior.

2.5.2 Psychodynamic Theory

The Freudian view of human nature is basically deterministic. According to Freud, our behavior is determined by irrational forces, unconscious motivations, and biological and instinctual drives as these evolve through key psycho-sexual stages in the first 6 years of life (Corey, 2009). From the mainstream Freudian perspective, humans are viewed as energy systems. The dynamics of personality consist of the ways in which psychic energy is distributed to the id, ego, and superego, because the amount of energy is limited, one system gains control over the available energy at the expense of the other two systems. Behavior is determined by this psychic energy. Psychological distress or anxiety can arise from a conflict between the id, ego, and superego regarding the regulation of available psychic energy (Corey, 2009).

Overall, the traditional psychoanalytic approaches take an intra-psychic stance when examining pathology (psychological distress). They place a strong emphasis on how defense systems and unconscious processes play a part in determining between normal and aberrant behavior. Early childhood experiences are crucial for subsequent personality development because they help people recognize that symptoms in the present are a continuation of conflicts from the past (Corey, 2009).

As a result, psychological distress can be defined as a person's attempt to deal with current challenges by adopting defense mechanisms from their childhood, which may seem maladaptive and socially inappropriate for the current situation.

2.5.3 Cognitive Theory

The cognitive model claims that a key factor in psychological distress is adversely biased cognition of the person (Barlow & Durand 1999). Distressed individuals generally have a pessimistic perspective of themselves, the world around them, and the future (Weinrach, 1988). They believe that they are unlovable, unworthy, and lacking in all respects. The cognitive theorists contend that excessive or

improper methods of understanding people's experiences are the cause of their extreme affect and dysfunctional behavior. The core of the paradigm is that emotional problems start when our perception of events becomes overstated in comparison to the facts, and that this way of perceiving things tends to negatively impact our feelings and behavior in a vicious circle (Barlow & Durand, 1999).

2.5.4 Interpersonal Theory

According to interpersonal theories, dysfunctional patterns of interaction cause psychological problems (Carson et al., 1996). They stress the fact that we are social creatures and that a lot of who we are is a result of the interactions we have with other people. Maladaptive behavior in relationships, which is brought on by unpleasant relationships in the past or present, is referred to as psychological distress. Psychological distress is found when diverse patterns of interpersonal interactions are examined for the disturbed individual. This viewpoint asserts that interpersonal therapy, which focuses on resolving relationship problems and assisting individuals in forming more fulfilling relationships by acquiring new interpersonal skills, can help people feel less distressed (Carson et al., 1996).

However, the majority of explanatory models, like the ones stated above, offer a distinctive viewpoint that can assist us comprehend the phenomena of psychological distress in greater depth.

2.6 Relationship of Psychological Distress and Female Sexually Abused Children

Child sexual abuse is a traumatic experience that can have long-lasting effects on the mental health of female victims. A 23-year longitudinal study in United States of America (USA) found that female survivors of intra-familial sexual abuse experienced a range of negative outcomes, including depression, anxiety, and low self-esteem (Trickett et al., 2011). A review of the literature on child sexual abuse and the development of psychiatric disorders found that survivors of child sexual abuse are at increased risk for a range of psychiatric disorders, including depression, anxiety, and post-traumatic stress disorder

(PTSD), and substance abuse (Shrivastava et al., 2017). Another study conducted in Sweden found that women who were sexually abused as children and participated in self-help groups experienced psychological distress (Rahm et al., 2013).

Overall, the literature suggests that female survivors of child sexual abuse are at increased risk for a range of negative mental health outcomes.

2.7 The Prevalence of Psychological Distress among Female Sexually Abused Children

The prevalence of psychological distress among female sexually abused children is a significant concern. According to a national survey of United States, child sexual abuse is associated with 47% of all childhood onset psychiatric disorders and with 26% to 32% of adult onset disorders (Perez-Fuentes et al., 2013). A study investigating participants in self-help groups for women who had been sexually abused in Sweden found that psychological distress was present among the participants (Rahm et al., 2013). However, it is difficult to estimate the prevalence of child sexual abuse because many cases go unreported (Burgić, 2020).

The prevalence of psychological distress among sexually abused female children in Africa is not well-studied. However, a number of studies have found that sexually abused girls are more likely to experience psychological distress than non-abused girls. For example, a study of 1,200 girls in South Africa found that sexually abused girls were more likely to report symptoms of anxiety, depression, and PTSD than non-abused girls (Linda, et al., 2018). A study conducted in Kenya found that all the sexually abused children studied suffered from depressive symptoms, and a large majority suffered from major depressive symptoms (Mitavi, et al., 2018). Another study conducted in Uganda found that the reported prevalence of any type of psychological distress was highest among youth who reported experiencing sexual exploitation (Elizabeth, et al., 2020). Thus, the study revealed that the prevalence of psychological distress among sexually abused female children in Africa is high. However, more

research is needed to determine the specific prevalence rates and factors contributing to the high rates of psychological distress.

Research conducted in Addis Ababa found that the psychological trauma and physical complaints presented by victims of child sexual abuse include symptoms of anxiety and depression (Jemal, 2012). However, there is no adequate information on the prevalence of psychological distress among sexually abused female children in Ethiopia.

Overall, the literature suggests that female survivors of child sexual abuse are at increased risk for a range of negative mental health outcomes, including psychological distress. The effects of child sexual abuse on the probability of developing symptoms of depression and anxiety are significant, with females having higher rates of developing these disorders. However, more research is needed to determine the specific prevalence rates of psychological distress among sexually abused female children in Ethiopia. It is important to address the psychological sequel of sexual abuse in children to ameliorate psychological distress among children.

2.8 The Relationship between Socio Demographic Characteristics and Psychological Distress among Female Sexually Abused Children

Research on the correlation between socio-demographic characteristics and psychological distress among female sexually abused children is limited. There is a lack of well-designed studies examining this specific relationship. However, studying the relationship between socio-demographic characteristics and psychological distress on sexually abused female children is an important area of research. The literature suggests that the following factors may be associated with increased psychological distress among female survivors of child sexual abuse: Lack of social support, Feelings of shame and guilt (Trickett et al., 2011), Low socioeconomic status and Exposure to other forms of violence (Rahm, et al., 2013), and Being female.

A multigenerational, longitudinal research study conducted in the United States found that females who experienced sexual abuse scored higher on depression, trait anxiety, dissociation, Post-traumatic stress disorder (PTSD), and somatic symptoms, as well as behavioral problems such as aggression and delinquency (Trickett et al., 2011). Another study found that more than half of women who were sexually abused as children were at risk of developing Post-traumatic stress disorder (PTSD), and that lack of social support and feelings of shame were associated with poor mental health outcomes (Rahm et al., 2013). Additionally, a study found that female survivors of child sexual abuse who had low socioeconomic status were at increased risk for depression (Rahm et al., 2013). On the other side, Gannon and Rose discussed the socio-demographic features and treatment needs of female child sexual offenders, emphasizing the need for more research in this area (Theresa, 2008). Overall, the literature suggests that socio-demographic characteristics can play a role in the psychological distress experienced by female survivors of child sexual abuse.

2.9 Trauma and Psychological Distress among Sexually Abused Children

There is a growing population of adolescents who experience high levels of stress due to several factors, including traumatic events, the loss of a loved one or both parents, and a buildup of daily stressors and inconveniences (Cicchetti & Brnett, 2003 cited in Semegn, 2017). Personal chronic sickness, abuse or neglect, accumulative life traumas, and constant worry are all traumatic events that put the well-being of children and youth in risk (Cicchetti & Brnett, 2003 quoted Semegn, 2017).

Child sexual abuse has been found to bear a significant correlation with enduring psychological distress among survivors. Studies have demonstrated that individuals subjected to sexual abuse report elevated levels of general psychological distress, greater incidence of major psychological disorders and personality disorders, as well as higher rates of substance abuse, eating disorders, somatization, and suicidal behaviors in contrast to those who have not endured abuse (Martha et al., 2002). Other research indicates that there is a strong association between the extent of exposure to traumatic events and

symptoms of psychological distress such as fear, panic, PTSD, and depression. The most common diagnosis given to children with documented histories of sexual abuse is posttraumatic stress disorder (PTSD). The severity of childhood maltreatment, including sexual abuse, is directly associated with the current psychological distress in adulthood (Martha et al., 2002). These findings emphasize the need for addressing the psychological impact of trauma in sexually abused children and the significance of providing appropriate support and interventions for their long-term well-being.

In Ethiopia, trauma and psychological distress among sexually abused children is a serious issue. A case-control comparative analysis identified that children who were victims of sexual abuse in Ethiopia suffered from delicate psychosocial assistance, strong feelings of guilt, and perceived the environment as full of threat (Wondie, et al., 2011). Additionally, study conducted in Addis Ababa found that the psychological trauma and physical complaints presented by victims of child sexual abuse include symptoms of anxiety and depression (Jemal, 2012).

Overall, the literature suggests that child sexual abuse is prevalent in Ethiopia, and victims of sexual abuse may experience psychological distress. This abuse can have devastating consequences for children's physical and mental health, leading to a range of problems including trauma, psychological distress, and post-traumatic stress disorder (PTSD).

2.10 The Coping Mechanism of Female Sexually Abused Children

The concept of “coping” is broad and has different categories. Coping can be divided into situational coping responses and dispositional coping strategies (Carver & Scheier, 1989). Situational coping describes how people adapt to and deal with certain challenges and demanding situations, while dispositional coping describes a propensity to employ particular coping mechanisms to a greater or lesser extent under stress (McIlvane, 2007). Additionally, Folkman and Lazarus (2001) identified emotion-focused coping and problem-focused coping, which includes ways of resolving and actively

responding to adverse conditions (like strategies to manage or reduce emotions and feelings that are embedded within stressful situations). According to Eaton et al. (2011), emotion-focused coping is employed when circumstances are seen to be out of one's control, such as while dealing with health issues, and it involves making an attempt to regulate the unpleasant feelings connected to the stressful situation. Cognitive diversion, emotional support seeking, emotional management and expression, selective attention, talking to people about the problem, and cognitive restructuring are some of these coping mechanisms. The other coping method is problem-focused coping, which is defined as active attempts to alter the source of stress. This method of coping focuses on changing the surroundings, modifying external pressures, or looking for resources that can minimize the threat of the situation. Adults typically adopt problem-focused coping techniques in workplace settings (Lazarus & Folkman, 2001). There are several differences between various coping mechanisms, and some coping mechanisms can be categorized as either positive or negative. Positive coping mechanisms include seeking support, self-care, mindfulness, expressing emotions, education, and empowerment (Perkins et al., 2005). Negative coping mechanisms include substance addiction, avoidance behaviors, and negative thinking (Eaton et al., 2011).

Research on children has shown that coping strategies depend on a number of variables, including acquired reactions, the capacity to integrate knowledge, self-image, and emotional setting. Children who are well physically, loved, respected, and given a dependent existence handle difficult situations better than others (Nemme, 2006). The intention of many survivors of CSA to utilize a certain coping strategy is to reduce the possible after-effects. Therefore, these general concepts were the most instruments and guiding principles to design the method and carry out the study.

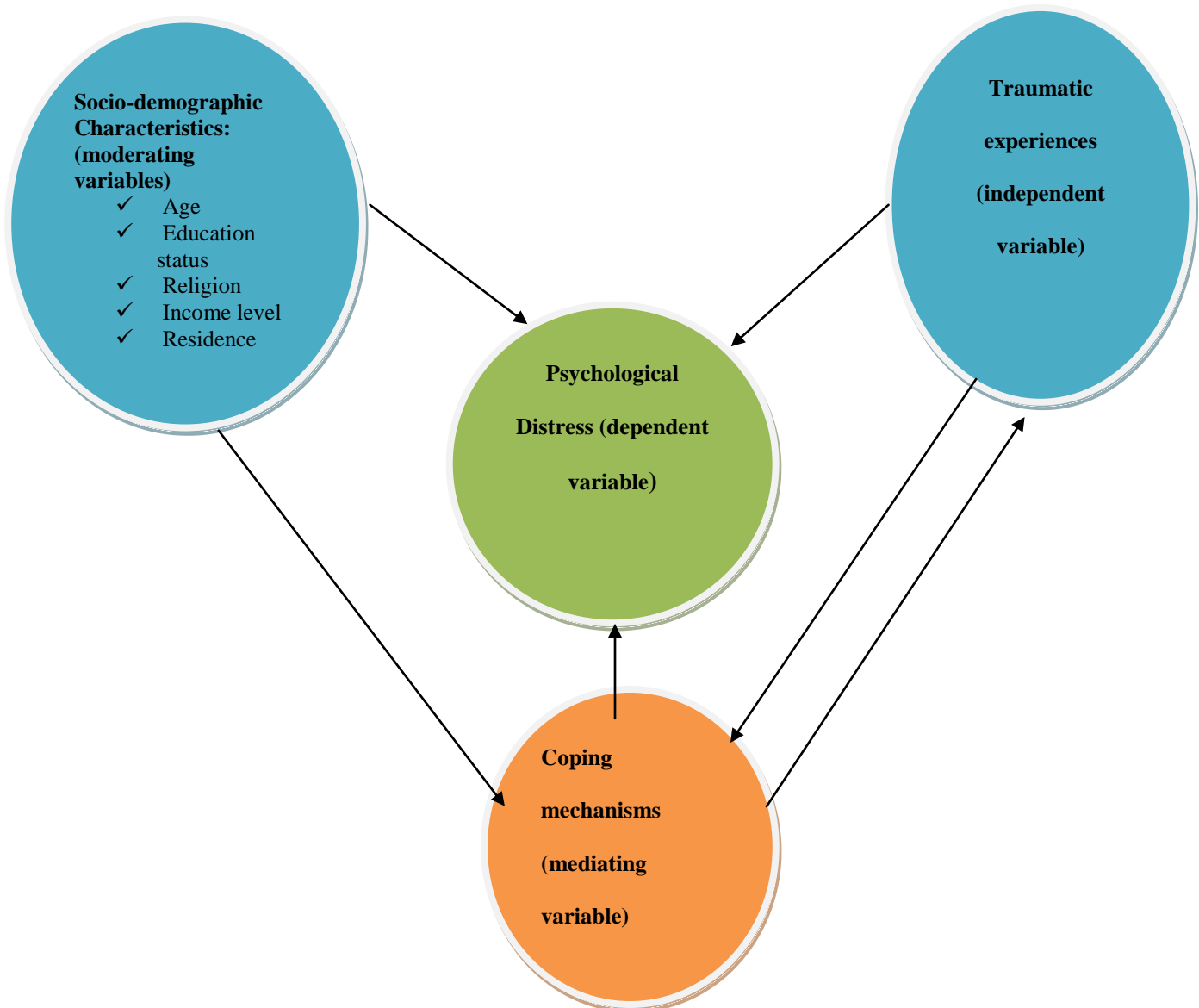
2.11 Conceptual Framework of the Study

The present study's conceptual framework concerns the evaluation of level of psychological distress and investigation of coping mechanisms utilized by female children who have experienced sexual abuse.

The framework comprises the following elements:

The independent variable: Traumatic experiences this was assessed using the PTSD Checklist for DSM-5 (PCL-5). The dependent variable: Psychological distresses this was measured through self-report scale of Kessler 10 (k-10). Coping mechanisms these were encompass coping strategies, coping styles, and self-efficacy. Socio-demographic characteristics these were include gender, age, marital status, educational level, religion, income level, and residence.

Figure 1: Conceptual Frameworks of the Study



Source: Adapted from different reviewed literatures

CHAPTER THREE:

3. RESEARCH METHODOLOGY

This section described the research design, the study site, sampling techniques, the data collection instrument and the procedure followed in data collection.

3.1 Research Design

Cross-sectional survey approach was included in the descriptive research design. It was descriptive, because it aimed to describe the degree of psychological distress among female children who had experienced sexual abuse. The researcher employed a mixed research method in order to meet the specified goals. This strategy made it possible to gather both qualitative and quantitative data in order to fully comprehend the study problem. In generating data on the psychological distress and coping techniques of sexually abused female children in the shelter home, the researcher also took into account primary and secondary sources.

3.2 Study Area

This research was carried out at the AWSAD shelter home in Hawassa City. It is an Ethiopian Resident charitable association founded to help women and girls who have suffered physical and psychological trauma as well as enhance social and economic development. AWSAD was formally reregistered in November 2009 with the issuance of the new Charity Societies Proclamation. It has two safe houses in Hawassa City, established in 2017 and 2019.

In Ethiopia, AWSAD was the first organization to open a women's- only shelter for women and girls experiencing gender-based violence (GBV). The two safe houses have the capacity to serve 50 and 70 girls consecutively from the Southern Nations, Nationalities, and Peoples (SNNPR) and Sidama

Regions. This makes it the largest shelter home compared to other AWSAD shelter homes. The service includes the provision of quality and comprehensive care and support services, capacity- building empowerment, and reintegration.

3.3 Study Population

The study focused on the Association for Women's Sanctuary and Development (AWSAD) shelter home in Hawassa City. Several sexually abused women and children resided in the shelter home. The target population of the study consisted of all sixty female children between the ages of 6 and 18 who had experienced sexual abuse and were residing at the shelter home. Notably, although individuals between the ages of 12 and 18 are technically classified as adolescents, the Ethiopian constitution defines them as children. Consequently, the researcher considered as children rather than adolescents, for the purposes of the study.

3.4 Sample and Sampling Procedure

To select the participants for the study, the researcher utilized the purposive sampling technique. This technique was chosen because the researcher was specifically interested in finding sexually abused female children who met the inclusion criteria for the study.

The purposive sampling approach allowed the researcher to deliberately select participants who possessed the necessary characteristics and experiences relevant to the research objectives. By using this targeted sampling method, the researcher could ensure that the selected participants were well-suited to provide the desired information and insights for the study.

The researcher took the sixty sexually abused female children from the shelter home by using purposive sampling technique based on specific characteristics or perspectives that they brought to the sample. Participants were selected as a study sample based on the inclusion criteria. The inclusion criteria: (a)

sexually abused female children between the ages of 6 and 18 and who had lived for at least a month in the shelter home. (b) Should have been active subjects' for the services at the time of the research. (c) Abused children who were not willing to participate in the study were excluded from the study.

3.5 Data Collection Procedure

The researcher was requested a letter of introduction from the department of Psychology, Hawassa University to AWSAD administration to allow the researcher to work at the organization. This was done after obtaining permission from the relevant authorities before data collection. Before obtaining any information, the purpose of the study was explained for the participants and they were provided with and asked to give the verbal consent.

The researcher gathered the data with the assistance of female assistant data collectors from the AWSAD who worked as social workers and counseling psychologists. The researcher educated the assistant data collectors on interview techniques, such as encouraging respondents to offer honest responses and to be judgment-free during the interview, as well as how to collect data using the scales. The researcher was ensured that the assistant data collectors were well equipped to collect the data and that they understand the research objectives. The researcher also ensured that the assistant data collectors were aware of the ethical considerations involved in data collection, such as obtaining informed consent from the participants and ensuring confidentiality and anonymity throughout the study. The researcher was provided regular supervision and support to the assistant data collectors to ensure that the data collection process was conducted smoothly and efficiently.

3.6 Data Collection Instruments

The researcher employed a questionnaire and interview as data collecting strategies to obtain accurate information from participants.

3.6.1 Questionnaire

The questionnaire had four sections, focusing on socio-demographic background, psychological distress, traumatic experiences, and coping mechanisms of female sexually abused children. The Kessler Psychological Distress Scale (K10), Posttraumatic Stress Disorder Checklist (PCL-5), and Brief Cope-28 were used to assess psychological distress, traumatic experiences, and coping mechanisms, respectively.

The Kessler Psychological Distress Scale (K10) is a 10-item questionnaire designed to measure anxiety and depression through questions about emotional states, with each question having a five-level response scale (Kessler & Mroczek, 1994).

K-10 scale is a short dimensional measure of non-specific psychological distress in the anxiety-depression spectrum. It consisted of ten questions about non-specific psychological distress and sought to measure the level of current anxiety and depressive symptoms that a person experienced in the last four weeks prior to interview. It has been investigated and confirmed that K-10 scale has excellent internal consistency reliability, Cronbach's alpha of 0.93 in Ethiopia.

The Posttraumatic Stress Checklist (PCL-5) is a 20-item self-report tool used to assess how much a person has been troubled in the previous month by DSM-5 PTSD symptoms connected to their most recent distressing incident (Bovin et al., 2016). The tool is a robust and reliable psychometrically sound measure of DSM-5 PTSD that is being used by outstanding researchers worldwide. In Ethiopia, the researcher was unable to locate reliable tools for measuring trauma symptoms. Rather, the PCL-5 instrument was used. The PCL-5 scale is a reliable tool that was created to study PTSD. Consequently, the tool was used to assess the relationship between traumatic experiences and psychological distress.

Brief COPE-28 is a 28 item self-report questionnaire designed to measure effective and ineffective ways to cope with a stressful life event. The scale was developed by Charles S. Carver at the University of

Miami and has been cited by more than 900 articles as of August 2011 (Carver et al., 1997). The instrument is an abridged version that consists of 14 theoretically derived models of coping responses from 28 items. These are: Self-distraction, Active coping, Denial, Substance use, Use of emotional support, Use of instrumental support, Behavioral disengagement, Venting, Positive reframing, Planning, Humor, Acceptance, Religion, and Self-blame. The scale was administered in about 20-25 minutes and has a Cronbach's alpha reliability of 0.901 in the study conducted in Ambo University of Ethiopia.

The study used three standardized scales: Kessler-10 (K-10), Post Traumatic Stress Check list (PCL-5), and Cope Brief-28. K-10 has an Amharic version that has been validated in Ethiopia by previous studies, but the researcher could not find Amharic versions of the other two scales, PCL-5 and Cope Brief-28. The items were translated into Amharic using appropriate words and phrases that are considered to be appropriate for sexually abused children in Ethiopia. This was done with the help of English and Amharic language and different psychology professionals to confirm the appropriateness of the words.

Two language professionals independently translated the instruments forward and backward. Finally, the translation was reviewed for readability, clarity, comprehensiveness, and appropriateness.

3.6.2 Interview

In order to obtain a deeper understanding of the issue, the study conducted interview with 5 selected sexually abused female children who had previously filled the questionnaire. The first section of the interview contained open-ended questions about socio-demographic characteristics of respondents, while the second section contained close-ended questions about the psychological distress and coping mechanisms. Additionally, interviews were conducted with 4 key informants, including 2 Counselors, 1 project officer, and 1 shelter home coordinator. The first section of the interview contained open-ended questions about socio-demographic characteristics of respondents, while the second section contained

close-ended questions about the psychological distress and coping mechanisms of female sexually abused children. The interview was recorded onto a digital voice recorder upon the participants' cooperation.

3.7 Pilot Test

The current study carried out a pilot study to resolve ambiguity (issues with clarity, language, and structure) and to assess the instruments' reliability, especially their internal consistency. As a result, thirty sexually assaulted female youngsters who lived in the same research area but were not study participants were given the questionnaires. The Cronbach's alpha test, which is recommended as the most popular technique for assessing internal consistency of instruments, was used to conduct reliability estimations in order to assess the homogeneity of sets of items from the same test (internal consistency).

	Parts	Number of Items	Cronbach's Alpha
1	Psychological distress (K10)	10	$\alpha=.831$
2	Trauma experience (PTSD-PCL-5)	20	$\alpha=.830$
3	BRIEFCOPE-28	28	$\alpha=.814$
		Entire = 58	$\alpha=.825$

Table 1: Cronbach's alpha for each field of the questionnaire

The reliability analysis of the measurement scale revealed that the reliability of the psychological distress measure (K10) was high ($\alpha=.831$), as was the reliability of the measures of trauma ($\alpha=.830$) and BriefCope-28 ($\alpha=.814$). This indicates that the scales are consistent and that the scores are measuring the same thing. The reliability analysis of the measurement instruments indicates that the reliability statistics of all study variables were found to be within acceptable ranges of good reliability coefficients of internal consistency of measurement items.

3.8 Data Analysis

3.8.1 Quantitative Data Analysis

Data was analyzed by using different statistical techniques. Descriptive statistics such as frequency, and percentage were computed to summarize the socio-demographic characteristics, level of psychological distress, and coping strategies used by female sexually abused children. These statistics provided a summary of the data collected and helped to identify patterns and trends in the data. Descriptive statistics were presented using frequency and percentage for categorical variables and mean and standard deviation for continuous variables.

Furthermore, the relationships between the independent variable (traumatic experiences) and dependent variable (psychological distress) were examined using Pearson's correlation models. In light of this, the data were examined using histograms and the Q*Q plot to ensure normality, but no notable outliers were discovered. The relationship results were presented at a 95% level of significance, with their respective confidence intervals. Version 26 of the statistical software package for social science (SPSS) was used for all data analyses.

3.8.2 Qualitative Data Analysis

The qualitative data collected through extensive one-on-one interviews and informal conversations was organized into narratives. These narratives were then analyzed to identify key themes, which were interpreted in the context of the conceptual model that underpins the research study.

3.9 Ethical Considerations

Ethical clearance was obtained from Hawassa University, College of Education and Behavioral Sciences. Also permission was obtained from the AWSAD director to collect data. Following approval, data collectors received ethics and confidentiality training. Likewise, agreement to participate in the

study had to be given verbally, and only those who did so were counted as study participants. The respondents' confidentiality and privacy were upheld.

CHAPTER FOUR:

4. RESULTS OF THE STUDY

This section presents the analysis of the study, including the demographic background of the participants (sex, age, educational level, religious background, and income), the prevalence of psychological distress, traumatic experiences and symptoms prevalence, the association between traumatic experiences and psychological distress, and the coping mechanisms of the respondents.

4.1 Socio-demographic Characteristics of Participants

The data presented in this study provides a comprehensive overview of the demographic and socioeconomic characteristics of the respondents.

Demographic variables	Category	Frequency	Percentage
Age	6 - 8	1	1.7%
	9 -12	13	21.7%
	13 -18	46	76.7%
Education status	Yes	22	36.7%
	No	38	63.3%
Education level	Primary 1-8	39	65.0%
	secondary 9-12	21	35.0%
Place of birth	Hawassa	17	28.3%
	Out of Hawassa	43	71.7%
Parents situation	Lost Father	13	21.7%
	Lost Mother	10	16.7%
	Lost both parents	17	28.3%
	Lost None	20	33.3%
Religion	Orthodox	22	36.7%
	Protestant	31	51.7%
	Muslim	7	11.7%
Employment status	Private	4	6.7%
	Employed by other company	1	1.7%
	Unemployed	55	91.7%

Table 2: Socio-demographic characteristic of the respondents

The data shows that the majority (76.7%) respondents were aged between 13 and 18 years, 21.7% aged between 9 and 12 years, and 1.7% aged between 6 and 8 years. The majority of respondents (65%) have completed primary education, while 35% have completed secondary education. The majority of respondents (71.7%) were born outside of Hawassa. The majority of respondents (33.3%) have lost none of their parents, while 21.7% have lost their father, 16.7% have lost their mother, and 28.3% have lost both parents. The majority of respondents (51.7%) are Protestant, while 36.7% are Orthodox and 11.7% are Muslim. The majority of respondents (91.7%) are unemployed, while 6.7% are employed by a private company and 1.7% is employed by another company.

4.2 Prevalence Level of Sexually Abused Female Children's Psychological Distress

The prevalence of psychological distress was measured using the K10 instrument, which uses a set of cut-off scores to screen for psychological distress. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress. These scores are as follows: 10-19 indicates that the person is likely to be well; 20-24 indicates that the person is likely to have a mild distress; 25-29 indicates that the person is likely to have a moderate distress, and 30-50 indicates that the person is likely to have a severe distress.

Level of Psychological distress	Frequency	Percent
10-19 likely to be well	5	8.3
20-24 likely to have a mild distress	8	13.3
25-29 likely to have a moderate distress	14	23.3
30-50 likely to have a sever distress	33	55.0
Total	60	100.0

Table 3: The respondents' level of psychological distress.

The results in the table 2 indicate that 8.3% of respondents scored between 10 and 19, indicating that they are likely to be well. 13.3% of respondents scored between 20 and 24, suggesting that they are likely to have a mild distress. 23.3% of respondents scored between 25 and 29, indicating that they are likely to have a moderate psychological distress. The majority of respondents, 55.0%, scored between 30 and 50, which suggests a likelihood of having a severe psychological distress. Therefore the overall prevalence of psychological distress among the respondents was 55% with 95% of CI.

4.3 Distribution of Traumatic Experiences and Symptoms

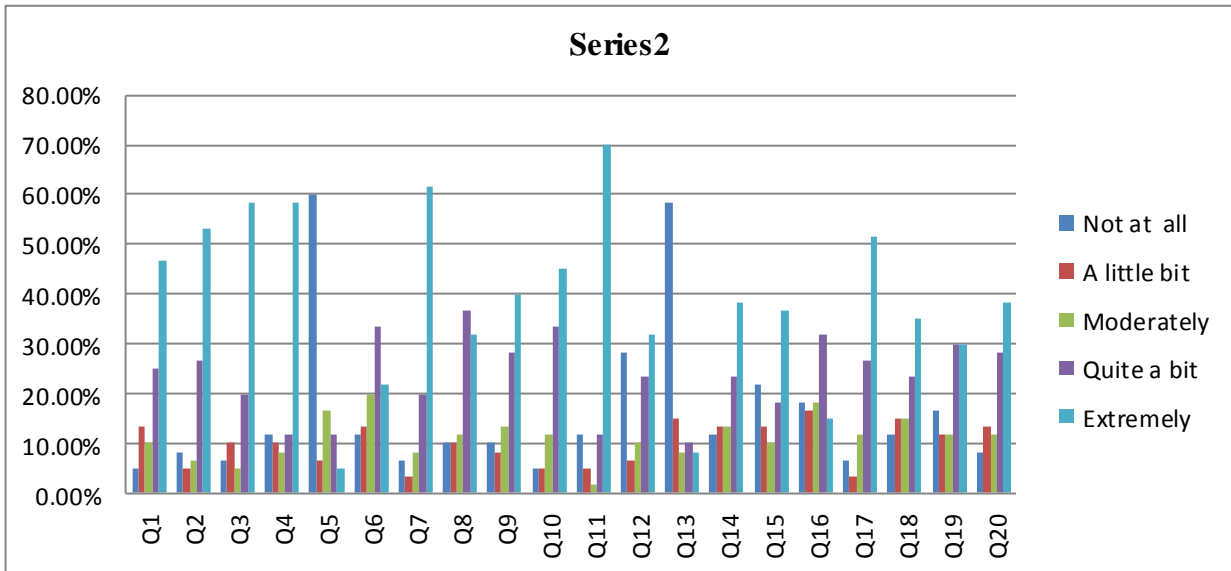


Figure 2 Distribution of traumatic experiences and symptoms in percentile

The distribution of traumatic experiences and symptoms chart reveals significant variations in the respondents' perceptions across the different questions (Q1 to Q20).

- Q11 (having strong negative feelings such as fear, horror, anger, guilt, or shame) stored the highest response rate, with a confounding 42(70.0%) of respondents reporting an "Extremely" prevalent manifestation of the traumatic event or symptom described in this question. This finding suggests a high level of prevalence and indicates a potential widespread impact on individuals within the population studied.
- Continuing with Q7 (avoiding external reminders of the stressful experience), another prominent finding emerges, where 37(61.7%) of respondents perceived the traumatic event/symptom as "Extremely" prevalent. This indicates a high level of prevalence and suggests a potential widespread impact on individuals within the population studied.
- Of the participants, 35(58.3%) reported an "Extremely" high level of engagement with Q.12 (loss of interest in activities that you used to enjoy). This suggests that this experience is

particularly impactful for a significant portion of the population investigated, and may have implications for their mental and emotional well-being.

- The subsequent questions, Q.3 and Q.4, also received considerable responses at an "Extremely" level, with 35(58.3%) for both. This suggests that a substantial number of participants associate these particular traumatic events or symptoms with an intensely significant impact on their lives.
- On the other end of the spectrum, Q5 (having strong physical reactions when something reminded you of the stressful experience) drew the highest percentage of respondents 36(60.0%) indicating that respondents did not experience the particular traumatic event or symptom described in this question ("Not at all").
- Q6 (avoiding memories, thoughts, or feelings related to the stressful experience) emerges as another noteworthy finding, with 20(33.3%) of participants associating an "Extremely" high level of involvement with the described event/symptom.
- Further analysis indicates that being unable to feel happiness or have loving feelings for people close to you (Q14) also elicited quite substantial responses, with 23(38.3%) of participants categorizing their experiences with the described event/symptom as "Extremely" significant.

Generally, these results indicated variations among the different questions. While some questions received higher responses at extreme levels, others saw more distributed responses across different levels of engagement. It is crucial to note that each question explores a unique aspect of traumatic experiences and symptoms. The high response rates at extreme levels for certain questions suggest that these traumatic experiences and symptoms may have a profound impact on the mental and emotional well-being of female children who have experienced sexual abuse. The widespread impact of these experiences underscores the need for interventions and support programs that address the unique needs of sexually abused female children.

Additionally, the findings of this study could be expanded to discuss the broader implications of these findings for the design of interventions or support programs for sexually abused children in shelter homes. For instance, interventions could be tailored to address the specific traumatic experiences and symptoms that received higher response rates at extreme levels. Moreover, support programs could be designed to provide resources and support for individuals who have experienced these traumatic events or symptoms. Although the findings of this study suggest several potential avenues for future research, further research could explore the relationship between specific traumatic experiences and symptoms and the mental and emotional well-being of children who have experienced sexual abuse. Additionally, research could examine the effectiveness of interventions and support programs tailored to address the unique needs of this population.

4.4 Relation between Traumatic Experience and Psychological Distress

The Pearson's correlation coefficient was used to measure the relationship between traumatic experience (Independent variable) and psychological distress (Dependent variable) in a sample of 60 participants.

Correlations								
		Psychological distress	Traumatic experience	Coping mechanisms	Age	Education level	Parent status	Employment
Psychological distress (K10)	r	1						
Traumatic experience (PTSD)	r	.815**	1					
			60					
Coping mechanisms(BRIEF_COPE)	r	.280*	.341**	1				
			.008					
			60	60				
Age	r	.308*	.392**	.449**	1			
			.002	.000				
			60	60	60			
Education level	r	.368**	.404**	.146	.390*	1		
		.004	.001	.265	.002			
		60	60	60	60	60		
Parent status	r	.169	.155	.103	.156	.233	1	
		.197	.236	.432	.235	.073		
		60	60	60	60	60	60	
Employment	r	-.031	.036	-.060	-.156	-.127	.075	1
		.814	.786	.650	.233	.335	.571	
		60	60	60	60	60	60	60
**. Correlation is significant at the 0.01 level (2-tailed).								
*. Correlation is significant at the 0.05 level (2-tailed).								

Table 4: Inter-correlations of the study variables

The table indicated that there were a strong positive correlation between psychological distress (dependent variable) and traumatic experience (independent variable) ($r = 0.815$, $p < 0.05$). It means that people who had experienced trauma were more likely to experience psychological distress. There were also a positive correlation between psychological distress and coping mechanisms ($r = 0.280$, $p < 0.05$). The positive correlation between psychological distress and coping mechanisms suggests that people who are able to cope with stress are less likely to experience psychological distress. There were a moderate positive correlation between psychological distress and age ($r = 0.308$, $p < 0.05$). This means that older people were more likely to experience psychological distress. The moderate positive

correlation between age and psychological distress suggests that older people are more likely to experience psychological distress. This may be due to a number of factors, such as the accumulation of life stressors, and as they become more aware of their abuse. There were a moderate positive correlation between psychological distress and education level ($r = 0.368$, $p < 0.01$). This means that people with higher education levels were more likely to experience psychological distress. There were a weak positive correlation between psychological distress and parent status ($r = 0.169$, $p < 0.20$). This means that people who had parents were more likely to experience psychological distress. There were a weak negative correlation between psychological distress and employment ($r = -0.031$, $p < 0.80$). This means that people who were employed were less likely to experience psychological distress, due to a number of factors such as, the increased risk of child abuse and the challenges of parenting. This may be due to a number of factors, such as the financial stability that employment provides the social support that comes from being employed, and the sense of purpose that comes from having a job.

This study's results indicates that various elements, such as traumatic events, coping strategies, age, education level, parental status, and employment, could be linked to psychological distress. However, these connections are only correlational and do not necessarily imply causation. Further investigation is required to establish the causal relationships between these factors and psychological distress.

These findings have several implications for intervention strategies. For instance, interventions that support individuals in coping with stress and trauma may reduce psychological distress. Interventions that offer financial and social support to those struggling may also be helpful. Furthermore, interventions that assist people in finding employment and achieving financial stability could potentially decrease psychological distress.

Overall, the findings of this study are subject to several limitations, including a small sample size, which restricts the generalizability of the results. Additionally, the study employed a cross-sectional design, making it challenging to determine causal relationships between variables. Furthermore, the

study did not control for potential confounding variables, such as socioeconomic status and race/ethnicity. Future research should address these limitations to provide a more comprehensive understanding of the factors associated with psychological distress.

4.5 Types of Coping Mechanisms Used by Respondents

The present study examined types of commonly used coping strategies employed by sexually abused female children residing in the AWSAD shelter home in Hawassa city. The findings reveal important insights into the effectiveness of various adaptive and maladaptive coping mechanisms used by sexually abused female children.

Descriptive Statistics					
Coping strategies	N	Minimum	Maximum	Mean	Std. Deviation
Adaptive coping strategies					
Turning to work or other activities to take mind off things.	60	1	4	3.22	1.166
Concentrating effort on doing something about the situation	60	1	4	2.98	1.081
Getting emotional support from others	60	1	4	3.23	.981
Taking action to try to make the situation better	60	1	4	3.28	1.075
Saying things to let unpleasant feelings escape	60	1	4	2.65	1.162
Getting help and advice from other people	60	1	4	3.30	.962
Trying to see it in a different light, to make it seem more positive	60	1	4	2.77	1.047
Trying to come up with a strategy about what to do	60	1	4	2.53	1.033
Getting comfort and understanding from someone	60	1	4	2.92	1.124
Looking for something good in what is happening	60	1	4	2.92	1.062
Making jokes about it	60	1	4	1.40	.807
Doing something to think about it less	60	1	4	3.58	.907
Accepting the reality	60	1	4	1.95	1.333
Expressing negative feelings	60	1	4	2.68	1.799
Religion or Spiritual beliefs.	60	1	4	3.62	.715
Trying to get advice or help from others	60	1	4	3.37	.974
Learning to live with it	60	1	4	1.70	1.197
Thinking hard about what steps to take	60	1	4	3.28	1.010
Praying or meditating	60	1	4	3.58	.850
Making fun of the situation	60	1	4	1.58	1.109
Maladaptive coping strategies					
Using alcohol or other drugs to feel better	60	1	4	1.45	.891
Saying to self "this isn't real"	60	1	4	2.18	1.308
Refusing to believe that it has happened	60	1	4	1.63	1.104
Giving up trying to deal with it	60	1	4	1.65	1.055
Giving up the attempt to cope	60	1	4	1.58	.944
Using alcohol or other drugs	60	1	4	1.43	.851
Criticizing myself	60	1	4	3.28	1.166
Blaming self	60	1	4	3.25	1.174
Valid N (list wise)	60				

Table 5: Types of commonly used coping strategies

The table 4 showed the mean, minimum, maximum, and standard deviation of the scores for each coping strategy. The study's findings reveal that adaptive coping strategies have a higher mean score compared to maladaptive coping strategies. Specifically, the adaptive coping strategies with the highest mean scores were religion or spiritual beliefs ($M=3.62$, $SD=0.715$) and doing something to think about it less ($M=3.58$, $SD=0.907$). These findings suggest that these two adaptive coping mechanisms are the most helpful strategies for sexually abused female children residing in shelter homes who are facing psychological distress. On the other hand, the lowest mean score for an adaptive coping strategy was accepting the reality ($M=1.95$, $SD=1.333$), which suggests that this strategy is not very helpful for the children. This finding is particularly important for professionals working with these children to recognize and address, as promoting acceptance of reality may not be the best approach for enhancing their coping mechanisms.

Regarding maladaptive coping strategies, the most commonly used were criticizing oneself ($M=3.28$, $SD=1.166$), self-blame ($M=3.25$, $SD=1.174$), and denial ($M=2.18$, $SD=1.308$). These findings suggest that sexually abused female children may be more likely to engage in negative self-talk and blame themselves for their experiences, which can further exacerbate their psychological distress. Remarkably, the lowest mean score for a maladaptive coping mechanism was using alcohol or other drugs ($M=1.43$, $SD=0.85$), indicating that this strategy is not as commonly used as others. However, it is still important for professionals to be aware of this potential coping mechanism and address it if necessary.

Generally, the study's findings indicate that adaptive coping strategies are more effective than maladaptive coping strategies in reducing psychological distress and enhancing coping mechanisms for sexually abused female children residing in shelter homes. These findings highlight the importance of psychologists, counselors, social workers and other health professionals in assisting these children by imparting knowledge on diverse coping strategies and assisting them in recognizing the strategies that suit them best. By fostering the development of adaptive coping mechanisms, these professionals can

empower sexually abused female children to navigate their challenges more effectively and promote their overall well-being.

4.6 Effectiveness of the Coping mechanisms

It is possible to view the adaptive coping strategies that sexually abused female children employed as helpful in offering resilience and support during trying times.

Engaging in work or other activities to divert attention emerged as a prevalent adaptive strategy, allowing individuals to temporarily escape the pain and psychological distress caused by the abuse. This approach provided solace through the immersion in daily tasks. Additionally, taking proactive steps towards improving the situation proved effective, as these children regained a sense of control and optimism. They actively sought ways to enhance their circumstances by utilizing available resources and seeking support from others.

With regard to this an 18 year girl stated that:

“Currently, I don't have the time of focusing solely on myself. Instead, my time is dedicated to engaging with other children, spoiling in reading books, watching TV, listening to music and engaging in various activities.”

In addition, seeking help and advice from other people played a significant role in their coping process. By seeking guidance from professionals or trusted individuals, these children were able to access valuable perspectives and insights that helped them navigate the challenges they faced. This collaborative approach ensured that they were not alone in their journey towards healing. For instance, sixteen years old girl said:

“Indeed, I relied on the assistance and guidance of others in order to overcome my injury. I required someone who could place their trust in me, provide support, and empathize with my

difficulties. Their aid was crucial in addressing my needs and helping me navigates through the situation.”

Other adaptive coping mechanisms included trying to find a positive perspective, developing strategies for dealing with the abuse, finding comfort and understanding from someone, engaging in prayer or meditation and using humor to lighten the emotional burden. These strategies allowed these children to reframe their experiences, find inner strength, and cultivate a sense of resilience.

A 17 year old girl stated that:

“Many times, when I find myself consumed by worry and surrounded by darkness, I turn to prayer as a source of solace. I earnestly plead to God, seeking His intervention, and in doing so, my distress diminishes. His divine presence grants me the fortitude to endure, and ultimately, I discover a sense of relief.”

Another 15 year old girl said that:

“I think from different perspectives to generate positivity and utility, developing a strategy or methodology to guide my actions. Additionally, I maintain the belief that God's benevolence will yield favorable outcomes.”

It is important to recognize that the effectiveness of these adaptive coping mechanisms may vary from person to person. Each individual's unique circumstances and personal resources play a role in determining the impact of these strategies. However, overall, these adaptive coping mechanisms demonstrate a resilience and resourcefulness in the face of adversity, assisting sexually abused female children in their journey towards healing and recovery.

In relation to this, the key informant interview participants stated that:

“...We provide a range of coping strategies aimed at supporting the recovery of girls who have experienced sexual abuse. These include psychotherapy as a primary approach, as well as group therapy, art therapy, play therapy, dance therapy, and other forms of assistance. While all these coping mechanisms contribute to the healing process, group therapy stands out as particularly impactful due to its ability to bring together individuals facing similar challenges.”(Counselor)

CHAPTER FIVE

5. DISCUSSION

This research was conducted to evaluate the level of psychological distress, the correlation between traumatic encounters and psychological distress, and coping strategies in sexually abused female children's at the Association for Women's Sanctuary Development. Within this chapter, the study's results were examined and explained in alignment with existing research and the socio-cultural setting of the research location. The chapter is structured into sections that correspond to the research inquiries and the key discoveries of the study.

5.1 Prevalence of Psychological Distress among Sexually Abused Female Children

The study results are consistent with previous research on the prevalence of psychological distress among female sexually abused children. A study conducted in Jimma town, Ethiopia found that 62.5% of high-school children had experienced sexual abuse, and 40.0% of these children reported symptoms of psychological distress (Alemayehu et al., 2022). Similarly, the study results are consistent with previous research on the factors associated with psychological distress among female sexually abused children. A study conducted in six fistula management hospitals in Ethiopia found that female children who had been sexually abused were more likely to experience symptoms of psychological distress (depression and anxiety) than those who had not been abused (Belayihun et al., 2019).

However, the study results are inconsistent with previous research findings on the prevalence of psychological distress among female sexually abused children who reside in shelter homes. A study conducted in Ethiopia found that 34.9% of secondary school adolescents in Mekelle town reported symptoms of psychological distress (Haftom, 2020). This finding was lower than the prevalence of psychological distress found in the current study, which found that 55.0% of female sexually abused children who reside in shelter homes reported symptoms of psychological distress. The inconsistency in

the findings of these studies may be due to a number of factors, including the different populations studied, the different methods used to assess psychological distress, and the different time periods in which the studies were conducted.

5.2 The Relationship between Trauma and Psychological Distress

The study indicated that traumatic experiences (PCL-5), coping mechanisms (BRIEF_COPE28), age, education status, education level, place of birth, religion and employment, were all significant predictors of psychological distress (K10). Traumatic experiences emerged as the strongest predictor of distress. Coping strategies and religion were also highlighted as significant predictors of psychological distress, with standardized coefficients indicating the strength and direction of the relationship between each predictor and distress.

The study findings are consistent with previous research that has found a relationship between traumatic experiences and psychological distress. For instance, a study by Kessler et al. (1994) found that people who had experienced a traumatic event were more likely to have symptoms of post-traumatic stress disorder (PTSD) than those who had not experienced a traumatic event. Similarly, a study by Brewin et al. (2000) found that people who had experienced a traumatic event were more likely to have symptoms of depression and anxiety than those who had not experienced a traumatic event.

The study findings also suggest that coping mechanisms may be an important factor in mitigating the effects of traumatic experiences. For example, a study by Folkman and Lazarus (1984) found that people who used active coping strategies (such as problem-solving and seeking social support) were less likely to develop PTSD than those who used passive coping strategies (such as avoidance and denial). The study findings also suggest that age and education status may be protective factors against psychological distress. A study by Turner et al. (2003) found that older adults were less likely to experience psychological distress than younger adults. In the same way, a study by Kessler et al. (1994)

found that people with higher levels of education were less likely to experience psychological distress than those with lower levels of education.

The study findings also suggest that education level, place of birth, employment, and income level may be risk factors for psychological distress. A study by Kessler et al. (1995) found that people with lower levels of education were more likely to experience psychological distress than those with higher levels of education. Similarly, a study by Turner et al. (2003) found that people who were unemployed were more likely to experience psychological distress than those who were employed.

The study findings also suggest that coping strategies and religion may be important factors in mitigating the effects of risk factors for psychological distress. For example, a study by Folkman and Lazarus (1985) found that people who used active coping strategies (such as problem-solving and seeking social support) were less likely to develop PTSD than those who used passive coping strategies (such as avoidance and denial). Similarly, a study by Carver et al. (1989) found that people who had a strong sense of personal control were less likely to develop PTSD than those who did not have a strong sense of personal control.

Overall, the study findings suggest that traumatic experiences, coping mechanisms, age, education status, education level, place of birth, religion, and employment are all significant predictors of psychological distress. The study findings also suggest that coping strategies and religion may be important factors in mitigating the effects of traumatic experiences and other risk factors for psychological distress.

5.3 Coping Mechanisms Used by Sexually Abused Female Children

Coping mechanisms encompass a range of skills, activities, or cognitive strategies utilized to enhance an individual's ability to manage daily challenges effectively. The findings of the current research indicate that sexually abused female children residing in shelter homes employ diverse coping mechanisms to

address their distress. These strategies comprise social support, avoidance, and self-blame. Social support can offer valuable assistance to these children by fostering feelings of connection and inclusion. Avoidance may serve as a beneficial strategy by enabling these children to distance themselves from traumatic memories. Conversely, self-blame could be detrimental as it instills in these children a false belief that they bear responsibility for the abuse they endured.

5.4 The effectiveness of Coping Mechanisms

The study findings regarding the effectiveness of coping mechanisms employed by sexually abused female children are consistent with prior studies in the realms of trauma and resilience. The adaptive coping strategies highlighted, such as immersing oneself in activities to shift focus, seeking counsel from others, deriving solace from prayer or meditation, and utilizing humor to alleviate emotional burdens correspond with recognized effective coping mechanisms delineated in existing literature.

A poignant remark by an 18-year-old girl regarding engaging in diverse activities as a coping mechanism mirrors the prevalent suggestion to engage in positive distractions for managing emotional turmoil. Likewise, the acknowledgment of seeking guidance from professionals or trusted individuals underscores the pivotal role of social support networks in fostering healing and recovery among trauma survivors.

Moreover, references to reframing experiences, cultivating inner strength, and nurturing a positive mindset resonate with established tenets of cognitive-behavioral coping strategies that emphasize altering perspectives and fortifying resilience. The emphasis placed by a key informant on offering a comprehensive array of coping strategies, encompassing psychotherapy and diverse creative therapies like art therapy and dance therapy, aligns with holistic approaches to trauma recovery that cater to the multifaceted needs of survivors. In essence, the study's outcomes underscore the importance of adaptive coping mechanisms in bolstering resilience and expediting the healing journey of sexually abused

female children. These findings echo the broader comprehension of effective coping strategies in trauma recovery, emphasizing their pivotal role in promoting resilience and facilitating healing processes.

CHAPTER SIX

6. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary

The purpose of the study was to determine the prevalence of psychological distress among female children who had experienced sexual abuse at the AWSAD shelter home, as well as their coping strategies. The study employed the descriptive survey research method in order to achieve its goal. In the AWSAD shelter home, 60 female children who had experienced sexual abuse were the convenient sample for a cross-sectional study. In addition to key informant interviews with four participants, five people were interviewed. Using a purposive sampling technique, the researcher selected 60 females who had experienced sexual abuse from the shelter. Additionally, the researcher employed the same purposive sampling method to choose the interviewees and conduct key informant interviews. The data collected from these respondents was analyzed using the SPSS version 26 statistical program, which produced descriptive statistics such as mean, standard deviation, percentage, and frequency. Additionally, Pearson's correlation model was employed to examine the inter-correlation of independent and dependent variables.

The findings revealed a high prevalence of psychological distress among the respondents, with 55.0% experiencing distress at varying levels. The study demonstrated a significant relationship between trauma and psychological distress, with factors such as education level, place of birth, employment status, coping strategies, and religion emerging as predictors of psychological distress.

In terms of coping mechanisms, sexually abused female children commonly utilized adaptive strategies such as relying on religion/spiritual beliefs and engaging in activities to distract themselves. Acceptance was also identified as a frequently employed adaptive coping mechanism to navigate their

circumstances. Conversely, maladaptive coping mechanisms like self-blame, denial, and substance use were reported among the abused children.

6.2 Conclusions

Based on the insights gathered from this study, it reveals a strikingly high prevalence of psychological distress (55%) among sexually abused female children, emphasizing the profound impact of traumatic experiences on their well-being and identifying religion and engaging in activities as prevalent adaptive coping mechanisms contrasting with maladaptive approaches like self-blame, denial, and substance use; underscoring the critical importance of providing care and support to these vulnerable individuals to address their heightened susceptibility to psychological distress, urging the need for targeted interventions to support their recovery and well-being, emphasizing further exploration through larger sample sizes to fully understand the multifaceted nature of psychological challenges faced by sexually abused female children, highlighting the urgent necessity to address the mental health needs of this population, and calling for the development of evidence-based interventions and comprehensive support systems to protect and empower this vulnerable group in efforts guided by the insights gained from this study.

6.3 Recommendations

Recommendations stemming from the research findings on Psychological Distress and Coping Mechanisms of Sexually Abused Female Children suggest the following actions for enhancing the well-being and recovery of these individuals within shelter homes:

- The study revealed a high prevalence of psychological distress among sexually abused female children. In line of these findings, it is recommended that clinical psychologists, counselors, psychiatrists, nurses, and social workers to focus on supporting sexually abused children by providing psycho-educational support, therapeutic interventions, and guidance on coping

strategies. These efforts are aimed at reducing the psychological effects of sexual abuse, fostering resilience, and facilitating the healing and recovery process for sexually abused female children.

- To address the psychological distress faced by sexually abused female children, it is crucial to implement comprehensive and specialized support programs within shelter homes.
- Conduct training sessions and provide education to shelter home staff on trauma-informed care and evidence-based interventions designed to address psychological distress.
- Create and implement personalized coping strategies and therapeutic interventions that cater to the unique needs of sexually abused female children.
- Cultivate a secure and nurturing environment within shelter homes that fosters healing, resilience, and empowerment for sexually abused female children.
- Establish collaborations with mental health professionals and community based and faith based organizations to ensure seamless access to appropriate mental health services for sexually abused female children.

These recommendations are aimed at mitigating psychological distress, improving coping mechanisms, and ultimately promoting the overall well-being and recovery of sexually abused female children residing in shelter homes.

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APPENDICES

APPENDIX A: English Version Questionnaire

The purpose of this questionnaire is to assess the prevalence of psychological distresses among female sexually abused children living in AWSAD shelter homes, as well as to look into the relationships between socio-demographic factors, trauma exposure, psychological distress, and coping methods. There are four parts to the instrument. The demographic information pertaining to participants will be addressed in Section one. The prevalence of psychological distress among the sexually abused children will be evaluated in the second part using the Kessler 10 (K10) test. The PTSD Checklist (PCL) - 5 will be used to assess the prevalence of PTSD experience in the third segment. Finally, the Brief Cope-28 is used to evaluate the most commonly employed coping strategies. Therefore, you are respectfully requested to answer each question on the questionnaire in a manner that is honest. Your responses will be kept confidential and used just for research purpose. You are not obliged to write your name in order to remain anonymous. The completion of the instrument will take between 50 and 60 minutes.

I truly appreciate your cooperation and taking the time to fill out this questionnaire in advance.

Please carefully read each of the questions below to determine your demographic information and select the response that most accurately describes you. Indicate your answer by making (√) in the box or to write the correct answer on blank space.

1. Age: _____
2. Are you attending your education by now? Yes No
3. Education level: _____
4. Place of birth: _____
5. Religion: Orthodox Protestant Muslim Catholic
Write here if any other _____
6. Which one of your parent is missed? Father Mother Both
I don't know
7. Employment: Private Employed by other company Unemployed
8. Income level: None 1000- 1500 1501- 2000
2001- 2500 2501- 3000 3000 and above

Kessler Psychological Distress Scale (K10)

These questions concern how you have been feeling over the past 4 weeks.

No.	Please tick the answer that is correct for you:	All of the time (score 5)	Most of the time (score 4)	Some of the time (score 3)	A little of the time (score 2)	None of the time (score 1)
1	In the past 4 weeks, about how often did you feel tired out for no good reason?					
2	In the past 4 weeks, about how often did you feel nervous?					
3	In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?					
4	In the past 4 weeks, about how often did you feel hopeless?					
5	In the past 4 weeks, about how often did you feel restless or fidgety?					
6	In the past 4 weeks, about how often did you feel so restless you could not sit still?					
7	In the past 4 weeks, about how often did you feel depressed?					
8	In the past 4 weeks, about how often did you feel that everything was an effort?					
9	In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?					
10	In the past 4 weeks, about how often did you feel worthless?					

PTSD Checklist (PCL-5 Scale)

The following set of statements deals with problems that people can encounter after going through extremely stressful situations. Please carefully read each problem, and then circle the appropriate number to represent how much it has bothered you during the past month.

No.	In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1	Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2	Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3	Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4	Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5	Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6	Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7	Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8	Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9	Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10	Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11	Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12	Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13	Feeling distant or cut off from other people?	0	1	2	3	4
14	Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15	Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4

16	Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17	Being "super alert" or watchful or on guard?	0	1	2	3	4
18	Feeling jumpy or easily startled?	0	1	2	3	4
19	Having difficulty concentrating?	0	1	2	3	4
20	Trouble falling or staying asleep?	0	1	2	3	4

Brief Cope-28

This section is about the ways in which you manage the stress in your life. Please carefully read each item, and then indicate your response in the space provided.

Choose one of the following where

1 = I haven't been doing this at all

2 = I've been doing this a little bit

3 = I've been doing this a medium amount

4 = I've been doing this a lot

No	Questions	1	2	3	4
1	I've been turning to work or other activities to take my mind off things.				
2	I've been concentrating my efforts on doing something about the situation I'm in.				
3	I've been saying to myself "this isn't real."				
4	I've been using alcohol or other drugs to make myself feel better.				
5	I've been getting emotional support from others.				
6	I've been giving up trying to deal with it.				
7	I've been taking action to try to make the situation better.				
8	I've been refusing to believe that it has happened.				
9	I've been saying things to let my unpleasant feelings escape.				
10	I've been getting help and advice from other people.				
11	I've been using alcohol or other drugs to help me get through it.				
12	I've been trying to see it in a different light, to make it seem more positive.				
13	I've been criticizing myself.				

14	I've been trying to come up with a strategy about what to do.				
15	I've been getting comfort and understanding from someone.				
16	I've been giving up the attempt to cope.				
17	I've been looking for something good in what is happening.				
18	I've been making jokes about it.				
19	I've been doing something to think about it less, such as going to				
20	I've been accepting the reality of the fact that it has happened.				
21	I've been expressing my negative feelings.				
22	I've been trying to find comfort in my religion or Spiritual beliefs.				
23	I've been trying to get advice or help from other people about what to do				
24	I've been learning to live with it.				
25	I've been thinking hard about what steps to take.				
26	I've been blaming myself for things that happened.				
27	I've been praying or meditating.				
28	I've been making fun of the situation.				

APPENDIX B: Interview Guide for Abused Female Children

Background Information

Age:

Grade:

Educational performance:

Place of residence:

Interview Questions

1. Could you describe the nature of your relationship with the perpetrator? It is possible that the perpetrator was either a close or a stranger?
2. At what point did the abusive relationship begin and how frequent were the incidences of abuse? What was the duration of the abusive behavior?
3. What was the age of the perpetrator when the abuse initially began?
4. What was the perpetrator's intent following the abuse? Did they coerce you into keeping it a secret? If so, what was your reaction?
5. What kind of hardships, effects, and emotions did you experience after being subjected to abuse? This includes psychological.
6. Can you describe the coping mechanisms that you have used to deal with the trauma of sexual abuse? How effective have these coping mechanisms been in helping you deal with the trauma of sexual abuse?
7. Have you tried any new coping mechanisms since coming to the AWSAD shelter home? If so, how effective have they been?
8. Have you received any support or guidance from the AWSAD shelter home in developing healthy coping mechanisms? If so, can you describe the support you received and how it has helped you?
9. What changes in behavior have you developed and how do you cope with them in your day-to-day existence? This pertains to your behavior in school, amongst your neighbors, with friends,

and with family. Also, how did you respond to these changes?

10. How do you think the AWSAD shelter home could better support you in developing healthy coping mechanisms for the future?
11. What advice would you give to others based on your experiences? What kind of care should others take to prevent abuse?

APPENDIX C: Interview Guide for Key Informants

Personal information

Age: -----

Sex: -----

Grade: -----

Educational performance: -----

Place of residence: -----

Experience as a shelter worker/counselor: -----

The Interview questions

1. Can you please tell me your name and your profession?
2. How is the prevalence of child sexual abuse in the city?
3. What kind of services or assistances your institution provides for abused female children? What is your follow up mechanism?
4. What kind of methods you use to explain the case of survivor child?
5. What are the most psychological difficulties you observed from the victim child?
6. Why are people including abused children avoiding to talk about abuse or violence?
7. Are all abused female children equally suffering the consequences of effects of abuse?
8. What coping mechanisms have female sexually abused children in the AWSAD shelter home used to deal with their trauma? How have these coping mechanisms affected their overall well-being and recovery? Can you provide examples of specific coping mechanisms that have been particularly effective or ineffective? How can the AWSAD shelter home better support these children in their healing process and help them develop healthy coping mechanisms for the future?
9. How do you measure their change in their life after they join your institution (psychological)?
10. What kind of legal support is needed to protect children from abuse?
11. As a shelter worker or counselor what do you suggest to prevent child sexual abuse and to treat well victims children?
12. Generally how would you express the overall experience of abused children?

የስነ ትምህርት እና ባህርይ ጥናት ኮሌጅ ሳይኮሎጂ ትምህርት ክፍል ማስተርስ ዲግሪ

አባሪዎች

አባሪ ሀ: የአማርኛ እትም ጥያቄ

ፆታዊ ጥቃት ለደረሰባቸው ልጆች የተዘጋጀ መጠይቅ

አጠቃላይ መረጃ

የዚህ መጠይቅ አላማ የሴቶች ማረፊያና ልማት ማህበር (AWSAD) መጠለያ ቤቶች ውስጥ በሚኖሩ ጾታዊ ጥቃት የተፈጠሩባቸው ሴት ህጻናት የስነ-ልቦና ውጥረት ለመገምገም እንዲሁም የስሜት ጉዳት ደረጃን እና የመቋቋሚያ ዘዴያቸውን መፈተሽ ነው። በመጠይቁ ውስጥ አራት ክፍሎች አሉ። ተሳታፊዎችን የሚመለከት የስነ-ሕዝብ መረጃ በክፍል አንድ ውስጥ ይብራራል። ፆታዊ ጥቃት በተፈጠሩባቸው ህጻናት መካከል ያለው የስነ ልቦና ውጥረት በሁለተኛው ክፍል የኬስለር- 10 (K10)ን በመጠቀም ይገመግማል። የፕሮቴክሽን ፎክሊስት (ፕሲኤል- 5) በሦስተኛው ክፍል ከአሳቃቂ ሁኔታ ቧሩላ የሚመጠውን የጭንቀት ልምድን ስርጭት ለመገምገም ይጠቅማል። በመጨረሻም፣ የአዕምሮ ጤና መቃወስን መቋቋሚያ ስኬል (ኮፕ-28) በብዛት የሚሰሩትን የመቋቋሚያ ስልቶችን ለመገምገም ይጠቅማል። ስለሆነም በመጠይቁ ላይ ያለውን እያንዳንዱን ጥያቄ በቅንነት እንዲመልሱ በአክብሮት ተጠይቀዋል። የእርስዎ ምላሾች በሚስጥር ይጠበቃሉ እና ለምርመራ ዓላማዎች ብቻ ጥቅም ላይ ይውላሉ። ስምዎች እንዳይታወቅ ስምዎን የመጻፍ ግዴታ የለብዎትም። ጥያቄዎቹን ለማጠናቀቅ ከ 50 እስከ 60 ደቂቃዎች ይወስዳል።

ስለ ትብብርዎ በቅድሚያ አመሰግናለሁ!

እባክዎ የእርስዎን የስነ-ሕዝብ አወቃቀር መረጃ ለመወሰን ከታች ያሉትን እያንዳንዱን ጥያቄዎች በጥንቃቄ ያንብቡ እና በትክክል የሚገልጹዎትን ምላሽ ይምረጡ። መልስዎን (✓) በሳጥኑ ውስጥ በማድረግ ወይም ትክክለኛውን መልስ ባዶ ቦታ ላይ በመጻፍ ያመልክቱ።

የግል መረጃዎች

መመሪያ :- ከዚህ በታች የተዘረዘሩት ጥያቄዎች የዚህ መጠይቅ ተሳታፊዎችን የግል መረጃ የሚዳስሱ ናቸው። ስለሆነም ጥያቄዎቹን በጥንቃቄ ካነበባችሁ በኋላ እኔን ይወክላል በምትሉት ትይዩ መልስ ስጡ። እንዲሁም ሳጥን ላላቸው ጥያቄዎች (✓) ምልክት አስቀምጡ።

1. እድሜ: _____

2. በአሁን ጊዜ በትምህርት ገበታ ላይ ነሽ? አዎ አይደለሁም

3. የትምህርት ደረጃ: _____

4. የትውልድ ቦታ: _____

5. ሐይማኖት: ኦርቶዶክስ ፕሮቴስታንት ሙስሊም ካቶሊክ

ሌላ: _____

6. የስራ ሁኔታ: ተቀጣሪ የግል ሥራ ሥራ-አጥ

7. በህይወት የሌላ የቤተሰብ አባል: አባት እናት ሁለቱም

ኬስለር-10

መመሪያ: አሁን ደግሞ ባለፈው አንድ ወር ውስጥ ስለነበረዎት ስሜት እጠይቅዎታለሁ። ለእያንዳንዱ ጥያቄ አምስት ተመሳሳይ ምርጫዎች ይቀርብልዎታል፤ እያንድአንዱን መጠይቅ በትክክል ካነበቡ በኋላ አንዱን ብቻ መርጠው (✓) ምልክት ያስቀምጡ።

ተ.ቁ	እባክዎን ለእርስዎ ትክክል የሆነውን መልስ ላይ ምልክት ያድርጉ:	ሁል ጊዜ (5)	አብዛኛውን ጊዜ (4)	ለጥቂት ጊዜያት (3)	እምብዛም አይሰማኝም (2)	በፍጹም ተሰምቶኝ አያውቅም (1)
1	በዚህ 1 ወር ውስጥ ምን ያህል ጊዜ ያለ ምንም ምክንያት የድካም ስሜት ተሰምትዎት ነበር?					
2	በዚህ 1 ወር ውስጥ ምን ያህል ጊዜ የመጨነቅ ስሜት ተሰምትዎታል?					
3	በዚህ 1 ወር ውስጥ በጣም ከመረበሽዎ የተነሳ ምንም አይነት የሚያረጋጋዎት ነገር እንደሌለ ተሰምትዎታል ?					
4	በዚህ 1 ወር ውስጥ ምን ያህል ተስፋቢነት ተሰምትዎታል?					
5	በዚህ 1 ወር ውስጥ የመቁነጥነጥ ወይም እረፍት የማጣት ስሜት ምን ያህል ጊዜ ይሰማዎት ነበር?					
6	በዚህ 1 ወር ውስጥ እጅግ ከመቁነጥነጥ የተነሳ አንድ ቦታ መቀመጥ ያልቻሉበት ወቅት ምን ያህል ነበር?					
7	በዚህ 1 ወር ውስጥ የመደበት (የመጨጨን) ስሜት ምን ያህል ጊዜ ይሰማዎት ነበ?					
8	በዚህ 1 ወር ውስጥ ምን ያህል ጊዜ ምንም ሳይሰፍሩ ሲደክምዎት ነበር?					
9	በዚህ 1 ወር ውስጥ ተስፋ የመቁረጥ ስሜት ምን ያህል ጊዜ ይሰማዎት ነበር?					
10	በዚህ 1 ወር ውስጥ ምን ያህል ጊዜ ሁሉንም ነገር (ለምሳሌ መናገር ፣ መነሳት ፣ መሄድ ፣ የመሳሰሉትን) የግድዎን ያደርጉ ነበር?					

ፕሲኬል-5 ቅጽ

መመሪያ: ከዚህ በታች ያሉ የእክል መዘርዘሮች ሰዎች አንዳንድ ጊዜ ውጥረት ሲገጥማቸው የሚሰጧቸው ምላሾች ናቸው። እባኮዎን እያንዳንዱን እክል በጥንቃቄ ካነበቡ በኋላ በለፈው ወር ውስጥ ያሳሰቡትን ችግርል ክብሚያ መለክት ቁጥር ላይ ክብቡ።

ተ. ቁ	በለፈው ወር ከዚህ በታች ባሉ እክሎች ምን ያህል ተረብሸው ነበር?	በጭራሽ	በትንሹ	መካከለኛ	በመጠኑ	በጣም
1	ስለ ጥቃቱ በተደጋጋሚ የመረበሽ እና ያልተፈለጉ ትውስታዎች መኖር ?	0	1	2	3	4
2	ስለ ጥቃቱ ተደጋጋሚ የሚረብሹ ህልሞች ማየት?	0	1	2	3	4
3	በድንገት ያ ጥቃት እንደገና እየደረሰብዎ ያለ ያህል ወይም እዛ ጥቃት ላይ እንደገና እስካሉ እስኪመስሉት ድረስ ተሰምቶት ወይም ታይቶት ያውቃል?	0	1	2	3	4
4	ጥቃቱን የሚያስታውሱት ነገር ላይ ሲሆኑ በጣም የመናደድ ስሜት ይታይባቸዋል?	0	1	2	3	4
5	የሆነ ነገር ጥቃቱን ሲያስታውሱት በጣም ጠንከር ያለ አካላዊ ምላሽ (ለምሳሌ፡- እንደ ልብ ምት መጨመር ፣ መተንፈስ አለመቻል እና ማላብን) የመሳሰሉ ትን አሳይተው ያውቃሉ?	0	1	2	3	4
6	ስለ ጥቃቱ የሚያስታውሱትን ትውስታዎች ፣ ስሜቶች እና እሳቤዎች ማስወገድ ?	0	1	2	3	4
7	ውጫዊ የሆኑ ጥቃቱን የሚያስታውሱትን ነገሮች (ለምሳሌ፡ ሰዎች፣ በታ፣ ንግግር፣ እንቅስቃሴዎች፣ ነገሮች እና ሁኔታዎች) ማስወገድ እና ከነዚህ ነገሮች መራቅ ይታይባቸዋል?	0	1	2	3	4
8	የደረሰዎበትን ግብዓት ጥቃት ዋና /ጠቃሚ ትውስታዎችን ለማስታወስ መቻላት/አለመቻል ?	0	1	2	3	4
9	በጣም ጠንካራ የሆነ መጥፎ አመለካከት ስለራስዎ፣ ስለሌሎች ወይም ስለምትኖሩበት አለም በአጠቃላይ (ለምሳሌ፡ እኔ በጣም መጥፎ ነኝ፣ የሆነ በጣም ትልቅ ችግር አለብኝ እኔማ፣ ማንም አይታመንም እና አለምንም በአጠቃላይ አደገኛነት) ብሎ ማሰብ?	0	1	2	3	4
10	ራስዎን ወይም ሌሎችን ለደረሰብዎት ጥቃት ወይም ከዛ በኋላ ለተፈጠሩት ነገሮች ሁሉ መውቀስ ?	0	1	2	3	4
11	ጠንከር ያለ መጥፎ ስሜት ይሰማዎታል (ፍርሃት ፣ ንዴት ፣ የጥፋተኝነት ስሜት ወይም ሀፍረትን የመሳሰሉ)?	0	1	2	3	4
12	ከዚህ በፊት ያዝናናዎት እና ያስደስትዎት የነበርዎት ነገር ላይ ፍላጎት ማጣት ይታይባቸዋል ?	0	1	2	3	4
13	ከሌሎች የመራቅ ወይም ግንኙነትዎን የማቆም ስሜት ይታይባቸዋል ?	0	1	2	3	4
14	ጥሩ ስሜት ያለመሰማት ችግር (ለምሳሌ ደስተኛ መሆን አለመቻል) ?	0	1	2	3	4
15	በጣም የሚያበሳጭ ባህሪዎችን ማሳየት ፣ ንዴትን መቋቋም ም አለመቻል ወይም በሀይለኝነት ንዴትዎን መግለፅ ?	0	1	2	3	4

16	በጣም አደገኛ ነገሮችን ማድረግ ወይም ሊጎዳዎት የሚችሉ ነገሮችን ማድረግ ?	0	1	2	3	4
17	ሁሌም በጣም ጥንቁቅ ፣ በዙሪያዎ ያሉትን ነገሮች ሁሉ በደንብ መከታተል (ማየት)፣ ሙሉ ጥበቃ ላይ መሆን ?	0	1	2	3	4
18	ስጋት ወይም በቀለሉ መጨነቅ እና ድንጉጥ መሆን	0	1	2	3	4
19	ሀሳብን መሰብሰብ አለመቻል ?	0	1	2	3	4
20	እንቅልፍ ሊወስድ አለመቻል ወይም መተኛት አለመቻል ?	0	1	2	3	4

የአዕምሮ ጤና መቃወስን መቋቋሚያ ስኬል (ኮፕ-28)

መመሪያ:- ባለፈው ሳምንት የተሰማሽ /ሀን ስሜት መሰረት በማድረግ የሚከተሉትን ሀሳቦች ካነበብሽ/ክ በኋላ የምትስማ/ሚበትን ቁጥር (✓) ምልክት አስቀምጭ/ጥ።

1. እኔ ይህን ነገር ምንም አላደርግም
2. እኔ ይህን ነገር እስካሁን በትንሹ አደርገዋለሁ
3. እኔ ይህን ነገር እስካሁን በመጠኑ አደርገዋለሁ
4. እኔ ይህን ነገር እስከ አሁን ለብዙ ጊዜ አደርገዋለሁ

ተ.ቁ	ጥያቄዎች	1	2	3	4
1	ችግሩን ለመርሳት ሌላ ስራ ወይም ተግባር እሰራለሁ ?				
2	ስላላሁበት ችግር በአትኩሮት ለመስራት እጥራለሁ?				
3	የሆነውን ነገር እውነት እንዳልሆነ ለአዕምሮዬ እነግረዋለሁ ?				
4	ነፃነት እንዲሰማኝ አልኮል ወይም ሌላ መድሃኒት እጠቀማለሁ?				
5	ከሌሎች ሰዎች የማበረታቻ ድጋፍ እፈልጋለሁ ?				
6	ከችግሩ ጋር መጋፈጡን አቆማለሁ ?				
7	ሁኔታውን የተሻለ ለማድረግ የሆነ ድርጊት እተገብራለሁ ?				
8	ነገሩ እንዳልሆነ ወይም ምንም እንዳልተፈፀመ አምናለሁ?				
9	የያዘኝ መጥፎ ስሜት እንዲለቀኝ የሆነ ነገር እናገራለሁ?				
10	ከሌሎች ሰዎች እርዳታ /ምክር / አገኛለሁ /እፈልጋለሁ?				
11	ከሁኔታው ለመለቀቅ አልኮል ወይም ሌላ መድሃኒት እጠቀማለሁ?				
12	ነገሩን አወንታዊ /ጠቃሚ ለማድረግ ከተለያዩ አቅጣጫ አስባለሁ				
13	ራሴን እወቅሳለሁ ?				
14	ምን ማድረግ እንዳለብኝ ስትራቴጅ /ዘዴ እንድፋለሁ ?				
15	ሌሎች ሰዎች ሁኔታውን እንዲቀበሉኝና እንዲረዱኝ አደርጋለሁ?				
16	ሁኔታውን ለመቋቋም ርምጃ አልወስድም ?				
17	በሆነው ነገር ውስጥ መልካም ነገር ይሆናል ብዬ እፈልጋለሁ?				

18	ስለሁኔታው እቀልዳለሁ?				
19	ነገሩን ቀለል ለማድረግ ፊልም፣ ቴሌቪዥን እመለከታለሁ አነባለሁ፣ እተኛለሁ፣ ህልም አያለሁ?				
20	የሚሆነውንና የሁኔታውን እውነታ አምኜ እቀበለዋለሁ?				
21	ስለሁኔታው ያለኝን አሉታዊ ስሜት እገልጻለሁ?				
22	ራሴን በህይወጥነት ወይም በመንፈሳዊ እምነቶች አፅናናለሁ ?				
23	ምን ማድረግ እንዳለብኝ ከሌሎች ሰዎች ምክር ወይም እርዳታ እጠይቃለሁ/አገኛለሁ?				
24	ከሁኔታው ጋር ተለማምጄ እኖራለሁ ?				
25	ምን አይነት እርምጃ መውሰድ እንዳለብኝ ከልቤ አስባለሁ?				
26	ለሆኑት ነገሮች ሁሉ ራሴን ተጠያቂ አደርጋለሁ ?				
27	እፀልያለሁ ወይም ተመስጦ አደርጋለሁ?				
28	በሆነው ነገር እደሰትበታለሁ ?				

አባሪ ለ፡ ፆታዊ ጥቃት ለደረሰባቸው ቤት ልጆች የቃለ መጠይቅ መመሪያ

አጠቃላይ መረጃ

ዕድሜ፡-----

ት/ት ደረጃ፡-----

የትምህርት አፈጻጸም፡-----

የመኖሪያ አድራሻ፡-----

የቃለ መጠይቁ ጥያቄዎች

1. ጥቃቱን ከፈጸመው ጋር ያለዎትን ግንኙነት ምንነት መግለፅ ይችላሉ? ጥቃት ፈፃሚው ዘመድ ነው ወይስ እንግዳ ሊሆን ይችላል?
2. ፆታዊ ጥቃቱን የጀመረው በምን ሁኔታ ላይ ነው እና የጥቃት አጋጣሚዎች ምን ያህል ተደጋጋሚ ነበሩ? የአስቃቂ ባህሪው ቆይታ ምን ያህል ነበር?
3. ጥቃቱ መጀመሪያ ላይ የፈጸመው ሰው ዕድሜ ስንት ነበር?
4. ጥቃቱን ተከትሎ የወንጀለኛው አላማ ምን ነበር? ምስጢር እንድትይዝ አስገድደውህ ይሆን? ከሆነ፣ የእርስዎ ምላሽ ምን ነበር?
5. ጥቃት ከተፈጸመብሽ/ህ በኋላ ምን አይነት ችግሮች፣ ተፅዕኖዎች እና ስሜቶች አጋጥመሽ/ህ ነበር? ይህ ስነ ልቦናን ይጨምራል።
6. የጾታዊ ጥቃትን ጉዳት ለመቋቋም የተጠቀሙሽባቸውን የመቋቋሚያ ዘዴዎች መግለፅ ትችያለሽ? እነዚህ የመቋቋሚያ ዘዴዎች የፆታዊ ጥቃትን ጉዳት ለመቋቋም ምን ያህል ውጤታማ ሆነዋል?
7. ወደ የሴቶች ማረፊያና ልማት ማህበር (AWSAD) መጠለያ ቤት ከመጣሽ በኋላ አዲስ የመቋቋም ዘዴዎችን ሞክረዋል? ከሆነስ ምን ያህል ውጤታማ ሆነዋል?
8. ጤናማ የመቋቋሚያ ዘዴዎችን ለማዳበር ከየሴቶች ማረፊያና ልማት ማህበር(AWSAD) መጠለያ ቤት ምን አይነት ድጋፍ ወይም መመሪያ ተቀብለዋል? ከሆነ የተቀበልሽውን ድጋፍ እንዴት እንደረዳሽ መግለጽ ትችያለሽ?
9. ምን አይነት የባህሪ ለውጦችን አዳብረዋል እና በእላት ተእላት ህይወትሽ እንዴት ትቋቋሚያለሽ? ይህ በትምህርት ቤት፣ በጎረቤቶች፣ ከጓደኞች እና ከቤተሰብ ጋር ያለዎትን ባህሪ ይመለከታል። ታዲያ ለእነዚህ ለውጦች ምን ምላሽ ሰጠሽ?
10. የሴቶች ማረፊያና ልማት ማህበር (AWSAD) የመጠለያ ቤት ለወደፊቱ ጤናማ የመቋቋሚያ ዘዴዎችን በማዘጋጀት አንችን በተሻለ ሁኔታ የሚረዳሽ እንዴት ይመስልዋል?

11. ከተሞክሮህ በሞነሳት ለሌሎች ምን ምክር ትሰጩለሽ? ጥቃትን ለመከላከል ሌሎች ምን ዓይነት ጥንቃቄ ማድረግ አለባቸው?

አባሪ ሐ፡ ለቁልፍ መረጃ ሰጪዎች (የመጠለያ ሰራተኞች፣ የፕሮጀክት አስተባባሪዎች እና አማካሪዎች) የቃለ መጠይቅ መመሪያ

የግል መረጃ

ዕድሜ፡-----

ፆታ፡-----

የትምህርት ደረጃ፡-----

የመኖሪያ አድራሻ፡-----

እንደ የመጠለያ ሰራተኛ/አማካሪነት ልምድ፡-----

የቃለ መጠይቁ ጥያቄዎች

1. እባክህ ስምህ/ሽን እና ሙያህ/ሽን ንገረኝ?
2. በስተማው ውስጥ የሕፃናት ፆታዊ ጥቃት መስፋፋት እንዴት ነው?
3. የእርስዎ ተቋም ጥቃት ለደረሰባቸው ሴት ልጆች ምን ዓይነት አገልግሎት ወይም እርዳታ ይሰጣል? የመከታተያ ዘዴዎ ምንድነው?
4. የተረፈውን ልጅ ጉዳይ ለማብራራት ምን ዓይነት ዘዴዎችን ይጠቀማሉ?
5. ከተገኘው ልጅ በጣም የተመለከቷቸው የስነ-ልቦና ችግሮች ምንድን ናቸው?
6. ለምንድነው የተበደሉ ልጆችን ጨምሮ ሰዎች ስለጥቃት ወይም ጥቃት ከመናገር የሚቆጠቡት?
7. ሁሉም በደል የደረሰባቸው ሴት ልጆች በደል የሚያስከትለውን መዘዝ እኩል እየተሰቃዩ ነው?
8. በሴቶች ማረፊያና ልማት ማህበር (AWSAD) መጠለያ ቤት ውስጥ ያሉ ጾታዊ ጥቃት የደረሰባቸው ህጻናት የደረሰባቸውን ጉዳት ለመቋቋም ምን ዓይነት የመቋቋሚያ ዘዴዎች ተጠቅመዋል? እነዚህ የመቋቋሚያ ዘዴዎች አጠቃላይ ደህንነታቸውን እና ማገገማቸውን እንዴት ነክተዋል? በተለይ ውጤታማ ወይም ውጤታማ ያልሆኑ የተወሰኑ የመቋቋሚያ ዘዴዎችን ምሳሌዎችን ማቅረብ ትችላለህ? በሴቶች ማረፊያና ልማት ማህበር መጠለያ ቤት እነዚህን ልጆች በፈውስ ሂደታቸው በተሻለ ሁኔታ መደገፍ እና ለወደፊቱ ጤናማ የመቋቋሚያ ዘዴዎችን እንዲያዳብሩ እንዴት ሊረዳቸው ይችላል?
9. ወደ ተቋምዎ ከተቀላቀሉ በኋላ በሕይወታቸው ውስጥ ያላቸውን ለውጥ እንዴት ይለካሉ (ሥነ-ልቦና)?
10. ህፃናትን ከጥቃት ለመጠበቅ ምን ዓይነት የህግ ድጋፍ ያስፈልጋል?
11. እንደ መጠለያ ሰራተኛ ወይም አማካሪ የህጻናትን ወሲባዊ ጥቃት ለመከላከል እና ተገኝዎችን በጥሩ ሁኔታ ለመያዝ ምን ትጠቁማላችሁ?

12. በአጠቃላይ ጥቃት የሚደርስባቸውን ልጆች አጠቃላይ ልምድ እንዴት ይገልጹታል?