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ASSESSMENT OF SEXUAL VIOLENCE TRAUMA, SOCIAL AND ECONOMIC STRAIN IN ARMED CONFLICTS: THE CASE OF GIRLS AND WOMEN SURVIVORS OF CONFLICT IN TIGRAY

BY

MHRET GEBREKRISTOS KIDANE

FEBRUARY 2023

ADDIS ABABA, ETHIOPIA

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DECLARATION

I, the undersigned, declare that this thesis entitled "ASSESSMENT OF SEXUAL VIOLENCE TRAUMA, SOCIAL AND ECONOMIC STRAIN IN ARMED CONFLICTS: THE CASE OF GIRLS AND WOMEN SURVIVORS OF CONFLICT IN TIGRAY" is my original work, prepared under the guidance of Habtamu Mekonnen, (Ph.D.). All sources of materials used for the thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

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St. Mary's University, Addis Ababa   February 2023

ENDORSEMENT

This thesis has been submitted to St. Mary University, department of social work for examination with my approval as a university advisor.

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Advisor   Signature

St. Mary University, Addis Ababa   February 2023

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ACRONYMS AND ABBREVIATIONS

CBSV	Conflict-Based Sexual Violence
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDF	Eritrean Defense Forces
ENDF	Ethiopian National Defense Force
IRC	International Refugee Committee
OLA	Oromo Liberation Army
PRIO	Peace Research Institute Oslo
PTG	Post Traumatic Growth
PTGI	Post Traumatic Growth Inventory
PTSD	Post Traumatic Stress Disorder
TDF	Tigray Defense Forces
TPLF	Tigray People's Liberation Front

ABSTRACT

The study sought to assess the nature of armed conflict sexual violence trauma, social and economic strain experienced by girls and women in conflict of Tigray, northern region of Ethiopia. Both qualitative and quantitative (mixed - convergent parallel) research approaches were applied. Descriptive research design was adopted to analyze the qualitative data regarding the nature of their traumas due to the gang rape by armed groups. While, the quantitative data were used for identifying the nature of the psychological post-traumatic outcomes (post traumatic growth or post traumatic stress disorder) and level of social acceptance of the society based on survivor's perception. A sample of 50 respondents, of which 23 girls and 27 women survivors participated in the survey. A structured questionnaire was used to collect the quantitative data while, among them, 14 respondents were selected purposively to conduct the in-depth interview to collect the qualitative data. The analysis focused on the traumas in terms of physical, psychological, social stigma and social acceptance of sexual violence along with economic strain and humanitarian aid intervention by different stakeholders. Descriptive statistics were applied to analyze the primary data with the help of SPSS 22.0. The results of the findings revealed that the survivors experienced a life-threatening physical abuse by armed groups results in raptured anal and genital organs, pelvic pain, fistula, bleeding, and sexual transmitted diseases including HIV and Hepatitis. The majority of the respondents also suffered from posttraumatic stress disorder as they were facing ethnic slur as well as exposed to atrocity committed on their families, friends and relatives. Nonetheless, some have developed positive posttraumatic growth emanated from their personal strength and religious believes. Despite the occurrence of frequent and perpetuated sexual violence against civilians during the conflict, the victims were still suffered from high social stigma. However, they admitted they have seen social acknowledgement towards the sexual violence. The economic strain of the victims was also aggravated due to lack of sufficient humanitarian aid intervention. It can be concluded that the sexual violence traumas of the survivors of conflict in Tigray were brutal atrocity against humanity. Mobile and outreach medical services with sufficient supply logistics are required for immediate relief of basic necessities.

Key Words: Sexual Violence Trauma, Armed Conflict, Gang Rape, Posttraumatic Stress Disorder, Posttraumatic Growth, Social Stigma, Social Acceptance Questionnaire.

CHAPTER ONE

INTRODUCTION

This chapter introduces the overall intention and area of the research. It covers the background of the study along with the research gap to be bridged. It also states the general and specific objectives of the research, its significance and the overall scope of the study. Operational definitions of key terms and organization of the study is also described briefly.

1.1. Background of the Study

Under a broader umbrella term of gender-based violence, sexual violence refers to any harmful act that is perpetrated against a person's will, based on socially ascribed gender difference between male and female (Wood, 2014). It is a severe human rights violation that happens in a place, and involves violent acts, perpetrators, victims, survivors (Leatherman, 2018). Men, women, girls, children, sexual and gender minorities are often targets of violence. Nonetheless, disproportionately, survivors of sexual violence are often women and girls who suffer from adverse effect of post-conflict traumas resulted in physical, psychological, social and economic consequences (Koos, 2017).

Sexual violence remains widespread form of civil war (Cohen, 2013). Taking advantage of a coercive environment or of the victim's incapacity to give genuine consent, forced sexual violence is one of the most devastating forms of violence committed against women and girls by coercion. Despite clear legal prohibitions, it is often utilized as a tactical or strategic means of overwhelming and weakening the adversary, whether directly or indirectly, by targeting the civilian population. That means, it is used as a tool of war to systematically target vulnerable groups, incite displacement, inflict suffering, and sever community cohesion. According to Bauer (2016), such violence involves many forms of human right violations like rape, sexual assault, and sex trafficking.

Rape is the most frequently reported types of forced sexual violence, often committed by combatants during armed conflict, war, or military occupation often as spoils of war, but sometimes, particularly in ethnic conflict, the phenomenon has broader sociological motives (Koos, 2017). Civil wars in different corners of the globe featured widespread and systematic gang rape by fighters and insurgents from many armed groups, both rebel and government, often in the form of sexual slavery or torture (Linsey, 2021). In this case, taking the complexity of sexual violence phenomenon, the term wartime rape (or simply rape) is used to mean rape committed by actors (any fighter or combatant) of armed groups (state militaries, insurgents, rebels, and militias) that occurs during conflict. Thus, in this

study, the concept of gang rape is referred to an instance of forcing a person, especially a woman, to submit to sexual intercourse with several men one after the other (Johnson, 2018) is considered.

There is no ambiguity regarding to severe consequences of sexual violence on survivors and families at large. Recorded facts illustrate occurrence of scratches, bruises, punctures, and genitalia rapture due to excessive penetration force as well as rape with stick, nails, knives, hot metals and other objects (Kim, Torbay, & Lawry, 2017). On top of violating the basic human rights of individuals, gang rape can have complex and long-lasting health as well as social and economic consequences for survivors (Amowitz, 2014). According to Inter-Agency Standing Committee (IASC) report in 2015, rape has multifaceted catastrophic consequences on survivors including physical, mental, social and economic traumas, aka post-trauma stress disorder (PTSD) that need to be clinically treated.

Rape is one of the major causes associated with the highest risk of developing post-trauma physical and mental health (Campbell, 2017). Physical injury to the victims of war rape ends up with traumatic injuries, sexually transmitted diseases, maternal mortality, and persistent gynecological problems are of major concerns. Regarding the short- and long-term psychosocial problems include helplessness, sadness, isolation, and desperation (Johnson, 2018), while long-term injuries are depression, anxiety disorders, multiple somatic symptoms, on-going trauma, self-hatred, nightmares, paranoia, difficulty re-establishing intimate relationships, shame, disgust, anger, and persistent fears (Ward and Marsh, 2016). Moreover, due to cultural status que and lack of social acknowledgement, rape victims suffer from social and economic distress emanated from stigmatization, marital relations strain, unfit for marriage perception, etc. (Apio, 2017). Due to this rejection, lack of access to economic opportunities and insufficient resources to sustain themselves and their children is also the main challenges of survivors (Fearon and Hoeffler, 2014).

In fact, due to the nature of the conflict related sexual violence and the intention of preparators (either sexual deprivation or weapon of war), the lack of reliable and holistic information on the incidence and prevalence of gang rape are evidenced. These have become the major bottlenecks for humanitarian intervention as they have different contexts in different regional conflicts (Kim, and Amowitz, 2014). Such inefficiencies emanate from lack of evaluating the level of atrocity, understanding its positive/negative post-trauma outcomes, and perceived social acknowledgement as survivor. Wood (2014) explains that erratic reports due to lack of holistic approach is one of the major problems that frequently leads to mistaken overgeneralization which adversely affects the

humanitarian interventions. For the reason that the differences in rape reporting across victim types remain inconsistent and under-investigated, even systematic data on rape in different contexts likely underrepresents some types of victims and overrepresents others (Koos, 2017).

In this regard, alike wars in different corners of the globe, the Tigray conflict in Ethiopia is the living witness of the modern-day sadistic and gratuitous brutality against humanity. Ethiopia's Tigray conflict has begun since November 2020, and has been costing tens of thousands dead and millions displaced (Berhane, 2021). According to Tewolde (2021), the scale of violations during the extended conflict in the north of the country amounts to war crimes - forced sexual violence, onslaught, and killings. The reports from hospitals and primary healthcare centers disclosed that the female patients, gang raped women and girls, accounted for 60% of the total population (Abraham, 2021). Physicians and healthcare staff also witnessed treatment of rape survivors for lacerations likely caused by having the bayonets of rifles inserted into their genitals. This indicates that paying close attention to the nature of gang rape in the conflict region is critical for understanding the dynamics of the conflict so as to implement appropriate and efficient humanitarian intervention to the survivors (Ward, 2016).

Though conflict-related sexual violence is widespread in the war in Tigray and neighborhood regional states, such violence is not an inevitable feature of conflict. A necessary element in any serious humanitarian intervention to deter the catastrophic consequences of such violence is an in-depth investigation and disclosure of the actual happenings along with their long-term adverse/ positive effects on the survivors. The purpose of this study is, thus, to investigate the actual happenings of gang rape against girls and women in Tigray region. The in-depth disclosure of the incidences along with its post trauma aftermath on physical, sexual, psychological, social and economic wellbeing of the victims so as to disclose the 'true face' of modern armed war.

1.2. Statement of the Problem

The wide range of atrocities need to be explored for purposes of providing appropriate supports and advocating for policies that ensure protection of affected civilians. Provided that a woman or girl survives sexual torture and gang rape, multiple traumas occur alongside war's path of devastation (Watson, 2019). Rape victims, at the limit of their coping from having experienced and witnessed a range of life-threatening situations, are further challenged by a lack of resources and ill-perception in a post-conflict society (Yakushko, 2018). That mean, it has become a serious public health problem with devastating impacts on the physical, sexual, psychological, and social strains of the survivors.

However, the last two factors, psychological and social impacts are post traumatic occurrence which depend on the nature of post-traumatic outcomes (either positive or negative) and social acknowledgement as survivor (Tompson, 2019). The fact that post-traumatic stress (negative) doesn't have similar effect on survivors compared to post-traumatic growth (positive). Similarly, survivors in good social acknowledgement suffer less compared to highly conservative societies.

Survivors of wartime sexual violence, gang rape in particular, are at high risk of severe and long-lasting physical and mental health along with social strains, including death from injuries or suicide from self-hatred due to social stigmatization (Joachim, 2018). In this regard, the physical trauma is visible and could easily be treated with clinical treatment if not acute. Whereas, the severity of psychological trauma is very complicated as it depends on personal integrity of the victim (Watson, 2019). Some victims strive for coping the major life crisis and take it as an opportunity to set new way of life. Whereas, others may suffer from pains resulted in post trauma stress distress which leads to alcohol and substance use, often ended up with death or suicide (Jansen, 2019). Similarly, post trauma is associated with difference in perceived social acknowledgement as a survivor, sex-related issues are considered a taboo in some societies (e.g., Asian, Arabs (Iraqis) in particular) while some are friendly and supportive by grasping the difficulty of their situations (Koos, 2017). Thus, the severity of the trauma counts on both victim's physical and behavioral integrity as well as social acknowledgement.

Extant studies show that women and girls survivors suffered from physical, behavioral and social consequences. Smith (2015), in his study, found out that gang raped survivors in Congo (DRC), who were severely suffering from social stigmatization, accounted 38% higher compared to physical traumas. This implies that survivors were more concerned to lack of social acknowledgement but the argument was supported by measuring or carrying out the social acknowledgement inventory of the society to come up with concrete conclusion. Similarly, Joachim (2018) concluded that eastern European civil wars were more likely than sub-Saharan African conflicts to feature reports of massive levels of rape but the social stigma was the least reported post trauma of sexual violence in Europe.

Liebling (2018) identified high levels of behavioral health problems including anxiety disorders, suicidality, alcohol and substance abuse, and post-traumatic stress disorder amongst the survivors of gang rape in Liberia. But lower level of mental/ psychological trauma was reported in Sierra Leone as the majority of the victims coped up the situation by themselves. Unlike other gang raped victims

in Sub-Sharan countries, the people of Sierra Leone are well known for their religious beliefs with a relaxed pace on life (Lunde, 2018). Mullin (2017) argues that victims of sexual violence in such religious but liberal society show post-traumatic growth by demonstrating better life style after the incidence. This also implies that sexual violence causes either post-traumatic stress disorder or post-traumatic growth depending on the social integrity of the nation.

In this regard, it can be seen that forced rape during wartime is a serious public health problem with devastating impacts on the wellbeing of the survivors. However, the inconsistency of the findings emanates from the ambition to show the negative outcome or severity of the incidents rather than looking into the varied level of the post trauma due to behavioral difference of individuals as well as society's cultural/religious stand. That means, lack of evaluating the nature of the post trauma by incorporating the variation in behavioral/individual integrity and the level of social acceptance can be taken as a good justification for the inconsistency of the results. For instance, according to Alen (2015), about half of the victims of gang rape in Democratic Congo couldn't withstand their post traumas resulted in suffering from drug/alcohol addiction and committing suicide due to lack of appropriate medical and humanitarian intervention. In Guatemala and Peru, the wartime sexual violence survivor's rate is 72% lower than Sierra Leone and Liberia on average due to insufficient intervention emanated from biased information provided to international humanitarian organizations (Mackenzie, 2015). Therefore, the need for in-depth investigation and understanding of the effect of wartime sexual violence on women is undeniable.

Thus, the need to conduct this study is valid for three reasons: one, it tried to address the post traumatic experience of psychological abuse committed by armed militants during the conflict; the level of social stigma and social acceptance of the society which affects the trauma of the survivors; and third, due to the active conflict zone of Tigray region, there is a lack of detailed survey in the area. The aim of this study was, thus, to access the major wartime sexual trauma, social and economic consequence on girls and women from the conflict area. The aforementioned gap was bridged by investigating the extent to which the gang rape victims were subjected to the brutality along with their experience with the physical, behavioral, social post trauma along with the economic strain. This was addressed through analyzing the perception and living experience of gang raped girls and women survivors in Tigray conflict.

1.3. Research Questions

The main question is to what extent girls and women survivors experienced the physical and psychological trauma, along with social and economic strain of sexual violence in Tigray armed conflict. This can be achieved by addressing the following questions:

1. What is the nature of the physical trauma experienced by the survivors of gang raped girls and women living in or near Tigray conflict?

2. What is the impact of sexual violence on psychological trauma of the survivors?

3. What was the level of social stigma and social acceptance/acknowledgement of the society on social trauma of the survivors?

4. To what extent do the survivors of gang raped girls in Tigray conflict face economic strain after the incidence?

5. What is the status of care and support intervention to the survivors of gang raped girls and women living in or near Tigray conflict?

1.4. Objectives of the Study

1.4.1. General Objective

To investigate and understand the effect of wartime sexual violence trauma, social and economic strain against women living in Tigray's conflict region.

1.4.2. Specific Objectives

i. To assess the nature of the physical trauma experienced by the survivors of gang raped girls and women living in or near Tigray conflict.

ii. To describe the post traumatic (stress disorder or growth) nature of the psychological abuse experienced by the survivors.

iii. To demonstrate the level of social trauma experienced by the survivors and social acceptance of sexual violence by the society.

iv. To assess the level of economic strain faced by the survivors.

v. To analyze the status of care and support intervention to the survivors.

1.5. Significance of the Study

The study may provide insights into the sexual violence trauma, social and economic strain experienced by girls and women survivors of gang rape during armed conflict. The output of this study may have several significances for different direct and indirect beneficiaries. Among them:

Despite wartime rape is neither ubiquitous nor inevitable, the level of sexual violence differs significantly across countries, conflicts, and particularly armed groups. Some armed groups can and do prohibit sexual violence. The findings of this study may enable the policy makers' interventions to be focused on armed groups, and that the policy makers levy policies and procedures that insist commanders in effective control of their troops are legally liable for patterns of sexual violence they fail or refuse to prevent. The output may also give an initial reference for program and practitioners to forge coalitions among medical, law enforcement, and legal experts to mitigate the consequences of conflict-related sexual violence.

Creating awareness make the concerned stakeholders realize the post trauma of forced sexual violence especially gang rape on the physical, behavioral and social state of the survivors. Militants and armed groups may consider the long-lasting consequence of rape and wartime gender-based violence against girls and women living in conflict zones.

Furthermore, community-based organizations (local NGOs) could utilize the output of this study by presenting it in detail on the nature of the forced sexual violence and the variation of their impacts due to the variation of behavioral integrity (post-traumatic stress disorder or post-traumatic growth) and social acceptance (conservative or liberal) to the community.

Moreover, the analysis that is presented in this study will convey valuable information for future research that will explore the various gender-based sexual violence and their adverse health and social outcomes.

1.6. Scope of the Study

The study mainly focuses on the sexual violence trauma caused by armed conflict in Tigray. It identifies the post trauma of physical, psychological and social strains of girls and women survivors as a consequence of the gang rape. Similar to Hart and Simanis (2018), this research makes use of the term 'gang rape' and 'sexual violence' interchangeably as referred to in some research, given the wider and complex nature attached to the latter term. This is a comprehensive descriptive study of

armed group gang rape victims living in and near Tigray by analyzing qualitative data. Besides, only girls and women victims between the age of 15 – 60 years old will be considered as the targeted population the fact that children and elderlies above the aforementioned age range wouldn't be willing and capable to explain what exactly forced sexual violence means. This study will be conducted in the period of July – August 2022.

1.7. Operational Definition of Key Terms

Armed Group refers to any state or non-state group that is an armed party to a conflict including state militaries, insurgents, rebels, and militias, and the term armed actor means a fighter or combatant from any of these groups. (Rabin, 2012, pp. 104)

Sexual Violence: It is defined as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. (World Health Organization – WHO, 2014)

Wartime Rape (or, where clarity allows, simply rape) means rape by armed actors that occurs during a conflict. This study uses wartime sexual violence (or simply sexual violence) to indicate the broader category. (Krause, 2015, pp. 75).

Physical Violence: is when a person hurts or tries to hurt a partner by hitting, kicking, or using another type of physical force. In this study, physical abuse is intentional bodily injury caused by slapping, pinching, choking, kicking, shoving, or inappropriately using drugs or physical restraints. (Heise, 2012, pp. 20)

Psychological Violence: It is an emotional abuse that deliberately causing mental or emotional pain. In this study, psychological abuse includes insults, belittling, constant humiliation, and intimidation (e.g., destroying things). (Heise, 2012, pp. 86).

Social Abuse: Social abuse is behavior that aims to cut one off from his/her family, friends, or community. It can also involve a person or people trying to damage one's relationships with others. People who are socially abusive may also attempt to make one look bad or ruin his/her reputation. In this study, social abuse includes cruel treatment such as public humiliation, threats, intimidation, and gossip. (Wood, 2014, pp. 158).

Economic Strain: economic violence refers to woman's loss access to resources, social standing, and eligibility to marry or remain married. In this study, economic strain refers to denial of resources, job and other financial opportunities or services offered by the society. (Goldstein, 2011, pp. 67).

Trauma: The term "trauma" in this study, is used to refer to a particular type of trauma that is linked to a history of repeated, interpersonal victimization that has impacted adversely on a person's mental and potentially physical and social health across their lifespan. (Spinazzola, 2015, pp. 132)

1.8. Organization of the Study

The main research/ thesis paper/ was organized into five main chapters. The introduction part of the study, covering the study background, problem statement, the research goals, hypotheses, scope, and purpose of the study is stated in the first chapter. The second chapter dealt with the review of the related literature. It involves theory, conceptual and analytical discussions leading to the identification and conceptual framework for addressing the identified research gap. The third chapter was about research design along with its approach, study population, sampling methods, sample size, data collection tools, data analysis, and presentation methods. Chapter four presented the descriptive analysis and interpretation of the collected data regarding the demographic profiles of the individual respondent and their perception of wartime sexual violence. Chapter five, finally, displayed the results of the major findings, conclusions, and recommendations depicted in the last chapter.

CHAPTER TWO

REVIEW OF THE RELATED LITERATURE

For a long time, sexual violence perpetrated by armed actors was assumed to be an inevitable by-effect of warfare. However, recent empirical studies have shown that sexual violence is not perpetrated in all conflict contexts. Sometimes there is even variation within the same conflict, where some armed actors commit sexual violence while others refrain from it. Such empirical findings are significant because they change the understanding and shed light on the complexities of wartime sexual violence trauma. The purpose of this literature review is to critically look into and consolidate the growing body of research on sexual violence during wartime and identify gaps and questions which provide new research potential. The main part of this article is guided by two principal questions: which sort of sexual violence is more pronounced during armed conflict? And what are the physical, behavioral, societal and economic trauma caused by the consequences of such sexual violence by armed actors? In the final part, emphasized the limitation of existing research and point to avenues for future research agendas.

2.1. Conceptual and Theoretical Literature Review

2.1.1. Concepts Related to Gender-Based Sexual Violence

Gender-based violence (GBV) defined as a grave human rights violation that can cause long-term and life-threatening injury and trauma to victims/survivors (Spinazzola, 2015). All human rights and humanitarian actors must ensure that efforts are made from the onset of an emergency to prevent and respond to acts of gender-based violence and provide adequate care, treatment and support to its victims/survivors. Gender-based violence can include sexual, physical, mental and economic harm inflicted in public or in private. It also includes threats of violence, coercion and manipulation. This can take many forms such as intimate partner violence, sexual violence, child marriage, female genital mutilation and so-called honour crimes (Lunde, 2018).

Gender-based violence is defined as violence that is directed against a person on the basis of their gender or sex (Kesic, 2015) including acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. It includes physical, sexual and psychological violence perpetrated or condoned within the family, the general community or by the

State and its institutions (Lyth, 2020). Such violence can take many different forms namely sexual violence, physical violence, and emotional/psychological violence.

2.1.2. Sexual Violence

Sexual violence is a form of gender-based violence and encompasses any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting (Messner, 2020). It includes actual, attempted or threatened (vaginal, anal or oral) rape, including marital rape; sexual abuse and exploitation; forced prostitution; transactional/survival sex; and sexual harassment, intimidation and humiliation. Spangaro (2013) defines ''sexual violence'' as any coerced sexual act, involving: any sexual act, attempt of sexual act, sexual comments, or acts directed against a persons' sexuality using coercion, by any person regardless of his relationship to the victim, in any setting, including home and work.

Sexual violence that does not involve physical contact is defined as sexual harassment, while that involving physical contact is defined as sexual assault (Hollifield, 2019). Sexual harassment is considered as a violation of the recipient's dignity, as it creates an intimidating, hostile, humiliating and offensive environment for the recipient. Sexual assault is a common form of criminal violence worldwide. It occurs at all levels in society, and it is not restricted to any special race, class, income bracket or educational level (Hanscom, 2018).

2.1.3. Conflict Related Sexual Violence

Before turning to the examination of the causes and consequences of Conflict-Related Sexual Violence (CRSV), the concept itself requires some clarification. The two components of the term, conflict-related and sexual violence, imply that sexual violence in conflicts is different from sexual violence in peacetime (Joachim, 2018). While sexual violence in conflict has similar roots to sexual violence during peacetime, it is aggravated by ethnic, religious, or ideological cleavages that increase the level of hatred and brutality (Johnson, 2018).

Wood (2014) defines conflict-related sexual violence as sexual violence by armed organizations during armed conflict. Armed organisations include both state forces (military, policy, government-sponsored militias) and non-state actors (rebels and militias). Sexual violence refers to rape, sexual slavery, or any other form of sexual violence of comparable gravity (Hollifield, 2019).

From a more philosophical perspective, Seifert (2013) has proposed the notion that rape is not an aggressive expression of sexuality, but a sexual expression of aggression. In the perpetrator's psyche, it does not fulfill sexual functions, but is a manifestation of anger, violence, and domination of a woman. This aggression often takes the form of public gang rapes intended to humiliate and demoralize victims, their families, and the community at large (Trenholm, 2011). In this case, both philosophical and preparator's perspectives are considered the fact that sexual violence by armed actors is committed against the victims (traitors) aggressively either for the sake of sexual deprivation or terrorize them to humiliate and demoralize victims.

The term CRSV or wartime rape never refers to isolated instances of sexual violence by individual combatants but rather indicates the much more widespread occurrence of it. The UN (2012) defines CRSV as incidents or patterns of sexual violence, that is gang rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity against women, men, or children.

2.1.4. Gang Rape

Cohen (2014) argue that the likelihood of gang rape is much higher in wartime (more than 70%) compared to peacetime (2–27%). CRSV is also associated with more brutal acts of rape, including in public spaces, with objects and torture. Often CRSV is associated with different goals including the humiliation of communities, taking advantages of the personal interest (physiological needs), the creation of terror and the spread of disease as a tool of war (Hollifield, 2019). These circumstances make wartime sexual violence distinct from that during times of peace. In this case, association of sexual violence, gang rape in particular, in armed conflict with the intention of opportunism and humiliation of the community is the foci of this study.

The key insight to be drawn from this review is considering sexual violence in conflict as either "opportunistic" or as "a method of warfare" is too simplistic. On the contrary, sexual violence in conflict is motivated and perpetuated by a complex mix of individual and collective, premeditated and circumstantial reasons. Indeed, a range of explanations have been advanced as accounting for the use of sexual violence in armed conflict. Building on the work of Gottschall (2004), and based on the review of the related literature, the explanations are proposed within four main theories namely Gender Inequality Theory, the Psycho-Social and Economic Background Theory, the Strategic Rape Theory, and the Biosocial Theory.

2.1.5. Theories Related to Sexual Violence in Conflicts

Sexual violence in war is often said to be as old as war itself. Even if that is the truth, it is only in recent years that this has gained any major attention in media, academics, and in the international community. It was first after the mass rapes during the conflicts in Rwanda (1994) and in Bosnia-Herzegovina (1992-1995) that sexual violence became a discussion as a potential threat to international security and discussions on prevention started (Eriksson Baaz and Stern, 2019).

For many scholars the underlying reason for these acts of sexual violence has been in great focus. And it seems as though of the theories can be divided between four main and over gripping ideas: the feminist theory, the cultural pathology theory, the strategic rape theory, and the biosocial theory (Gottschall, 2004). These four main theories can in return be picked apart and looked at from different theories within, which the literature review does next in order to possibly position this thesis in the discourse concerning sexual violence in wars and conflicts.

2.1.5.1. Biosocial Theory

The biosocial theory holds that sexual desire is the main motivation for rape, but is regulated by sociocultural factors (Joachim, 2018). The theory (the "sexed" story) is based on the assumption that soldiers (mainly male soldiers) have a (hetero) sexual libido that demands an outlet. This theory is no longer politically correct to use as the main argument as to why rape and other violent sexual acts take place in conflict, but has for long been seen as the most common explanation in the public (Hollifield, 2019).

Rape has long been seen as an unfortunate by-product in conflict situations, where there are no other means for an outlet. This is often referred to as the pressure cooker theory: the idea that men have an instinct for aggressive sexual acts, and in the chaotic milieu of conflicts they are more prone to act upon these instincts (Gottschall, 2004). That is why Enloe (2000) argues that militarized prostitution and militarized rape go hand in hand in military policy making. There has been an idea that if the soldiers have access to brothels and prostitutes, they are less likely to rape civilians.

This was the case with the so-called comfort women in Japanese occupied territories before and after Second World War. These girls and women were often forced or tricked into working in brothels organized by the Japanese authorities (Gottschall, 2004). This then hindered the soldiers from raping and therefore also prevented the spread of sexually transmitted diseases. Enloe also argues that these

ideas can be seen in modern policy making with reference to the American presence on the Japanese island Okinawa and especially in connection to a case of the rape of a young girl by American soldiers in 1995 (2000).

Another theory connected to that of male sexual desire argues that the breakdown of society and states offers less safeguards for women and less social constraints on men (Gerecke, 2010). This would then prompt men into committing these sexual acts as an outlet for a "sexual need". Gerecke (2010) strongly questions these theories revolving around the male sexual libido as the main reason behind rape in conflicts. They also note that they raise the question as to how much desire actually is connected to the rapes as many cases of wartime rape suggest that there must be some amount of sexual desire or lust felt by the soldiers evidenced by their erect penises.

2.1.5.2.   The Feminist Theory/ Theory of Gender

Unequal power relations, discrimination and misogyny in patriarchal societies are exacerbated by the promotion of aggression and violence during war (Cornell, 1987). The choice of rape and other forms of sexual violence is most certainly gendered and is shaped by structural forms of sex and gender inequality, including patriarchy. Scholars have argued persuasively that rape can have a role in "feminizing" an enemy (e.g., Theory of Feminists by Betty Friedan, 1963 which refers to misogyny in patriarchal societies is exacerbated by the promotion of aggression and violence during war).

Patriarchy in its myriad manifestations is necessary for wartime rape and sexual violence; however, patriarchy is not sufficient, and it fails to explain variation in where, when, how, by whom, and against whom wartime sexual violence occurs (Cohen, 2013). In other words, structural gender inequality is likely far too common across space and time to explain the incidence of conflict-related sexual violence. It may be the case that variation in structural gender inequality is not substantial enough to explain differences in conflict-related sexual violence, or the best current measures are not fine-grained enough to capture it. Either way, there is little evidence for structural gender inequality as a major "causal explanation" for wartime sexual violence (Davies and True 2015).

The feminist theory (the "gendered" story) is based on the theory that in the army soldiers (both male and female) are taught how to be "masculine". The idea of "masculinity" is here connected to the necessary violence that is needed in order to be able to kill someone for the security of the state (Eriksson Baaz and Stern, 2019). Even within this "gendered" story there are many theories to be found and interpreted. The "National Security Rape" is one of these as it is often targeting women (or

men) that the state believes are questioning or challenging the state as they operate outside the traditional domestic and feminized sphere. For example, it could be women organizing themselves in order to provide child care services or health care clinics, thus providing services that the state is adequate to provide for its population (Enloe, 2000). It is a nervous state using sexual violence in order to oppress imagined threats from civilians.

2.1.5.3. The Cultural Pathology Theory

The cultural pathology theory focuses on the cultural background of the soldier that commits sexual violence in conflicts. Writers try to find a connection between sociocultural patterns and the frequency and ferocity of sexual violence. Scholars point to Japanese culture and the rape of Nanking as the best given example. The cultural pathology theory might help to understand why wartime rape occurs but it is not sufficient enough to fully explain the phenomenon as sexual violence in conflicts has been present in so many different conflicts with soldiers from a range of different sociocultural background (Gottschall, 2004).

2.1.5.4. The Strategic Rape Theory

In the strategic rape theory "wartime rape is a coherent, coordinated, logical, and brutally effective means of prosecuting warfare" (Gottschall, 2004). Although there might not be direct orders to the soldiers to commit sexual violence, it is understood as an acceptable behavior as it aims to destroy the enemy at the social core, breaking apart families by shaming the woman and therefore bringing shame to the entire family. It might also hinder further reproduction when sexually assaulted women are abandoned by their families or because of injuries from the attack (Leatherman, 2007). However, the strategic rape theory has also gotten criticized for the lack of evidence that rape has been used as an official strategic of war. Also, there has been discussion that in areas with large amounts of sexual violence committed by soldiers the results have instead been negative to the army as the public turns against them and resistance has grown larger (Gottschall, 2004).

This thesis is hard to place within one specific main theory within the discourse concerning wartime sexual violence. Instead, this thesis encompasses aspects of each theory. It can be connected to the cultural pathology theory as the norms are created within the sociocultural environment that the soldiers live and act within. The means-and-ends focus of this thesis is particularly connected to cultural background as it is based on what the soldiers perceive that they are entitled to. A possible feeling of confusion and hopelessness amongst soldiers might also show that the "pressure cooker"

theory might be plausible in a non-biological way. Anger concerning the soldiers' perceived situation might cause them to act outside the accepted norm system.

2.1.6. Motives of Conflict-Based Sexual Violence (CBSV)

2.1.6.1. Individual Motives

The archetypal configuration of wars and armed conflicts is understood to provide conditions conducive to engaging in crimes and brutal acts such as sexual violence. Yet, even in such settings, not everyone perpetrates sexual violence. While our understanding of the purpose of CRSV and the opportunity structures associated with it has increased, less is known about the perpetrators' individual motivations. What are the individual drivers that make soldiers, militiamen, and civilians commit rape during the conflict? Some accounts present the "enemy's" women as the spoils of war – that is, as subjects of private pleasure for combatants. Others assert that the "soldier identity" that armies create, a mixture of masculinity, violence, and conquest makes individual rank-and-file soldiers more likely to commit sexual assaults (Stern, 2019).

Given the difficulty and cost of attaining the data, there is considerably less empirical research on the perpetrators than on other aspects of CRSV. This has led to much interpretation and speculation (Elbert, 2013). Interestingly, the existing empirical studies on perpetrators of CRSV rely largely on research conducted in the DRC (Elbert, 2013). Stern (2019) presents army soldiers' narratives on rape in the DRC and finds a number of self-perceptions that contribute to explaining individuals' perpetration of CRSV. Soldiers distinguish between "lust" rapes and "evil" rapes. Lust rapes are described as serving the sexual needs of a man or soldier and are perceived as somewhat more ethically acceptable than evil rapes, which are described as an expression of hatred and anger.

Both types appear to be driven by hypermasculinity and what is perceived as the male's right to have sex. Further, soldiers attribute their anger and frustration to poverty, lack of family, and the general and almost normalized climate of war and conflict (True, 2012). While the respondents admit that these personal views are causes, they blame the emergence of these views and attitudes on the conditions of war and conflict. Meger (2010) comes to similar conclusions, arguing that combatants' individual motivations to commit rape are associated with the social constructs of masculinity but must be understood in the context of the political economy of conflict.

Elbert (2013) shows that 44 percent of demobilized combatants from various armed groups agreed with the statement that it can be satisfying to harm others. More than 80 percent believed that "combatants are out of control" and experience a kind of bloodlust that includes killing and raping people. This notion resonates with Butler's (2007) principal-agent argument that rank-and-file soldiers will use the opportunities of war to indulge their selfish motives and carry out rape. About half of the respondents in that study attributed CRSV to personal frustration and the absence of a wife with whom they could be sexually intimate. The respondents raped civilians associated with enemy armed groups to avenge the rapes "their" families and communities had experienced. The most brutal forms of rape were attributed to substance abuse, particularly of marijuana; frustration; self-hatred; lust for power; and a belief in witchcraft.

In sum, there is relatively little empirical evidence and little systematic evidence, in particular on the individual motives behind CRSV (Elbert, 2013 is an exception). However, the few studies there indicate that existing views of gender may lie at the core. The perception of the brave and fearless combatant who takes whatever he (and sometimes she) wants informs and sustains a culture of hypermasculinity that appears to be responsible for the prevalence of CRSV.

2.1.6.2. Intragroup Norms and Dynamics

A number of scholars argue that group dynamics within armed groups also play a substantial role in explaining the prevalence, extent, and brutality of CRSV. Two arguments are advanced: The first argument suggests that collective rape increases cohesion between members of armed groups (Cohen 2014; Grimm, 2017; Humphreys and Weinstein 2006; Wood 2014). The idea is that jointly committing sexual violence creates bonds between the perpetrators by generating collective feelings of power and superiority. Then they negotiated who starts and who comes after. And they all raped one woman. When a group is new, the commanders sometimes order rape so that the group will get known. The aspect of group dynamics is further emphasized when the interviewed combatants confess that the most dangerous groups for women are made up of three to five combatants (Elbert, 2013). They explain that in a group of this size, the dynamic allows individual combatants to exercise their full sexual aggression towards the victim.

The privacy of small groups provides assurance that fellow rapists will keep quiet, even in extremely brutal cases. Larger groups have been reported to hinder such acts, as perpetrators may be warier that fellow combatants with higher moral standards will report their behavior (Stern, 2019; Green 2004;

Kelly 2018). The second argument posits that the absence of penalties and norms prohibiting CRSV on the part of the group and its leadership make opportunistic (not strategic or tactical) sexual violence2 more likely (Wood 2014; Meger 2010). The accounts of demobilized combatants in the DRC illustrate that the absence of norms prohibiting CRSV allowed them to commit rape without fearing disciplinary consequences. Furthermore, the military leaders themselves committed rape: "There are commanders who do not order to rape, but they do it themselves. They are role models for the other soldiers" (Elbert, 2013).

Butler (2007) argues that a principal-agent relationship is a useful tool for understanding the occurrence of opportunistic CRSV. Rank-and-file soldiers can pursue their personal agendas, for example, rape, and count on information asymmetries that prevent leaders from knowing what is going on on the ground (see also, Weinstein 2005). In her paper on Peru and Guatemala, Leiby (2009) makes the case that information asymmetry, or, in other words, a loss of control over troops – is less likely in state-led military organizations and more likely in loose, poorly trained, and less hierarchical armed groups. This should thus have an effect on the prevalence of CRSV.

2.1.7. Consequences of CRSV

CRSV has severe implications for individuals, families, and societies, both in the short term and the long term (Hagen, 2010; Kelly, 2011; Grimm, 2017). These include the physiological harm to victims, psychological and mental trauma, and the effects on social relations within and beyond communities. These different types of consequences are largely investigated within three disciplines: (1) public health and medicine; (2) psychology; and (3) the social sciences, including political science, sociology, and anthropology. Although the public health and psychological studies certainly have their own particular research interests, they offer important, if not fundamental, that is, the use of rape as a weapon of war. In my review of the public health and psychological literature, it focuses in particular on findings related to these social consequences.

2.1.7.1. Physical Impacts

Medical research on CRSV is primarily focused on the physical consequences that survivors have to deal with. These studies find that women who have survived CRSV, particularly brutal forms such as gang rape and sexual mutilation, often suffer from extreme physical damage, including chronic pain, fistula, and infertility. Fistula and infertility often have direct consequences on the survivor's social and economic well-being and her standing in the community (Shanks and Schull 2000; Garcia-

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Moreno, 2005; WHO 2013; Clifford and Slavery 2008; Jones, 2014). A rape survivor from the civil war in Mozambique summarized her physical state as follows (Sideris 2013: 717):

> "I have pain in my stomach and I suffer from headaches since the war. I am not well – even to work. I only work because I have no one to support me. I mean that I am not well through what the Renamo has done to me. The Renamo made me crippled. They beat me and raped me. Now it is as if I am a crippled somebody."

Traumatic fistulas are caused by sexual violence, particularly by gang rape or vaginal and rectal torture. Fistula causes incontinence and therefore makes it impossible to control the passage of bodily fluids (Kinyanda, 2010; Rackley 2014). This often leads to rejection by husbands and even by the community because of the resulting smell. Consequently, women suffering from fistula avoid social contact out of shame, suffer from social isolation, and cannot participate in regular social activities. Furthermore, many victims are unable to work, lose their income, and cannot provide for themselves or their families. They are thus left in a vulnerable situation (WHO 2013; Baker 2013; Grimm, 2017).

Infertility is similarly devastating for CRSV survivors. This is particularly true in traditional societies and cultural settings where women's reproductive abilities are central and where women are viewed as the sanctuary of culture (Meger 2010). Without their childbearing abilities, women lose value and often cannot find a husband. Since being married often results in a minimum level of economic stability and security, survivors' inability to marry again puts them in a vulnerable position (Johnson, 2018; Mills, 2006; Hagen, 2010; Jones, 2014).

Furthermore, as discussed above, survivors of CRSV are more likely to be infected with HIV/AIDS and other sexually transmitted infections (Halima, and Blower 2010; Chowdhury and Lanier 2012). Opportunities for diagnosis and treatment are usually limited if not nonexistent in (post)conflict settings. In sum, the physical consequences of CRSV not only have profound effects on the survivors' individual well-being but also affect their social position and opportunities within their communities. In fact, as we will see below, the physical damage is directly related to the psychological and social consequences of CRSV.

2.1.7.2.   Psychological Trauma

Sexual violence is a major public health concern, in part due to the detrimental physical and psychological consequences victims of such violence typically experience. Studies have consistently reported that experiencing sexual violence can have many detrimental effects, including, but not limited to, depression and posttraumatic stress disorder (PTSD; Kleim & Ehlers, 2009). Although negative outcomes associated with sexual violence are typically the focus of research in this area, recently, the potential for positive outcomes associated with this type of trauma have been explored.

2.1.7.2.1.   Post-Traumatic Stress Disorder (PTSD)

Survivors are more likely to suffer from depression, post-traumatic stress disorder (PTSD), anxiety, and suicidal tendencies (Josse 2010; Jones, 2014; Kuwert, 2014). They tend to experience deep mistrust towards acquaintances and strangers. Cultural taboos with regard to sexuality complicate disclosure and make rehabilitation more difficult. This is aggravated by the fact that in many post-conflict settings perpetrators and victims know each other and often live in the same communities, where the perpetrators continue to live with impunity (Buckley, 2014). Symptoms such as PTSD and anxiety further contribute to a complete loss of self-esteem, extreme helplessness, and despair. Pappas (2003) has coined the term "dissociative containers," which refers to the exclusion and disconnection of rape victims from humanity and the external world. This isolation is captured well by a traditional leader in the eastern DRC when he ex- plains what those who have experienced a CRSV-related trauma go through and how that makes them suffer:

> *"People who undergo this trauma lose their sense of self […] the effect is profound; the people […] do not have the ability to reconstruct […] We have people who do not even know how to begin again – they are a people dispossessed – and even those who return to their villages – they don't even sleep in their homes."* (Trenholm, 2011: 144)

Importantly, Hagen (2010) points out that symptoms such as PTSD, anxiety, and emotional withdrawal should be understood as survival mechanisms in contexts where violence and threats to life continue to occur. In such situations, nondisclosure and silence are ways in which survivors increase their chances of survival. In a (marginally) stabilized post-conflict context, however, nondisclosure is often driven by cultural taboos and the fear of rejection and thereby makes evident the other impacts of surviving CRSV, such as the loss of identity, social status, and self-esteem (Bosmans 2017; Sharlach 2010; Seifert 2006). It should not be forgotten that the traumatic effect of

CRSV also impacts people who have been made to watch such acts, who have felt powerless to save victims, or who have been forced to rape their family members themselves (Kelly, 2011).

2.1.7.2.2. Post Traumatic Growth

Researchers have found that although survivors of sexual violence and other forms of trauma are negatively affected, there is also room for resulting psychological growth (Tedeschi and Calhoun, 2014). The idea that one can experience positive outcomes as a result of a traumatic experience is not new. However, until recently, scientists had neither devoted much attention to studying the potential for positive growth in the aftermath of trauma, nor had they agreed on a term to describe the phenomenon. Post Traumatic Growth (PTG) refers to the positive growth that occurs by virtue of having struggled a highly stressful and challenging life circumstance (Tedeschi and Calhoun, 2014).

Understanding how humans psychologically respond to adversity has been a mainstay of the discipline and largely a function of a problem-based theoretical approach. For example, the study of PTSD focuses on understanding the trauma as a problem that negatively affects mental health, and works to identify ways to facilitate resilience, or a return to baseline. However, this theoretical approach ignores the possibility to thrive (which moves beyond resiliency to further improvement of life) in the aftermath of trauma. PTG has its theoretical roots in positive psychology, which focuses on understanding and identifying ways to live a better life, in other words, how to thrive.

Although they were the first to operationally define PTG, research focused on positive growth after trauma has increased in recent years (see Tedeschi, 2008). The consensus among researchers who study PTG is that this kind of growth can be described as "a significant beneficial change in cognitive and emotional life beyond previous levels of adaptation, psychological functioning, or life awareness" (Tedeschi and Calhoun, 2014). They noted that growth is not to be confused with resilience, defined by Steele and Kuban (2011) as the innate positive psychological and emotional attributes an individual has. Additionally, Tedeschi (2014) noted that a clear distinction between growth and "positive illusions" is necessary. The authors described the former as a more permanent change in persona, whereas the latter can be described as a distortion of the facts or an altered perception of the traumatic event (Taylor and Armor, 2016), which in that case, according to Tedeschi (2014), would not reflect true growth.

Growth after trauma has been documented across many different types of traumatic events, including surviving cancer and HIV, experiencing military combat stress, suffering a terrorist attack, surviving

a natural disaster, and across violence-related traumas such as interpersonal violence, child abuse, dating and domestic violence, and sexual abuse in childhood (Anderson, Renner and Danis, 2012). Thus, it should not be surprising that studies focused specifically on psychological growth after the experience of wartime sexual violence among adults are even scarcer.

2.1.7.3.   Societal Consequences

Wartime sexual violence is understood to have grave social consequences for survivors, families, communities, and societies (Kirby, 2013; Rackley, 2014; Jones, 2014). Sexual violence has distinct characteristics that distinguish it from other forms of violence. It carries a message from the perpetrators not only to the victim but also to the community. In this sense, it exploits emotionally charged values about sexuality, virtue, shame, and honor (Gottschall, 2004). The violation of such values increases the magnitude of the damage CRSV does to social relations within communities.

2.1.7.3.1.   Stigmatization of CRSV Survivors.

Rape survivors not only suffer from the physical and psychological effects of CRSV but are often also ostracized by their own families and communities. Widespread CRSV during conflict can and often does destroy the social order and self-worth of communities (Kelly, 2011; Verwimp, 2014; Bosmans 2007). Sideris (2013) quotes a woman in Mozambique as saying that "when one woman was raped, the whole community was raped." The cultural values and taboos related to sexuality and the view of the female body as a symbol of a group's culture give patriarchal communities little room to integrate survivors (Gottschall, 2004; Millard 2010; Skjelsbaek, 2006).

Hagen (2010) argues that societies end up in a collective state of shock not only because they have witnessed acts of CRSV and death, but also because of the familial and communal rejection of their loved ones. This idea is echoed by Trenholm (2011: 148):

> "This residual 'damage' to the fabric of society consists of disintegration of communities and families, ostracism with subsequent homelessness, damaged reproductive abilities, unwanted children and its sequelae, all while living in a persistent state of fear."

Shanks and Shull (2000) hold that the effectiveness of CRSV in damaging the social relations in the community rests on sociocultural norms that value the sexual virtue of women in extreme forms. This nourishes largely male perceptions of the public ownership of women's sexuality and thereby

explains why an attack against a woman is perceived as an attack against the whole community (Leatherman 2007; Chowdhury and Lanier, 2012).

2.1.7.3.2. Social Acknowledgement

Social acknowledgment is defined as a victim's experience of positive reactions from society that show appreciation for the victim's unique state and acknowledge the victim's current difficult situation (Benard, 2014). The term social here not only includes the closest social network of a victim (e.g., family, friends) but also significant persons (e.g., local authorities, clergy), groups (e.g., at the workplace, fellow citizens), and impersonal expression of opinions (e.g., media) about the experiences of the victims or survivors. In the positive case, social acknowledgment includes the unconditional support to the victims or survivors. In the negative case, victims experience a range of negative feedback like ignorance, rejection, or blaming the victim. Thus, social acknowledgment is opposed to societal disapproval, critique, or rejection, which has been describe.

Social acknowledgement is a construct that describes the degree to which an individual feels validated and supported by society, family, and friends following a traumatic event (Maercker and Hecker, 2016). In comparison to social support, social acknowledgement does not encompass the functional (e.g., emotional validation) or structural aspects (e.g., size or composition of social network) of the individual's life circumstances; but rather focuses on the individual's perception of their recognition as a survivor (e.g., general or familial recognition or disapproval; Mueller, 2018). This is in line with a recent study examining a social model of PTSD, where social acknowledgement was found to be related to post-traumatic cognitions, as compared to other related processes of social support such as emotional disclosure and group identification.

Much qualitative research brings up the point that survivors worry about how their community will react to them and talk about them. Even the thought of what their family and community members might think of them causes survivors to experience further agony (Sideris, 2013; Goldstein, 2011). Kelly (2018) finds that for CRSV survivors the social isolation and shame become as devastating as the sexual assault itself. This view is echoed by Hagen (2010), who hold that in certain cultures rape survivors have to expect extreme shame from their community, which is why many women do not report it.

2.1.7.4. Economic Strain

Women who have been sexually assaulted often face economic hardships. This is particularly true in societies where a woman's access to resources is based on her relationships with male family members, such as fathers, husbands, or brothers, and where such relationships are regulated by customary or statutory law (Sideris, 2013). The loss of social standing and shame associated with rape can diminish a woman's eligibility to marry or remain married, which in turn affects her ability to provide for herself and her children (Goldstein, 2011). In many situations the physical and mental injuries sustained from sexual violence can be debilitating to the point that a victim is rendered unable to work and sustain her livelihood or that of her family. Gang raped girls and women by armed actors, in particular violence against women and girls in the family, has a direct and devastating impact on all aspects of a woman's life and creates an intolerable barrier to women's fulfillment of their economic and social potential.

2.1.7.5. Intervention of War Rape Survivors

The need for women's participation at all levels of their healing, including how to best create and offer support services. This means the development of supports, interventions, and treatment frameworks need to be grounded in survivors' self-assessments while balancing the socio-cultural barriers women face in speaking about their trauma. Keeping these two frames in mind can serve as a guide to prevent the potential to disempower, sensationalize, and construct dominant oppressive narratives when exploring stories about sexual assault (Alcroft, 2013), and recognize the sensitive nature of eliciting stories about sexual violence (Campbell, 2017).

The centrality of women's voices should be the primary guide for models of treatment. Professionals with experience working with survivors of sexual violence who extend their work to women who have experienced war rape need to reflect deeply upon the contexts within which survivors are living and the nature of services being offered. Given the limited work in this area, professionals could contribute to the field by sharing their experiences of successful, client-guided services. In countries of resettlement, refugee women bring with them the range of pre-migration atrocities (Berman, Girón, and Marroquin, 2006) and the layers of trauma need to be understood socially, politically, historically, culturally, psychologically, and physically, based on each survivor's experience.

Offering services to survivors of war rape in post-migration contexts, relevant considerations in developing interventions include: (1) providing services that are culturally sensitive to the

phenomenological reality of the survivor; (2) understanding that trauma work is occurring within the instability of early resettlement, post-migration stressors, and ongoing collective and individual consequences of trauma including war rape; (3) addressing gender and culture in service provision; (4) ensuring discretion and sensitivity to stigmatization while recognizing survivors are resilient women who are capable of informing services (Hagen, 2010). Overall, in recognizing the limited information available for working with survivors of war rape, exploring ways to facilitate speaking out by survivors and service providers has the potential to build collaborative models of care informed by experience, theory, and practice.

While it is necessary to understand the treatment of sexualized violence, the underlying issue of preventing violence against women during war remains. What drives men to rape women in the first place? After a historical and ethnographic review, Lalumiere (2015) found that rape is more common when men are considered superior to women, there are no repercussions to their actions, and hateful attitudes towards women exist. Likewise, Madden and Sokol (2014) suggest that "programs directed toward individuals are band-aids that do not address the systemic, societal causes of violence and discrimination against women" (p. 24).

2.2.   Empirical Literature Review

Several studies are carried out on the consequence of armed conflict sexual violence in different countries' context. Since, the victims have different personal attitude or reaction to different hostile environment. And the social norms and the level of society acceptance towards/against gender-related violence also determines the extent to which the survivors bear the burden. Thus, the empirical literature review sought to show the research gap regarding the lack of considering the psychological post trauma's negative (stress disorder) and positive (post trauma growth growth) outcomes; and the level of social acknowledgement as a survivor of gang rape during wartime. Some of the empirical studies are presented below.

Cohen's (2013) study on explaining rape during civil war: cross-national evidence (1980–2009) found that armed conflicts have adverse consequences across multiple areas of societies. Mainly the survivors were suffered from physical, psychological and social traumas. The results of the findings concluded that armed conflict sexual violence had negative impact on girls and women of the victims. However, the study fails to identify the individual difference to cope up the hardship by themselves despite other humanitarian intervention.

García-Moreno (2013) studied global and regional estimates of wartime sexual violence against women: prevalence and health effects of forced rape violence. The finding revealed exposure to violent events during conflict had brought severe physical and social traumas which escalated the suicide rate of Peruvian women, being victims of domestic violence. But the study didn't evaluate or conduct the social acknowledgement inventory to determine the extent of social stigmatization effect on the wellbeing of the survivors.

Another study from Colombia by Noe (2012) revealed that CRSV was widespread during the 20-year conflict and affected communities, especially women and girls, who suffered from rape and abduction. Over 1.6 million people (90 % of the affected population in Acholi land) were forced to flee their homes and live in temporary camps for internally displaced persons with extremely dire conditions. They posit that a wide range of humanitarian intervention like clinical service, nutrient food supplement and financial support were required to alleviate the burden of the survivors.

Gutierrez and Gallegos (2016) conducted a descriptive study on gender based sexual violence among women and girls living in districts that experienced conflict between 2002 and 2006. They found that the higher incidence of combat within a district significantly increased the likelihood of women in this district becoming victims of forced gang rape. The findings revealed that the survivors were severely suffered from physical traumas like broken legs and arms, burnt scars, punctured genitals, genital disfunctions (fistula), etc. However, the physical post trauma was highly prevalent compared to psychological post traumatic stress disorder or social stigma. They suggested that more humanitarian intervention was required on clinical/medical service to minimize the catastrophe.

In northern Uganda, researchers have found that many people in conflict-affected communities displayed significant physical and psychological war-related trauma including post-traumatic stress disorder (PTSD), depression, anxiety, somatization disorder, and substance abuse. The main cause of these psychological traumas was the fear of the society's norm regarding the impunity of sexual related stereotype. In this regard, social acknowledgement plays significant role in mitigating the extent or severity of the sexual violence.

However, to the contrary, another study from Central and West Africa by Tol (2013) and Musisi (2010) found that intimate partners, family members, and the community were interested in learning how to better support rape survivors in their households. The findings illustrated that the society was characterized by less conservative but more religious which helped the survivors to be accepted as it.

Liebling (2008) and Claude and Ruminjo (2008) studied the consequences of wartime sexual violence on girls and women living in conflict areas Yugoslavia conflict. They concluded that CRSV is a serious public health problem with devastating impacts on the health of survivors. According to their findings, some of the deleterious physical health consequences of CRSV include reproductive health problems such as traumatic genital inflammatory disease, infertility, and HIV/AIDS. Moreover, high levels of behavioral health problems including anxiety disorders, suicidality, alcohol and substance abuse, and post-traumatic stress disorder (PTSD) have been reported among this population. But they failed to disclose what factors helped survivors cope up from the incidence by themselves, "was it due to humanitarian care and support" or "by adjusting their behavior so as to adapt the hostile environment" remains the main question that this study didn't address.

Scully's (2009) study on how UN discourses around women in war and sexual and gender-based violence in conflict showed an unmistakable emphasis on female (women and girls in particular) vulnerability, reinforcing all too familiar gender stereotypes. The findings revealed that women's vulnerability is subsequently 'compensated' with protection: the 'need to protect women in war' is clearly evident in various resolutions.

The study by the Peace Research Institute Oslo (PRIO, 2018) of all forty-eight conflicts in Africa between 1989 and 2009, including both civil conflicts and interstate state wars, and all 236 actives, organized armed groups, 64 percent of gang raped women were not reported to have engaged in any psychological post trauma stress disorder. Rather, they were living in much better lifestyle after the incidence. The study found that more than one in three female refugees from the DRC had experienced sexual violence and suffered from psychological trauma due to social stigma.

In a separate study of wartime rape by armed groups by Quilter (2011), covering all eighty-six major civil wars around the world between 1980 and 2009, eighteen wars had at least one year of massive reported rape, thirty-five of at least one year with numerous reported rapes, eighteen of isolated reports of rape, and fifteen of no reports. Of wars with some reports, only 62 percent had reports of gang rape, that is, about one third of the victims were survived due to the humanitarian care and support as well as the social acknowledgement their respective society.

In their study of sexual violence in Sri Lanka, Traunmüller (2019, p. 2016–2019) suggest, but do not explicitly examine the relevance of stigma for learning about armed group targeting of sexual violence in different populations. Kuwert (2014) studies whether sexual violence has unique effects

on stigma among female victims of World War II by using a matched pair design to compare effects of sexual and non-sexual trauma. The findings are mixed. Women exposed to sexual trauma during WWII report greater posttraumatic growth but less social acknowledgment of their trauma.

Koos (2018) finds that families affected by sexual violence become more socially engaged and altruistic in Sierra Leone. He suggests that affected households anticipate social exclusion and respond with efforts to overcome it. In this theory, it is the victim's altruistic response to potential stigma that fosters resilience to sexual violence in the long-term. However, social stigma remains a theorized but unexamined mechanism. On the contrary, in Uganda, a statistical study finds that exposure to rape during rebel captivity has negative repercussions for perceived stigma and functioning (Amone, 2016). This is in line with a recent study examining a social model of PTSD, where social acknowledgement was found to be related to post-traumatic cognitions, as compared to other related processes of social support such as emotional disclosure and group identification (Woodhouse, Brown, and Ayers, 2018).

In conclusion, the survivors are subjected to the post trauma emanated from physical, behavioral, social and economic strain. However, the behavioral and social traumas differ from conflict to conflict. That means, the empirical evidence of sexual violence of armed conflict revealed both adverse (PTSD) as well as positive (PTD) effect on survivors of forced sexual violence during wartime. Similarly, stigmatization is viewed as a central mechanism that exists in most society but extant studies dispose the social acceptance as a survivor. Thus, a dearth of considering positive side of psychological post trauma as well as the level of social acknowledgement of a given society in a conflict zone that determines the severity of the post trauma which requires further investigation. Therefore, this study aims to address the physical, psychological, social and economic consequence of the sexual violence in armed conflict by taking the recent and ongoing conflict in Tigray, Ethiopia as a case study. It fills the gap by clearly assessing whether severity of the psychological and social post trauma is due to the lack of personal integrity, or the lack of social acceptance.

2.3. Conceptual Framework

Wartime sexual violence against girls and women is considered an act of gender-based violence that (is likely to) results in physical, sexual, or psychological harm or suffering to women, including the threats of such acts, coercion, or arbitrary deprivation of liberty, occurring in conflict areas. The conceptual framework shows the pattern of sexual violence trauma experienced by girls and women

survivors. The gang rape induced post trauma of physical, psychological, social and economic strains on the victims. The psychological post trauma stress disorder and post traumatic growth are the two dimensions or variety of psychological abuse due to difference in personal integrity. While, social acceptance and social stigma are the two faces of the social abuse arise from social integrity. The model is adapted from Remer and Ferguson (2015), which outlines a model of trauma processing that could be used to understand the effects of rape on girls and women survivors. Following this framework with some modifications, Figure -1, illustrates the consequences of forced sexual violence and their physical, psychological, social and economic outcomes.
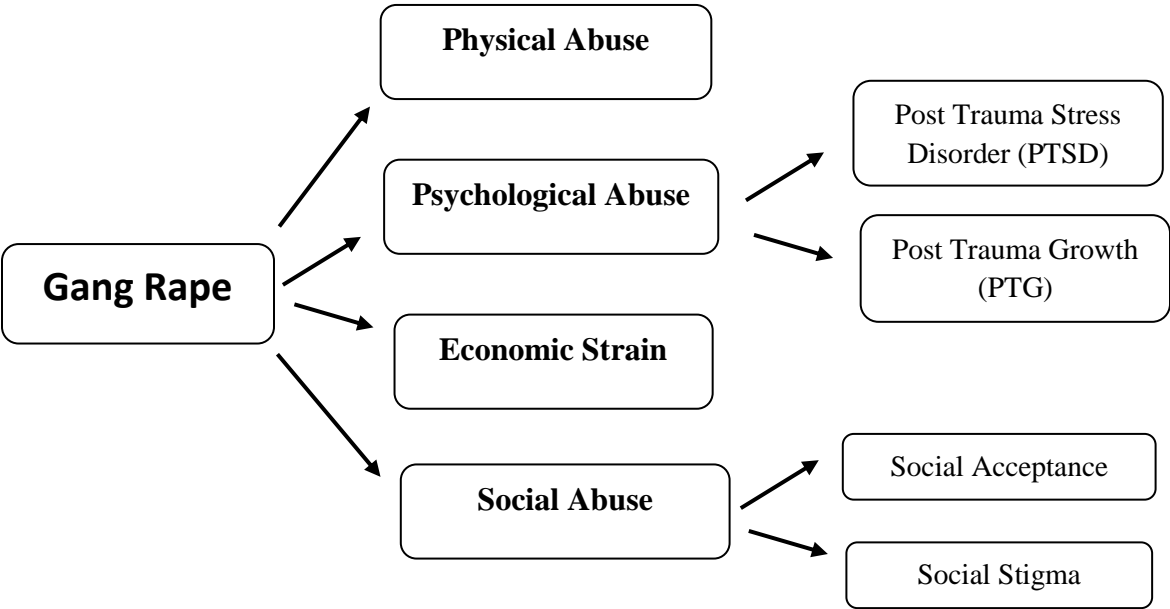
(Source: Remer and Ferguson, 2015)

Figure 1: Conceptual Framework of Wartime Sexual Violence

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter addressed the research design, data analysis procedures that were used. It also presented the data collection and analysis procedures used. This section discusses the methodology used to study the sexual violence trauma as experienced by girls and women in armed conflict of Tigray, Ethiopia. It highlights how data was collected, analyzed and interpreted. It also describes the overall research design adopted by the study, population of the study, sample size and sample selection strategy, data collection methods, and data collection instruments in detail.

3.1. Study Area

Tigray, whose capital city is Mekelle, is one of the regional states in Ethiopia. It is located in the northernmost region of the country at Longitude/Latitude: 13.4936° N, 39.4657° E. Bordering Eritrea, it is home to most of the country's estimated 7 million ethnic Tigrayans. The ethnic group, which accounts for about 6% of Ethiopia's population, has had an outsized influence in national affairs. The study comprises the north, south, east and west parts of the regions which are affected by the war.
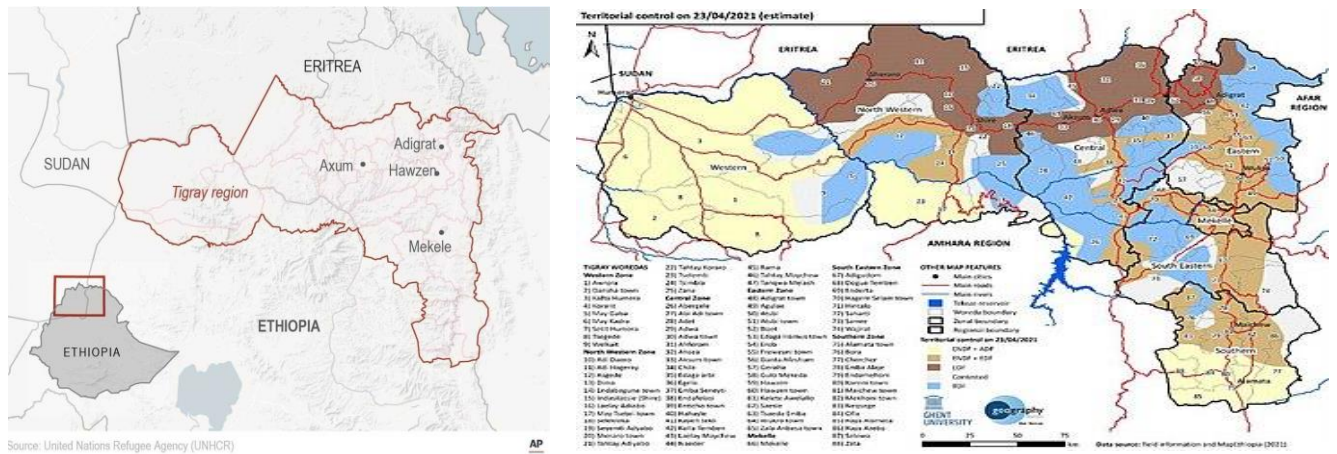
Figure 2: Study Area – Tigray Region

The war was primarily fought in the Tigray Region of Ethiopia between the Ethiopian federal government and Eritrea on one side, and the Tigray People's Liberation Front (TPLF) on the other. After years of increased tensions and hostilities between the TPLF and the governments of Ethiopia and Eritrea, fighting began when Tigrayan security forces attacked the Northern Command headquarters of the Ethiopian National Defense Force (ENDF), alongside a number of other bases in Tigray. The ENDF counterattacked from the south – while Eritrean Defense Forces (EDF) began

launching attacks from the north, aka "law enforcement operations." Federal allied forces captured Mekelle, the capital of the Tigray Region, on 28 November, after which the prime minister declared the operation was "over." However, the TPLF stated soon afterwards that it would continue fighting until the "invaders" were out, and on 28 June 2021, the Tigray Defense Forces (TDF) retook Mekelle; by July the same year, they had also advanced into the Amhara and Afar regions (Andres, 2020).

The Tigray conflict was an armed conflict that lasted from November 2020 November 2022 (Jason, 2022). All sides, particularly the ENDF, EDF, and TDF, have committed several atrocities that can be considered war crimes during the conflict. For instance, according to Emmanuel (2021), mass extrajudicial killings of civilians have taken place throughout, including in Axum, Bora, Chenna, Kobo, the Hitsats refugee camp, Humera, Mai Kadra, the Debre Abay monastery, and Zalambessa. An estimated 800,000–1,000,000 people have been killed, and war rape became a "daily" occurrence, with girls as young as 8 and women as old as 72 being raped, often in front of their families (Lucy and Nabih, 2021). They also claimed that a major humanitarian crisis has developed as a result of the war, with famine becoming widespread. It also inflicted immense economic damage on the region, with the cost of rebuilding alone estimated to be roughly $20 billion.

3.2. Research Approach

This research approach is based on a mixed (qualitative and quantitative) approach. As defined by Snape and Spencer (2013), mixed approach research is a research method that combines and integrates qualitative and quantitative research methods in a single research study. It involves collecting and analyzing qualitative and quantitative data to understand a phenomenon better and answer the research questions. Therefore, convergent parallel mixed research approach was applied to collect both qualitative and quantitative data required for analysis. Because this survey sought to provide a deeper understanding the sexual violence trauma experiences, identification of post trauma of psychological abuse, and survivor's perceptions towards the level of social stigma and acceptance regarding the rape myth. It feels that a mixed research approach fits best to achieve the objectives as both the qualitative and quantitative data were collected from same targeted respondents parallelly.

In this study, the survey sought to explore the nature and extent of the physical, psychological, social and economic traumas experienced by the survivors of gang rape during the conflict. It has been done first, by conducting an interview with selected respondents, and then the presence of the traumas (posttraumatic stress disorder or growth) and the level of social acceptance towards armed conflict

related sexual violence were measure with the quantitative data collected by questionnaire. The reason that, the level of the trauma, reported by the survivors, depends on the individual difference of the respondents. That means, the respondents who had strong personal integrity might develop post traumatic growth (PTG) while those who had soft personality would suffer from post-traumatic stress disorder (PTSD). Similarly, the level of the social acknowledgement also makes a difference on the severity of the incidence as the survivors in conservative society would be more likely vulnerable than those in liberal society.

3.3. Research Design

This study applied a descriptive research design. Descriptive research design is a type of research design that aims to obtain information to systematically describe a phenomenon, situation, or population (Croswell, 2003). In this regard, qualitative data collected by conducting in-depth interview and quantitative data by questionnaire were analyzed descriptively to address the stated specific objectives in introduction part. For this study, thus, a descriptive research design was adopted for the reason that it focuses on identifying and understanding the type of wartime sexual violence, and the experience of victims living with the trauma.

3.4. Study Participants

Despite the variation of facts and figures (information asymmetry), different statistics show that the incidences of gang rape reported are highest in the Tigray conflict, more specifically in the outskirt or neighborhood regional states like Amhara, Afar, and Eretria (international) boarder (Central Statistics Agency, 2022). Consequently, the data were collected from a specific group of people defined as girls and women from the age range of 15 years – 60 years old. According to World Health Organization WHO (2022) categorization, girls are categorized under the age range of 15 years – 30 years, while women between the ages of 31 years to 60-years-old. According to Aider Hospital's database, as of August 2022, there were about 514 rape victims registered with in hospitals in Mekelle, Aider, Adigrat and Wukro city of Tigray, however, the real number is probably much larger (Jamey, 2022). It is reported that about 82% (337 victims) of these victims admitted in different hospitals were females who have experienced some sort of gender-based sexual violence (physical, psychological, social and economic abuse) either by armed actors, intimate partners and humanitarian aid officers as well (Ayinalem, 2022). Among them, according to medical records, girls and women victims within the age range of 15 years to 60 years old, accounted to 293 cases of gang rape. For this

study, thus, a total of 293 girls and women survivors of gang rape in Tigray conflict who have been referred to Aider referral hospital in Mekele city with in the period of January to July 2022 were targeted as the sampling frame.

3.5. Sampling Technique

There are two known sampling techniques; probability sampling and non-probability sampling. The non-probability sampling is a method in which sampling units are taken purposely by the researcher whereas under probability sampling each sample unit in the target population has an equal chance to be included in the sample (Bryman, 2013). The latter is subjective and depends on the judgment or the justification of the researcher while the former is all about random selection. According to Saunders (2010), to randomly select targeted respondents from the sampling frame, the list of the study elements along with contact address is required. Since the confidentiality issue of medical history of patients, it was hard to get the compete name list of the victims.

In this case, however, due to lack of accessibility, random sampling was found impractical. Due to geographical proximity, availability at a given time, or willingness to participate in the research, for this study, a convenience sampling was applied. Convenience sampling is a non-probability sampling method where units are selected for inclusion in the sample because they are the easiest for the researcher to access.

- **Eligibility Criteria**

o **Inclusion Criteria -** The targeted respondents who were eligible for this survey are included if the respondents are:

- Survivors of wartime forced gang rape, within the age range from 15 to 60 years old.

- Age Category –

    o Girl from 15 years – 30 years.

    o Women from 31 years to 60 years.

- Referred to Aider referral hospital (treated or admitted at least once)

- Capable of explaining themselves (survivors who didn't have voice communication problem resulted from the physical trauma)

- Willing to participate in the survey

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- o **Exclusion criteria -** The exclusion criteria comprise:

  - Victim women from another conflict area;

  - Survivors who are critically ill and unable to respond;

  - Unwilling to disclose their pains.

- o **Data Collection Period**

  - The intended data were collected from June to August 2022.

3.6. Sample Size

According to Hair (2010), a sample size should be large enough to sufficiently describe the phenomenon of interest, and address the research question at hand. But at the same time, a large sample size risks having repetitive data. The goal of qualitative research should thus be the attainment of saturation. Saturation occurs when adding more participants to the study does not result in obtaining additional perspectives or information.

In this regard, among 293 target population, a sample size of 50 survivors of gang rape in the conflict area of Tigray were taken as a unit of measure. According to Carvalho (1984), the sample size for medium survey of a population size within the range of 281 – 500 is found 50 elements for quantitative research. Based on the studies that have been done in academia on qualitative research, 30 respondents seem to be an ideal sample size for the most comprehensive view, but studies can have as little as 10 total participants and still yield extremely fruitful, and applicable, results (Saunders, 2010). The sample is selected as elements are 'information rich' and offer useful manifestations of the phenomenon of interest (traumas of sexual assault, raped girls and women in Tigray). Thus, the student researcher accumulated the data from one societal group, Tigran girls and women who experienced gang rape by armed actors. In this study, thus, a total of 60 (50 sample elements plus 20% non-response rate compensation) respondents were contacted for collecting the primary data by conducting face-to-face in-depth interview. Then, a survey questionnaire was disseminated to them to collect the data regarding the PTG, PTSD and Social acknowledgement as a survivor inventory.

3.7. Source of Data

The source of data for this study is basically primary data. According to Kothari (2004), the primary data are those which are collected afresh and for the first time, and thus happen to be original in character. Data that have been observed, experienced, or recorded close to the event are the nearest one can get to the truth, and are called primary. Thus, the primary data were collected from the victims of wartime sexual violence living in the Tigray conflict.

3.8. Data Collection Procedure

To gain access to the volunteers among the survivors of gang raped girls and women in Tigray conflict, the principals of the hospitals were contacted and informed of the nature of the study. Once approval and permission were obtained from the principals, girls and women survivors/victims between the ages of 15 – 60 were approached, and then invited to take part in the study; this was done with the assistance of social workers and psychiatric nurses from nearby heath centers. The participants were then briefed with detailed information explaining the nature and purpose of the study and what was required of them as participants, i.e., to complete an individual tape-recorded interview. From here, these victims were able to approach the student researcher on a voluntary basis according to their own free-will to participate.

The interviews were conducted face-to-face by the student researcher. One is aware that inquiring about an individual's life is an invasion of their privacy, and each individual participant was notified that confidentiality was guaranteed at all times and that if any question posed to be too personal (personal secret), they would be free to withdraw from the study or not answer the question concerned. As this is more of a qualitative study and attention is being directed towards the experience and perceptions of these specific participants, therefore attention would not be placed on the quantity of participants. Then a quantitative data was collected from the targeted respondents by structured questionnaire.

3.9. Data Collection Instrument

Both in depth interview and structured questionnaire were used to collect the primary data. Semi-structured in-depth interviews were applied face-to-face accordingly to collect the primary data from the targeted respondents, victims of wartime forced sexual violence in the Tigray conflict (referred to Aider referral hospital). According to Kothari (2004), in-depth interviews are a qualitative data collection method that involves direct, one-on-one engagement with individual participants. In-depth

interviewing can take place face-to-face, or in some cases, over the phone. However, for the latter to be effective and deliver reliable data, the interviewer must be highly skilled to prevent data loss.

The interview schedule consisted of a number of open-ended questions. The structure of the questions was uniform across the interviews, due to having an interview schedule that followed in a logical progression. Questions are phrased broadly in an attempt to prevent leading the participant into answering in a manner that the researcher wishes or to subject them to any preconceived notions. The interviews were conducted in local language within a quiet and confidential classroom.

The student researcher took a facilitative role, picking up on issues that the interviewees raised and encouraging them to develop and reflect upon their accounts. The focus of the interview was already predetermined as the researcher follows the above-mentioned interview schedule. However, this interview schedule was only utilized as a guideline and the semi-structure approach allows the interviewee to speak freely and in this allowed for new and unexpected information to be revealed. Therefore, according to Banister (2014), the semi-structured approach permits a flexible exploration of the subject matter within the discussion and thus allows for a more systemic and comprehensive interviewing of the topic.

Furthermore, these data were gathered by recording the interviews on an audiotape recorder with permission from the participants. At the close of each interview the interviewer makes detailed notes concerning the interactional aspects and observations during the interview (Banister, 2014). Once this information is gathered, it is transcribed verbatim by the researcher, and the resulting data were analyzed. Transcriptions were limited to the verbatim report of utterances as far as possible, including dimensions such as strong emphasis, significant pauses, interruptions and overlaps in speech exchange. This method is a recommendation for a typical psychological interview transcription. The interviews took place from 35 minutes up to 90 minutes at maximum, but this also depended on the amount of information the individual chose and is willing to expose.

The questionnaire included three dimensions, two subscales for measuring psychological post trauma stress disorder (PTSG) and post trauma growth (PTG) while one subscale for social acknowledgment as a survivor (SAQ).

> **Social Acknowledgement Survivor Questionnaire**: Regarding the social acceptance, it was measured by the Social Acknowledgement as a Victim or Survivor Questionnaire (SAQ). It assesses the degree to which people feel validated and supported by their social environment

following a traumatic event. The Social acknowledgement Questionnaire (SAQ) as developed by Maercker and Müller (2004), The SAQ is a 16-items clustered into three subscales: Recognition (six items), General Disapproval (five items) and Family Disapproval (five items). The answers are rated on a three-point Likert scale from denial (0) to agreement (3).

Post-Traumatic Stress Disorder (PTSD): Symptoms of PTSD will be evaluated using the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (Weiss and Marmar, 2017). This 17-item measure specifically assessed the extent to which respondents were distressed by experiencing the forced sexual violence on a five-point Likert scale. The criteria are Re-experiencing (Cluster B items), Avoidance (Cluster C), and Arousal (Cluster D).

Post Traumatic Growth: The Post Traumatic Growth Inventory (PTGI) is scored by adding all the responses. Individual factors are scored by adding responses to items on each factor. The items are New Possibilities (5 items), Personal Strength (4 items), Spiritual Change (2 items), Appreciation of life (3 items), and Relation (7 items). It is measured by three-point Likert scale.

In this study, thus, the interview and questionnaire comprised the respondents' demographic profile like age, education level, marital status, family size, income level and source. while questions regarding the study variables focusing on the type and level of atrocities in terms of physical, psychological, social and economic traumas they have experienced.

3.10. Data Analysis Techniques and Presentations

Thematic content analysis was used to interpret the data gathered by the interview. Thematic content analysis has become a widely used qualitative technique in the social sciences, and it has been used in a number of psychological studies (Henwood and Pidgeon, 2016). Furthermore, thematic content analysis is a tool that aims to provide knowledge, insights, a representation of 'facts,' and a practical action guide (Krippendorff, 2018). According to Weber (2015), thematic content analysis is a research technique that employs a set of procedures to make valid inferences from text and, as a result, reduces and categorizes a large volume of material into more meaningful units from which interpretations and inferences can be made.

The data was analyzed using the Rubin and Rubin (1995) approach, which states that data analysis begins while the interview is still in progress. This analysis explains how to redesign the questions to focus on the main themes while continuing to interview. Following the completion of the interviews, a more detailed and fine-grained analysis of what was told began. The general and similar patterns or

differences that existed between these participants within this specific group of gang rape survivors are sought from the data gathered.

The first stage of analysis was guided by a set of widely accepted procedural steps applied to the text's manifest content. Because the data analysis was based on the full interview texts, the researcher began to code the content data into various themes. Coding is the process by which raw data is systematically transformed and aggregated into units that allow precise descriptions of relevant content characteristics (Holsti, 2019). It is important to note that the data was coded with the use of different color markers. In other words, if a similar theme arose in the data, presenting the same information, coded in a certain color. Each different theme that arose were attached to a different color-coded marker. Thus, each different color was highlighted a different theme that seemed to arise within all the data gathered.

3.11. Validity

The validity of the test reveals the degree to which a measuring instrument measures what it is intended to measure (Saunders, 2004). The researcher ensures the validity of the study by pre-testing with a scale to correct any missing data in the questions when detected and also by asking clearly stated questions to the respondents. Copies of the survey were made accessible to experts in this study such as advisors for comments and opinions to create validity in terms of construct, content, criterion, and face validity to make it suitable for the objectives of the study. Areas that are considered irrelevant to the study were removed while others were collected and added. The student researcher also used triangulation methodology to collect data this increases the accuracy of the information elicited from the respondents.

3.12. Reliability

According to Mugenda (2003), reliability is the ability of a research instrument to produce consistent results after repeated trials. A reliability computation is also used to compute mean reliability coefficient estimates for Cronbach Alpha with a significance level of $p \leq 0.05$. The use of the Cronbach Coefficient to measure the reliability of the instrument enabled the identification of the strength of items included in the questionnaire such that a measure between 0.7 and 1.0 signifies a strong consistency of items used in the questionnaire (Mugenda, 2003). However, the acceptable Alpha value that meets the statistical prerequisite for the instrument to be characterized as reliable

should be between 0.70 and 0.9 as a value more than 0.9 could be an implication of redundant variables measuring the same subject.

Table 1: Cronbach's Alpha Test for Reliability

Variables	Cronbach's Alpha (a)	No. of Items
Social Acknowledgement	.804	16
Post Traumatic stress Disorder	.825	17
Post Trauma Growth	.781	21
Total	.779	54

Source: Own Survey, 2022

As shown in Table 1, the alpha coefficients of social acknowledgement (a = .804), post-traumatic stress disorder (a = .825) and post trauma growth (a = .781) variables was conducted and found to be more than 0.70. Hence, it can be concluded that all the items in the measurement instrument are internally consistent.

3.13. Ethical Considerations

The study participants who were willing in participating were requested to their consent to ensure that their involvement was truly voluntary. In addition, the researcher was aware of the ethical difficulties that come with dealing with human subjects in general, and particularly with these volunteers who confronted a sensitive matter in their lives and may have been traumatized. Before the research could begin, the interviews (participants) were fully informed about the study and what their contribution involved, allowing them to make an informed decision about participating. Only 60 individuals were asked to provide consent at the time of the interview. The gathering of data through tape recording and note keeping, which was acquired through a face-to-face individual and group interview, could not guarantee anonymity. As a result, participants were informed that no real names would be used, and they were also taught about the operation of such devices, as well as given the option to reject them if they so desired. After taking these ethical principles into considerations and fully living up to the requirements this study can be classified as ethical.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

The study is sought to investigate the sexual violence trauma in armed conflicts: the case of girls and women survivors in Tigray. To address this basic objective, primary data were collected from girls and women of the gang-rape sexual violence survivors by in-depth interview and self-administered questionnaire. The analyses comprised of both descriptive and inferential statistics in which the former describes the demographic profile of respondents, and responses under each attribute namely physical, sexual, psychological, social and economic traumas; whereas the latter includes correlation test, assumption test, and logistic regression analyses. The data collected through self-administered questionnaire featured personal information like age, education, marital status, family size, income source, and type of trauma experienced. While the study variables include post trauma stress disorder, post trauma growth, and social acknowledgement.

4.1. Response Rate

Table 2. Response Rate

Number of Responses	53
Not Returned and/or Declined to Participate	7
Total Number of Forms Distributed	60
Response Rate (%)	88.3% (overall response rate)
Missing/incomplete responses	3
	80.0% (effective response rate)

Source: Own Survey, 2022

A total of 10 in-depth interviews were conducted while 60 questionnaires were filled by the respondents with the help of the student researcher. Regarding the disseminated forms, 53 questionnaires were filled returned back which accounted 88.3% overall response rate. Meanwhile, the collected questionnaires were later screened to check for any missing/incomplete data and other inconsistencies, it was found that 50 of them were valid and usable questionnaires for statistical analysis (80.0% effective response rate). Unfilled questionnaires were considered and were discarded. After carrying out all the required data preparation and transposition, the analysis and the findings were studied and are presented as follows.

4.2.   General Information about the Respondents

The first part of the questionnaire consists of the demographic characteristics of respondents. This part of the questionnaire requested a limited amount of information related to personal and demographic status of the respondents. Accordingly, the following variables about the respondents were summarized and described in the subsequent table. These variables include age, education, marital status, family size, income source, monthly income and type of sexual violence experience.

Table 3. Demographic Characteristics of Respondents

Category	Physical	Psychological	Social	Economic	Total	
					Freq.	Percent
Age						
15 – 30 years	23(100.0)	15(65.2)	17(73.9)	7(30.4)	23	46.0
31 – 45 years	17(100.0)	12(70.6)	8(47.1)	10(58.8)	17	34.0
46 – 60 years	10(100.0)	10(100.0)	8(80.0)	3(30.0)	10	20.0
Total					50	100.0
Education						
Illiterate	7(100.0)	3(42.9)	4(57.1)	7(100.0)	7	14.0
Primary School	27(100.0)	11(40.7)	20(74.1)	19(70.4)	27	54.0
Secondary school	14(100.0)	14(100.0)	9(64.3)	11(78.6)	14	28.0
College/University	2(100.0)	2(100.0)	2(100.0)	2(100.0)	2	4.0
Total					50	100.0
Marital Status						
Single	15(100.0)	15(100.0)	13(86.7)	4(26.7)	15	30.0
Married	13(68.4)	19(100.0)	17(89.5)	11(57.9)	19	38.0
Divorced	8(80.0)	10(100.0)	8(80.0)	3(30.0)	10	20.0
Widow	6(100.0)	5(83.3)	2(33.3)	0(0.0)	6	12.0
Total					50	100.0
Income Source						
Business	15(88.2)	8(47.1)	9(52.9)	14(82.4)	17	34.0
Employment	4(100.0)	4(100.0)	1(25.0)	1(25.0)	4	8.0
Farming	26(89.7)	29(100.0)	21(72.4)	16(55.2)	29	58.0
Others	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0	0.0
Total					50	100.0
Monthly Income						
< 5,000 Birr	26(100.0)	19(73.1)	22(84.6)	13(50.0)	26	52.0
5,000 – 10,000 Birr	18(100.0)	17(94.4)	9(50.0)	9(50.0)	18	36.0
Above 10,000 Birr	6(100.0)	3(50.0)	0(0.0)	1(16.7)	6	12.0
Total					50	100.0

Source: Own Survey, 2022

Referring Table -3, of the total 50 girls and women survivor of war time sexual violence, 23(46%) of the respondents were within the age range of 15-30 years old, followed by 17(34%) and 10(20%) within the range of 31-45 years and 46-60 years old respectively. This implies that the sexual violence/ganged rape was experienced by girls and women from all age groups – adolescent to adult. For instance, about four fifth of the victims were raped in their fertility/reproductive age range. The violence is more pronounced on adolescents as the prevalence lowered as the age increased.

Among the sample, 27(54%) and 14(28%) of the respondents were primary and secondary school level while 7(14%) were illiterate (no formal education). Only 2(4%) of them college graduates. This implies majority of the respondents attended only primary schools and this finding reconciles of the fact that, in rural areas of the country, most girls are enforced to drop out their primary education for a number of reasons.

As far as their marital status is concerned, 15(30%) of the respondents were single while 19(38%) 10(20%), and 6(12%) represented married, divorced and widow respondents. This also indicates that most of the victims had marriage experience /sex life. It is expected to have more experience of marriage life in rural areas for the reason that females are insisted and forced to marry in their early/ adolescent age as it is a customary or culturally accepted activity.

Similarly, regarding their income source, 26(52%) of the sample reported that farming was their main source of income. While, 17(34%) of the sample reported that they earned their income from engaging in different businesses. However, only 4(8%) of the respondents got their income from employment. This also implies that majority of the respondents depended on farming and small-scale businesses to generate their income. Same token, the respondents those who earned less than Birr 5,000 accounted 26(52%) of the sample. While, those who earned from Birr 5,000 – 10,000 and above Birr 10,000 represented 18(36%) and 6(12%) respectively. This indicates the majority of the sample respondents had relatively lower income level.

Referring Figure 2, out of 50 sample respondents, 47(94%) of them reported that they experienced physical abuse. Nearly 39(78%) of the sample indicated that they had experience of psychological abuse while 34(68%) and 26(52%) of them experience the social and economic strain respectively. This implies that the survivors experienced different forms of sexual violence which can be taken as a good opportunity to get detailed information regarding their traumas and long-term consequences.

TYPE OF SEXUAL VIOLENCE/TRAUMA

	Physical Abuse	Psychological Abuse	Social Abuse	Economical Strain
Percent	0.94	0.78	0.68	0.52
■ Freq.	47	39	34	26
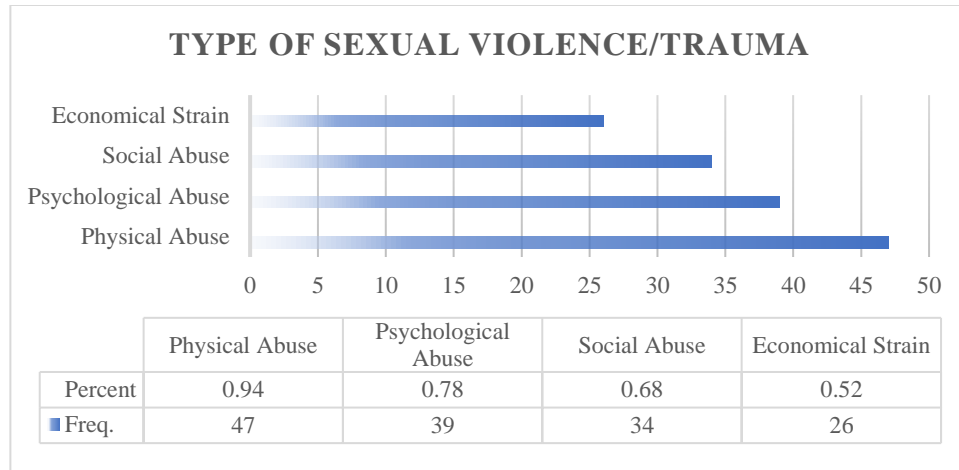
Figure 2. Type of Sexual Violence Experienced by the Survivors

4.3. Descriptive Analysis of Wartime Sexual Violence Trauma

Wartime sexual violence continues to be widespread and systematic in modern day conflicts. Of which Tigray conflicts in Ethiopia is still one of the ongoing phenomena peripheral within the domain. The description of the atrocities/trauma against civilians may have the capacity to raise the profile of wartime sexual violence and offer a useful insight from which to understand and respond to the unique needs of war-affected girls and women. Thus, herein the interview of selected survivors of sexual violence in the conflict zone of Tigray region in terms of physical, psychological, social and economic strains are described as follows.

4.3.1. Physical Abuse

The targeted respondents were asked about the physical abuse they had experienced due to the gang rape committed by the perpetrators. Many girls and women in the community were abducted and raped forcefully by the armed groups. In addition to violating the basic human rights of the victims, they had bleeding, genital rapture, difficulty walking, soreness, broken or dislocated bones and abdominal pain due to repetitive sexual intercourse with the gangs. For instance, a 17 years old victim explained the situation by saying:

> *"...It was my first-time experience of having sex when I was raped by the solider who abducted me. He left me bleeding. This perpetrator continued having anal and genital sex with me against my will. Other officers also came around and had oral and anal sex with me. Even the young boy soldiers were also attempting it. I was so afraid and thought I was going to die like the other rape victims, as some of them died. Ever since,*

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I have bleeding, throat agitation through forced oral sex, bruising, and broken bones results in getting horrible stomach aches due to the repetitive rapes, what I think of."

The victims were forced to flee their homes, and live in nearby neighborhood and temporary camps set for internally displaced persons with extremely dire conditions. Physical abuse against women and girls in camps were also reported. The victims were suffering from the consequence of gang rape committed in the camps for extended period. They had pain during and post trauma due to genital inflammation, pelvic pain, anal bleeding and fistula. According to the interview with a 20-years old married girl, after her husband was taken by the troops to an unknow place, she didn't want to stay at home. So, she decided to walk to one of the closer villages. On her way, three armed fighters caught and asked her where she was going. She explained the situation:

"I told them what exactly happened to me back home. While laughed at me, he suddenly slapped and shoved me on the dirt. I was loudly screaming and begging for their mercy but one of them chocked me to shut up. They then started to rape me turn by turn. I was hoping to let me go after they were satisfied but they kept me for the week and did the same thing they did the first time they found me. Finally, they handed me over to other friends at the camp. I have still been suffering from fistula and pelvic pain for a while due to rectal and vaginal tearing."

The preparators used different objects while raping the victims. While abducted them for a while, adult militias, commanders, and even child soldiers injured the victims with knives, gun rods, hot metal bars, nails, gravels and other sharp tools to rapture their bodies to instill fear on them so as to have disintegrated their integrity to make sexual intercourse easily. The use of hard and sharp objects brought a physical injuries like continuous bleeding and urine and walking difficulty resulted from anal and vaginal rapture. With many sexual violence survivors also witnessing rape of other women, indicates that sexual violence was widespread and intended to terrorize and humiliate the victims. One of the survivors, a 39-years old married woman with two children, she said that:

"...The same day other girls were raped too, however, no formal organization to take care of you. They would just rape you and leave you alone. It happened to me so many times, I can't even count. But the worst part was, they didn't satisfy with normal sex, rather they used different foreign objects like gun roads, knifes, sticks, bullets, etc. to hurt your body. For instance, while the girl was raped, she was physically challenged them.

To physically restrain her, one of the perpetrators subbed her with knife on her both thighs to weaken her challenge." She also added that:

"...among us, two survivors had large nails, gravel, and other types of metal and plastic shrapnel inserted into their genitals, causing lasting and possibly irreparable damage. They have been suffering like a hell and would prefer to die rather than having such brutality by their own people."

It's often expected that gang rape as a sexual violence have been used as a means of satisfying physiological deprivation and/or a weapon of war to inflict lasting physical and psychological damage on women and girls in Tigray. The situation requires further investigation to have the clear picture of the intention. However, the survivors (sample interviewees) have been subjected to serious physical abuse/ trauma and brutal treatment aimed at degrading and dehumanizing them.

4.3.2. Psychological Abuse

Psychological abuse involves the regular and deliberate use of a range of words and non-physical actions used with the purpose to manipulate, hurt, weaken or frighten a person mentally and emotionally. Severe and devastating impacts on victims mental and emotional health influences the person's ability to parent, work, socialize and ability to generally function day-to-day life. In this regard, the victims were attacked in their home by armed men who wore a mixture of military uniforms and civilian clothing as well. Before and after raping them, the preparators humiliated the victims before the eyes of their young children; insulted them and made them fill as if they are unnecessary creatures. Such violence has brought psychological traumas for the fact that they had tried to commit suicide, stress due to sleepless nights, fatigue and self-hatred. One of the survivors, a woman 27-years old woman with two kids, explained the situation by saying:

"Three men came into the room where I was. It was evening and already dark… I did not scream as they gestured to me not to make any noise or they would kill me and my offspring. They raped me in front of my kids one after the other… by the time, I was four months pregnant but I don't know if they realized I was pregnant. I don't know if they realized I was even a person. Beyond the rape, being raped before the eyes of my young kids make me suffer allot. I would prefer to die rather."

Even children were forced to watch what the militias were doing against their families to terrorize and frustrate them. Such exposures create post-traumatic stress disorder for the reason that the children kept shivering even these days when they see soldiers with military uniform. Besides, the survivors also had loss of appetite, depression, feeling as if hearing screams and developing hatred to men in uniform. For instance, the survivor, who had a four-year-old son and a year-and-six-month-old daughter, her son was forced to watch her when she was sexually assaulted/raped by the gang with uniform. She herself describes how the situation affected him psychologically. She spoke about the situation:

> *"...When he saw me, I was actually being bleeding. He was severely screaming by saying 'Uuuuuu...' and then my son came and stuck to my legs and kept crying. By the time, my dress was torn off and the blood on my seat started dripping down my dress. My son touched it and said, 'Mama blood! Blood! ('Demash!' in Amharic). I can still hear his voice. Still now, when he sees an armed force with uniform, she shivers badly. He so depressed and had loss of appetite as well. Sometimes, I try to convenience him that all the militaries in uniform are bad guys but he has already developed phobia.".*

The girls and women victims had a wide range of psychological and emotional injuries due not only to the sexual violence they experienced. While subjecting some of the captivated girls and women to forms of sexual torture, the perpetrators repeatedly torturing them to frighten and dehumanize the victims. Taking on a genocidal tone during the rapes, some of the militias threatened the victims as if they merely wanted them to cleanse all their identity as well. Due to the fear and repeated exposure to a dire situation made them feel stressed, valueless, anxiety, lack of interest to live, and keeping them away themselves, and other sorts of post-traumatic stress disorder. Depression and self-blame were among the most common of both short- and long-term effects and functions as an avoidance coping skill that inhibits the healing process and can often be remedied by a cognitive restructuring.

In this regard, one of the victims explains the situation as:

> *"...It is so easy to understand they do not want us to perpetuate the life of Tigrayans anymore in Ethiopia. I can tell that Wartime sexual violence is hell that can be seen in naked eyes. It has an impact on the people who take part that never heals because it's beyond the understanding and experience of most gang rape victims in peace time."*
> She also added that:

"I couldn't sleep at night because of witnessing the killing of my family members and neighbors along with the destruction of their homes and communities. Particularly, a mother in her mid-40s was gang-raped in front of her sons and daughter for several hours. She lost consciousness but when woke up, she found her son had been murdered and lay dead across her legs. She is always in my mind and disturbing me a lot. ...Soldiers and militia men repeatedly sought to humiliate us and the other captives, as well. They have been frequently using ethnic slurs, insults, threats, and degrading comments. It was really hard to remember the situation at all, it was so terrific."

Based on the interviews conducted with the survivors in group, in general, the victims described the situation by phrasing exactly what the perpetrators said:

"These are the repeatedly spoken phrases by the perpetrators – 'you have brought all these mess up to our country.' 'You are the one who make us suffer allot and stand for struggle.' 'You are traitors who betrayed us and our country.' 'You!! treasons 'Banda'! We are here to get rid of you all – the unnecessary creatures!"

"Since we are under their control, the felt that no one on earth could safe us except their mercifulness. It seems that they are given a directive by their commanders or some higher officials to rape and kill war captives without accountability. The situations look like they can do any harm to us whatever they like. This was so terrible to make us live with unbearable constant fear."

"The worst crime is to make the men/elderlies who cannot protect their women and girls feel/see themselves as having `failed' as men and protected their ethnic group. They know how to violate the entire society by violating girls and women. For instance, since the wives of priests are highly honored in Tigrayan society, the perpetrators began raping a priest's wife in front of her husband. One day, they raped the wife and then killed the husband priest as he began to shout for them to stop and for others to come to their aid.

"...When the soldiers were raping me, they insulted me like I am a useless and worthless woman. They abused my kid and also rape me in front of my kids. They rape me until I bleed. My bleeding disgusts them and they slap me to the ground. They rapped me in gang turn by turn. Then left me alone to death."

In the situations of armed conflicts, the survivors who experience sexual traumatic events will have serious mental health problems and some develop behavior that will hinder their ability to function effectively. The most common conditions are depression, anxiety and psychosomatic problems such as insomnia, or back and stomach aches. However, some of the survivors cope up the harsh and devastating conditions that they have been through with the help of their natural stamina, religious orientation, or other psychiatric/humanitarian intervention. Thus, the victims of wartime gang rape would develop either stress disorder that leads them to long lasting psychological (death to the worst) trauma or post trauma growth that helps them stay strong. That means, the sexual violence would have less impact on the survivors if they develop post trauma growth than other humanitarian aid.

4.3.2.1. Post Trauma Stress Disorder (PTSD)

Participants responded to each item using a 5-point Likert-type scale ranging from 1 (not at all) to 5 (extremely) to indicate how much they had been bothered by each symptom. The check list responses can be scored in two ways. The cutoff score method maintains that total scores greater than 50 suggest a respondent meets criteria for a PTSD diagnosis. The symptom cluster method maintains that a symptom item rating of moderately or higher (i.e., a mean score of 3.00 or more) constitutes endorsement of that symptom.

Table 4. Post Trauma Stress Disorder (PTSD Check List)

Criterion	N	Mean	STD.
Re-experiencing	50	3.97	.694
Avoidance/Numbing	50	4.41	.378
Arousal	50	3.06	.581
Average		**3.81**	**.551**

Source: Own Survey, 2022.

Referring Table 4, the post trauma stress disorder check list illustrates that majority of the respondents had the symptoms of re-experiencing the traumatic event persistently (mean = 3.97, std. .694). That means, most of them admitted that they had unwanted upsetting memories, flashbacks, nightmares, physical and emotional reaction after traumatic reminders. If they endorse one or more re-experiencing (Cluster B items) of the symptoms, it can be taken as indication of stress disorder This implies that they had very upset feelings when something reminded them of a stressful experience from the past incidents. Similarly, they also strongly acknowledged that they tried to avoid the trauma-related thoughts and other external reminders (mean = 4.41, Std. .378). this also indicates that

they had the feeling of being distant or cut off from other people (Avoidance – Cluster C items) that can be taken as a post trauma stress disorder symptom. However, they had neutral stand on arousal (Cluster D items), that means, they hardly have the feeling of jumpy or easily startled.

Overall, the results of the check list (Average = 3.81, Std. .551) confirms that most of the sample respondents developed post trauma stress disorder (PTSD) due to their exposure to gang rape sexual violence in Tigray conflict. The fact that the symptom cluster method maintains that a symptom item rating of moderately or higher (i.e., a mean score of 3.0 or more) constitutes endorsement of that symptom. However, some of the survivors had still the chance to cope up from the psychological trauma despite they had gone through experiencing such devastating situation. This can be happened if they develop post traumatic growth which requires further investigation.

4.3.2.2.   Post Trauma Growth (PTG)

The sample respondents were also asked to respond to each item of post trauma growth test using a 5-point Likert-type scale ranging from 0 (did not experience it at all) to 4 (experienced it extremely) to indicate what self-improvement a survivor undergoes. A 21-item scale built on the five-factor model. The items included in the inventory are related to the five factors namely Personal Strength, New Possibilities, Improved Relationships, Spiritual Growth, and Appreciation for Life. Each of the 21 items falls under one of the five factors and are scored accordingly. A summation of the scores (0 - 80) indicates the level of post-traumatic growth. A high total score implies that the person has undergone a positive transformation but currently no empirically derived severity ranges or cut off points.

Table 5. Post Trauma Stress Disorder (PTSD Check List)

Criterion	Items	N	Mean	STD.
Personal Strength	4	50	71.6	.505
New Possibilities	5	50	19.2	.481
Improved Relationships	7	50	43.7	.672
Spiritual Growth	2	50	65.8	.559
Appreciation for Life	3	50	36.0	.477
Average	**21**		**47.9**	**.555**

Source: Own Survey, 2022.

According to the preliminary assessment of the victims' post traumatic growth, the results in Table 5 indicates that their personal strength shows relatively higher improvement/growth as the mean value

scored 71.6 out of 80.0. This indicates that they have greater feeling of self-reliance, know they can handle difficulties, accept the way things work out and understand they are much stronger than what they thought of. Following personal strength, spiritual growth also shows self-improvement (mean = 65.8, Std. .559). These improvements arose from having stronger religious faith and better understanding of spiritual matters. Nonetheless, regarding the new possibilities with mean value scored – 19.2, Std. .481, it was found the least scored value among the listed factors. Lack of having developed new interests, unable to establish a new path of life, and unable to encourage themselves to change things than need to be changed are some of the reasons for their betterment. The improved relationship of the survivors with other community members, the mean value score (43.7, Std. .672) illustrates that the victims had less sense of closeness with others, hardly count on people in times of trouble and not to be more willing to express their emotions. Finally, the victims' appreciation for life was also found the least (mean 36.0, Std. .477) preceding new possibilities for the reason that they couldn't change their priorities about what is important in life, had less appreciation for the value of their own life and couldn't better appreciate each day.

In general, the post traumatic growth inventory revealed that the victims have shown less post traumatic growth (average mean 49.7, Std. .555) that helped them following a stressful and devastating encounter (conflict-based gang rape sexual violence in this case). This implies that some of the sample respondents have undergone a positive transformation which could be taken as a good opportunity to further diagnose and identify each individual for further intervention.

4.3.3. Social Abuse

Social abuse is behavior that aims to cut you the victim from the family, friends, or community. It can also involve a person or people trying to damage one's relationships with others. Survivors of gang rape sexual violence victims who are socially abused by perpetrators may also be attempted to make them look bad or ruin their reputation. Social stigmatization is one of the most practiced social abuses during and post wartime sexual violence incidence.

4.3.3.1. Social Stigma

Wartime sexual violence has been shown to negatively affect the lives of victimized individuals in terms of physical and mental health, social relationships, and economic outcomes. Their negative effects manifest in the lives of countless victims and their families, with particular attention to stigma.

The secondary trauma of family and community rejection has even been described equitably to the first trauma of rape. The consequences of wartime rape can extend beyond immediate victims as the survivors and their families experience higher levels of stigma compared to unaffected families and these effects are dependent on community attitudes and norms. Stigmatization is commonly viewed as an immediate adverse effect. Stigmatization is understood as a central mechanism that leads to social exclusion and community disintegration which can adversely affect trust and social networks. These qualities are important for post-conflict social and economic recovery and it is therefore critical to understand the determinants of micro-level variation in social stigmatization in the context and aftermath of armed conflicts.

In this context, the one of the interviewees expressed her profound distrust of men in the aftermath of conflict, and her feelings of profound shame at having been raped. From their story of how they faced stigma from their family and community since then, the interviewee didn't understand why they were being rejected and abandoned by society as it was never her fault at all. However, she has been suffering from being tormented and ridiculed them by the community due to their misfortune.

Same token, another respondent of 23-years old with 3 years old son, was gang-raped on her way to the market, and her three-year-old son watched it happen. She kept it to herself, fearing ridicule from her community. But her worst fear became a reality when her story eventually came out. She said:

> *"...fearing stigma and rejection from my community, I haven't told or reported the incidence or my experiences of rape to no one, other than the research team…. They had their way with me. After one guy finished, another one followed. The ground I fell on had thorns, so it hurt. They played me like a toy. Bur no one knew the incidence. I did not say anything after they raped me. Somehow, people found out and now I have become the laughing stock of my town. Where else can I go to hide….?" :*

In Tigrayan community, like other ethnic groups in Ethiopia, sexual violence is traditionally a taboo and has driven families apart. It happens in different communities across the country, but the situation is particularly worrying in areas affected by conflict. She explains the stigmatization:

> *"...some say I deserved it. It hurts me and my kids at large when they say so. It is really unbearable for us to move around freely because of something we had no control over. It's God's curse! His punishment against our sins. Let his mercy up on us!"*

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Survivors were already struggling to care for their children alone after the death of their husbands. They relied on their small business, selling coffee, tea and bread. But they were forced to close their businesses when conflict hit their neighborhood. Raped and assaulted at gunpoint by soldiers in military uniform and militia men who broke into their home at night. Villager who witnessed the act wide spreader the incident to the neighborhoods. Thus, they couldn't resume their ran their lives and small business as the society has stigmatized them. They narrate:

> *"For several days after the incident, we were not able to walk around the neighborhood. The neighbours asked the witness kid with autism in detail repeatedly and enjoyed with the story by laughing out loud, he adventurously told them with action that we were badly raped. Since then, they have begun to mock at…. We would have not survived and perpetuate our lives had it been the society understand our situation and supports us by providing herbal medication, shelter and foods. Most us did not bury our families, relatives and friends, but fled from the scene in fear for our life. We received medical care only because good Samaritans found us in dire physical and mental condition, and brought us to their places.*

On the other hand, girls and women experienced gang rape sexual violence. The prevalence of stigma in these communities has prevented most of them from disclosing it. However, substantial number of survivors found it less-harder to reveal or discuss their experiences in these communities where societal acknowledgement is more pronounced. Thus, measuring the level of social acknowledgement or acceptance of sexual violence within the community would facilitate governmental and other humanitarian intervention to be easier to the victims or survivors living in a society whose social acknowledgement is promising.

4.3.3.2.   Social Acceptance

Because armed conflict often features higher levels of sexual violence in a consolidated period of time, the social effects of wartime rape might differ from other contexts of sexual violence in structural ways. When a high percentage of individuals are raped and the community knows about it, there may be greater acceptance of survivors. This is also the valid facet regarding the commonality of sexual violence in Tigray's conflict. This leads to the understanding of lower social stigmatization in Tigray and Amhara conflict regions when compared to the prevalence of sexual violence in other non-conflict zones of the country. Thus, the necessity of measuring the social acknowledgement index

of the community is undeniable to get clear picture of the social stigmatization reported during the interview as a check-and-balance.

The Social Acceptance Questionnaire constitutes a total of 16 items under the category of General Disproval, Recognition, Family/Society Disproval. Since the scores in the scale were between 0 and 3, it was assumed that the victims' social acceptance levels of the inclusive survivors were high in the community as the propositions in the items approached 3, and low as they approached 0. The values of negative items were reversed at the scoring stage (1=3, 2=2, 3=1).

Table 6. Social Acknowledgement Index

Criterion	N	Mean	STD.
General Approval (Recoded Disproval)	50	2.15	1.081
Recognition	50	2.36	.892
Family/Society Approval (Recoded Disproval)	50	1.63	1.145
Average		2.04	1.039

Source: Own Survey, 2022.

As far as the social acceptance of the rape sexual violence survivors in Tigray conflict, the results in Table 6 reveal that general approval of the victims was found a bit higher than neutral stand (mean = 2.15, Std. 1.081). The standard deviation indicates the sample respondents had different/extreme stand regarding the acceptance of situations that the victims gone through by the society for the fact that the deviation was found above the threshold (Std. = 1.000). That means, some of them believed that the community highly understand the incidents, showed empathy for what happened to them and understood how it was difficult to lead 'normal' daily life but some didn't.

Regarding the social recognition, the mean value scored 2.36 with std. .892 illustrates that the majority of the respondents believed that the community had good recognition of the trauma as they showed empathy and respect since the incident. Meanwhile, some people offered their help in the first few days after the incident and priests in particular showed they empathy as well. Overall, the society has showed good recognition of the stress and trauma emanated from gang rape of the conflict.

Nonetheless, the family/society disproval was found relatively below neutral (mean = 1.63, Std. 1.145). It indicates that majority of the sample respondents believed their experiences are underestimated and victim's reaction to the incident was over exaggerated. However, despite families of the victims feel uncomfortable talking about their experiences, my family feels that they have to

protect me though as they had a lot of understanding for my response to the incident. This implies that the overall family/society approval to the gang rape incident during the conflict is lower than the average mean value (mean = 2.00).

4.3.4. Economic Strain

The scale of sexual violence against women and girls in Tigray conflict, also point to the need to access the economic stain of the victims or survivors. It is undeniable that the two-years ongoing war in the region has brought a number of humanitarian crises. Marginalizing sexual violence survivors of the conflict had economic consequences. Following a couple of years war in the region, girls, women and elderlies are plagued with economic stagnation due to high unemployment, a weak civil society and lack of educational opportunities. In the light of these harsh economic realities, there was a natural inclination among the girls and women to regard 'Suicide' as the last and the best remedial action. In fact, survivors tended to view the post-conflict period as just a living hell, sometimes even more so:

> *"With our families [before the aftermath of the conflict], we had the opportunity to eat the best food, had valuable assets and access to finance. We had also the opportunity to engage in our small and medium scale businesses along with farming, [in general] we were leading happy life but plagued!! Now we have nothing even to eat once in week. Street children are much better than us at this time, no family, no future at all."*

Gang rape in Tigray conflict inflicted severe physical, mental and social traumas on girls and women results in disrupting survivors' economic status in several ways like losing assets, fled from their own farm land, diminished on job and business performance due to disability, and social stigmatization. By disrupting sustainable income or reducing earning power, all of these post war consequences have implications for survivors' economic well-being in short- and long-run.

In addition, the student researcher argues that for many survivors, these economic consequences compound one another and ultimately shift survivors' long-term economic trajectories. By highlighting survivors' lived experiences of the physical, psychological, and social aftermath of wartime gang rape along with other sexual violence, these findings help to illuminate the processes by which it decreases survivors' income over the life course. Among the interviewees, one of the elderlies explains the situation:

"...Two years since Tigray's devastating conflict began, survivors of sexual violence, from gang rape girls to elderly priests' wives, remain in desperate need of humanitarian [food and safe shelter] aids along with healthcare and support services. On top of having girls and women experienced horrific abuses during the conflict, they have been badly confronting shortages of food, medicine, and other desperately needed support to rebuild their lives. We do all loss our assets and values built up our whole life has gone with the wind. The large farm lands, cattle and stored grains for years have been destroyed; thus, we are forced to leave our ancestorial belongings in vain. Nothing to hand over to my sons and siblings."

4.3.5. Humanitarian Intervention

Parties engaged in armed conflict in Tigray, northern Ethiopia committed widespread sexual violence while deliberately targeting healthcare facilities, leaving survivors and their communities reeling. It has resulted in widespread reports of sexual violence in areas controlled by armed forces, including rape, gang rape, and torture, often accompanied by killings of family members, beatings, and degrading, ethnic-based slurs. In this regard, the interviewee reported the need of intervention:

"...We, the survivors of gang rap, badly demand the healthcare facilities including termination of unwanted pregnancy, treatment for HIV and other sexually transmitted diseases, and care for broken bones, stab wounds, and traumatic fistula. Survivors also sought support for depression, anxiety, and post-traumatic stress.... We do utterly believe that...the government's effective siege of Tigray is doubly victimizing survivors by denying them critical medical and psychosocial - mental health treatment and related support. The blocking of aid and essential services, as health facilities are destroyed, is preventing survivors of sexual violence from obtaining essential post-rape care.... Since the time the devastating conflict has begun, survivors of gang rape remain in desperate need of healthcare and support services on top of basic necessities. Not only have we, Tigrayan girls and women experienced horrific abuses, they are confronting shortages of food, medicine, and other desperately needed support to rebuild their lives.

The humanitarian intervention is expected to be very difficult during conflict. In this regard, the respondents also expressed their concerns regarding the overall security situation remains complex and instable, impeding the effective delivery of basic relief to the most vulnerable populations. They

also witnessed that, about a couple of years into the conflict, the intervention of humanitarian needs has escalated dramatically as a result of the emergence of millions of wartime victims in desperate need of food and other crucial aid. Since many rural areas are inaccessible and many urban areas are difficult to reach for extended periods of time, access to basic services and humanitarian relief supplies are among the top objectives in the Tigray region. Arbitrary access denial by armed forces and continued armed conflict in the region are among the principal access barriers as well.

4.4. Discussion

Gang rape is the most frequently reported types of forced sexual violence, often committed by combatants during armed conflict, war, or military occupation as spoils of war, but sometimes,

particularly in ethnic conflict, the phenomenon has broader sociological motives. Such violence results in physical, psychological, social, and economic traumas on girls and women. However, the severity of their trauma varies with the difference in their post trauma psychological make up as well as their level of social acceptance (Cohen, 2013). That means, victims in different social setting, geographical location, and personal strength, the level of post conflict trauma due to gang rape sexual violence varies substantially. This study, thus, sought to assess the sexual violence trauma in armed conflicts in the case of girls and women survivors in Tigray region, Ethiopia.

The qualitative and quantitative analyses of experiences of girls and women survivors during the Tigray conflict provides mixed results. The assessment was conducted on 50 survivors of gang rape by conducting in depth interview focusing on physical, psychological, social and economic strains. While primary data were collected through questionnaire to measure the post trauma stress disorder, post traumatic growth and the social acceptance index of the society in which the survivors belonged to. The results of the findings revealed that the victims experienced severe physical, psychological, social and economic distress. This finding is in line with Yakushko and Tompson (2018) who argue that war rape victims experience and witness a wide range of life-threatening situations due to post-conflict trauma emanated from severe physical injury, mental disorder and social stigma.

Specifically, the physical trauma experienced by the victims as a result of gang rape and other sexual violence was more pronounced in Tigray conflict. The respondents bitterly complained the severity of the atrocity they had gone through. The perpetrators (soldiers, militias, gangsters, etc.) brutally hurt civilian captives, girls and women in particular. The frequent coercive rape in group and insertion of foreign materials into their genitals made them suffering with multiple physical traumas including rectal and vaginal tearing, bleeding and chronic sexually transmitted diseases, throat agitation through forced oral sex, broken ribs and bruising at an individual level. In support of this findings, Vlachova and Biason (2015) explain that girls and women, gang raped during Rwanda's civil war, were often sentenced to a life with long lasting health problems and many died from injuries, and committing suicide. In support of this finding, according to Peterman (2017), wartime sexual violence is regarded as a metaphorical war, perpetrated on the physical bodies of those least able to defend themselves and least involved in the war effort: girls and women.

The results also revealed that the survivors also reported that the psychological abuse by the armed perpetrators during conflict has brought a chronic mental health impact on them. The ethnic slur,

mental torture, insults and intentional terror to feel as if they were treasons for the country were extremely unbearable. They also believed that the psychological consequence of such terrifying incidences has brought them to develop post trauma stress disorder like feeling insecure, easily frightened, tend to be self-destructive, overwhelmingly guilt or shame, etc. Psychological studies have documented that even female sexual violence survivors in Sera lion and Democratic Congo experience elevated levels of post-traumatic stress disorder, anxiety, and depression (Johnson, 2018).

However, one of the interesting findings in this survey is the confirmation of survivors' post traumatic growth development. Despite the majority have developed post trauma stress disorder, some of the victims showed promising post trauma growth emanated from their strong physical stamina, religious believes and family/society supports. Regarding posttraumatic growth resulting from conflict-related violence, Bauer (2016) and Kreft (2019) argue that affected women understand gang rape and other sexual violence as a violent manifestation of a patriarchal culture and gender inequalities. Calhoun (2019) also strengthen this finding by explaining the experiences of violence that might transform what people value in their lives, such as social relationships or religion, and result in more self/physical and mental strength that encourage to improve their social engagement (Molden, 2013).

Similarly, regarding the positive (social acceptance) and negative (social stigmatization) consequences of the social trauma experienced by the raped civilians were investigated. The findings illustrate that the majority of the gang rape survivors have still been suffering from social stigma as most of the community consider sexual infidelity as disobedience of the religious dogma.

The victims were still being blamed and marginalized by the society. Kelly (2018), in support of this findings, concludes the brutality of rape like multiple-perpetrator rape, public rape, and object rape) directly attacked these norms and combined with fear of HIV/Aids to reinforce stigma and its consequences. The study by Ingelaere and Wilen (2017) also illustrated that social stigmatization of raped girls and women is inevitable and is one of the most practiced social abuses during and post wartime sexual violence incidence. Some of the respondents admitted that fearing stigma and rejection from the community they were sheltered, they haven't told or reported the incidence or their experiences to no one, except the research team.

Nonetheless, the social acceptance question inventory revealed that the sample respondents admitted that some of the community members acknowledged the frequent occurrence of gang rape and their devastating consequences. Despite the difficulty of sexual infidelity in a conservative religious

society, sexual violence survivors have engaged in significantly higher levels of prosocial behavior in their communities to avert stigmatization and social marginalization. According to Wood (2014), The societal consequences of wartime rape may differ structurally from other situations of sexual assault. When a high percentage of people are raped and the community is aware of it, survivors may be more accepted. From the analysis, the connection between gang rape by armed groups and social stigma within any community will depend on the proportion of people in a community that have been exposed to rape (Campbell, 2017). It can be understood that the likelihood of any armed conflict rape victim experiencing stigma will decrease as more members within a community are exposed to sexual violence (Kelly, 2018).

CHAPTER FIVE

SUMMARY OF MAJOR FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter consists the summary of major findings, conclusions and recommendations of the study based on the qualitative analyses of the primary data collected by in-depth interview and structured questionnaire.

5.1. Summary of Major Findings

Based on the analyses of this study, the following major findings are extracted below:

Demography

A sample of 50 gang raped girls and women in Tigray conflict were participated in this survey.

- Of which, the respondents with in the age range of 15 - 30-years-old and 31 – 45-years accounted 23(46%) and 17(34%) respectively.

- Majority of the respondents were primary school level who accounted 27(54%).

- Regarding their marital status, singles were 15(30%) while 19(38%) of them were married.

- For the majority of the sample, 26(52%), farming was their main source of income. While, 17(34%) of them earned their income from engaging in different businesses.

- Similarly, those who earned less than Birr 5,000 accounted 26(52%) of the sample. While, those who earned from Birr 5,000 – 10,000 represented 18(36%).

- As far as the form of sexual violence they experienced is concerned, 47(94%) of them reported physical abuse, 39(78%) psychological traumas while 34(68%) and 26(52%) of them experience the social and economic strain respectively.

Specific Objective -1. Physical Abuse

- Repetitive rape by armed groups resulted in severe bleeding, throat agitation through forced oral sex, bruising, and broken bones.

- Majority of the respondents experienced material rape with foreign objects like gun rod, knife, sharpened sticks, hot metals, etc.

- Some have been infected with sexually transmitted diseases including HIV and Hepatitis. They couldn't walk due to pelvic pain, fistula and anal rapture due to coercive penetration.

Specific Objective -2. Psychological Abuse/ Post trauma stress disorder vs. post trauma growth

- Psychologically tortured by raping them in front of their kids, families and in public as well.

- Majority of the respondents also experienced post trauma stress disorder

- Soldiers and militia men repeatedly humiliated the victims. They were frequently using ethnic slurs, insults, threats, and degrading comments.

- Armed groups raped the high priests' wives and then killed them to terrorize the community.

- The majority of the sample experienced post trauma stress disorder (average mean 3.81, Std. .551) which is above the threshold (mean 3.00). This was due to:

  o Re-experiencing the traumatic events (mean 3.97, Std. .694);

  o Avoidance/numbing trauma-related thoughts and other external reminders (mean = 4.41, Std. .378); and

  o Arousal - they hardly had the feeling of jumpy or easily startled (mean 3.06, std. 581).

- However, some of them showed post traumatic growth (mean 47.9 out of 80.0) due to personal strength (score 71.6 out of 80.0) and spiritual growth (score 65.8 out of 80.0).

Specific Objective -3. Social Stigma Vs. Social Acceptance

- Social stigma was more pronounced in the community that forced them to stay calm. Sexual infidelity is also a taboo in the community.

- Being rejected and abandoned by the society were the routine of everyday life. The survivors had been suffering from being tormented and ridiculed by the community.

- As far as the social acceptance of the rape sexual violence survivors in Tigray conflict:

  o General approval of the victims was found a bit higher than neutral stand (mean = 2.15, Std. 1.081).

  o Social recognition (mean 2.36, std. .892) shows the majority believed the community had good recognition of the trauma as they showed empathy and respect.

- o Nonetheless, the family/society disproval was found relatively below neutral (mean = 1.63, Std. 1.145). The survivors believed their experiences were underestimated and victim's reaction to the incident was over exaggerated.

Specific Objective -4. Economic Abuse

- The gang raped girls to elderly priests' wives, remain in desperate need of humanitarian (food and safe shelter) aids along with healthcare and support services.

- The large farm lands, cattle and stored grains for years have been destroyed; thus, the survivors have been forced to leave their ancestorial belongings in vain.

- The fringes of society with minimal or no opportunities for education and remunerative work beyond informal petty trading. They are also forced to turn to prostitution to cope and survive.

Specific Objective -5. Humanitarian Intervention

- The survivors also witnessed the intervention of humanitarian needs has escalated dramatically as a result of the emergence of millions of wartime victims in desperate need of food and other crucial aid.

- Both governmental and other humanitarian aid supply were found insignificant compared to the existing deprived needs.

- Armed conflict and armed groups were also the bottleneck or barrier for humanitarian intervention.

5.2. Conclusion

This study sought to assess the nature of sexual violence trauma in armed conflicts taking girls and women survivors of Tigray region in northern Ethiopia. The physical, psychological, social, and economic traumas as a consequence of brutally committed gang rape against girls and women by armed groups were considered the focus area of the study. Using primary data from 50 survivors of gang rape in armed conflict of Tigray region, this study has qualitatively described traumas of gang rape by armed groups. In-depth interviews were mainly conducted with the victims to gather the data regarding their experience of sexual atrocity and their adverse consequences. Meanwhile, post trauma stress disorder, post trauma growth and social acceptance index were applied to identify the positive or negative outcomes of psychological trauma as well as the level of social acknowledgement regarding the ugly feature of armed group sexual violence against civilians.

The results revealed that brutality of armed groups escalated the experience of physical abuses that have brought substantial human right violations against the victims. Alike other armed conflicts in Africa and other continents, civilians were subjected to different sexual violence that make them suffer with many serious health problems, both immediate and long-term. These include burning with hot metals, subbing with knifes, and inserting gun/metal rods in to their uterus results in raptured anal and genital cavities, fistula, and chronic sexual and reproductive health problems like contracting sexually transmitted diseases (HIV, hepatitis, high-risk pregnancies, etc.).

The consequences of such repetitive coercive gang rape leave its on scarce on the psychological/ mental health social wellbeing of the victims. In the case of Tigray conflict, this survey went beyond existing research by assessing the psychological trauma and social conditions under which stigmatization increases and decreases. Despite the majority of the survivors developed posttraumatic stress disorder due to the severity of the psychological abuse, some of them developed promising posttraumatic growth. Coping up distressful incidences emanates from greater feeling of self-reliance, strong capability of handling difficulties, and heartily accepting the way things work out. Spiritual growth also plays substantial role in contributing to self-improvement. Stronger religious faith along with understanding of spiritual matters account for betterment associated with post traumatic growth.

The combination of good personal strength along with better social acknowledgment of gang rape related issues increases the chance of the survivors make efforts (posttraumatic growth) to overcome potential ostracization. In this regard, the nature of the social stigma was found highly pronounced in

Tigray region as the cultural and religious orientation of the society in the northern Ethiopia is more of conservative. Though the victims experienced perceived social stigma, the frequent exposure of the society to the ganged rape in prolonged conflicts tend the society to accept the adverse consequence of the perpetrators' ill practice; thus, the level of the stigma would be reduced. High level of social stigmatization in less social acknowledgement of armed conflict sexual violence might be taken as a key point to destroy the social fabric of communities. This preliminary research forwarded the idea that can be served as a spring board to raise a good argument about the social acknowledgement by describing how community dynamics moderate the effect of rape by armed groups on individual exposure to social stigma.

On top of the physical, psychological and social traumas, suffering from economic strains due to destruction of valuable assets, displacement from accessorial holdings, losing established businesses and lack of employment in conflict zone aggravate the adverse effect of armed group sexual violence. This indicates the large-scale perpetration of sexual violence continues in protracted conflict of Tigray. But, providing immediate relief in armed conflict was loosely organized and increasingly less able to meet humanitarian assistance needs. Despite the gang rape has become the norm in the violated areas, the governmental and non-governmental humanitarian agencies failed to provide the essential aid and services for the survivors due to either largely unavailable, inaccessible, or significantly inadequate supplies. Armed conflict and arbitrary denial of access by armed forces remain the main access impediment as well. Thus, lack of access for humanitarian aid deliveries and unreachable urban locations are among the top priorities in the Tigray region.

5.3. Recommendations

Based on the findings and the respective conclusion, the following possible recommendations are forwarded:

Physical Trauma:

Gang raped girls and women in the armed conflict of Tigray experienced severe physical trauma due to brutally committed sexual violence against humanity. The government and other concerned international communities are advised to build capacity for clinical service providers, restocking supplies, and expanding safe houses and one-stop primary heath care centers.

Psychological Abuse – posttraumatic stress disorder and Posttraumatic growth:

The majority of the respondents developed posttraumatic stress disorder emanated from torturing, ethnic slurring, raping and killing their families before their eye. It adversely affected their mental and psychological wellbeing of the gang rape survivors. Thus, federal and regional health authorities are also advised to provide mobile (or outreach) psychiatric clinical service to the victims.

Relatedly, it was found that some of them developed posttraumatic growth (positive outcomes). It is better to provide psychiatric clinical service by health authorities and other international humanitarian communities along with victim-based (with posttraumatic growth) community advocating campaign to make the survivors part of the rehab scheme.

Social Stigma and Social Acceptance

Despite frequent and perpetuated coercive sexual violence had been committed by armed groups, the social stigma was also more pronounced as the social norms are a central source of stigmatization. Implying that many more attacks went unreported due to fear of stigma related to the atrocity. It is better to organize some community-level programs and practices that seeks to reduce stigma by altering gender norms within the community and promoting norms of inclusion.

To some extent, the respondents admitted that there was a promising social acknowledgement or acceptance of sexual violence in Tigray conflict region. It will be more effective to conduct community-level interventions in reducing stigma experienced by victims, because they focus on the potential source of stigma.

Economic Strain

The displacement of victims from their holdings, physical disability and psychological instability have forced the armed gang rape victims to suffer from economic strain. Victims' capacity building along with better financial support is important to mitigate the adverse effect of post trauma to some extent. Invest in grassroots efforts and work with local community organizations that have the unique ability to reach and empower women and girls within their own communities through flexible and rapid funding mechanisms.

Further Research

The current study can be considered as a first step in the research on armed conflict sexual violence trauma along with measuring the posttraumatic stress disorder, posttraumatic growth and social acceptance. However, the results of this study should be treated with caution due to the small sample size, its representativeness and the lack of details regarding the survivors' characteristics.

Future research could further investigate the quantitative nature of the effect of armed conflict sexual violence on the wellbeing of the survivors mediated by social acknowledgement and posttraumatic growth emanated from personal strength and strong religious believes. It could also contribute to a deeper understanding of the role of posttraumatic growth and social acknowledgement of sexual infidelity suitable for mitigating the adverse effect of armed gang rape and other sexual violence.

References

Abrahams, N. (2021). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence.* World Health Organization.

Alcroft, R. (2013). Reintegration of former child soldiers in northern Uganda: coming to terms with children's agency and accountability. *Intervention*, 4(3), 229–243.

Alen, K. (2015). Mental states of adolescents exposed to war in Uganda: finding appropriate methods of rehabilitation. *Torture*, 16(2), 93–107.

Amone, K. (2016). Sexual violence and general functioning among formerly abducted girls in Northern Uganda: the mediating roles of stigma and community relations - the WAYS study. *BMC public health,* 16(1), 64.

Amowitz, L. (2014). Prevalence of war-related sexual violence and other human rights abuses among internally displaced persons in Sierra Leone. *JAMA*, 287(4), 513–521.

Anderson, J., Renner, C., and Danis, K. (2012). *The state of female youth in northern Uganda: Findings from the Survey of War-Affected Youth (SWAY) Phase II.*

Apio, E. (2007). Uganda's forgotten children of war. Born of War. *Protecting Children of Sexual Violence Survivors in Conflict Zones,* 94–109.

Ayinalem, K. (2022). Civil war, reintegration, and gender in Northern Ethiopia. *Journal of Conflict Resolution, 55(6)*, 877–908.

Baker, R. (2013). The state of youth and protection in Northern Uganda. Uganda: UNICEF, 23.

Banister, P. (2014). Enhancing rigour in qualitative health research. *Journal of Advanced Nursing*, 59(3), 290–298.

Bauer, R. (2016). Physical, mental and social consequences in civilians who have experienced war related sexual violence: a systematic review (1981–2014). *Public health*, 142, 121–135.

Berman, K., Girón, M., and Marroquin, A. (2006). Women, Peace and Security: addressing accountability for wartime sexual violence. *International Feminist Journal of Politics*, 13(4), 57-63.

Bernard, H. (2014). *Research methods in anthropology: Qualitative and quantitative approaches.* Rowman & Littlefield.

Bosmans, A. (2007). *Sexual violence in African conflicts*. Congressional Research Service, Library of Congress.

Buckley, S. (2014). Demographics and care-seeking behaviors of sexual violence survivors in South Kivu province, D.R. Republic of Congo. *Disaster Med Public Health Prep,* 6(4), 39–40.

Butler, P. (2007). Controlled trial of psychotherapy for Congolese survivors of sexual violence. *England Journal of Medicine*, 368(23), 2182–2191.

Campbell, R. (2017). *Sexual violence in armed conflict: Global overview and implications for the security sector*. Geneva Centre for the Democratic Control of Armed Forces.

Carvalho (1984). *Qualitative methods in psychology: A research guide*. Buckingham; Open University Press.

Central Statistics Agency, Annual Report, 2022.

Chowdhury, N. and Lanier, M. (2014). A randomized controlled trial of mental health interventions for survivors of systematic violence in Kurdistan, *Northern Iraq. BMC Psychiatry*, 14(1), 360.

Claude, H. and Ruminjo, J. (2008). *Sexual violence during war and peace: gender, power, and post conflict justice in Peru:* Springer.

Clifford, G. and Slavery, J. (2008). Care-Seeking Behavior by Survivors of Sexual Assault in the Democratic Republic of the Congo. *Am Journal of Public Health*, 101(6), 1054–1055.

Cohen, D. (2014). Sexual violence in armed conflict Introducing the SVAC dataset, 1989–2009. *Journal of Peace Research*, 51(3), 418–428.

Cornell, S. (1987). *Rape: Individual and family reactions. Stress and the family/edited by Hamilton, McCubbin & Charles R. Fisley.* New York.

Creswell, J. (2012). *Qualitative inquiry and research design: Choosing among five approaches (3rd ed.).* Thousand Oaks, CA. Sage.

Davis, R., and True, S. (2015). Impact of sexual and nonsexual assault on secondary victims. *Violence Victims,* 10(1), 73–84.

Dyan, P. (2021). *A Practical Approach to Trauma: Empowering Interventions: Empowering Interventions.* Sage.

Elbert. M. (2013). Sexual and physical abuse in women with functional or organic gastrointestinal disorders. *Annals of internal medicine,* 113(11), 828–833.

Enloe, R. (2000). *Compassion fatigue as secondary traumatic stress. Charles Figley (Ed.), Compassion fatigue:* Coping with secondary traumatic stress disorder in those who treat the traumatized, 1–20.

Eriksson, M., Baaz, K. and Stern, H. (2014). *Benefits and Costs of the Conflict and Violence Targets for the Post-2015 Development Agenda.* Conflict and violence assessment paper, Copenhagen Consensus Center.

Fearon, J. and Hoeffler, J. (2014). What is an adequate sample size? Operationalising data saturation for theory-based interview studies. *Psychology and Health,* 25(10), 1229–1245.

Garcia-Moreno, C. (2013). Prevalence of intimate partner violence: findings from the WHO multi country study on women's health and domestic violence. *The Lancet,* 368(9543), 1260–1269.

Gerecke, B. (2010). Methods of data collection in qualitative research: interviews and focus groups. *Br Dent J,* 204(6), 291–295.

Goldstein, R. (2011). Determinants of intimate partner violence in Sub-Saharan Africa: a review of prevention and intervention programs. *Partner abuse,* 7(3), 277.

Goldstein, T. (2011). *Traditional ways of coping with consequences of traumatic stress in Acholiland Northern Ugandan ethnography from a Western psychological perspective*. Kampala, Uganda.

Gottschall, R. (2004). Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence. *Psychiatry*, 70(4), 283–315.

Green, J. (2016). *Collective rape: A cross-national study of the incidence and perpetrators of mass political sexual violence, 1980-2003*. Unpublished doctoral dissertation, The Ohio State University, Ohio.

Green, R. (2004). Health consequences of sexual violence against women. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 27(1), 15–26.

Guest, G. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field methods*, 18(1), 59–82.

Gutierrez, H. and Gallegos, C. (2016). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. World Health Organization.

Hagen, L. (2010). Rape: The husband's and boyfriend's initial reactions. *Family Coordinator*, 32–33.

Hagen, M. and Yohani, L. (2010). Ending violence against women. *Population reports*, 27(4), 1–1.

Halima, K. and Blower, L. (2010). Prosecuting crimes of rape and sexual violence at the ICTR: the application of joint criminal enterprise theory. *Harv. JL & Gender*, 29, 201.

Hanscom, B. (2018). Shattered lives: sexual violence during the Rwandan genocide and its aftermath. *Human Rights Watch*, 31(6), 164 – 175.

Hart, M. and Simanis, K. (2018). In war as in peace: Sexual violence and women's status. *Human Rights Watch World Report,* 112(3), 174 – 195.

Heise, L. (1999). Ending violence against women. *Population reports*, 27(4), 1–1.

Henwood, M. and Pidgeon, J. (2016). Development of the Vicarious Resilience Scale (VRS): A measure of positive effects of working with trauma survivors. *Psychological trauma: theory, research, practice, and policy*, 9(1), 23.

Hollifield, M. (2019). Taking measure of war trauma. *The Lancet*, 365(9467), 1283-1284.

Holsti, O. (2019). *Content Analysis for the Social Sciences and Humanities*. California, USA: Addison-Wesley Publishing Company.

Human Rights Watch. (2001). *Scared at school. Sexual violence against girls in South African schools*. USA: Human Rights Watch.

Humphreys, W. and Weinstein D. (2006). Multiple masculinities and the schooling of boys. *Canadian Journal of Education*, 25(2), 152-165.

Ingelaere, M. and Wilen, L. (2017). The epidemiology of rape and sexual coercion in South Africa: an overview. *Social Science Medicine*, 55 (7), 1231-1244.

International Gender-Based Sexual Violence Crisis Center, (2022). *Internal displacement: Global overview of trends and developments in 2006*. Available: www.internaldisplacement.org.

International Refugee Committee – IRC (2022). Rape Myth Acceptance in college students. How far have we come? *Sex Roles*, 40 (9-10), 815-832.

Jansen, K. (2021). The epidemiology of rape and sexual coercion in South Africa: an overview. *Social Science Medicine*, 55 (7), 284-414.

Joachim, I. (2018). Psychosocial and psychotherapeutic work with survivors of sexualized violence in the context of war. In Medica Mondiale (Ed.), Violence against women in war: *Handbook for professionals working with traumatized women* (pp. 271-318).

Joachim, I. (2018). Sexualised violence in war and it's consequences. Violence against women in war: *Handbook for professionals working with traumatized women*, 63–110.

Johnson, K. (2018). Association of combatant status and sexual violence with health and mental health outcomes in post-conflict Liberia. *The Journal of the American Medical Association*, 300(6), 676-690.

Johnson, K., and Asher, J. (2017). Association of combatant status and sexual violence with health and mental health outcomes in post conflict Liberia. J*AMA*, 300(6), 676–690.

Jones, A. (2004). *The development of the legal protection against sexual violence in armed conflicts - advantages and disadvantages.* Available: http://iktk.se/publikationer/rapporter/pdf.

Josse, B. (2010). *Our guys: The Glen Ridge rape and the secret life of the perfect suburb*. New York: Vintage Books.

Josse, E. (2010). 'They came with two guns': the consequences of sexual violence for the mental health of women in armed conflicts. *International Review of the Red Cross*, 92(7), 17–19.

Kelly, J. (2011). *Hope for the Future Again: Tracing the effects of sexual violence and conflict on families and communities in eastern* Democratic Republic of the Congo. Cambridge, MA: Harvard Humanitarian Initiative.

Kelly, M. (2018). The causes of rape: Understanding individual differences in male propensity for sexual aggression. *Rape across cultures and time* (pp. 9-30). Washington D.C.: American Psychological Association.

Kesic, V. (2015). Establishing rape as a war crime. *Transforming a rape culture* (Rev., pp. 269-289).

Kim, F., Torbay, K. and Lawry, L. (2017). *Our guys: The Glen Ridge rape and the secret life of the perfect suburb.* New York: Vintage Books.

Kim, G. (2007). Basic health, women's health, and mental health among internally displaced persons in Nyala Province, South Darfur, Sudan. *Am J Public Health*, 97(2), 353–361.

Kim, G. and Amowitz, H. (2014). *War rape: The aftermath for women. Unpublished master's thesis,* Royal Roads University, Victoria, British Columbia, Canada.

Ki-Moon, B. (2015). *Conflict-related sexual violence. Report of the Secretary-General*. United Nations Security Council. Geneva.

Kinyanda, E. (2010). War related sexual violence and it's medical and psychological consequences as seen in Kitgum, Northern Uganda: A cross-sectional study. *BMC Int Health Hum Rights*, 10(1), 28.

Kleim, G. and Ehlers, C. (2008). Being delivered: Spirituality in survivors of sexual violence. *Issues Mental Health Nurse*, 29(4), 335–350.

Koos, C. (2017). Sexual violence in armed conflicts: research progress and remaining gaps. *Third World Quarterly*, 38(9), 1935–1951.

Koos, J. (2010). Experiences of female survivors of sexual violence in eastern Democratic Republic of the Congo: a mixed-methods study. *Conflict Health*, 5, 25.

Kothari, A. (2004). *Qualitative research design: An interactive approach: An interactive approach*: Sage. New York.

Krause, P. (2015). Ending sexual violence in conflict: the Preventing Sexual Violence Initiative and its critics. *International Affairs*, 91(3), 457–472.

Krippendorff, K. (2018). *Content Analysis: An Introduction to its Methodology*. Beverly Hills, USA: SAGE Publications.

Kuwert, L. (2014). *Study Guide for Criminology 306. Department of Criminology*, University of South Africa: South Africa.

Lalumiere, G. (2015). The intractability of militarized masculinity: A case study of former Self Defence Units members in the Kathorus area, South Africa. *South African Journal of Psychology*, 38(1), 152-175.

Leatherman, J. (2007). Sexual violence and armed conflict: complex dynamics of revictimization. *International Journal of Peace Studies*, 53–71.

Leiby, M. L. (2009). Wartime Sexual Violence in Guatemala and Peru*. *International Studies Quarterly,* 53(2), 445–468.

Liebling, T. (2018). Social support and resilience in the aftermath of sexual assault: Suggestions across life course, gender, and racial groups. Surviving sexual violence: *A guide to recovery and empowerment,* 296–317.

Linsey, H. (2021). Clinical analysis in adults who were sexually abused as a child In H. B. *Adult analysis and childhood sexual abuse* (pp. 197–213). Hillside, NJ: Analytic Press.

Lunde, I. (2018). Sexual torture and the treatment of its consequences. Torture and its consequences - *current treatment approaches*, 310–329.

Lyth, L. (2020). Women war survivors in Uganda: Resilience and suffering as consequences of war. *Global perspectives on war, gender and health: The sociology and anthropology of suffering*, 69–89.

Madden, K. and Sokol, E. (2014). Violence against women in Northern Uganda: The neglected health consequences of war. *Journal of International Women's Studies*, 9(3), 174–191.

Maercker, M. and Müller, J. (2004). Fistula and traumatic genital injury from sexual violence in a conflict setting in Eastern Congo, *Reproductive Health Matters*, 16(31), 132–141.

Maercker, Y. and Hecker L. (2016). Barriers to services for rural and urban survivors of rape. *Journal Interspersions Violence,* 20(5), 591–616.

Meger, L. (2010). The reality of repressed memories. *American psychologist, 48(5), 518.*

Messner, M. (2020). *The Legacy of Wartime Violence on Intimate-Partner Abuse: Micro-Level Evidence from Peru,* 1980–2009. Unpublished working paper.

Millard, C. (2010). Trauma contagion in partners of survivors of childhood sexual abuse. American *Journal of Orthopsychiatry*, 65(4), 529.

Mills, A. (2006). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of traumatic stress*, 3(1), 131–149.

Mueller, T. (2018). Determinants of intimate partner violence in sub-Saharan Africa: a review of prevention and intervention programs. *Partner abuse*, 7(3), 277–307.

Mullin, J. (2017). Mental healthcare in Uganda: desperate challenges but real opportunities. *Journal of Psych International,* 14(4), 98–100.

Noe, D. (2012). Violent Behaviour: The effect of civil conflict on domestic violence in Colombia. *Courant Research Centre: Poverty, Equity and Growth Discussion Papers*. 25(9), 136-177.

Pappas G. (2003). Posttraumatic torture disorders in Uganda - A 3-year retrospective study of patient records as seen at a specialized treatment center in Kampala, Uganda. *Torture*, 10(3), 81–87.

Peace Research Institute Oslo (PRIO). (2016). Geocoded SVAC Dataset (GEO-SVAC) Version 1.0.

Quilter K. (2011). Further understanding the systemic effects of childhood sexual abuse: A comparison of two groups of clinical couples. *Journal of Child Sex Abuse*, 11(3), 85–106.

Rabin, D. (2012). Where are the girls? Girls in fighting forces in Northern Uganda, Sierra Leone and Mozambique: Their lives during and after war. *In Routledge Handbook on Victims' Issues in Criminal Justice*, 324(7333), 346–349.

Rackley, S. (2014). Expanding the Conceptualization of Survivor in Sexual Assaults. In Routledge *Handbook on Victims' Issues in Criminal Justice* (pp. 79–90).

Remer, M. and Ferguson, A. (2013). A randomized controlled trial of trauma-focused cognitive behavioral therapy for sexually exploited, war-affected Congolese girls. *Journal of Child and Adolescent Psychiatry,* 52(4), 359–369.

Rubin, H. and Rubin, I. (1995). *Qualitative interviewing: The art of hearing data:* Sage.

Saunders, J. (2010). The coding manual for qualitative researchers: Sage.

Scully, C. (2014). Does war contribute to family violence against children? Findings from a two generational multi-informant study in Northern Uganda. *Child Abuse Negligence*, 38(1), 135 146.

Security Council, U. N. (2018). Report of the Secretary-General on conflict-related sexual violence. S/2018/250 (23 March 2018), available from undocs.org /S/2018/250.

Seifert, H. (2013). Qualitative research: The essential guide to theory and practice: Routledge.

Shanks, F. and Schull, A. (2016). How mothers mediate the social integration of their children conceived of forced marriage within the Lord's Army. *Child abuse & neglect*, 51, 72–86.

Sideris, L. (2013). Rape as genocide: Bangladesh, the former Yugoslavia, and Rwanda. *New Political Science,* 22(1), 89–102.

Smith, E. (1997). Coping and adjustment in male and female survivors of childhood sexual abuse. *Journal of Child Sex Abuse*, 5(3), 57–75.

Snape, M. and Spencer, I. (2013). The Elephant in the Room: An Overview of How Sexual Violence came to be seen as a Weapon of War. *Peace Research Institute Oslo* (PRIO).

Spangaro, J. (2013). What Evidence Exists for Initiatives to Reduce Risk and Incidence of Sexual Violence in Armed Conflict and Other Humanitarian Crises? A Systematic Review. *PLoS ONE*, 8(5), 198 – 217.

Speak, M. (2021). The risk of return: Intimate partner violence in Northern Uganda's armed conflict. *Social science & medicine*, 70(1), 152–159.

Spinazzola, M. (2005). Female sexual assault: the impact on the male significant other. *Issues Mental Health Nursing*, 26(2), 149–167.

Steele, L. and Kuban, R. (2011). A phenomenological study of vicarious traumatisation amongst psychologists and professional counsellors working in the field of sexual abuse/assault. Australasian *Journal of Disaster and Trauma Studies*. 26(2), 149–167.

Stern, D. (2019). *Resort to arms: International civil wars*, 1816–1980: Sage Publications, Inc.

Taylor, A. and Armor, J. (2016). *Basics of qualitative research: Procedures and techniques for developing grounded theory. In: Thousand Oaks*, CA: Sage.

Tedeschi, E. (2008). Introducing the UCDP georeferenced event dataset. *Journal of Peace Research,* 50(4), 523–532.

Tedeschi, L. and Calhoun, A. (2014). *Qualitative analysis for social scientists:* Cambridge University Press.

Tol, W. (2013). Mental health and psychosocial support interventions for survivors of sexual and gender-based violence during armed conflict: a systematic review. *World Psychiatry*, 12(2), 179–180.

Tompson, L. (2014). Gendered Insecurity and the Enduring Impacts of Sexual and Gender-based Violence (SGBV) in Northern Uganda. Sexual Violence in Conflict and Post-Conflict Societies: *International Agendas and African Contexts* (Routledge 2014).

Traunmüller, D. (2019). Rape in War: Prosecuting the Islamic State of Iraq and the Levant and Boko Haram for Sexual Violence Against Women. *Cornell Int'l LJ*, 50, 333.

Trenholm, W. (2011). Sexual-based violence in areas of armed conflict: a systematic review of mental health and psychosocial support interventions. *Conflict and Health,* 7,16–16.

True, T. (2012). Attitudes towards Intimate Partner Violence against Women among Women and Men in Low- and Middle-Income Countries. *PLoS ONE*, 11(11), e0167438.

Verwimp, M. (2014). Community resilience for youth and families: Facilitative physical and social capital in contexts of adversity. *Children and Youth Services Review*, 33(9), 1742–1748.

Ward, J., and Marsh, M. (2006). Sexual violence against women and girls in war and its aftermath: Realities, responses and required resources. *Paper presented at the Symposium on Sexual Violence in Conflict and Beyond* (Vol. 21, p. 23).

Watson, A. (2019). Former Lord's Resistance Army soldier abductees: Explorations of identity in reintegration and reconciliation. Peace and Conflict: *Journal of Peace Psychology*, 13(3), 273.

Weber, B. (2015). Save the Children, UK, and CARE, IFESH and IRC.

Weinstein, H. (2005). Exposure to war crimes and implications for peace building in northern Uganda. *JAMA*, 298(5), 543–554.

Weiss, G. and Marmar, M. (2017). Participation as principle and tool in social reintegration: young mothers formerly associated with armed groups in Sierra Leone, Liberia, and Northern Uganda. *Journal of Aggression, Maltreatment & Trauma,* 22(8), 829–848.

Welman, P. and Kruger, P. (2012). Ownership and Participation in Transitional Justice Mechanisms: A Sustainable Human Development Perspective from Eastern DRC. *International Journal of Transitional Justice,* 2(3), 398–411.

Wood, E (2012). Variation in sexual violence during war. *Politics & Society*, 34(3), 307–342.

Woodhouse, K., Brown, G. and Ayers, C. (2018). Stress, coping and adjustment in victims of sexual assault: The role of psychological defense mechanisms. *Counselling Psychology Quarterly*, 1(2-3), 165–178.

World Health Organization (2014). *Addressing Conflict-Related Sexual Violence–An Analytical Inventory of Peacekeeping Practice.* New York: United Nations.

Yakushko, N. (2018). Selecting a measure for assessing secondary trauma in nurses. *Nurse Res*, 23(2), 30–35.

Appendix

ST. MARY UNIVERSITY
DEPARTMENT OF SOCIAL WORK

Survey Questionnaire

Questionnaire to be filled by Respondents

Dear Participant,

My name is Mhret Gebrekristos, a postgraduate student of St,Marry University, department of social work I am conducting my research entitled "Sexual vilence trauma in armed conflicts, the phenomenoligical analysis of girls and women in Tigray region" for the partial fulfillment of a master of degree in social work.

The purpose of this questionnaire is to gather information about the trauma experienced by the surviors of gang rape victims and to measure the nature and level of its severity based on their perception along with testing the existance of the reported psychological (prost traumatic growth and post trauma stress disorder) trauma through scientific measure. Besides, the social integrity regarding acceptance of sexual-related issues will be also tested using social acnowledgement as survivor inventory. Your honest and sincere responses to this questionnaire will play a great role in making the research successful. I assure you that all the responses will be treated confidentially and only be used for academic purposes. Participation is purely voluntary, no need to write your name.

I thank you in advance for offering your golden time and if you have any questions, please feel free to contact me at the below contact:

Thank you for your valuable time in advance!

Name: Mhret G.kristos
Phone: +251912657268
Email: Mercygk23@gmail.com

General Direction

Your Participation is Voluntary

Do not write your name on the Questionnaire

Part I. General Information

Direction: The following statements are about your personal information. Please write the necessary information on the blank space provided and, in the optional items, indicate your answer by putting a tick mark (x) in the box.

1. Age (years old) ☐ 15 - 30   ☐ 31 – 45   ☐ 46 - 60

2. Education ☐ Illiterate   ☐ Primary   ☐ Secondary ☐ College
   ☐ Other, please specify_____

3. Marital Status ☐ Single   ☐ Married   ☐ Divorced   ☐ Widow

4. Family Size ☐ 1 - 3   ☐ 4 – 6   ☐ Above 6

5. Income Source ☐ Business ☐ Employment ☐ Farming
   ☐ Others, please specify ....

6. Type -Sexual Violence ☐ Assault   ☐ Harassment
   ☐ Rape   ☐ Others, please specify

7. Tools used for sexual violence/ during gang rape/
   ☐ Stick   ☐ Gun
   ☐ Gun Road   ☐ Knife/ Sharp tools
   ☐ Others, please specify ....

8. When did the gang rape happen?
   ☐ Home   ☐ Neighborhood
   ☐ School   ☐ Farm place
   ☐ Others, please specify ....

Part II. Study Questions Related to Psychological post-trauma (stress disorder or growth) and social acknowledgment.

Please read each statement carefully and show your level of agreement on the statements by putting the "X" mark in the boxes using the following 4-scale Likert scales: Not at All (NA) = 0, Disagree (DA) = 1, Neutral (N) = 2, Agreed (A) = 3.

Items	Scale			
Post-Trauma Stress Disorder (PTSD)	Not at All	Disagreed	Neutral	Agreed
1. Having upsetting thoughts or images about the traumatic event that comes into your head when you did not want them to				
2. Having bad dreams or nightmares about the traumatic event				
3. Reliving the traumatic event (acting as if it were happening again)				
4. Feeling emotionally upset when you are reminded of the traumatic event				
5. Experiencing physical reactions when reminded of the traumatic event (sweating, increased heart rate)				
6. Trying not to think or talk about the traumatic event				
7. Trying to avoid activities or people that remind you of the traumatic event				
8. Not being able to remember an important part of the traumatic event				
9. Having much less interest or participating much less often in important activities				
10. Feeling distant or cut off from the people around you				
11. Feeling emotionally numb (unable to cry or have loving feelings)				
12. Feeling as if your future hopes or plans will not come true				
13. Having trouble falling or staying asleep				
14. Feeling irritable or having fits of anger				
15. Having trouble concentrating				
16. Being overly alert				
17. Being jumpy or easily startled				
Items	**Scale**			
Post Trauma Growth (PTD)	Not at All	Disagreed	Neutral	Agreed
1. I changed my priorities about what is important in life.				

2. I have a greater appreciation for the value of my own life				
3. I developed new interests.				
4. I have a greater feeling of self-reliance.				
5. I have a better understanding of spiritual matters.				
6. I more clearly see that I can count on people in times of trouble.				
7. I established a new path for my life.				
8. I have a greater sense of closeness with others.				
9. I am more willing to express my emotions.				
10. I know better that I can handle difficulties.				
11. I am able to do better things with my life.				
12. I am better able to accept the way things work out.				
13. I can better appreciate each day.				
14. New opportunities are available which wouldn't have been otherwise.				
15. I have more compassion for others.				
16. I put more effort into my relationships.				
17. I am more likely to try to change things which need changing.				
18. I have a stronger religious faith.				
19. I discovered that I'm stronger than I thought I was.				
20. I learned a great deal about how wonderful people are.				
21. I better accept needing others.				

Items	Scale			
Social Acknowledgement Inventory (SAQ)	Not at All	Disagreed	Neutral	Agreed
1. Most people cannot understand what I went through.				
2. Somehow, I am no longer a normal member of society since the incident.				
3. The people where I live respect me more since the incident.				
4. There is not enough sympathy for what happened to me.				
5. The only people who really understand me are those who have been through something similar.				
6. My family finds my reaction to the incident to be exaggerated.				
7. Most people cannot imagine how difficult it is simply to continue with "normal" daily life.				
8. My experiences are underestimated by my family.				
9. My family feels that they have to protect me.				
10. My family feels uncomfortable talking about my experiences.				
11. My family showed a lot of understanding for my response to the incident.				
12. My friends showed sympathy for what happened to me.				
13. The reactions of my acquaintances were helpful.				
14. Many people offered their help in the first few days after the incident.				
15. Important figures of public life in my place of residence (e.g., mayor, priest) expressed their sympathy for me after the incident.				
16. My boss/superior showed full understanding for any absence from work.				

Appendix -II   Interview Questions

1. Would you tell me about yourself regarding your age, source of income, marital status, family size...?

2. How would you describe the overall situation during the war time sexual violence in Tigray region?

3. How long did the war (conflict) sustain in your place/zone/kebele...

4. How do describe the level of causality/damage on both human beings and materials that occurred during the conflict?

5. Is there anyone else who was also abused by the propagators? - Are they armed or a sort of gangster...?

6. I can guess that you are one of the victims of the conflict. If so, what would u say about the situation?

    - was it physical harassment, like slap, a bunch on the face, bit, spit......

    - was it psychological like insulting, intimidating, etc....

    - was there any sexual harassment? What would u say about it, please tell me in detail....

7. What were the consequences of the harassment? What is your physical and psychological status or conditions? Please tell me in detail....

8. What mechanisms did u adopt to minimize the harassment?

9. After the happenings, did you get any medical treatment to mitigate the consequence?

10. If you got any medical treatment during and after the harassment, did you see any improvement on your health?

11. In your opinion, is there any support or protection from the government side in regard to security issues?

12. What do you recommend not to happen such causalities next time?

13. 14. Do have anything remaining to tell me...

<div align="center">Many thanks!!!</div>