The Lived Experiences of Women with Physical Impairment Surviving Sexual Violence: A Phenomenological Inquiry

By: - Addisu Alamrew

P.I. Code: 8105

Enrollment No: 109100826

Advisor: - Habtamu Mekonneen (Ph.D.)

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Indira Gandhi National Open University Maidan Garhi, New Delhi-110068

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Addis Ababa, Ethiopia.

DECLARATION

I hereby declare that the dissertation "**THE LIVED EXPERIENCES OF WOMEN WITH PHYSICAL IMPAIRMENT SURVIVING SEXUAL VIOLENCE: A PHENOMENOLOGICAL INQUIRY"** submitted by me for the partial fulfillment of the MSW to Indira Gandhi National Open University, (IGNOU) New Delhi is my own original work and has not been submitted earlier, either to IGNOU or to any other institution for the fulfillment of the requirement for any other program of study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

Place: Addis Ababa, Ethiopia

Date: November, 2016

Signature: ----------

Enrolment No.: 109100826

Name: Addisu Alamrew

Address: Dessie, Ethiopia

Mobile: +251 910170740

E-mail: addislife1972@gmail.com.

CERTIFICATE

This is to certify that **Mr. Addisu Alamirew** Student of MSW from Indira Gandhi National Open University, New Delhi was working under my supervision and guidance for his Project Work for the Course **MSWP-001**. His Project Work entitled "**THE LIVED EXPERIENCES OF WOMEN WITH PHYSICAL IMPAIRMENT SURVIVING SEXUAL VIOLENCE: A PHENOMENOLOGICAL INQUIRY"** which he is submitting, is his genuine and original work.

Place: Addis Ababa, Ethiopia

Date: November, 2016

Signature: ----------

Name: **Habtamu Mekonneen (Ph.D.)**
Address of the Supervisor: Addis Ababa, Ethiopia

Mobile: +251 911332537

E-mail: habtusocialwork@yahoo.com.

Abbreviations

ART	Anti-Retroviral Treatment
CDC	Center for Disease Control
HIV	Human Immune Virus
HTPs	Harmful Traditional Practices
IPA	Interpretative Phenomenological Analysis
KA	Kebele Administration
MSW	Master of Social Work
Ph.D.	Doctor of Philosophy
PTSD	Post Traumatic Stress Disorder
PwDs	Persons with Disabilities
STIs	Sexual Transmitted Infections
VAWA	Violence Against Women Act
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
WRC	Women's Refugee Commission

Abstract

Women with physical impairment surviving sexual violence have been repeatedly overlooked in violence against women research. As a result, we know little about the experiences and needs of women with physical impairment surviving sexual violence. The participants of this study were made up of 5 women with physical impairment surviving sexual violence.

This study was qualitative in nature and the data was obtained by using an in-depth interview. Using phenomenology as a research design, the investigator used qualitative questions to gain deeper understanding of sexual violence. Open-ended, unstructured interviews focused on the lived experience of surviving sexual violence and the impact that this experience had had on the survivors' sexual behavior were explored.

The purpose of this study was to describe the lived experience of survivors of sexual violence against women with physical impairment. From participants' lived experience, Nuclei of meanings emerged from the statements and hence nine themes were extracted: (a) Shame and Embarrassment, (b) Help-seeking, (c) relationships to the perpetrator(s), (d) disclosure, (e) Re-victimization, (f) Affective responses, (g) Trouble with intimate relationships, (h) support system and (i) physical effects of sexual assault.

Key words: *Sexual violence, women with physical impairment, and phenomenology.*

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A special thanks goes to Sister Sofia Hussein for her kind arrangement of research participants for the phenomenological in-depth interview in close collaboration with Dessie-Kombolcha Community Based Rehabilitation for People with Disabilities Project Community Workers'.

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CHAPTER I: INTRODUCTION

1.1. Background of the study

(Suzuki, 2007) Suggests that the researcher's perspective is tied to his level of experience within the community under study. I have a direct experience working with people with disabilities for the last 8 years. I have been working as a social worker in Dessie Physical Rehabilitation Center for two years; I have been also working as Project Coordinator and then Program Officer in Dessie-Kombolcha Community Based Rehabilitation for People with Disabilities Project for about 6 years. This gave me rich information and insight to understand the suffering of women with disabilities. Especially while I was a social worker I had a privilege to visit people with disabilities at their home settings. During the home visits I heard many touching stories about the abuse of women with disabilities. As a practitioner I have attempted to link them to have access to psychosocial and economical rehabilitations with development actors. However, often it came to my mind to know more about the problem and then devise the possible preventive and curative mechanisms. Hence, I have been interested in and re-searching sexual violence since my exposure of working with women with disabilities in general and women with physical impairment in particular.

As a result, many of the most fundamental questions in the field of the study cannot be answered relative to this population. For example, what is the nature of sexual violence for physically impaired women? What characterizes the lived experiences of these women who have survived rape? Do perpetrator characteristics differ? How do physically impaired women face in the aftermath of surviving sexual violence? What services do these women want and need? And perhaps most importantly, who is paying attention? Given the paucity of information available on this topic, this study was exploratory in nature and used a phenomenological approach. Open-ended, unstructured interviews focused on 1) the lived experience of surviving sexual violence and 2) the impact that this experience had had on the survivors' sexual behavior.

1.2. Statements of the Problem:

Women with disabilities rank issues of violence as their most important research and health priorities (Curry M. H.-P.-S., 2001). Despite an apparent consensus on the importance of and need

for research on violence against women with disabilities, the issue remains an understudied social problem. A review by (Curry M. H.-P.-S., 2001)) found that "there is practically no literature regarding the risk of abuse, women's experiences of abuse, and barriers to seeking help among women with disabilities" (p. 60), and that "the absence of attention to this issue from both disability and violence researchers has contributed to the 'invisibility' of the victimization of women with disabilities" (p. 68). The small body of existing research on violence against persons with disabilities has identified a wide range of prevalence rates. Based on a review of research, (Chappell, 2003) concluded that "women with disabilities face an epidemic of monumental proportions" (p. 12).

Indeed, it is common in the literature to see very high estimates of violence against persons with disabilities, such as being 50% more likely to encounter abuse than the rest of the population (Hightower, 2003)or having 2 to 5 times the likelihood of abuse compared to nondisabled persons (Melcombe, 2003). Other research suggests less extreme disparities in risk between those with and without disabilities.

A study for the Ontario Ministry of Community and Social Services in which 62 Toronto women were sampled found that 33% of those with disabilities were physically abused compared to 22% of those without disabilities. In the same study, however, women with disabilities were less likely to report having been sexually abused (23% vs. 31%).

In an effort to gather an in depth understanding and insight on the phenomena of sexual violence through qualitative method (phenomenological technique), the student researcher will unravel the lived experiences of survivors of women with physical impairment thereby proposing possible recommendations for preventive and curative interventions.

1.3. Research Questions

1. What is the nature of sexual violence for physically impaired women?
2. What characterizes the lived experiences of these women who have survived rape?
3. How do physically impaired women face in the aftermath of surviving sexual violence
4. What services do these women want and need? Who is paying attention?

1.4. Objectives

1.4.1. General Objective

To understand the lived experience of survivors of sexual violence against physically impaired women in Dessie City, Ethiopia.

1.4.2. Specific Objectives

- To explore the nature of sexual violence for physically impaired women
- To understand the characteristics of women with physical impairment who survived sexual violence against
- To describe the aftermath of surviving sexual violence against women with physical impairment
- To describe services needed by women with physical impairment who survived sexual violence

1.5. Significance of the Study

The study unveiled deep insight about the lived experiences of survivors of sexual violence against physically impaired women in Dessie town. The outcome of the study will help to design a program to alleviate the encountered problems for survivors of sexual violence in the study area and in areas with similar settings elsewhere in the country. Since the student researcher has been working for many years with a Community Based Rehabilitation Project that aimed to provide care and support for people with disabilities, the study unraveled important findings such as the importance of preventive and rehabilitative activities related to sexual violence for policy makers and program managers. The findings from this research are complementing to the existing body of knowledge on the area.

1.6. Definitions of key Terms

Physical impairment is a kind of impairment that limits a person's physical capacity to move, coordinate actions, or perform physical activities. It is also accompanied by difficulties in one or

more of the following areas: physical and motor tasks, independent movement; performing daily living functions.

Sexual violence is a broad term that encompasses numerous forms of sexual abuse and exploitation, including but not limited to rape, sexual assault and child sexual abuse. ; "It is an event that occurred without the girl or woman's consent that involved force or threat of force, and that involved sexual penetration of the victim's vagina, mouth, or rectum" (p. 2).

Completed/performed rape: - is defined as any nonconsensual penetration of the vagina, penetration obtained by physical body harm, by threatening or deception or when the victim is incapable of giving consent.

Attempted Rape: - is defined as a trial to have sexual intercourse without consent of a woman but without penetration of the vagina

Sexual Assault by non-intimate Partner: - is defined as physically forced or otherwise coerced penetrative sex by anyone apart from a husband or a regular partner

Forced first intercourse: - experience of forced or coerced penetration at first sexual intercourse (first coitus) at and after age 15; it includes when the first sex was unwanted, unexpected, tricked.

Sexual Harassment: - is defined as any act of unwanted sexual behaviors including physical contacts, verbal comments, jocks, questions and suggestions that are intentionally done on a women. Van Manen, M. (1990).

Phenomenology may be broadly defined as the study of lived experience with an aim toward "gaining a deeper understanding of the nature or meaning of our everyday experiences" (Van Manen, 1990).

1.7. Chapter plan

This proposal consists of five chapters.

The first chapter is an introduction. This chapter comprises background of the study, statement of the problem, research questions, objectives, significance of the study and definition of key terms.

The Second chapter shall deal with research design and methodology. This chapter discusses research designs and framework, universe of the study, sample, data collection tools, data analysis, ethical consideration and trustworthiness.

The fourth chapter shall deal with results and discussion. The major findings of the study have been presented in this section. In discussion part, the major findings of the study are compared with the already available literatures.

The fifth chapter deals with conclusions and implications. Conclusions and implications born from the findings have been crafted.

CHAPTER II: THE REVIEW OF THE LITERATURE

2.1. Overview

There are over one billion people with disabilities in the world, corresponding to about 15 percent of the world's population, and disability disproportionately affects vulnerable populations. The number of girls and women with disabilities is substantial and the 2011 World Report on Disability indicates that the female disability prevalence rate is 19.2 percent, where as it is 12 percent for men. (World Health Organization, 2011)

In low and middle income countries, this ratio is even more skewed, as women with disabilities comprise three-fourth of all disabled people in these countries. 65-70 percent of women with disabilities in low and middle income countries live in rural areas. (Wolrd Bank, 2012)

Women with disabilities rank issues of violence as their most important research and health priorities (Curry M. H.-P.-S., 2001). Despite an apparent consensus on the importance of and need for research on violence against women with disabilities, the issue remains an understudied social problem. A review by (Curry M. H.-P.-S., 2001)found that "there is practically no literature regarding the risk of abuse, women's experiences of abuse, and barriers to seeking help among women with disabilities" (p. 60), and that "the absence of attention to this issue from both disability and violence researchers has contributed to the 'invisibility' of the victimization of women with disabilities" (p. 68).

In spite of local and global efforts to decrease the incidence of sexual violence, rates of rape and sexual violence have not significantly declined in the past three decades of violence against women research (Campbell R. , 2005) estimates vary; however, frequently cited statistics suggest that between one in four and one in eight women have been sexually victimized within their lifetime (Elliott, 2004). Over 50% of rapes (by any type of perpetrator) occur before the age of 18, 54% for women and 75% for men, respectively (Tjaden, 2000)Accurate prevalence data are elusive due to a number of issues, including varying operational definitions (Cook S. G., 2011)and underreporting.

Rape and sexual trauma are associated with long-ranging mental and physical health problems, presumably among individuals of all sexual orientations (Campbell R. S., 2004); Centers for

Disease Control [CDC], 2004; (Yuan, 2006)) and at one time, survivors of rape represented the largest number of individuals with post-traumatic stress disorder (Foa, 1998). Sexual violence is a systemic problem and its causes and consequences are nested and far-reaching. Third party victimization occurs when friends, family, counselors or other care workers attend to survivors.

Women with disabilities rank issues of violence as their most important research and health priorities (Curry M. H.-P.-S., 2001)despite an apparent consensus on the importance of and need for research on violence against women with disabilities, the issue remains an understudied social problem. A review by (Curry M. H.-P.-S., 2001)found that "there is practically no literature regarding the risk of abuse, women's experiences of abuse, and barriers to seeking help among women with disabilities" (p. 60), and that "the absence of attention to this issue from both disability and violence researchers has contributed to the 'invisibility' of the victimization of women with disabilities" (p. 68).

Although there is a dearth of research on violence against persons with disabilities, there is an even greater paucity of research on women with disabilities who experience violence by an intimate partner. One possible explanation for a lack of attention to partner violence against women with disabilities concerns societal myths of these women as single and asexual (Barnett, 2005).

It is ironic to note, research suggests that the most common perpetrators of violence against women with disabilities are their male partners. (Milberger, 2003)found that 56% of a nonrandom sample of 177 women with disabilities reported abuse, and the abusers were typically their male partners. The Disabled Women's Network of Canada (DAWN) surveyed women with disabilities and found that the most common perpetrators of violence were current or former intimate partners (J., 1989). In (Young, 1997, December)study of violence against women with physical disabilities, intimate partners were most likely to be the perpetrators of physical and emotional abuse.

In fact, the sampled women with disabilities were equally as likely as those without disabilities to report having experienced violence by husbands and/or live-in partners, with 30% of each group reporting any experience of partner violence in their lifetime. However, (Young, 1997, December)used a sample that was representative neither of women with nor without disabilities.

As a result, it is not possible to comment on the risk for partner violence against women with disabilities relative to women without disabilities.

The CDC's Rape Prevention Education (RPE) program is one of the leading mechanisms for supporting primary prevention efforts around rape and sexual violence. The Violence against Women Act (VAWA) of 1994 passed by congress established the CDC's RPE to serve as a funding and training entity for national primary prevention efforts. In an evaluation of the program, RPE grantees outlined a number of weaknesses and areas in need of improvement.

One of the goals of the RPE is to encourage prevention efforts that target vulnerable populations. It is reported that rape and sexual assault services are scarce but also non-existent for survivors of sexual violence against women with disabilities in a disability sensitive manner.

2.2. Prevalence of Violence against Women with Disabilities

The prevalence of abuse among women in general has been fairly well documented, yet only a few North American studies (Sobeye, 19194), primarily from Canada, have examined the prevalence among women with disabilities. The Disabled Women's Network of Canada ((J., 1989)) surveyed 245 women with disabilities and found that 40% had experienced abuse; 12% had been raped. Perpetrators of the abuse were primarily spouses and ex-spouses (37%) and strangers (28%), followed by parents (15%), service providers (10%), and dates (7%).

Less than half these experiences were reported, due mostly to fear and dependency. Ten percent of the women had used shelters or other services, 15% reported that no services were available or they were unsuccessful in their attempts to obtain services, and 55% had not tried to get services. (Sobeye, 19194)) conducted a study of 166 abuse cases handled by the University of Alberta's Sexual Abuse and Disability Project.

The sample was 82% women and 70% persons with intellectual impairments, and covered a very wide age range (18 months to 57 years). In 96% of the cases, the perpetrator was known to the victim; 44% of the perpetrators were service providers. Seventy-nine percent of the individuals were victimized more than once. Treatment services were either inadequate or not offered in 73% of the cases.

The Ontario Ministry of Community and Social Services (*Toronto Star*, April 1, 1987) surveyed 62 women and found that more of the women with disabilities had been battered as adults

compared to the women without disabilities (33% versus 22%), but fewer had been sexually assaulted as adults (23% versus 31%).

An extensive assessment of the sexuality of non-institutionalized women with disabilities, which included comprehensive assessment of emotional, physical, and sexual abuse, was conducted by the Center for Research on Women with Disabilities (CROWD) through a grant from the U.S. National Institutes of Health. This study also covered other areas that may be associated with abuse, such as sexual functioning, reproductive health care, dating, marriage, parenting issues, and the woman's sense of self as a sexual person.

The design of the study consisted of (1) qualitative interviews with 31 women with disabilities, and (2) a national survey of 946 women, 504 of whom had physical disabilities and 442 who did not have disabilities. Disabilities reported most frequently included spinal cord injury, cerebral palsy, muscular dystrophy, multiple sclerosis, and joint and connective tissue diseases.

Abuse issues emerged as a major theme among the 31 women interviewed in the first phase of this study. An analysis of reports of abuse in those interviews was described by (Nosek M. e., 1995). Twenty-five of the 31 women reported being abused in some way. Of 55 separate abusive experiences, 15 were reported as sexual abuse, 17 were physical (nonsexual) abuse, and were emotional abuse.

The findings from the qualitative study were used to develop items for the national survey. Two pages of the 51-page survey were devoted to abuse issues, encompassing more than 80 variables, including type of abuse by perpetrator and age when abuse began and ended, plus two open-ended questions. Analyses of these data ((Young, 1997, December)have revealed that abuse prevalence (including emotional, physical and sexual abuse) was the same (62%) for women with and without disabilities.

There were no significant differences between percentages of women with and without disabilities who reported experiencing emotional abuse (52% versus 48%), physical abuse (36% in both groups), or sexual abuse (40% versus 37%). The most common perpetrators of emotional and physical abuse for both groups were husbands, followed by mothers, then fathers.

Emotional abuse by husbands was reported by 26% of all women in both groups; physical abuse by husbands was reported by 17% of all women with disabilities and 19% of all women without

disabilities. The most common perpetrator of sexual abuse was a stranger, as reported by 11% of women with disabilities and 12% of women without disabilities.

Women with disabilities were significantly more likely to experience emotional and sexual abuse by attendants and health care workers. Women with disabilities reported significantly longer durations of physical or sexual abuse compared to women without disabilities (3.9 years versus 2.5 years).

2.3. Abuse Interventions for Women with Disabilities

There have been virtually no studies that examine the existence, feasibility, or effectiveness of abuse interventions for women with disabilities. In both the disability rights movement and the battered women's movement, it is generally acknowledged that programs to assist abused women are often architecturally inaccessible, lack interpreter services for deaf women, and are not able to accommodate women who need assistance with daily self-care or medications (Nosek M. H., 1998)Merkin and Smith (1995), in discussing the needs of deaf women, state that counseling is more effective when sensitive to deaf culture issues and appropriate communication techniques.

Crisis interventions typically include escaping temporarily to a woman's shelter, having an escape plan ready in the event of imminent violence if the woman chooses to remain with the perpetrator, and escaping permanently from the abuser.

These options may be problematic for the woman with a disability if the shelter is inaccessible or unable to meet her needs for personal assistance with activities of daily living, if the shelter staff are unable to communicate with a deaf or speech-impaired woman, if she depends primarily on the abuser for assistance with personal needs and has no family or friends to stay with, or if she is physically incapable of executing the tasks necessary to implement an escape plan such as packing necessities, hiding money, and driving or arranging transportation to a shelter or friend's home.

list four requirements for effective victim services for women with disabilities. First, service providers need to provide adequate assessment of survivors, including questions about disability-related issues. Second, abuse service providers should be trained to recognize and effectively respond to needs related to the disability, and disability service providers should be trained in recognizing and responding to physical and sexual trauma. Third, barriers to services should be eliminated by providing barrier-free information and referral services, by ensuring physical

accessibility to facilities, by providing 24-hour access to transportation, to interpreters, and to communication assistance, and by providing trained personnel to monitor risks and respond to victims receiving services through disability programs. Finally, persons with disabilities who are dependent on caregivers, either at home or in institutions, may need special legal protection against abuse.

The National Domestic Violence Hotline keeps a database of battered women's shelters throughout the country, with indications of their architectural accessibility and the availability of interpreter services. Although the hotline is equipped with telecommunication devices for persons who are deaf, it is rarely used. The National Coalition Against Domestic Violence has issued a manual that gives specific guidelines for battered women's programs on implementing accessibility modifications according to the requirements of the Americans with Disabilities Act and increasing sensitivity and responsiveness among program staff to the needs of abused women with disabilities (Violence.).

2.4. Critique of Studies on Abuse and Disability

Until recently, the problem of abuse among people with disabilities has received very little attention. Early studies suffered from many methodological weaknesses. Essential constructs and variables important to statistical analysis were rarely defined. There was a particular lack of distinction among emotional, physical, and sexual abuse.

The studies used unstandardized measurement instruments and techniques. Global references were made to the type of abuse, for example, emotional versus sexual; however, there was little attempt to document or categorize specific incidents by perpetrator. Samples in these studies were generally quite heterogeneous in terms of disability type, gender, and age. There was also the use of convenience sampling, such as using clients of intervention programs or police reports, as opposed to representative or random sampling. Statistical analyses rarely go beyond frequencies and measures of central tendency.

Due to the heterogeneity of the samples, analyzing specific experiences of individuals with specific characteristics (such as sexual abuse among adult women with mental illness) would result in subsamples too small to allow the use of more sophisticated analytic procedures. The recent study

by the Center for Research on Women with Disabilities addressed a number of these issues. It had clearly defined variables; assessed types of abuse, perpetrator, and duration of abuse; sampled a broad range of women nationwide, including an able-bodied comparison group; and was restricted to a defined sample of adult women with physical disability. The issue of designing and implementing appropriate intervention studies for women with disabilities has received no attention beyond observation and speculation

2.5. Partner Violence against Women with Disabilities: Prevalence, Risk, and Explanations

Given that most research has focused on persons with developmental disabilities, typically examining sexual abuse (Curry M. H.-P.-S., 2001)one would expect relatively little debate about the prevalence of violence against persons with developmental disabilities. However, (Newman, 2000)argued that there is little evidence for the common assumption that persons with developmental disabilities are at greater risk for violence than persons without developmental disabilities, and they concluded that "until that notion is supported, it may be prejudicial to assume that people with developmental disabilities are especially vulnerable" (p. 165). Clearly, current knowledge provides an insufficient basis on which to identify the prevalence of violence against persons with disabilities.

Although there is a dearth of research on violence against persons with disabilities, there is an even greater paucity of research on women with disabilities who experience violence by an intimate partner. One possible explanation for a lack of attention to partner violence against women with disabilities concerns societal myths of these women as single and asexual (Barnett, 2005). It is ironic to note, research suggests that the most common perpetrators of violence against women with disabilities are their male partners. (Milberger, 2003) found that 56% of a nonrandom sample of 177 women with disabilities reported abuse, and the abusers were typically their male partners.

The Disabled Women's Network of Canada (DAWN) surveyed women with disabilities and found that the most common perpetrators of violence were current or former intimate partners ((J., 1989)In Young et al.'s (1997) study of violence against women with physical disabilities, intimate partners were most likely to be the perpetrators of physical and emotional abuse. In fact, the sampled women with disabilities were equally as likely as those without disabilities to report

having experienced violence by husbands and/or live-in partners, with 30% of each group reporting any experience of partner violence in their lifetime.

However, (Young, 1997, December)) used a sample that was representative neither of women with nor without disabilities. As a result, it is not possible to comment on the risk for partner violence against women with disabilities relative to women without disabilities with any measure of confidence. The purposes of the current study were (a) to identify whether Canadian women with disabilities report an elevated risk for partner violence compared to their counterparts without disabilities and, if so; (b) to examine the extent to which disabled women's risk is elevated; and (c) to examine risk markers derived from potential explanations in terms of their impact on, and the extent to which they account for an elevated risk of, partner violence against women with disabilities.

2.6. Relationship Factors

A commonly cited risk marker for violence against women with disabilities is dependence. To the extent that persons with disabilities are dependent, differences in power may result that, in turn, could lead to abuse (Petersilia, 2001)). One indication of potential dependence on a relationship is the couples' education compatibility (Anderson, 2003). The more education resources a woman with disabilities has relative to her partner, the more power she should have in the relationship. Disabled women with fewer relative education resources may be more dependent, less powerful, and thus more prone to violent victimization.

Another relationship factor that is known to affect partner violence against women is duration of relationship. The rate of disability in Canada increases with age ((Canada., 2000). Because duration of relationship also tends to increase with age (Brownridge, 2006)), one would expect women with disabilities on average to have longer duration unions. If disability increases the likelihood of violence and disability is more likely among longer duration unions, one might expect that union duration will be positively related to partner violence against women with disabilities.

On the other hand, research shows that duration of relationship is negatively related to violence against women in the general population (Brownridge, 2006). Based on this research, one would expect partner violence to be more likely among women with disabilities who have been in their relationship for a relatively short duration. In the absence of empirical evidence, it was not possible

to choose one hypothesized direction of the relationship between duration and partner violence against women with disabilities over the other.

2.7. Victim-Related Characteristics

At the outset, it must be understood that an examination of victim-related characteristics does not equate to a victim-blaming approach. Indeed, the importance of including victim-related characteristics is widely acknowledged in the literature on violence against persons with disabilities ((Curry M. H.-P.-S., 2001)For instance, (Nettelbeck, 2002)wrote that "although any instance of victimization is dependent on offender attributes and behaviors, victim attributes and behaviors will also contribute" (p. 47).

Proponents of including victim-related characteristics typically argue that denial of the potential for victim-related characteristics to affect violence suggests that individuals do not have the power to reduce their risk (Nettelbeck, 2002)Although some victim-related characteristics may be amenable to change on an individual level, there are others that are less easily changed by the individual. The latter are typically "the result of a failure of health and social policy to adequately address the needs of persons with disabilities".

Empirical evidence for the impact of these victim-related characteristics would direct prevention efforts toward formative changes in health and social policy. Victim-related characteristics stemming from socioeconomic status (SES) have been identified as potentially affecting the likelihood of violence. Women with disabilities are more likely than nondisabled women to be of low SES. They tend to have lower educational attainment than women without disabilities, and disability and lower educational attainment are barriers to employment (Nosek M. e., 1995).

The unemployment rate among women with disabilities has been identified as being as high as 75% ((Melcombe, 2003). This results in women with disabilities being more likely to live in poverty (Curry M. H.-P.-S., 2001)Low SES has generally been associated with violence against women (Barnett et al., 2005). Hence, it is expected that women with disabilities will score lower on SES indicators and that this will increase their likelihood of experiencing partner violence. As noted above, the rate of disability increases with age.

It has been suggested that "older age greatly increases the risk of disabilities, particularly for women, with concomitant risks of violence and abuse". A woman's age is associated with her risk for partner violence, though the relationship is usually negative (Brownridge, 2006)As well, the prevalence of disability is higher among Aboriginal than non-Aboriginal Canadians (Melcombe, 2003)), and Aboriginal status is strongly associated with an increased risk for violence against women in Canada (Brownridge, 2006)). Given an association between each of these victim-related characteristics (age and Aboriginal status) and violence against women, these variables needed to be controlled in the current study.

2.8. Perpetrator-Related Characteristics

Feminist disability theorists essentially view women with disabilities as being in a position of double vulnerability. This approach directs attention toward the fact that women with disabilities live in a society that is at once disablist and patriarchal (Curry et al., 2001; Thomson, 1994). Research has found an association between violence against women and male patriarchal domination (Brownridge, 2006)and male espousal of patriarchal ideology and beliefs (Smith, 1990). It is possible that women with disabilities are perceived by men who espouse a patriarchal ideology as being less difficult to dominate, which may include domination through violence. Although women with disabilities are in a position of double vulnerability, (Petersilia, 2001)noted that "vulnerability by itself is rarely, if ever, sufficient to motivate a crime.

The potential victim must have something the offender wants or have the ability to produce an event the offender finds desirable" (p. 676). One key factor identified by (Petersilia, 2001)as motivating many crimes against persons with disabilities is the effort to gain control over the victim's behavior. Evolutionary psychology directs attention to men's need to maintain control over "their sexual property" (Wilson & Daly, 1998). Sexual proprietaries, in terms of male sexual jealousy and possessive behavior, has been linked to violence against women (Brownridge, 2006)Men who are sexually proprietary may be more likely to act violently toward women with disabilities to gain or maintain control over "their sexual property."

A final perpetrator-related characteristic is substance abuse. Men who feel affected by their partner's disability, particularly if they are the primary caregiver, may experience (Milberger, 2003). Such dependency-stress models suggest that caregivers who cannot cope with the stress of

caregiving abuse their charges (Petersilia, 2001).One indirect indication of stress that has also been linked to partner violence against women is heavy alcohol consumption (Johnson, 2001). The study found that disabled women were more likely to be victims of violence related to alcohol or drug use than were disabled men. Although the study demonstrated that substance use can play a role in violence against persons with disabilities, and particularly women, the fact that the sample included only persons with disabilities rendered the research unable to speak to the extent to which substance abuse is responsible for violence against women with disabilities relative to nondisabled women.

CHAPTER III: RESEARCH DESIGN AND METHODOLOGY

3.1. Study Design and framework

The study employed qualitative methods such Phenomenological inquiry with the assumption to explore the lived experiences of women who have survived sexual violence. The lived experiences and perceptions of research participants have thoroughly narrated through story telling. By so doing core themes and subthemes are identified through Interpretive Phenomenological Analysis (IPA). This study is uncovering the lived experiences of surviving sexual violence for these women, including if and how experiencing sexual violence impacts their sexual behavior. Phenomenological psychologists describe numerous approaches to phenomenology, each rooted in a different philosophical tradition with each tradition providing guidelines rather than rules for inquiry (Hein, 2001).

The current study is grounded in a feminist framework, aligned with what some qualitative researchers may describe as a feminist constructional hermeneutical phenomenology (Schwandt, 1994) using a multidimensional lens of understanding individual's experiences (Hutchinson, 2001). This is to say that women may experience rape differently based on their positions in society.

3.2. Universe of the Study

The universe of the study was all women with physical impairment who survived sexual violence in Dessie City, Amhara Region, Ethiopia. According to Dessie Physical Impairment Association Registration Book, there are 310 people with physical impairments (163 are female).

3.3. Sample

(Polkinghorne, 1989) recommends that researchers interview from 5 to 25 individuals who have all experienced the phenomenon. Hence, five women with physical impairment who survived sexual violence were selected. I used a purposive sampling of five participants since physically impaired women, particularly those who have experienced sexual violence, constitute a relatively

small and hidden population. These women also experienced multiple forms of stigma due to their disability and histories of victimization.

Eligibility criteria for the targeted participants in this phenomenological inquiry were those whose age is greater than or equal to 18; survivors of sexual violence women with some kind of physical impairment and those who were willing and able to speak about their lived experiences. Once participants met all of the criteria for participation based on the phone interview an appointment for a face-to-face interview was arranged. The interviews have been conducted in a private office with only the participants (individually) and researcher present.

3.4. Data Collection: Tools and Procedures

The method for data collection was participant in-depth interviews. As a purposive non-random respondent-driven sampling technique, I invited five women with physical impairment who survived sexual violence purposely and whom I believed fitting the aforementioned criteria of selection. Since I had been working with Community Based Rehabilitation Project with people with disabilities in project interventions for many years, I have a good rapport with the research participants. Hence, I told social workers of the project to recruit women with physical impairment who survived sexual violence.

I briefly explained the purpose of the research project to prospective participants who were scheduled to contact me. I informed them that the interview will be expected to last for about one and a half to two hours. I will verify that interested participants will be at least 18 years old and we will schedule a time for the in-person interview, which will be occurred at a mutually agreed upon location.

After explaining the study procedures and answering respondents' questions, I have asked them for informed consent (orally) and discussed the voluntary nature of the study, including participants' option to end the interview at any time for any reason. Next, I have asked women to discuss their experience of sexual violence, their sexuality, and if experiencing sexual violence impacted their sexuality. The interview were concluded with a brief conversation about the follow-up interview.

Some of the interviewees were engaged in the optional follow-up meetings where we will review my notes and discuss any thoughts, feelings or memories that had emerged since the initial interview.

3.5. Data Analysis

As in most phenomenological research, recruitment, interviewing, transcription, coding, theme generation and reflection occurred simultaneously as iterative processes. I transcribed interviews from the original audio recordings and de-identified them by using pseudonyms that the participants chosen. Participants offered the option to choose their own pseudonyms and gave me accordingly. I conducted interpretive phenomenological analysis (IPA) guided by Shaw (2010) and Smith, Jarman and Osborn (1999). I analyzed the common themes of the most salient aspects of the narratives. Next, I stated the 'index event', or the experience(s) of sexual violence, which prompted respondents to volunteer for the research. Lastly, the number of primary themes and subthemes are indicated.

The final analysis was to conduct IPA across cases in order to present a synopsis of the most salient aspects of survivors' experiences, which mapped onto one another's narratives. This brief, across-case analysis will be presented in what is traditionally reserved as the discussion section. This section is organized by similarities of this sample's experiences of sexual violence, which align with what is commonly reflected within the sexual violence literatures.

3.6. Ethical Considerations and Trustworthiness

3.6.1. Ethical Considerations

The purpose of the research was explained to the participants. Full disclosure was made during the discussion of the *Informed Consent*. Participants were given the opportunity to ask questions and were reminded that they could stop the interview at any time. Confidentiality was emphasized due

to the personal nature of the information being discussed. In light of the sensitivity of the information being discussed.

Participants were invited to play a larger role in the research by engaging in member checking. This process not only ensures accurate data but also gave the participants an opportunity to have some level of control over their own data and to play a larger role in informing the community about sexual violence. In addition, participants were given the opportunity to be further involved to ensure that the final product is a good representation of their unique life experiences.

3.6.2. Trustworthiness: *Establishing Rigor*

As discussed previously, qualitative methodologies are rarely associated with prescribed steps to adhere to in the course of research. Further, qualitative researchers focus on rigor rather than validity, as the concept of validity precludes the understanding of social constructivist or hermeneutical phenomenological ontology. (Schwandt, 1994) proposes, "Hence to judge an interpretation we might use criteria such as thoroughness, coherence, and so forth, and ask whether the interpretation is useful, worthy of adoption, and so on" (p. 122). He further states, "Interpretive accounts… are to be judged on the pragmatic grounds of whether they are useful, fitting, generative of further inquiry, and so forth" (p. 130). (Lincoln, 1985)described four criteria with associated methods for qualitative research that can be contrasted with four criteria typically discussed in conventional quantitative research. They describe supplanting the concept of internal validity with credibility; one way of doing this being member checking. Rather than external validity they describe transferability, which thick description is used to convey.

They discuss dependability rather than reliability and encourage the use of audit trails in order to achieve this aim. Finally, rather than objectivity, Lincoln and Guba describe conformability, which they propose can be achieved through the audit trail and reflexive analysis. The following sections illustrate ways in which I attempted to ensure methodological rigor. Although they are discussed separately, these activities co-occurred and re-occurred throughout the course of analysis. I have conducted member checking at follow-up meetings held one week after each participant's initial interview. Respondents 'checked' the data, clarified points not fully explicated at the initial meeting and shared thoughts or experiences that had occurred since the initial interview. Information gathered through the latter interview did not replace data collected from the first

I have maintained an audit trail documenting the methodological and analytic decisions made during the life of the project. Such documentation includes all raw data, summaries, and descriptions of the coding, categorization, thematic generation and data comparison process (Ortlipp, 2008). Furthermore, I have conducted **peer-debriefing**, a presentation of preliminary findings to colleagues that allows the researcher to receive input and comments**.**

CHAPTER IV: RESULTS AND DISCUSSION

4.1. Results

4.1.1. Description of the Study Area

Location: Dessie is located in Amhara Regional State, South Wollo Zone. It is the Principal Town of South Wollo. Dessie town encloses a total of 158.29km2. The town is located at about 410 km north-east of Addis Ababa, 480 km from the regional capital, Bahir Dar. The high way (main asphalt road at large) connections to Addis Ababa, after Mekelle(Tigray), Debretabor, Lalibela, and Gondar(Amhara) as well as Semera and Asyiayita (Afar),among others , has made Dessie a dry port and at the heart of trade. Dessie can be regarded as a service delivering town for most parts of eastern Amhara and the neighboring regions.

Dessie is one of the three metropolitan cities in Amhara National Regional State; administratively, the town is organized into 16 kebeles of which six are rural. According to the 2007 Population and Housing Census, the total population of the city was 151,094. Of these 48.2% were females. The population inhibiting the surrounding rural kebeles of the town constituted 31,065(20.6%) of the total. The same data uncovered that the total household number of Dessie town is 39,020(M-18, 803, F-20,217).The agro climatic zone of Dessie is inclined to coldness (*dega*).

Like in many parts of Ethiopia, people with disabilities have been found in deplorable situation in Dessie city. Aside from living in quagmire of poverty, they have been facing various types of psychosocial problems. They are the one discriminated by the community merely by their disability status. They are also the one who are facing various types of violence (physical, emotional and sexual) by their own close friends, intimate partners, and relatives; access to social services such as education, health centers, hospitals, toilets, entertainments, etc. are often difficult. Despite there are piecemeal efforts here and there by community based rehabilitation projects, it is almost none when we compared with the gravity of the problem.

Table 4.1. Personal information of Research participants

S.N	Fake Name	Age	Sex	Physical impairment status	Religion	Educational status	Effects of the encountered traumatic experience(rape)
1.	Beza	24	Female	Two legs paralysis	Backslide from Protestant and don't follow any religion anymore.	10th Grade Complete	Frustrated; troubled with flashbacks and nightmares; developed mistrust.
2.	Kidist	19	Female	Two legs paralysis	Orthodox Christian	8th Grade Complete	Born an illegal child; developed mistrust
3.	Bezuwork	18	Female	Right hand paralysis	Orthodox Christian	9th Grade Student	Depressed and Developed mistrust
4.	Fatuma	20	Female	One leg paralysis	Muslim	8th Grade Complete	Hopelessness; found in deep grief; Born an illegal child
5.	Sa'ada	27	Female	Hatch back	Muslim	8th Grade Complete	Developed mistrust; HIV Positive(she is on ART)

4.1.2. Common Themes of Survivors' Experiences

The purpose of this study was to describe the lived experience of survivors of sexual violence against women with physical impairment. From participants' lived experience, nine themes emerged: (a) Shame and Embarrassment, (b) Help-seeking, (c) relationships to the perpetrator(s), (d) disclosure, and (e) Re-victimization, (f) Affective responses, (g) Trouble with intimate relationships, (h) support system and (i) physical effects of sexual assault.

One of the core theme extracted from the participants interview was shame and embracement. The interview participants expressed it in different statements but convey similar message.

4.1.2.1. Shame and Embarrassment:

Being in an abusive relationship led to feelings of shame and embarrassment for the women in this study. In some cases, the participants were not able to admit to themselves that they were in an abusive relationship. They did not want to believe that they could let this happen or that the person that they cared for would do this to them.

Shame is a powerful emotion and one that often leads to isolation. Shame was a common reason given as to why an abusive relationship was kept hidden and even sustained. Often these feelings facilitated an exhaustive effort to keep the abuse hidden. These women took on responsibility for the abusive situation, feeling like it was their fault or that they should have known better. Instead of placing the blame on the abusive boyfriend or the relationship, these women took on feelings of guilt, shame and embarrassment as if they had done something wrong. Sa'ada, Fatuma, Kidist and Buzuwork reflected their feelings in the following statements:

> *I felt dishonored in the eyes of my shop neighbors with the abusive act. Hence, I was not sharing my story for no one for long period of time until I undertook HIV and Counseling Test from Dessie Family Planning Branch Office through our association [Physically Impaired Association] (Saada); I felt totally disappointed with the*

perpetrators trap; I felt ashamed of sharing this brutal act to my family (Fatuma); I did not tell anyone, "cause I felt stupid about it (Kidist); I am also ashamed of my sexual history (Bezuwork).

4.1.2.2. Help-seeking:

There were two primary reasons given for the decision to seek counseling; distress caused by the relationship and stress in their lives. Some talked about going to counseling because of the distress caused by the relationship. The participants stated that they need counseling because they felt like they could not handle things on their own any longer, as shown in the following statements:

I fall into this depression, I was like – I can't handle this anymore, I can't handle the nightmares anymore. I felt stressed and overwhelmed and wanted to talk with someone about all the difficulties in my lives. Seeing my weird character, my current intimate partner has also recommended me to see a counselor. "So I was just like – give me someone to talk to …. I'll do it just because I just can't take it anymore (Beza); I need help. I need help. This thing is too big for me to handle on my own (Bezuwok); I need someone whom I trust and share my burden….may be the counselor could assist me in dealing with my outburst emotions (Kidist).

4.1.2.3. Relationships to the perpetrator(s).

Sexual violence experts have long demonstrated that the majority of sexual assaults are perpetrated by someone known to the survivor. While one respondent did experience rape by a stranger, every woman in this sample experienced rape, sexual assault, molestation or coercion by a trusted other; a friend, relative, boyfriend. In this regards, Kidist, Beza, Sa'ada, Fatuma expressed their traumatic experience by the person known to them in one way or another, as identified by the following statements:

He lived in around our hamlet. He was living not too far from our home. He is like our neighbor. He came home right after cross checking the absence of no one in our home in the pretext of buying cigarette from our mini-shop. My parents had gone to the local market and my siblings were at school at that time [during his arrival]. After he made few conversations, he held me down and raped me there (Kidist); It was on this occasion that I had been sexually molested and raped by him [the man who is assigned as a tutor] at least for three times (Beza);One day a young man who is working next to me and who had a very good and friendly relationship with us entered my room while closing my shop in the pretext of having a friendly talk with me; yet later on he held me down and raped me there(Sa'ada); Right after our arrival at his house, he made me hurry entering his house. Immediately he locked his door and threatens me if I yelled for help. Since I was unable to protect myself as I am physically feeble, he [an acquaintance] raped me there (Fatuma).

On the other hand Bizuwork and Sa'ada (second time rape for Sa'ada) were raped by a stranger and expressed the encounter as follows.

When I came back from Church service [for studying spiritual songs] there is always a stranger who is following me behind my back. I didn't know his intention, and one day he forced me to go to the dark area and he raped me there by closing my mouth (Bizuwork); he [a by passer] pleaded me for just accompany [when I go back to my home] and I agreed [since it was dark] but shortly he forced me to go to Hote Meda (a secluded football field area) and he raped me there (Sa'ada).

4.1.2.4. Disclosure.

There is a well-developed body of literature on sexual assault disclosure. This literature shows that relatively few survivors of sexual violence report their experience to authorities, and such disclosures are more likely to occur when a stranger, rather than someone known to the survivor, commits the assault. None of the women in this sample reported their experiences to law enforcement officials with the exception of one participant who described disclosing to someone in the medical profession and law enforcement bodies.

I have exactly identified him [the one who raped me] despite he denied the allegation and changed himself. Finally, we went to health center and police station and he was sentenced 35years in jail (Bezuwork).

Survivors of sexual violence, be that childhood sexual abuse or rape, need to be able to disclose their experience without fear of negative and blaming responses, a frequently cited reason for non-disclosure in this sample, and a predictor of PTSD (Post Traumatic Stress Disorder) symptoms. Unfortunately, none of these women felt that they had a safe space for disclosure. Participants either disclosed and were met with blaming responses, or chose not to disclose for fear that they would not be believed. Some women spoke about how exhausting it is to have to repeatedly disclose their experience and that it was ultimately more harmful when they disclosed and were not believed. Sadly, these women experienced disbelief from family members, friends, and therapists. In this regard, Kidist, Sa'ada, Beza and Fatuma narrated their experience as follows:

After the rape happened, I spent the whole day crying. Until my parents were returning back home from the local market. I intended to inform the case for my father and mother…. But I hesitate to speak about it because I feared the unknown. I also intended to tell the case for my uncle who is living next to us, yet I also feared. I didn't get the courage to unveil the situation in any way. It scared me a lot (Kidist); I did not get the courage to inform the case for no one. I feared the woman who hired me cuz the perpetrator is the worker of my boss's friend …. Hence, I am afraid to unveil my case. I did thought to share the case for my boss but as they were close friends with the perpetrator's boss I thought she would probably feel uncomfortable. I feared not to lose my job. So I keep quiet and continue to live business as usual (Sa'ada); I was not in a good position to inform my case to my relatives. I was totally under his control…. No way out from his hand (Fatuma); with strange feelings I told to my aunt the whole situation [the sexual assault]. Yet, she insulted and degraded me by saying…. 'You spoiled! You better keep quiet! And she made me to keep quite (Beza).

4.1.2.5. Re-victimization.

It is difficult to streamline or synopsize the issue of multiple experiences of violence, as well as intergenerational violence, and still maintain the integrity of each woman's unique narrative. However, at the broadest reading, violence was pervasive for women in this sample. Two participants (Beza and Bezuwork) spoke at length about family histories of physical and emotional abuse. One participant spoke about the pervasiveness of childhood sexual abuse within her family and her community when she was young.

The participants experienced molestation as a child, including rape also experienced a great deal of emotional abuse such as hatred as well as some physical abuse (beating) at the hands of her mother and the perpetrator as well. They had also experienced repetitive sexual violence.

> *My mother is responsible for all the miseries I have been passing through. One of my leg broken. I lost my front teeth. If my mother were not divorced with my father, all these miseries had not been happened to me. With no reason my mother don't want to see me. She hated me. It is like blaming the victim. I am the one who is supposed to be blaming her for her lack of responsibility but the vice versa happened. The perpetrator slapped me while I refused to hold his penis by my hand. He also pushed me against the wall when he found me in menstrual cycle as he intended to rape me again (Beza); Right after the death of my mom, no one was not interested to take care of me. My father was a drunkard person and he usually came home lately drunkard. Umm… He often yelled unto me with dirty words that affect my personality. Even he had been continued to be abusive in the years following my rape leading me to leave my home. I slept in the house of my former friend of my late mother right after the accident fearing the bad comments of my father (Bezuwork); I had been raped by two people, one is known to me but the other perpetrator is a stranger who accompanied me accidentally whilst going back to my home (Sa'ada)."*

4.1.2.6. Affective responses.

Each respondent spoke of negative emotions that emerged after their assaults, typically describing periods of depression and isolation. Eatuma, Beza, and Sa'ada reported experiencing flashbacks, typically associated with PTSD (Post Traumatic Stress Disorder). For three of these women, flashbacks were most commonly triggered in moments of sexual intimacy. They are still experiencing flashbacks. They spoke of flashbacks as a persistent feature of their experiences of sexual trauma, which remains with them.

> *I can't forget that cursed day [the day of my rape]. It is still vivid in my mind. When I think of this terrible situation, I usually felt depressed and in tears. I was totally enslaved sexually and physically by the perpetrator as he was not let me go even after he got what he needs (Fatuma); In the middle of the night people told me that I often called the name of that cruel person [the perpetrator] and cried a lot. No body understand my situation. Instead they laugh with my action. Actually I am not conscious of this. I knew nothing about my talk. Even in the middle of love making with my current intimate partner, I changed. Umm…I suddenly changed into a monster; I became like a wild animal and hold him firmly and scratch his body. Confused by my action my boyfriend often advised me to see a doctor although I am not responding (Beza); I usually blamed myself while I remember that day by saying why I let him entering to my shop at that evening? Why I permit him to stay!? Why I put my trust upon him!? Why!?.... Why!?(Sa'ada).*

4.1.2.7. Trouble with intimate relationships.

Experiencing sexual violence has taken a toll on this group of survivors' relationships and has impaired their ability to engage in intimacy. Women described the numerous ways that their assaults impacted their future relationships such as a general lack of trust and difficulty getting emotionally close and feeling emotionally and physically vulnerable. Kidist, Beza, Sa'ada and

Bezuwork expressed their difficulties in forming an intimate relationship with their partner in their post-rape season.

> *A taxi driver had asked me to establish an intimate relationship but I refused to accept his request due to the bad memory I experienced (Kidist); I hate guys. Umm…I am happy if I don't greet and talked them [men]. I hate them very much. I don't trust them either (Bezuwork); Right now I don't need to live in married life with my intimate partner. I may sleep with him, but I don't have any sense of establishing serious relationship with any one. Although I have a crush on him, I am not okay for him. So I decided to depart from him (Beza); I thought my current partner may go to another woman. I don't trust him. I don't think he will stay with me. Truly I am not sure whether he is confident in me or not. I feel like I lose my confidence on this issue [keeping an intimate partner]. I prefer to stay single than living in this terrible situation (Sa'ada).*

4.1.2.8. Supportive system:

Support system. Throughout the participants' interview, they described in painful detail the lack of support and the abundance of blame and questioning that they experienced from almost everyone around them, from their closest friends, family members, and doctors. This theme was closely intertwined with the actual experiences of assault they described and seemed to be the most salient feature of their experience as they shared their narrative.

> *When my father heard about this chaotic condition, he insulted me by saying, Umm ….You slut! Let alone keeping your bastard kid [unlawful child], I don't have a capacity to feed your brothers either. My step mother don't look for me when I disappeared from their sight (Bezuwork); The health extension worker accused me of getting the unwanted pregnancy due to my sexual immorality (Kidist); Realizing this I came back to Dessie with humiliation for delivery in the house of my relatives. I born a baby boy in this house but my parents showed me their back and told me frankly that I should find a place to subsist and help myself. Perplexed and confused by the situation, I went back to the desert area [Afar] to solicit some help from the father of*

the child [the perpetrator], but sadly as soon as I arrived there his neighbors heralded me the death of the person whom I am looking for. As a nursing mother since no one is there helping me, I compelled to return back to my hamlet (Fatuma);when I told the molestation of my tutor upon me ….kissing on my mouth and touching my genital organ. With strange feelings I told to my aunt the whole situation. Yet, instead of helping me to get out of this miserable condition, she abused me again with insults (Beza); soon after hearing this bad news [living with the virus caused by rape], he immediately departed from me even without extending kind words (Sa'ada).

4.1.2.9. Physical effects of sexual assault:

In addition to these mental and emotional effects of trauma, sexual assault and rape are crimes that violate the body and bring many physical responses to the forefront. The perpetrator can impose physical harm on a victim. Sometimes, there is no physical injury or harm at all to a survivor—that does not mean what happened was not sexual abuse or assault. There can also be physical effects to trauma that that become apparent, either in the immediate aftermath of the experience or that manifest in waves later on. In the case of pregnancy or sexually transmitted infections or diseases, some physical effects are biological responses.

Immediate physical effects:

The immediate physical effects a person can experience after a sexual assault or rape can include: Bruising, bleeding (vaginal or anal), difficulty walking, soreness and broken or dislocated bones. Beza, Fatuma, Sa'ada and Bezuwork expressed their stories as follows:

A lot of blood was flowing out coupled with an acute physical pain (Beza); I spent the whole night with acute pain. As I was virgin a lot of blood was flowing out that made me faint (Fatuma); I kept the acute pain for myself. In my attempt to defend myself, I suffered a physical injury on my legs. Coupled with my disability, it was unbearable to resist the pain. I walk carefully so that no one will identify me being raped (sa'ada); during the rape, a lot of blood was flowing out. Because of the self-defense, I was also

physically injured that I was not be able to stand up with my feet from the place where that traumatic experience had been taken place(Bezuwork).

Prolonged physical effects:

There is a risk of sexually transmitted infection or disease, especially if the perpetrator didn't use protection during the assault. Medical aftercare may be necessary to ensure that any infections and/or diseases are treated. However, with the exception of one survivor, all the victims were not seeing a physician to undertake pregnancy test and STIs (Sexual Transmitted Infections) right after the incident. In approximately 5% percent of cases, rape results in pregnancy. A survivor who becomes pregnant after being raped might experience conflicting feelings about her pregnancy. It's important to know that it is common to have these emotions. It's essential to treat this with compassion and acknowledge any feelings brought up when exploring best options for self-care. If you or someone you know is pregnant as a result of a rape. Physical signs of a sexual assault or rape are not always evident. A person could also experience internal damage that may not be easily identifiable unless she sees a doctor.

Next day [the day after the incidence of rape] I went to health center and undertook pelvic exam and HIV test. They told me that I am fine and gave me a 72 hour emergency pill to take in [to prevent the unwanted pregnancy]. The perpetrator has also made to give his blood sample for HIV testing and regrettably he was found to be HIV positive...Then law enforcement bodies have sentenced him 35 years in jail (Bezuwork).

In this regard, Kidist, Sa'ada and Fatuma were not going to seek legal and medical support until they lately forced to go to health center to bear the consequence of rape.

Right after the rape happened to me, I speak the case for no one. I was very much afraid of the act. I felt great shame and humiliation. Even I don't realize the fact that I was really pregnant until the last month of my pregnancy. When I felt strange feelings such as abdominal discomfort, I have visited a woman in our surrounding to give me dozens of pills to terminate the pregnancy but she refused to do so right after diagnosing I was pregnant. Surprisingly, after a couple of days I born a child (Kidist); I never knew a man before the rape. Long after the rape happened I undertook HIV

test and realized that I was living with the virus (Sa'ada). Since I visited the Health Center lately, sadly I was diagnosed conceiving a 4 month fetus (Fatuma).

4.2. Discussion

While the themes are of interest in and of themselves, it is important to compare them to the existing literature and to think about them within the context of social work. The relationship of the experiences of these women to the themes will be reviewed in light of the existing literature. A number of reoccurring themes generated from this research project are well represented within the broad and well-developed canon of sexual violence research.

Some of the themes most salient to participants' narratives include survivors' relationship to the perpetrator, Shame and Embarrassment, help-seeking, issues of disclosure, re-victimization as well as intergenerational issues of violence, psychological consequences of sexual assault, and trouble with intimate relationships post-assault.

Survivors' Experiences

The theme of ***shame and embarrassment*** emerged as women talked about why they did not tell others about the abuse. The research offers several insights as to why women do not initially report or discuss this type of abuse. It has been suggested that women do not see the abuse as serious, they have a fear of being blamed, a fear of retaliation by their partner, or they have fallen into the societal practice of minimization and denial (Pirog-Good, 1989). Only one of the women in this study contacted the authorities.

One woman stated that it was difficult to admit to herself that someone that she loved could treat her so badly. (Browne, 1991)) suggested that victims struggle with the reality that the person who professes to love them could assault them and display blatant disregard for their well-being. (Chung, 2007)also found that the pressure to be in a relationship was cited as a reason young women with violent boyfriends do not tell anyone of the abuse.

Relationships to the perpetrator(s). Sexual violence experts have long demonstrated that the majority of sexual assaults are perpetrated by someone known to the survivor (Department of Justice [DOJ], 2009). While one respondent did experience rape by a stranger, every woman in this sample experienced rape, sexual assault, molestation or coercion by a trusted other; a friend, relative, boyfriend or girlfriend.

Disclosure. There is a well-developed body of literature on sexual assault disclosure. This literature shows that relatively few survivors of sexual violence report their experience to authorities (Fisher, 2003b), and such disclosures are more likely to occur when a stranger, rather than someone known to the survivor, commits the assault (Campbell R. , 2005).

None of the women in this sample reported their experiences to law enforcement officials and only one participant described disclosing to someone in the medical profession and for police officials. Survivors of sexual violence, be that childhood sexual abuse or rape, need to be able to disclose their experience without fear of negative and blaming responses, a frequently cited reason for non-disclosure in this sample, and a predictor of PTSD(Post Traumatic Stress Disorder) symptoms (Ullman, 2007)

Unfortunately, none of these women felt that they had a safe space for disclosure. Participants either disclosed and were met with blaming responses, or chose not to disclose for fear that they would not be believed. Some women spoke about how exhausting it is to have to repeatedly disclose their experience and that it was ultimately more harmful when they disclosed and were not believed. Sadly, these women experienced disbelief from family members, friends, and therapists. A number of studies have highlighted how utilizing formal support systems (e.g. medical systems) may be more hurtful than helpful when secondary re-victimization is the result (Campbell R. S., 2001).

This form of re-victimization impedes future disclosures and **help-seeking** (Campbell R. , 2005), which was evident in this research. One notable difference between this sample and participants in previous research on secondary victimization is in regard to mental health services. (Campbell R. S., 2001) found that 70% of respondents in their study reported their experience with mental health professionals as healing. Participants in the present study, in contrast, described numerous

negative experiences with relatives, close friends and health professionals who blamed them and caused them to discontinue seeking support.

Re-victimization. It is difficult to streamline or synopsize the issue of multiple experiences of violence. However, at the broadest reading, violence was pervasive for women in this sample. Two participants spoke at length about family histories of physical and emotional abuse. One participant spoke about the pervasiveness of childhood sexual abuse within her family and her community when she was young, which is consistent with a child sexual abuse literature that focuses on transmission of violence (McCloskey, 2000); (Teta, 2011). Three women reported numerous experiences of assault.

For Sa'ada, all of these experiences were sexual assault, including rape. Beza, who experienced molestation as a child, also experienced a great deal of emotional abuse as well as some physical abuse at the hands of her mother. Beza experienced repeated sexual, physical, and emotional abuse by a number of perpetrators, including her mother and experienced sexual assault later as a young adult. Fatuma, who experienced date rape as a teenager.

Affective responses. Each respondent spoke of negative emotions that emerged after their assaults, typically describing periods of depression and isolation. Four of these women reported experiencing flashbacks, typically associated with PTSD ((Blandchard, 1996). For three of these women, flashbacks were most commonly triggered in moments of sexual intimacy. Three respondents still experience flashbacks. Two respondents spoke of flashbacks as a persistent feature of their experiences of sexual trauma, which remains with them. Although depression and PTSD are common for many survivors of sexual violence (Yuan, 2006).

Trouble with intimate relationships. Experiencing sexual violence has taken a toll on this group of survivors' relationships and has impaired their ability to engage in intimacy. Women described the numerous ways that their assaults impacted their future relationships such as a general lack of trust and difficulty getting emotionally close and feeling emotionally and physically vulnerable.

Although much of this discussion focused on difficulties with sex and other aspects of physical intimacy, Beza described how just being in a relationship generally opened her up for more 'triggers' and pain. That is why she decided to quit her relationship and stay single. Bezuwork described an inability to be emotionally vulnerable, which impacts her ability to engage in intimate relationships.

Physical effects of sexual assault: Along with Post Traumatic Stress Disorder (PTSD), survivors of sexual violence are also exposed to unwanted pregnancy and STIs. According to A book on Rape, Abuse, and Incest National Network, "Who are the Victims? Breakdown by Gender and Age."(2009), it is reported that among the raped cases, 5 % of them are pregnant. However, among the five respondents in this research two of them are exposed to unwanted pregnancy. In addition to the occurrence of unwanted pregnancy, one of them became HIV positive due to the rape.

CHAPTER V: CONCLUSIONS AND IMPLICATIONS

5.1. Conclusions:

- One of the reasons behind as to why women with physical impairment who survived sexual assault didn't initially report or disclose their sexual abuse is because they have a fear of being blamed.
- The majority of women with physical impairment who survived sexual assault are perpetrated by someone known to the survivor.
- Survivors of sexual violence, be that childhood sexual abuse or rape, need to be able to disclose their experience without fear of negative and blaming responses. The reasons behind for the non-disclosure is a predictor of Post-Traumatic Stress Disorder.
- Survivors of sexual abuse against women with physical impairment described numerous negative experiences with relatives, close friends and health professionals who blamed them and caused them to discontinue seeking support.
- Survivors of sexual assaults experienced nightmares, flashbacks as a persistent feature of their experience of sexual trauma.
- Experiencing sexual violence has taken a toll on the survivors' relationship and has impaired their ability to engage in intimacy.
- Along with Post Traumatic Stress Disorder, survivors of sexual violence are also exposed to unwanted pregnancy and Sexual Transmitted Infections.

5.2. Implications

Throughout the literature review, theoretical research design and data collection, it was apparent that the establishment of comprehensive and well-resourced units for addressing the problem of sexual violence amongst people with physical impairment, particularly the perpetrators, but also offering behavioral management to the victims whose behavior may have deteriorated as a result of the assault is lacking. Establishing well-furnished and equipped resource centers could help to prevent and mitigate the problem.

Members of family and close friends need to be acquainted with the fundamentals skills of counselling to assist survivors of sexual violence at their disposal and help them to live a dignified life thereby contributing for the wellbeing of the community; the physically impaired women who experience this type of abuse need to get formal counselling that take into account the context of women with physical impairment should be established so as to address the problem in holistic way; life skill trainings should also be organized to enable women with physical impairment to enhance their assertiveness in life in general and to avoid the occurrence of sexual violence in particular

It is also important to organize training of sexual assault workers and provision of guidelines and resources for addressing the needs of women with physical impairment about prevention of sexual assault and the rehabilitative activities; increasing awareness amongst the community, families and caregivers about the high incidence of sexual assault against women with physical impairment and the possible remedial activities.

Further to their formal training, organize training of criminal justice personnel, particularly police officers, in the obtaining of evidence from women with physical impairment witnesses and victims of crime is important.

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Appendixes

Appendix A: Informed Consent

Title: The Lived Experiences of women with physical impairment surviving sexual violence.

Introduction:

My name is Addisu Alamirew. I am a student of Indira Ghandi National Open University doing my final year thesis as a partial fulfilment of the requirements of Masters of Social Work. The purpose of the study is to learn about the lived experiences of women with physical impairment who have experienced sexual violence. I also want to learn about if and how experiencing sexual violence impacts their sexuality.

The **purpose** of the study is to learn about the lived experiences of women with physical impairment who have experienced sexual violence. I also want to learn about if and how experiencing sexual violence impacts their sexuality. The participation took between 1.5 to 2 hours for the first part of the study.

The interview will involve asking interviewees to tell me about their experience of sexual violence. After the interview, we will discuss informally how it felt to answer these questions. The entire interview will be audio recoded. If you are willing, I will meet you again in 1 week for a follow-up interview. I will destroy recordings at the end of the research. I will conduct the interviews at the place that we both agree on.

I don't think you will have any risks than you would in discussing this topics in normal daily life. But there is the possibility that participation in this study may cause you discomfort. We can take breaks or stop the interview at the interview at any time you wish.

You don't have to talk about anything that you don't want to. If you become distressed and need support, we will stop the interview.

Regarding the benefits of this research, I will pay you ETB 50 as transport allowance.

Participation in research is voluntary. You don't have to be in the study if you are not willing to participate. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. Whatever you decide, you will not lose any benefits to which you are otherwise entitled.

I will keep your records private to the extent allowed by law. Dr. Habtamu Mekonon, my Research Advisor will have access to the information you provide. Information may also be shared with those who make sure the study is done correctly. We will use a psydonyme (fake names) rather than your name on study records. The information you provide will be stored on a password protected computer. The audio recordings will be destroyed once the research is complete. We will not ask for your real name or other information that might point to you. When we present this study or publish its results, you will not be able to be identified personally.

VII. Contact persons: Addisu Alamirew (Mobile Number +251 910170740 or addislife1972@gmail.com) if you have questions about the study.

If you are willing to volunteer for this research and be audio recorded please check one of the boxes below.

No, I don't want to participate	Yes, I want to participate

Appendix B: Interview Protocol

I appreciate you taking the time to meet with me. As you know, I've been looking for women with physical impairment to speak to about their experiences with sexual violence. It is a matter of social justice for me and I couldn't do this without people like you willing to share their stories. So thank you. I want us to go through this consent form together and discuss anything that isn't clear.

[**Review consent form]**

Do you want to pick a name for you that we can use during the interview? I will also use this name when I write about the research project. That way you will stay anonymous.

[**Choose pseudonym**]

Ok, and before we get started, if I ask you anything that you would rather not answer just let me know and we will move on. I am going to try and interject as little as possible. I'm more interested in hearing you speak about your experiences, like telling me your story, rather than a traditional interview. If I don't react much, it isn't in reference to anything you share but more about me trying to step back and just let you talk.

One last thing: If you want to stop at any point that is ok too. The information that you can share with me is really important but it is even more important to me that you're comfortable with our conversation ok? Any questions before we start?

First, just tell me a bit about yourself, like how old you are, where you are from, what is your ethnicity, religious background– stuff like that.

Consistent with phenomenological interviewing, the focus of the interview will be on hearing participants' narratives. Therefore, the interview will be as open-ended, with me providing very little input. Two primary questions will be asked:

1. Will you tell me about your experience(s) of sexual violence?
2. Has this/these experience(s) impacted your sexual behavior? If so, can you tell me about that?

Prompts will be used as little as possible during this interview. However, if participants need prompting in order to 'tell their story', some of the prompts identified below may be used.

Although they will be used sparingly, and this list of potential prompts is lengthy, prompts will not be limited to those outlined below.

[If necessary to prompt the interviewee, I may use the following]

How old are you?

Where are you from?

How long have you lived in Dessie?

What is your ethnicity?

What is your religious background?

I would like for you to tell me about your experiences of sexual violence.

Was this the only time?

[If no] How many other times did this happen?

What were those other times like?

Where you /what were was going on?

Who did it?

Did you/how did you know them?

What happened afterwards?

Did you need any type of care right afterwards?

Did you tell anyone?

How were you treated?

How were you doing/how did you cope?

How/does the rape effect you today?

Does it affect your daily life?

Can you/do you talk about it?

Is it important to talk about?

There has been *very little* research on how rape effects women's sexuality. Can you talk about how or if your experiences impacted your sexuality or future sexual experiences with men?

[If necessary, prompts may include the following.]

After your assault, is there anything that you looked for or anything you needed but didn't find or get?

After your assault, what was most helpful to get you through?

Is there anything else you would like to share or you think is important that I should know?

How did you feel talking about this with me today?

Ok, we are almost done. If you would be interested, it would be great to meet back up in about a week. We can go through my notes and make sure that I recorded everything how you intended.

I'd like to make sure that I've captured *your* experience as best I can. I expect that to take no more than an hour.

Is that ok?

Do you have any questions for me?

Ok, then I will be in touch tomorrow. Thank you so much for meeting with me today. !

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