

Magnitude of Physical and Sexual Violence among Eritrean Women Refugee Living in Addis Ababa, Ethiopia in the Year 2022

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Abstract

Physical and sexual violence is seen as a complex and sensitive issue to engage with, are covered in silence, and have all led to inaction. This study is intended to fill the gap on the availability data on magnitude physical and sexual violence, where limited researches had been conducted focusing mainly on urban women refugee in Addis Ababa, Ethiopia. The study aimed to determine the magnitude of physical and sexual violence based on cross-sectional study. It was conducted on sample of 427 Eritrean refugee women living in Addis Ababa, Ethiopia. Systematic sampling was used to select the sample unit from the study population. Among the women refugee respondents 59% (95%CI 54.2-63.7) reported that they were physically violated. Among physically violated 87.3% were slapped. Pushed, shoved and pulled. Partner physical violence is 15.2% while non-partner physical violence is 43.8%. Magnitude of Sexual violence is 55.7% with (95% CI 50.9-60.5). Among the sexually violated 94.4% were responded as touched; kissed and insulted. The Magnitude of physical and sexual violence in Eritrean refugees in Addis Ababa is so high. Overall knowledge of prevalence of sexual and physical violation will help to study further researches to study the risk factors and then to prevent it

Key words: Magnitude; sexual violence; Physical violence.

1. Introduction

1.1background

Conflict, war, persecution, violation of human rights, and economic and political crises were the main reasons for global refugee crisis and mass migration [1, 2] In 2018, there were a total of 25.9 million refugees globally [3]. In 2019, Africa hosted 7.3 million refugees (including asylum seekers) or 25 percent of the global refugee population (28.7 million), translating to 1 in every 4 international migrants lives in Africa, and also from 10 international global migrants one was an African refugee [4].

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The proportion of female refugees had remained relatively stable, at 47 to 49 percent, over the same period [4]. Refugees continued to live in urban consistently with the boarder global dynamics. Urban refugees contain about 61% from the total refugee at the end of 2018(3).

According to the UNHCR 2018 the global statistics of refugees in Sub-Saharan Africa was over 18 million people [5]. Sub-Saharan Africa hosts more than 26 percent of the world's refugee population [6]. Women and girl refugees make up 48% of refugees, internally displaced or stateless population of the world and constitute to a vulnerable group [3, 7].

Ethiopia is one of the countries hosting a large number of refugees in sub-Saharan Africa, next to Uganda. This nation has hosted refugees since the 1990's [8]. With a current refugee population of more than 916,678 from neighboring countries including Eritrea, Somalia, South Sudan, Sudan, Yemen, Great Lake Countries (GLR) and other nationalities, as of March 2018 report [9].

According to UNHCR in September 2019, urban refugee population in Addis Ababa was 22,885 [10]. The majority originating from (Eritrea 79.1%), with other nationalities as follows, Yemen (8.4%), Somalia (4.4%), Congo (2.5%), South Sudan (2.2%) and other countries which accounted (3.5%) [3].

Depending on the status of individual refugee, the option to live in Addis Ababa was based on certain conditions such as: protection, education, work, personal security and health. Movement of refugees to urban areas is increasing for different pull and push factors. Refugees move to cities in the hope of finding a sense of community, safety and economic independence. Nonetheless, women and girls are vulnerable in both refugee camps and in urban settings because of multiple complex unmet social, medical, and economic needs.

Life in urban settings on the other hand is crammed with difficulties because of displacement, dislocation to unfamiliar and often overcrowded surroundings, lack of infrastructure and lack of access to basic survival needs [10].

Administration for refugees returnee affairs (ARRA) is an institution established by the Ethiopian government and part of the Ministry of Home Affairs, is the main implementing partner of United Nations High Commissioner for Refugees (UNHCR) is specialized for medical reason, protection concerns, higher education cases and self-supporting refugees in the camp and enrolled in the out of camp policy (OCP). And Yemen refugees are the major exceptions where by the refugees get the opportunity to settle in the urban areas with monthly allowance and other assistance [11].

1.2 Problem Statement

IPV against women is a worldwide public health and human rights concern [12, 13]. Violence is among the driving causes of death for individuals aged 15–44 years worldwide, accounting for approximately 14% of deaths among males and 7% of deaths among females [14].

For occasion, in an attempt to play down or eradicate violence against women, the United Nations (UN)

introduced conventions such as the convention on the Elimination of All Forms of Discrimination against Women (CEDAW), among others that contain arrangements to secure the rights and well-being of women to directly or indirectly check the rising prevalence of violence against them [15, 16].

World-wide, an estimated 40 to 70 percent of homicides of women are committed by intimate partners, within the setting of a damaging relationship. At least sixty million girls who would otherwise be anticipated to be alive had lost from various populations, mostly in Asia, as a result of sex-selective abortions, infanticide or neglect. In recent years, mass rape in war had been acknowledged in Bosnia, Cambodia, Liberia, Peru, Somalia and Uganda. A European Community fact-finding team estimates that more than 20,000 Muslim women were raped during the war in Bosnia. Ninety-four percent of displaced households surveyed in Sierra Leone had reported incidents of sexual assault, including rape, torture and sexual slavery. At least 250,000, perhaps as many as 500,000, women were raped during the 1994 genocide in Rwanda [17].

According to Mary Jennings and Sherry McLean, gender based violence was seen as a complex and sensitive issue to engage with, is covered in silence, and have all led to inaction. Women based violence in refugee camps deserves no attention and research regardless. As a consequence of these violations women are vulnerable to sexually transmitted diseases (STDs), post trauma stress disorder (PTSD) and other mental diseases [18]. From a more common classification, sexual violence results in the worsening of mental and reproductive health and in the emergence of behavioral, social, and fatal consequences for the victim [19]. Moreover, they can cause short-term problems such as shock, fear, anxiety, panic, phobias, guilt, sleep disorders, eating disorders, and long-term mental problems such as anxiety disorder, panic disorder, and depression and suicide attempts [20].

Refugee women are more affected by violence than any other population of women in the world, and all refugee women are at risk of rape or other forms of sexual violence [21]. Sexual violence includes the following acts; rape, forced prostitution, sexual slavery, forced pregnancy, forced maternity, forced termination of pregnancy, enforced sterilization, indecent assault, trafficking, inappropriate medical examinations and strip searches [21].

Data on sexual violence typically come from police, clinical settings, nongovernmental organizations and survey research. The relationship between these sources and the global magnitude of the problem of sexual violence may be viewed as corresponding to an iceberg floating in water [22]. A vast majority of victims (55% to 95%) select not to report the violence or take action to protect their rights [23], which is why it is troublesome to get statistical records of sexual violence. The study conducted in different parts of the world in relation to Violations of women was a global event as more than one in three women worldwide were beaten, coerced into sex or abused in her lifetime [24]. One in five female refugees or internally displaced persons (IDPs) were estimated to experience sexual violence in their lifetime; yet, even this high figure might be underestimated due to significant under-reporting of gender based violence [25, 26].

Health Effects of Untreated PTSD and Depression can cause Hypertension, Coronary vascular disease, metabolic syndrome, Diabetes mellitus and Chronic pain [27].

Moreover, stigma and shame associated with rape in many cultures can lead to underreporting of cases, social

rejection, suicide or murder of women happen by their family or community members [28]. Even though, various reports calling for action to address for those who were sexual violated refugees women, but there was no available comprehensive data on prevalence sexual violence and abuse were not reported by women or recognized by aid workers [29].

This study is intended to fill the gap on the availability data on magnitude physical and sexual violence, where limited researches had been conducted focusing mainly on urban women refugee in Addis Ababa. There is no research has been conducted on Eritrean refugees living in urban or Addis Ababa in Ethiopia

The study will fill the gaps in literature by looking into the lives on urban refugee women with the magnitude of physical and sexual violence focusing mainly Eritrean nationality in Addis Ababa as they had shared their experiences.

1.3 Significance of the Study

This study seeks to fill literacy gaps by identifying the prevalence of physical and sexual violence among refugees in urban areas, which focuses in considering issues of concern of sexual and physical violence as prioritize issues experience by Eritrean women refugees living in Addis Ababa.

The refugee women are enquired to reflect on their past experiences, over several years; throughout the time they spent in Ethiopia, in order to try to understand the longer-term aspect of incidences of sexual and physical violence.

A significance part of this study is to see how implementation of human rights protection measures can be improved in Addis Ababa and how the government can learn from this in future. The state's obligation as a right carrier is to better ensure the respect of women refugees' rights within Addis Ababa and more generally.

This study will help to those who were physically and sexually violated women to prevent further complications like post trauma stress disorder, other mental diseases and deaths by giving health services and improving the quality health services to survive in society.

The research benefits the community to get awareness about physical and sexual violence after dissemination of this paper. The violated individual will assist to deserve attention by the community. And this will help to avoid further complications. This study will also be a beneficial to researchers as a base line data for further investigations.

The study therefore provides useful information on the magnitude of Eritrean women refugee's to physical and sexual violence as a representative to the whole urban women refugee population. Thus, it will broaden understanding and provide better information with regards to the vulnerability of Eritrean women refugees to physical and sexual violence in Addis Ababa.

Additionally it will also be used by policy makers or UNHCR, regional government, national government, and

international organization for policy briefing and intervention purpose. Raising awareness of community is also another benefit of this study which is never underestimated. In addition to this it recommends to construct refugee-friendly social services and livelihood strategies to address the challenges of refugees living in urban areas.

1.4 Research questions

Based on the background provided above, the research is intended to answer the following questions:

- 1) What is the magnitude of physical violence among women refugees in Addis Ababa, Ethiopia?
- 2) What is the magnitude of sexual violence among women refugees in Addis Ababa, Ethiopia?

Conceptual Frame Work

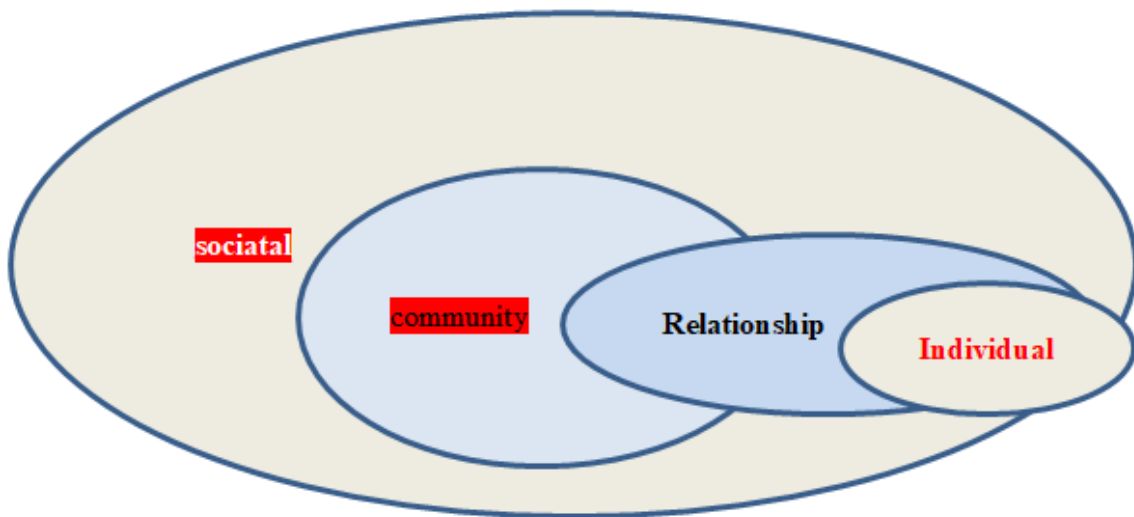


Figure 1

Societal	community	Relationship	Individual
-Poverty	-Community norms &	family dysfunction	-Young age
-Economic, social & gender Inequalities	beliefs that justify & legitimize violence	-poor communication	-low education attainment
-Rigid gender roles	-perception men are ownership women	-Association with peers who engage violence	-own experiences of a abuse
-Poor societal security & Protection	-physical punishment to discipline women	-Conflict or instability intimate relationship	-witnessing parental violence
-weak legal& Justice system. Discriminatory laws	-lack of economic opportunities unemployment	over money or resources	-Alcohol & substance abuse
-Lack of law enforcement &	-High population density	low socio-economic Household states	-Acceptance of

Impunity

-Lack of information social support
& isolation

violence to resolve
conflict & partner violence

Source; adopted from Heise, Ellaberg & Geotmoeller(1999), Dehlberg & king (2002) and heise(2011)

1.5 Objectives

1.5.1 General objective

To determine the Magnitude and associated risk factors sexually and physically violated Among Eritrean women refugees in Addis Ababa, Ethiopia.

1.5.2 Specific objective

- To determine the magnitude of sexual violation among Eritrean women refugees in Addis Ababa, Ethiopia in the year 2022.
- To determine the magnitude of physical violations among Eritrean women refugees in Addis Ababa, Ethiopia in the year 2022.

2. Methodology

2.1 Study area

The study was carried out in Addis Ababa, which is located in the center of Ethiopia. [30] Addis Ababa was established in 1886, with four million populations, and is one of the oldest and largest cities in Africa with average altitude of 2400 meters; It has been playing a historic role in hosting the regional organizations such as the African Union, and the Economic Commission for Africa. ARRA (Administration for Refugees Returnee Affairs), UNHCR, sister united nation (UN) agencies and non-government organization (NGO) partners Head quarter offices are found in Addis Ababa. ARRA is the main government entity working on refugees with the UNHCR to administer the refugees in the camp and out of camp refugees. [31] There were 65,946 registered Eritrean refugees, 35,757 were females age 12-60 which was our target population.

2.2 Study design

Institutional cross-sectional study was conducted among Eritrean women refugees in Addis Ababa, Ethiopia in year 2022.

2.3 Populations

2.3.1 Source Population

Whole Eritrean women refugees living in Addis Ababa, Ethiopia

2.3.2 Study population

All sampled Eritrean refugee women who fulfilled the inclusion criteria living in the Addis Ababa, Ethiopia.

2.3.3 Study unit

Systematic randomly selected women refugees from the study population.

2.3.4 Inclusion and exclusion criteria

Inclusion criteria: All refugee women, who had UNHCR and ARRA ID (identity document).

Exclusion criteria: Eritrean Women who do not have UNHCR and ARRA ID and those refugee women that could not speak or hear and ill at the time of data collection were excluded from the study.

2.4 Sampling method

Probability sampling method or systematic sampling was used to select the sample from the sampling frame. The sampling frame was drawn from ARRA's computerized database of all registered refugees and in Ethiopia, and included eligible women listed by name, age, and nationality, with contact information. To select the first individual, simple random sampling had been used, before systematic random sampling was done.

The sample size was determined using the following formula;

$$n = \frac{z^2 pq}{d^2}$$

n= Sample size Z= the standard normal deviation = 1.96

P= estimated proportion of population (0.5) because there was no similar study like this p

q = 1-p = 0.5

d= precision degree = 0.05, since similar study had not yet found the proportion of population was taken to be 0.5

$n = 1.96^2 \times 0.5 \times 0.5 / 0.05^2$

$$n = 384.16 = 385 = \frac{385}{0.9} = 427$$

Besides, 10% contingency for nonresponsive or missing was added to the selected refugee women leading to the final sample size. My final sample size was 427.

2.5 Sampling procedures

Systematic sampling was used

2.6 Data collection

Data collection was done by using the structured questionnaire for physical and sexual violence. The questionnaire was written in English and translated in to national Eritrean language Tigrigna. Data was collected primarily from the refugee's women with structured questionnaires. The questionnaire was given to those who could read and write. The questionnaire was adopted from Gender-Based Violence Research, Monitoring, and Evaluation. A training work shop was given for the data collectors about the general structured questionnaire how to collect the necessary data fully based of the study objective.

Independent variables: Age, disability, monthly income, Educational status .Personal habit (smoking, alcohol), poverty and marital status.

Dependent variable: Physical violence and sexual violence.

2.7 Operational definitions

In order to provide an understanding of women Violence in Addis Ababa, it was necessary to provide operational definitions of terms to provide an understanding and good basis of the research agenda.

Sexual violence: We considered women to have experienced sexual violence if they reported having been subjected to improper sexual comments, forced to remove or stripped of their clothing, subjected to unwanted kissing or touching on sexual parts of your body and/or forced or threatened with harm to make you give or receive oral sex or have vaginal or anal sex. Participants were asked to report whether or not they experienced these types of violence.

Physical violence was an act which causes harm as a result unlawful physical Force: hitting, slapping, pushing, pulling hair, burning throwing something that could harm and threatening with gun, knife and other material. If answer to one of these questions was yes the respondent would be taken as if she experienced physical violence.

Few: in physical and sexual violence mean if the women were physically violated five and less than five times. [32]

Many: in physical and sexual violence mean if the women were physically violated greater than five times.

Partner: a woman who has a husband or a partner.

2.8 Data Quality Management

The questionnaire and consent document was initial developed in English and then was translated into the local language (Tigrigna) and finally retranslated into English by another translator to check the consistency. The data was checked for any none responding or missing data by the interviewer. Data was cleansed to improve the data

quality by removing outliers and missing data interruption. Five percent of the questionnaire was pre-tested for clarity and to ascertain internal consistency. After analyzing the pretest result, necessary modifications had made accordingly before using the questionnaire in the real study.

2.9 Data entry

Data were collected through questionnaire paper. The data was manually checked to enter a certain percentage of the surveys to check for any data entry mistakes before analyzing.

2.10 Data analyzing

Descriptive statistics had been done to describe each variable. Chi-square test and OR with 95 % CI was applied for data analysis.

2.11 Ethical consideration

Permission was obtained from university of Addis Ababa, college of health sciences school of public health ethical review committee to conduct the research. After ethical approval of the proposal had approved, a support written letter was given to administration for refugee and returnee affairs (ARRA) and UNHCR so as to get a permission to start data collection. Individuals had a written informed consent or oral consent from each participant of the interviewer. Consent was taken to every respondent whether they were willing to respond or not. We assured that all of their answers would be kept strictly secret. It would not be kept a record of their names or addresses. They had been told that they had a right to stop the interview at any time, or to skip any questions that they didn't want to answer. Verbal informed consent had been obtained from their parents for those Participants whose ages were less than 18 years, verbal assent was obtained in describing the reason, advantage and risk of the study and their right on the decision to participate in the study. Their names were omitted to ensure confidentiality and privacy. The interview was been performing at a suitable and secure place. Their response was also kept confidentially. Finally the questionnaire was cleaned, stored and analyzed at a secured place.

2.12 Dissemination of the result

The research paper will be disseminating to Addis Ababa University (AAU) College of Health Sciences, School of Public Health for the partial fulfillment of the degree of master of Public Health in Epidemiology and Biostatistics, journal for publication and a copy administration for Refugee and returnee affairs (ARRA) and united nation high commissionaire for refugees (UNHCER).

3. Result

3.1 Socio demographics characteristics

Table.4.1: Socio-demographic of refugees respondent in Addis Ababa in year 2022.

Demographic data		Frequency	Percent
Age	10-15	4	0.9%
	16-20	51	11.9%
	21-25	144	33.7%
	26-30	116	27.2%
	31-35	62	14.5%
	36-40	40	9.4%
	above 40	10	2.3%
Education	no education	51	11.9%
	can read and write	74	17.3%
	Primary	87	20.4%
	Secondary	162	37.9%
	diploma or degree	48	11.2%
	masters and above	5	1.2%
Religion	Orthodox	243	56.9%
	Protestant	57	13.3%
	Catholic	57	13.3%
	Moslem	55	12.9%
	Traditional	10	2.3%
	Other	5	1.2%
Occupation	Farmer	4	0.9%
	daily laborer	66	15.5%
	Governmental employee	5	1.2%
	Merchant	39	9.1%
	private job/NGO	59	13.8%
	Student	37	8.7%
	Housewife	71	16.6%
	Other	146	34.2%

Distribution of the demographic characteristics of the respondents presented in Table 4.1 all respondents were female (100%). The age of the respondents lay with a $M \pm SD = 27 \pm 6.5$. Coming to the female disability sizes (7.7%) of the female respondent were disabled. In terms of educational level, 11.9% respondents were illiterate and only 1.1% of respondents were postsecondary.

3.2 Magnitude of physical violence

Among the respondents 59% (95% CI 54.2-63.7) reported that they were physically violated. Partner physical violence is 15.2% while non-partner physical violence is 43.8%.

Physical violence is 56.4% and 52.7% in this year and before this year respectively

3.2.1 Type and magnitude of Physical violence

Table 4.2: physical violence women refugees in Addis Ababa by Type in year 2022.

Magnitude of physical violence by type	Responses		Percent of physical violence cases
	N	Percent	
Slapped you or thrown something	220	25.0%	87.3%
Pushed or shoved or pulled your hair	191	21.7%	75.8%
Kicked, dragged or beat up?	170	19.3%	67.5%
Chocked or burnt in purpose	77	8.7%	30.6%
Hit you with his fist or with anything else	149	16.9%	59.1%
Threatened with or actually used a gun, knife or other weapon against you	74	8.4%	29.4%
Total	881	100%	

Among the respondents of physical violated 87.3% reported that they had violated by slapped or thrown something followed by 75.8% reported pushed, shoved or pulled among the total physical violated information as summarized in table 4.2

3.2.2 Magnitude of physical violence in this year & by type frequency

The magnitude of physical violence in this year is 56.4% and the type of physical violence by is as follows: Physical violence women refugees in Addis Ababa by type in this year, 2022

Table 4.3: Magnitude of physical violence by type in this year.

Magnitude of physical violence by type in this year	responses		Percent of physical violence cases
	N	percent	
Slapped you or thrown something	199	26.5 %	82.6 %
Pushed or shoved or pulled your hair	174	23.2 %	72.2 %
Kicked, dragged or beat up?	146	19.5 %	60.6 %
Hit you with his fist or with anything else	123	16.4 %	51.0 %
Chocked or burnt in purpose	57	7.6 %	23.7 %
Threatened with or actually used a gun, knife or other weapon against you	51	6.8 %	21.3 %
Total	750	100 %	

Among the physically violated refugees women, 82.6% were slapped thrown something in this year

3.2.3 Magnitude of physical violence before this year by type

Table 4.4: Physical violence women refugees by type before this year, 2022.

➤ Among the violated refugees women physically 74.2% slapped or thrown something in this year.

Magnitude of physical violence by Type before this year	Responses		Percent of physical violence cases
	N	percent	
Slapped you or thrown something	167	24.1 %	74.2 %
Pushed or shoved or pulled your hair	144	20.8 %	64 %
Kicked, dragged or beat up?	136	19.7 %	60.4 %
Hit you with his fist or with anything else	121	17.5 %	53.8 %
Chocked or burnt in purpose	64	9.2 %	28.4 %
Threatened with or actually used a gun, knife or other weapon against you	60	8.7 %	26.7 %
Total	692	100 %	

3.3 Magnitude of sexual violence

Among the respondents 55.7% with (95% CI 50.9-60.5) were sexually violated. Partner sexual violence is 19.2% while non-partner sexual violence is 36.5%. Sexual violence is also 52.5% and 47.1% in this year and before this year respectively.

3.3.1 Magnitude sexual violence by type frequencies

Table 4.5: magnitude of sexual violence women refugees by type in 2022.

Magnitude of sexual violence	Responses		Percent of SV cases
	N	Percent	
touched, kissed or insulted you	224	43.2%	94.1%
Have sexual intercourse when you did not want to e.g. by threatening you or holding you down or drinking alcohol?	106	20.4%	44.3%
Have sexual intercourse you did not want to b/c you were afraid of what your husband/partner might do if you refused?	97	18.7%	40.8%
ever force you to do anything else sexual that you did not want or that you found degrading or humiliating	92	17.7%	38.7%
Total	519	100%	

Magnitude of sexual violence in this year by type

Table 4.6: Magnitude of sexual violence women refugees in this year by type in Addis.

Magnitude of sexual violence	Responses		Percent of SV cases
	N	Percent	
touched, kissed or insulted you	193	44.9%	86.2%
Have sexual intercourse when you did not want to e.g. by threatening you or holding you down or drinking alcohol?	84	19.5%	37.5%
Have sexual intercourse you did not want to b/c you were afraid of what your husband/partner might do if you refused?	77	17.9%	34.4%
ever force you to do anything else sexual that you did not want or that you found degrading or humiliating	76	17.7%	33.9%
Total	430	100%	

❖ Touched, kissed and insults accounted 86.2% from the other type o sexual violence.

3.3.2. Sexual violence before this year by type

Table 4.7: sexual violence women refugees in Addis Ababa before this year.

Magnitude of sexual violence	Responses		Percent of SV cases
	N	Percent	
touched, kissed or insulted you	173	42.7%	86.1%
Have sexual intercourse when you did not want to e.g. by threatening you or holding you down or drinking alcohol?	81	20.0%	40.3%
Have sexual intercourse you did not want to b/c you were afraid of what your husband/partner might do if you refused?	75	18.5%	37.3%
ever force you to do anything else sexual that you did not want or that you found degrading or humiliating	76	18.8%	37.8%
Total	405	100%	

❖ 47.1% were sexually violated, among this 86.1% were kissed or insulted before this year

4. Discussion

Knowledge on the Prevalence of physical and sexual violence can be used to create or enhance the violence prevention strategies. Concerning experience of various kinds of physical violence, slapping was the most frequently reported act of violence accounting 87.3% among women refugees in Addis Ababa which is which is comparable to the study conducted in Tigray region 101(61.6 %) [33].

The life time prevalence of any form of physical violence in Eritrean women refugees in Addis Ababa was 59% where as a study done in Tigray refugee camp was 131(31.0%)[46]. General partner female refugee in Addis Ababa reported Partner physical violence is 15.2% which is similar but lower than female Palestinian refugee 42.5% (n=395) of respondents reported physical violence in their lifetime; 48.9% of men (n = 133) reported

ever executing physical violence against their partner[34]. And also a study which was done in Tigray refugee camp found higher prevalence history 131(78.9%) of physical violence with their partner.

In this study previous physical violence was found 52.7% while one year physical violence was found 56.4% which is similar with the study done in Uganda a cross sectional study was done. Previous year's history of physical violence was found 59.9% (95% CI 55.7, 63.8) (lifetime) and one year physical violence was 43.8% (95% CI 39.5, 47.8) [35]. The study have found 59% (95%CI 54.2-63.7)are physically violated and non-partner physical violence is also 43.8%,while a study done in Italy among immigrants and refugees in 2018 showed that 40.3% had experienced physical violence.93.4% are non-partner physical violence[36]. The study result showed that sexual violence is 55.7% with (95% CI 50.9-60.5) in Addis Ababa, Ethiopia, which is similar with the study was done in Kampala, Uganda among the 500 female refugees and asylum seekers aged 15–59 years from the Democratic Republic of Congo and Somalia was found 63.3% (95% CI 51.2–75.4.) [37].This study also has higher findings compared to a study done on the prevalence of sexual was done among refugees and displaced persons in complex humanitarian crises from 14 countries was estimated at 21.4% (95% CI, 14.9%-28.7 %) and Approximately 31% of women in the Eastern Democratic Republic of Congo refugee reported experiencing physical and/ or sexual IPV [38] which is lower than our study. The study is consistent with cross-sectional study was done at refugee camp in Ethiopia among 288 females in 2004, 42.4% was sexually violated and among 919 females in 2015, of these females 65.3% were sexually violated. But it is low when it is compared with the study done in Sierra Leone, 94% of displaced women experienced sexual violence. [39] Prevalence of sexual violence in Eritrean refugees in Addis Ababa has found to be 55.7% which is consistent with the study done in United Kingdom where a research was done at health services units in the year 2005 among 63 women refugee and 54% sexually was violated[64]. WHO also reports estimated that ,intimate partner violence(IPV) and non-partner sexual violence (NPSV) was 35% worldwide, while in Latin America, violence by men directed towards women, combined IPV and NPSV make up 36.1% of among women over 15 years by the year 2013[68] which is lower than this study .This study also has higher findings compared to a study done on the prevalence of sexual was done among refugees and displaced persons in complex humanitarian crises from 14 countries was estimated at 21.4% (95% CI, 14.9%-28.7 %)[56].And also higher than with the study by a research questionnaire (RQ) was done in Uganda at refugee camps and villages in the year 1999-2000 among 948 women reported 18.1% were sexually violated.

Non partner sexual violence in Addis Ababa women refugee is 36.5%, which is higher than the survey of more than 7,000 studies covering 56 nations had done.

It was found that 7% of women worldwide had ever experienced non-partner sexual violence in 2010.The highest estimates were in sub-Saharan Africa {51}.

5 .Strength and limitation of the study

5.1 Strength of the study

- ✓ The respondents were selected randomly. The sampling frame was drawn from ARRA's computerized

database.

- ✓ Data collectors and I speak the local language of women refugees.
- ✓ all interviews were conducted in safe spaces and confidentiality was reinforced throughout the survey to encourage unbiased reporting
- ✓ There were high response rate.

5.2 limitation of the study

- ✓ Few or non-literature review or research was done.
- ✓ Women may have under-reported experiences of violence due to stigma associated with these experiences;
- ✓ It is the first study done in this population and area.
- ✓ There could be a recall bias since the respondents were asked for violence may have been years before the study.

6. Conclusion and recommendation

6.1 Conclusions

- The study concludes that the overall magnitude or prevalence of female sexual and physical violence.
- The magnitude of physical and sexual violence was high comparing with most research studies.
- Disability, Alcohol drinker women non-partner women were associated with sexual violence. Than non-disabled, nondrinker and partner women refugee.
- Alcohol drinker women, Non partner women and Women with age greater than were associated with physical violence than nondrinker, partner and age less than 25 women refugee.

6.2 Recommendations

Based on the findings in this study, we recommend the following

- Prevalence of sexual and physical violence urban refugee sexual is generally very high therefore, public education that enhances knowledge is necessary to fix the gap.
- Paying attention to experiences of physical and sexual violence by ARRA and UNHCR.
- the Government and the UNHCR, awareness programs should be extended to the urban refugees about violence
- There should be much funding and program attention to urban women refugees related physical and sexual violence.
- Prevention and intervention programs to sexual and physical violence and its consequences
- More researches should be done in this type of study.

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