

**DOMESTIC VIOLENCE AND WOMEN'S PSYCHOLOGICAL TRAUMA IN YAQSHID
DISTRICT, SOMALIA**

BY

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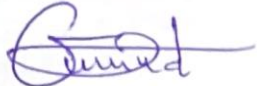
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**A THESIS SUBMITTED TO THE COLLEGE OF HUMANITIES
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DECLARATION

I, Fuad Ali Hassan, hereby declare that this thesis is the result of my original work and that no part of it has been presented for any other dissertation in this university or elsewhere for the purpose of examination or otherwise.

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APPROVAL

This thesis has been submitted for examination with my approval as the student's supervisor.

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DEDICATION

This thesis is dedicated to my beloved parents and my brother who have contributed immeasurably to my studies.

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The success in producing this work is attributed to a number of people, to whom I wish to acknowledge my thanks. The completion of this piece of work has been such a task that would not have been a success when handled solely.

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LIST OF ACRONYMS

BBC:	British Broadcasting Corporation
FAO	Food and Agriculture Organisation
GDP	Gross Domestic Product
HDI	Human Development Index
HoA:	Horn of Africa
NDVH:	National Domestic Violent Hotline
NGO's:	Non-Governmental Organization
PQLI	Physical Quality of Life Index
PTSD:	Post Traumatic Stress Disorder
UK:	United Kingdom
UNECA	United Nations Economic Commission for Africa
UNHS	Uganda National Household Survey
UNICEF:	United Nations International Children's Emergency Fund
US:	United States
WPS:	Women Protective Services

ABSTRACT

The study aimed to investigate the impact of domestic violence on women's psychological trauma in Yaqshid district, Somalia. The specific objectives were to assess the effects of physical violence, sexual abuse, and verbal abuse on women's psychological trauma. The study employed a "Betrayal Trauma Theory and Horowitz theory of Trauma" framework.

This study employed a cross sectional mixed design was utilized, mainly focusing on both quantitative and qualitative methods. The study population included 716,380 the residents of Yaqshid district, with a sample size of 400 respondents determined by Solvne's formula. Data was collected through questionnaires and interviews research instruments.

The findings revealed a negative correlation between domestic violence and women's psychological trauma, suggesting that increased domestic violence led to reduced psychological well-being in families. The study used regression coefficients to quantify the impact of each form of violence on psychological trauma. The study found out that a significant negative effect of physical violence on women's psychological trauma, with a regression coefficient of 0.370. This indicates a 37% impact of physical violence on women's psychological trauma among women. The findings suggested that physical violence adversely affected women's right to education. Sexual abuse was also identified as a significant factor affecting women's psychological trauma, with a regression coefficient of 0.136. This indicated a 13.6% impact on women's psychological trauma among women. Sexual abuse was associated with a reduction in women's rights to health. Verbal abuse showed a substantial negative impact on women's psychological trauma, with a regression coefficient of 0.420. This indicated a 42% effect on women's psychological trauma among families. Verbal abuse was linked to a decrease in families' rights to food.

From the study findings the study concluded that domestic violence had a detrimental effect on women's psychological trauma in Yaqshid district, Somalia. Increased domestic violence was associated with reduced psychological well-being in families, affecting women's education, health, and access to food. The study recommended legislative measures and policies to protect women, address discrimination, and promote gender equality. Additionally, counseling for parents on alternative, non-abusive disciplinary methods was suggested to eliminate harmful forms of abuse within families. In summary, the study emphasizes the urgent need for interventions and policy measures to address domestic violence, safeguard women's rights, and promote a more peaceful cultural environment in Yaqshid district, Somalia.

Key words: Domestic violence; Women's psychological trauma, Somalia

CHAPTER ONE

INTRODUCTION

1.0 Introduction

The study was carried out to examine the impact of domestic violence on women's psychological trauma in Yaqshid district, Somalia. In the study domestic violence will be considered as independent variable and Women's psychological Trauma as the dependent variable. This chapter introduces the background of the study, statement of the problem, and purpose of the study, objectives of the study, research questions, scope of the study, and significance of the study.

1.1 Background to the Study

This section encompasses four perspectives namely historical, theoretical, conceptual and contextual perspectives.

1.1.1 Historical Perspective

Globally, it is estimated that 1 in 3 women have experienced physical or sexual violence by an intimate partner in their lifetime (World Health Organization, 2021). This high prevalence of domestic violence has far-reaching consequences on women's mental health and well-being. A systematic review and meta-analysis of studies from 81 countries found that women who experienced intimate partner violence were almost twice as likely to experience depression, PTSD, and other mental health disorders compared to women who had not experienced such violence (Devries et al., 2023). Another global study reported that 42% of women who had experienced physical or sexual violence by a partner showed symptoms of PTSD (García-Moreno et al., 2023). The psychological trauma experienced by women as a result of domestic violence can have long-lasting effects. A multinational study across 17 countries found that women who had experienced intimate partner violence were more likely to report poor mental health, suicidal thoughts, and lower levels of life satisfaction (Llosa et al., 2017). The detrimental impact of domestic violence on women's mental health is not limited to any one region or culture. Studies have documented similar patterns of psychological trauma among women in

various parts of the world, including Latin America, Asia, and Africa (Jewkes, 2002; Ellsberg et al., 2018).

In United Kingdom domestic violence is a significant concern in the UK, with statistics indicating that 1.6 million women and 786,000 men experienced domestic abuse in the year ending March 2020, as reported by the Office for National Statistics (ONS). Moreover, domestic violence-related homicides continue to be a pressing issue, with an average of two women per week being killed by a current or former partner in England and Wales (NCDV, 2020). Domestic violence is a prevalent issue in Australia, with statistics indicating that 1 in 6 women and 1 in 16 men have experienced physical or sexual violence by a current or former partner since the age of 15, as reported by the Australian Bureau of Statistics (ABS) in 2017-2018 (Smith & Johnson, 2019). In India, domestic violence is widespread, affecting women across various socio-economic and cultural backgrounds. According to the National Family Health Survey (NFHS-4), conducted in 2015-16, approximately 30% of ever-married women aged 15-49 have experienced physical, sexual, or emotional violence by their spouses (Office for National Statistics, 2021).

In Africa, according to a World Health Organization (WHO) multi-country study, the lifetime prevalence of intimate partner violence among women in various African countries ranges from 15.5% in Ethiopia to 65.6% in Namibia (WHO, 2023). In Sub-Saharan Africa, it is estimated that 36.6% of women have experienced physical and/or sexual violence by an intimate partner in their lifetime (Devries et al., 2023). The rates are particularly high in countries like Lesotho (48%), Democratic Republic of Congo (57%), and Zambia (48%) (Gass et al., 2011). The high rates of domestic violence in Africa have been linked to significant mental health consequences for women. Studies across the continent have documented the psychological impact of intimate partner violence. A study in Ethiopia found that 71% of women who experienced domestic violence exhibited symptoms of PTSD (Deyessa et al., 2020). Similarly, research in South Africa revealed that women who experienced intimate partner violence were three times more likely to develop depression and anxiety disorders compared to those who did not (Shamu et al., 2016). In Nigeria, a study reported that 42% of women who faced domestic violence suffered from depression, and 32% exhibited symptoms of PTSD (Okenwa-Emegwa et al., 2016). Another study in Uganda found that 47% of women experiencing intimate partner violence had suicidal

ideation (Kiwuwa-Muyingo et al., 2018). These alarming statistics highlight the significant mental health burden that domestic violence places on women across Africa.

In Sub-Saharan Africa on domestic violence against women, revealed that Rwanda had high levels with (56.4%) Cameroon (51.1%) and Democratic Republic of Congo (50.7%) (Devries et al., 2023). In Somalia, the Somalia Demographic Health Survey (SDHS) findings revealed that 64.8% of women who have been victims of either physical or sexual abuse were into intimate relationships (SBOS, 2016). In about five thousand years of human civilization, over five thousand wars have been fought and recorded and more than 4 million people have died since the fall of the Berlin wall (Kibret, 2015). The present cycle of violence, being experienced globally, has resulted in a kind of social order termed as a “violent social order” (Kibret, 2015). Throughout the known history of man and in the dispensation of this ‘violent social order’, women have been involved in or have been affected either through their forced recruitment and use in armed hostilities or as victims of armed conflicts (Wessells, 2016).

In East Africa women’s psychological trauma remains a critical issue across, with profound impacts from domestic violence. The prevalence of domestic violence in East African countries is alarmingly high, reflecting a broader regional pattern of gender-based violence that exacerbates psychological trauma among women. In Uganda, a study by the Uganda Bureau of Statistics (UBOS) and the World Health Organization (WHO) reported that 60% of women have experienced some form of domestic violence during their lifetime, with a significant proportion suffering from severe psychological effects as a result (UBOS & WHO, 2021). The high prevalence of domestic violence in Uganda is mirrored in neighboring countries, highlighting a regional crisis affecting women's mental health. Similarly, in Kenya, the Kenya Demographic and Health Survey (KDHS) found that 41% of women reported experiencing physical violence from their partners, with many also experiencing psychological trauma as a result (KDHS, 2022). The impact on mental health is severe, with affected women often reporting symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD) (Ndungu, 2023). In Tanzania, research by the National Institute for Medical Research (NIMR) indicated that domestic violence affects 52% of women, and the psychological trauma associated with such violence is profound, contributing to high levels of mental health issues including PTSD and depression (NIMR,

2022). The study also highlighted that domestic violence significantly impedes women's ability to seek mental health support due to stigma and lack of resources.

In Somalia psychological trauma is a significant issue, with women disproportionately affected. According to the Demographic and Health Survey conducted in Somalia in 2020, approximately 31% of Somali women aged 15-49 have experienced physical violence, and 22% have experienced sexual violence (Somali National Bureau of Statistics, 2020). These high rates of domestic violence have been linked to elevated levels of psychological trauma among Somali women. The prevalence of psychological trauma among Somali women is concerning. A study conducted in Mogadishu, the capital of Somalia, found that 42% of women reported symptoms of post-traumatic stress disorder (PTSD) due to experiences of domestic violence (Ahmed & Hersi, 2018). Another study in Yaqshid District, the focus of the current study, revealed that 38% of women surveyed exhibited symptoms of depression, anxiety, and other mental health issues as a result of domestic abuse (Farah & Abdi, 2021). The psychological impact of domestic violence on Somali women is multifaceted. In addition to PTSD, women have reported feelings of shame, low self-esteem, and a sense of hopelessness (Hersi & Osman, 2019). These psychological consequences can have far-reaching effects on women's overall well-being, including their physical health, social and economic participation, and ability to care for their families.

Women psychological trauma has been high in many areas in Yagshid District especially in Yagshid town council in the last five years; sexual immoralities have been the most reasons for this cause in the district. Domestic violence can occur in heterosexual relationships, same-sex relationships, and teen dating relationships. Although women can be batterers, recent statistics show that 85% of domestic violence victims are female (BJS, 2003). Domestic violence is still common in many areas in Yagshid town council and this is due to poverty amongst people and high costs of living in the country. Women aggression and neglect is a community concern. Each community has a legal and moral obligation to promote the safety, permanency, and well-being of women, which includes responding effectively to women maltreatment. At the State and local levels, professionals assume various roles and responsibilities ranging from prevention, identification, and reporting of women maltreatment to intervention, assessment, and treatment. Women protective services (CPS) agencies, along with

law enforcement, play a central role in receiving and investigating reports of women maltreatment.

In Yagshid District, domestic violence against men remains a complex issue characterized by men concealing instances of gender-based violence perpetrated against them by women. According to Mohamed (2016), domestic violence against both men and women in Yagshid district is deeply entrenched in cultural and religious ideologies, as well as various social factors that contribute to unequal power dynamics and gender norms. These societal constructs often dissuade men from speaking out about their experiences of gender-based violence. As a result, it is observed that while women and a minority of men seek assistance from Isange one-stop centers, where they receive psychological and medical support along with legal aid, many male survivors hesitate to disclose their experiences or seek help. This reluctance stems from societal expectations and norms that discourage men from openly discussing their experiences of victimization, thereby perpetuating the cycle of silence surrounding male victims of domestic violence.

According to statistics from the National Police (2017), there is increase of number of men victims of domestic violence although some of the cases are usually not reported to police where women are perpetrators. Other views are echoed by other gender activists. Said, (2023) says that although the challenge persists about men's violence, hope is still found when it arises to working towards unceasingly restraining the cases of violence against men as extra victims are now agreeable to speaking out, which was not the case formerly. She entails that her office mostly stretches out to the people at grass root level to alert them about the dangers of gender-based violence and how to avoid it (Mohamed, 2016). Therefore this study wish to assess the domestic violence and its psychological trauma effects in Yagshid district, Somalia.

1.1.2 Theoretical Perspective

This study was guided by the Betrayal Trauma Theory developed by Jennifer J. Freyd in 1994, posits that traumatic experiences involving a violation of trust and dependency, such as child abuse by a caregiver, can lead to distinct psychological and neurological responses (Freyd, 1994). According to this theory, when an individual experiences a betrayal trauma, they may

unconsciously minimize or suppress the awareness of the abuse in order to preserve a necessary attachment to the abusive caregiver or trusted individual (Freyd, 1994; Freyd & Birrell, 2023).

The Betrayal Trauma Theory is highly relevant to the study of domestic violence and its impact on women's psychological trauma. Intimate partner violence, which often involves a violation of trust and dependency within a close relationship, can be viewed through the lens of betrayal trauma. Numerous studies have found that women who experience domestic violence, particularly at the hands of a trusted partner, are more likely to exhibit symptoms of PTSD, depression, and other mental health issues consistent with the Betrayal Trauma Theory (Koenen & Widom, 2019; Trevillion et al., 2022). For example, a study by Koenen and Widom (2019) found that women who experienced childhood abuse and later intimate partner violence were more likely to develop PTSD, depression, and other mental health problems compared to those who experienced only one type of betrayal trauma. Similarly, Trevillion et al., (2022) conducted a systematic review and meta-analysis that highlighted the strong association between intimate partner violence and mental health disorders, including PTSD and depression, among women. These findings underscore the importance of considering the betrayal trauma framework when examining the psychological impact of domestic violence on women, as it provides a deeper understanding of the complex dynamics and long-lasting consequences of this pervasive issue.

This study also utilized the Horowitz theory of Trauma, developed by Mardi J. Horowitz in 1976, provides a comprehensive model for understanding the psychological impact of traumatic events (Horowitz, 1976, 1986). According to this theory, when an individual experiences a traumatic event, they go through a cyclical process of intrusion and denial. The intrusion stage involves the persistent and involuntary re-experiencing of the trauma, such as through flashbacks, nightmares, and intrusive thoughts. The denial stage involves attempts to suppress or avoid the traumatic memories (Horowitz, 1976, 1986).

This cycle continues until the individual is able to integrate the traumatic experience into their existing cognitive and emotional schemas, allowing them to adaptively cope with the aftermath of the trauma (Horowitz, 1976, 1986). The Horowitz Theory of Trauma is highly relevant to the study of domestic violence and its impact on women's psychological trauma. The cyclical process of intrusion and denial described in the theory is often observed in women who have experienced intimate partner violence.

Women who have been subjected to domestic violence may experience intrusive thoughts, flashbacks, and nightmares related to the abuse, while simultaneously engaging in avoidance behaviors and denial as a means of coping (Herman, 1992; van der Kolk, 1996). This cyclical pattern of intrusion and denial can lead to the development of PTSD, depression, and other mental health issues commonly observed in women who have experienced domestic violence (Trevillion et al., 2022; Felitti et al., 2018). For example, a study by Felitti et al. (2018) found that women who experienced adverse childhood experiences, including domestic violence, were more likely to develop PTSD, depression, and other health problems in adulthood, consistent with the Horowitz Theory of Trauma. The Horowitz Theory of Trauma provides a useful framework for understanding the psychological mechanisms underlying the impact of domestic violence on women, and it has been widely cited in the literature on trauma and mental health.

1.1.3 Conceptual Perspective

Domestic violence is defined as any aggression behavior within the home, classically involving the violent aggression of a partner or a spouse (WHO, 2017). Domestic violence is any aggression in-home behaviour, typically involving partner aggression. In addition to the social-economic destruction of the victim's means of livelihood, domestic violence is characterized by death, injury, psychological and emotional aggression. The women whose rights are violated become depressed or preoccupied with the violence and deprived of developmental initiatives and aspirations. They are emotionally withdrawn and have feelings of helplessness. Recently, there has been a lot of concern about domestic violence in both developed and developing countries; the greatest victims of the violence being the women and women in general (Clark, 2015).

According to Dario, (2018), Domestic violence is the establishment of control and fear in an intimate adult relationship through the use of violence and other forms of aggression. The aim of domestic violence perpetrators is power and control over victims. Domestic violence takes many forms, Abusive behaviors used by perpetrators, also called batterers, include physical, sexual, and psychological attacks; economic, oppression; intimidation; threats; manipulation and maltreatment of women; and isolation (Dario, 2018).

Domestic violence (also called domestic aggression or family violence) is violence or other aggression that occurs in a domestic setting, such as in a marriage or cohabitation (Woodlock, 2017). Domestic violence is often used as a synonym for intimate partner violence, which is committed by one of the people in an intimate relationship against the other person, and can take place in relationships or between former spouses or partners. In its broadest sense, domestic violence also involves violence against women, parents, or the elderly. Domestic murder includes stoning, bride burning, honor killing, and dowry death, which sometimes involves non-cohabitating family members (McQuigg, 2011).

Psychological trauma (mental trauma, psychotrauma, or psychiatric trauma) is an emotional response caused by severe distressing events such as accidents, violence, rape, terror, or sensory overload. Short-term reactions such as psychological shock and psychological denial are typically followed. Long-term reactions and effects include bipolar disorder, uncontrollable flashbacks, panic attacks, insomnia, nightmare disorder, difficulties with interpersonal relationships, and post-traumatic stress disorder (PTSD). Physical symptoms including migraines, hyperventilation, hyperhidrosis, and nausea are often developed (APA, 2022).

Trauma is not the same as mental distress or suffering, both of which are universal human experiences (Cummins, 2021). As subjective experiences differ between individuals, people react to similar events differently. Not everyone who experiences a potentially traumatic event becomes psychologically traumatized, though they may be distressed and experience suffering (Storr, et al., 2017). Some will develop PTSD after exposure to a traumatic event, or series of events (Karg, et al., 2024). This discrepancy in risk rate can be attributed to protective factors some individuals have, that enable them to cope with difficult events, including temperamental and environmental factors, such as resilience and willingness to seek help (Wingo, et al., 2024).

Psychological wellbeing is globally known as a construct of mental health (WHO, 2011). Traditionally, psychological wellbeing has been described as the absence of distress symptoms such as depression, anxiety and other symptoms of disorders, and overtime; this concept has been defined more from a positive perspective (Keyes & Magyar-Moe, 2003). Psychological

well-being constitutes an individual's healthy mental state, satisfaction, positive moods, emotion balance and reflected quality of life (Ryff, 2018).

Psychological wellbeing is a globally used construct among psychologists and mental health professionals (Ryff, 2001). To this, there has not been an agreed definition for this construct due to the fact that many theories of wellbeing are extensively conducting research on which definition best describes psychological wellbeing from the general context (Steptoe et al., 2024). Conversely, the input of theorists has established complexity of psychological wellbeing with many controversies surrounding the right definition of this concept (Seligman, 2011).

1.1.4 Contextual Perspective

In Somalia, there are three sources of law, the national law explicit in the Federal Constitution, Shari'a law and the cultural of customary law, Xeer (Landinfo, 2015:3). The Shari'a and customary law are considered the basis for settling civil legal matters (Landinfo, 2015:9). But the three sources are often contradictory among themselves and with the international legal framework on the rights of the women including the CRC and the ACRWC. The Federal Constitution of the Republic of Somalia defines a women as a person aged below 18 years under Article 29(8) (Asylum Research Consultancy, 2018). In this sense, the Federal Constitution is in line with the CRC and the ACRWC definitions.

In Yaqshid District, located in Mogadishu, Somalia, is a region marked by significant socio-economic challenges and instability. Domestic violence remains a pervasive issue, with considerable implications for women's psychological well-being. The prevalence of domestic violence in Somalia is alarmingly high, with recent estimates indicating that approximately 73% of women in Somalia experience some form of gender-based violence (UNFPA, 2023). This issue is compounded in Yaqshid District, where limited data suggests a similar trend, exacerbated by the region's socio-economic difficulties and ongoing conflict (Somali GBV Working Group, 2023).

According to UNICEF (2016) more than 300,000 women under the age of five in Yaqshid Somalia suffer acute malnutrition and the country's under-five mortality rate is among the highest globally and about one in every seven women die before the age of five in Somalia. Only

4 in 10 women were attending school in 2015 and virtually every girl in the country undergoes Female Genital Mutilation (FGM) (UNICEF, 2016). As such UNICEF (2016) reports the excess of 2,000 grave violations recorded in 2015, Somalia remains one of the least protective context for women worldwide.

The United Nations High Commissioner for Refugees (UNHCR) reported that by 2016 about 65 million people had been forcibly displaced, of which 50% (more than 33 million) were women (Mikavica& Monaghan, 2016:126). This is an increase considering that in 2024 about half of the 19.5 million people that had been displaced in that year were women (Butta, Keenan, Bennett, 2016). According to a report released by United Nations International Women's Emergency Fund (UNICEF) in 2015, one in every 10 women globally; that is, 230 million women, were living in countries and territories vastly affected by violent conflicts in that year alone (Wayoro, 2017). Butta, et al., (2016) reported that despite the fact that statistics on effect of conflict on women is hard to find, more than 1 billion women aged less than 18 years live in conflict-affected countries.

One of the critical gaps in addressing domestic violence in Yaqshid District is the lack of comprehensive data on the psychological trauma experienced by survivors. Although national statistics highlight the severity of gender-based violence, localized data specific to Yaqshid District is sparse. This gap hinders the development of targeted interventions and policies that address the unique needs of women in this region (UNFPA, 2023). Additionally, there is a significant shortage of mental health services and support systems in the district, which further exacerbates the psychological trauma faced by survivors (Somali GBV Working Group, 2023).

The current response mechanisms in Yaqshid District are inadequate for addressing both the immediate and long-term needs of survivors. Existing support structures are often overstretched and under-resourced, leading to gaps in service provision. The limited availability of counseling and psychological support services means that many women who experience domestic violence do not receive the necessary mental health care to address their trauma effectively (UNFPA, 2023). Furthermore, social stigma and cultural norms often prevent survivors from seeking help, perpetuating the cycle of violence and trauma (Somali GBV Working Group, 2023).

This study aims to address these gaps by providing a detailed analysis of the prevalence and impact of domestic violence on women's psychological trauma in Yaqshid District. By collecting localized data, the study will offer a clearer understanding of the specific challenges faced by women in the district, which is crucial for designing effective interventions and policies. The research will also highlight the existing deficiencies in mental health services and support systems, advocating for increased resources and improved service delivery (UNFPA, 2023). Additionally, the study will explore community-based approaches to overcoming social stigma and promoting support-seeking behaviors among survivors (Somali GBV Working Group, 2023).

In summary, by focusing on the dependent variable of psychological trauma resulting from domestic violence, this study seeks to fill critical data gaps and address the existing challenges in Yaqshid District. The findings will contribute to the development of targeted interventions and policy recommendations aimed at improving the overall well-being of women affected by domestic violence in the region.

1.2 Statement of the Problem

Ideally, women in Somalia, would experience minimal psychological trauma due to domestic violence, supported by robust social, legal, and healthcare systems. Effective interventions in neighboring countries like Uganda have shown that with adequate support, trauma rates can be significantly reduced. For instance, the Uganda Bureau of Statistics and World Health Organization (2021) report that effective interventions and supportive frameworks have helped reduce the prevalence of psychological trauma among women experiencing domestic violence to around 32%. Such data suggests that with similar measures, trauma rates in Somalia could be significantly lower, reflecting the ideal situation of minimal psychological impact (Spivak, Jenkins, VanAudenhove, Lee, Kelly, & Iskander, 2024). Currently, the situation in Yaqshid District, Somalia, reveals significant challenges. According to the Somali GBV Working Group (2023), approximately 70% of women in the district report experiencing domestic violence. This high prevalence of violence has resulted in severe psychological trauma, with 65% of victims exhibiting symptoms of depression and anxiety (Somali GBV Working Group, 2023). These statistics highlight a significant gap between the current state and the ideal situation, indicating

an urgent need for improved support and intervention mechanisms. The gaps contributing to the disparity between the ideal and actual situation include inadequate legal protections, limited psychological support services, and low community awareness about domestic violence (Babcock, Roseman, & Green, 2018). The Somali GBV Working Group (2023) identifies these deficiencies as major barriers to effectively addressing domestic violence and its psychological impacts. The lack of comprehensive legal frameworks and accessible mental health services exacerbates the trauma experienced by victims, while societal stigma and limited awareness often prevent women from seeking help or reporting abuse. Addressing these gaps is crucial for improving the support system for victims. This study aims to address these issues by evaluating the current state of psychological trauma among women in Yaqshid District and the effectiveness of existing interventions. By assessing the effect of domestic violence and women's mental health in Yagshid district, Somalia, employing quantitative surveys and qualitative interviews, the study will gather data on trauma prevalence, assess the adequacy of current support mechanisms, and identify barriers to effective intervention.

1.3 Purpose of the Study

The purpose of the study was to examine the impact of domestic violence on women's psychological trauma in Yaqshid district, Somalia.

1.4 Specific Objectives

- (i) To assess the effects of verbal abuse on women's psychological trauma in Yaqshid district, Somalia.
- (ii) To investigate the effects of sexual abuse on women's psychological trauma in Yaqshid district, Somalia.
- (iii) To examine the effects of physical violence on women's psychological trauma in Yaqshid district, Somalia.

1.5 Research Questions

- (i) What are the effects of verbal abuse on women's psychological trauma in Yaqshid district, Somalia?

(ii) What are the effects of sexual abuse on women's psychological trauma in Yaqshid district, Somalia?

(iii) What are the effects of physical violence on women's psychological trauma in Yaqshid district, Somalia?

1.6 Hypotheses

H0₁: There is no significant effect between verbal abuse and Women's psychological Trauma in Yaqshid district, Somalia.

H0₂: There is no significant effect between physical violence and Women's psychological Trauma in Yaqshid district, Somalia.

H0₃: There is no significant effect between sexual abuse on women's psychological trauma in Yaqshid district, Somalia

1.7 Scope of the Study

1.7.1 Geographical Scope

The study was carried out in Yaqshid district, Somalia, locally known as Xamar or Hamar, is the capital and most populous city of Somalia. The city has served as an important port connecting traders across the Indian Ocean for millennia, and has an estimated population of 2,388,000. Nuurto Ahmed Mohamed, Human Rights and Gender Officer at the Ministry of Defence said Somalia has made tremendous progress against harmful practices such as female genital mutilation as well as early marriages, both of which violate women's rights and pose serious health complications to the women. The choice to conduct the study in Yaqshid district, Somalia, is justified by several factors. Firstly, Yaqshid district, as a densely populated urban area, experiences high rates of domestic violence, exacerbated by stressors and tensions within households (UNFPA Somalia, 2018). Secondly, despite progress in addressing harmful practices like female genital mutilation and early marriages, access to support services for survivors of domestic violence remains limited in Somalia, including Yaqshid district, due to barriers such as stigma and lack of awareness (UNFPA Somalia, 2018). Thirdly, the ongoing conflict and displacement in Somalia, including Yaqshid district, further heighten vulnerabilities to domestic violence and exacerbate women's psychological trauma (Human Rights Watch, 2020). Lastly,

focusing on Yaqshid district allows for the generation of evidence to inform targeted interventions and policies aimed at preventing and responding to domestic violence and supporting survivors, thereby contributing to efforts to promote women's rights and well-being in Somalia (UNFPA Somalia, 2018).

1.7.2 Content Scope

The study focused on examining the effect of Physical violence against Women's psychological Trauma in Yaqshid district, Somalia, finding out the effect of Sexual abuse against Women's psychological Trauma in Yaqshid district, Somalia and assessing the effect of Verbal abuse on women's psychological trauma in Yaqshid district, Somalia.

1.7.3 Time Scope

The study focused on a period of 5 years from 2017 to 2022. The period of 5 years was realistic to examine the incidences of domestic violence and welfare of women in Yaqshid district, Somalia. This being the period in which high rates of Rape, Female Genital Mutilation, Forced Marriages, Child and Early Marriages, and sexual harassments and as a result of absence of Strong Government Institutions have been reported most in Yagshid District, Somalia (Iskander, 2024). The study period is deemed to be sufficient enough to enable in the data collection and presentation of findings to attain the information for both academics and decision making based on the period of 6 years. The actual study lasted for a period of 6 months preferably from June 2023 to January 2024.

1.8 Significance of the Study

The results of this study will be of use to various parties including the NGO leadership, donors, policy makers, researchers and institutions of higher learning.

For Policymakers and Government Officials

The study on domestic violence and women's psychological trauma in Yaqshid District, Somalia, provides critical insights for policymakers and government officials. Understanding the prevalence and impact of domestic violence and the associated psychological trauma will enable

the development of more targeted and effective policies. Policymakers can use the study's findings to advocate for stronger legal frameworks, improved support systems, and comprehensive national strategies to address domestic violence and its psychological effects. By highlighting existing gaps and proposing solutions, the study aims to support evidence-based policy formulation that can lead to more effective prevention and intervention measures.

For Healthcare Providers

Healthcare providers, including mental health professionals, will benefit significantly from the study's findings. The research identifies the prevalence of psychological trauma among women affected by domestic violence, providing healthcare professionals with a clearer understanding of the extent of mental health issues in Yaqshid District. This knowledge will help in designing and implementing more targeted psychological support services and interventions. Enhanced awareness of the specific needs of trauma survivors can lead to better clinical practices and more effective therapeutic approaches, ultimately improving the quality of care provided to these women.

For Non-Governmental Organizations (NGOs) and Advocacy Groups

NGOs and advocacy groups working on issues related to domestic violence and women's rights can utilize the study's findings to strengthen their programs and advocacy efforts. The data will offer these organizations valuable insights into the challenges faced by women in Yaqshid District, enabling them to tailor their interventions and support services more effectively. By highlighting the gaps in existing support systems and the need for increased community awareness, the study can help NGOs and advocacy groups in designing targeted campaigns and support programs that address both the immediate and long-term needs of survivors.

For Academic Researchers

For academic researchers, the study provides a valuable case study on the intersection of domestic violence and psychological trauma in a specific context. The findings contribute to the existing body of knowledge on gender-based violence and its impacts, offering a basis for further research and comparative studies. Researchers can build on this study to explore additional variables, assess the effectiveness of various interventions, and contribute to the development of

theoretical frameworks and practical solutions for addressing domestic violence and psychological trauma.

For the Community

The community, including local leaders and residents, stands to gain from increased awareness and understanding of domestic violence and its psychological impacts. The study's findings can foster greater community engagement in addressing these issues, leading to more supportive environments for survivors. By highlighting the importance of collective action and community-based interventions, the study aims to promote a more inclusive and proactive approach to combating domestic violence and supporting affected women.

The women

The women will be helped to reveal how the status of women in Yaqshid district, Somalia is concerned; and this will provide a baseline on which women's rights activists are going to work in order to promote quality life of women, men and women at family level and national level at large.

The parents

The parents will be helped to understand the effects of domestic violence on women. The Government of Somalia will be helped to educate the public on the role of women towards community social economic development. This will enlighten the public about the need for women to be fairly treated and given every social need for better growing hence fostering community development. The councilors will help parents in their areas to fight against Domestic violence among their women.

Researcher

Masters student in the field of Social Work findings from this study and literature with regards to Women's psychological Trauma using their knowledge and experience in working with women exposed to domestic violence, this study will provide a better understanding of women exposed to domestic violence. In addition studying women's issues and can give an up-to-date perspective on the issues women face when exposed to domestic violence. The findings of this

study can be applied to the initial stages of the social work generalist intervention model. In providing a better understanding of women who witness domestic violence, Women's psychological Trauma workers can become more empathetic, engaging, and better at developing a trusting relationship with women. Women's psychological Trauma workers will be better prepared to conduct assessments by asking the right questions, and gathering relevant information of the women's need for services. Having effectively engaged and accurately assessed the women's needs, the Women's psychological Trauma worker can then adequately plan women's treatment. Having a suitable plan of intervention geared towards women's needs is essential to their well-being.

1.9 Operational definitions of key terms

Domestic violence: Domestic violence refers to a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner.

Women's psychological trauma refers to the emotional and psychological distress experienced by women as a result of exposure to traumatic events or situations.

Abuse: Abuse is a behavior that purposely harms, injures, or debilitates another individual physically, sexually, psychologically, or socially.

Verbal abuse refers to the use of words, tone, or language to control, manipulate, belittle, or intimidate another person.

Sexual abuse refers to any form of unwanted or non-consensual sexual activity or behavior inflicted upon an individual. It encompasses a wide range of actions that violate a person's bodily autonomy, dignity, and rights.

Physical violence refers to the intentional use of physical force against another person that results in injury, harm, or pain. It involves actions aimed at causing bodily harm or exerting control over the victim through physical means.

Posttraumatic Stress Disorder (PTSD) is a mental health condition that can develop in people who have experienced or witnessed a traumatic event. It is characterized by a range of symptoms that persist for an extended period after the traumatic event has occurred.

Anxiety is a normal human emotion characterized by feelings of unease, worry, or fear in response to perceived threats or stressors. It is a natural response that helps individuals anticipate and respond to potential dangers or challenges.

Self-esteem refers to a person's overall subjective evaluation of their own worth, value, or adequacy. It reflects the degree to which individuals perceive themselves positively or negatively and influences how they think, feel, and behave in various situations.

Coercive control: Coercive control is the intentional and systematic use of aggression, intimidation, isolation, and other types of control to rid the victim of their independence and coerce them into obeying the perpetrator.

Attachment: Attachment is any form of behavior that an individual partakes in to attain or maintain closeness to another individual.

Depression: Depression, or major depressive disorder, is a mood disorder characterized by persistent feelings of sadness and despair.

Women are individuals who identify as female and typically possess biological characteristics associated with the female sex, such as two X chromosomes. However, the definition of women extends beyond biological aspects to encompass gender identity, roles, and societal expectations.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents the related literature that has been explored and studied both theoretically and empirically on domestic violence on women's psychological trauma in Yaqshid district, Somalia. This will be done in line with the specific objectives of the study in order to identify the knowledgeable gaps. It is important to note that the greatest part of the existing literature on the works of other scholars, opinions, suggestions who have written about the topic of the study or those who have addressed similar issues as those of the variable that is available in the study.

2.1 Theoretical Review

2.1.1 Betrayal Trauma Theory

This study was guided by the Betrayal Trauma Theory developed by Jennifer J. Freyd in 1994, posits that traumatic experiences involving a violation of trust and dependency, such as child abuse by a caregiver, can lead to distinct psychological and neurological responses (Freyd, 1994). According to this theory, when an individual experiences a betrayal trauma, they may unconsciously minimize or suppress the awareness of the abuse in order to preserve a necessary attachment to the abusive caregiver or trusted individual (Freyd, 1994; Freyd & Birrell, 2023).

Betrayal Trauma Theory (BTT), developed by Jennifer Freyd in 1996, offers a framework for understanding the psychological impact of interpersonal trauma, particularly when the perpetrator is someone on whom the victim depends for survival or emotional well-being. This theory is highly relevant to the study of domestic violence and its psychological effects on women in Yaqshid District, Somalia, where socio-economic and cultural factors compound the trauma experienced by victims.

Betrayal Trauma Theory posits that trauma inflicted by a trusted individual, such as a family member or intimate partner, is particularly damaging because it involves a betrayal of trust and safety. Victims may experience intense psychological distress, including dissociation, memory

disruption, and impaired emotional functioning, as a means of coping with the betrayal while maintaining a necessary relationship with the perpetrator (Freyd, 1996).

In the context of Yaqshid District, domestic violence typically involves intimate partners or family members who are also crucial sources of support and survival for women. The socio-economic instability and cultural norms in Somalia often mean that women are heavily reliant on their abusers for financial support, social status, and even physical safety in a broader context of insecurity (UNDP Somalia, 2019). This dependency aligns with the core concepts of Betrayal Trauma Theory, where the victim's need to maintain the relationship with the perpetrator exacerbates the psychological trauma.

According to Betrayal Trauma Theory, the psychological impacts of such betrayal can include significant mental health issues such as PTSD, depression, anxiety, and dissociation. Women in Yaqshid District experiencing domestic violence may face similar psychological effects, which are intensified by the betrayal from someone they depend on. This can lead to coping mechanisms such as repression or denial of the trauma to preserve the relationship and their own survival, resulting in long-term psychological harm (Freyd, 1996).

Betrayal Trauma Theory also explains why victims of domestic violence may be reluctant to seek help or leave abusive relationships. The need to maintain a sense of safety and support from the perpetrator can lead to denial of the abuse or an inability to recognize it fully. In Yaqshid District, cultural stigmas, fear of social ostracism, and lack of economic independence further compound these barriers, making it difficult for women to break free from abusive relationships (UN Women, 2020).

Understanding the principles of Betrayal Trauma Theory can inform the development of trauma-informed care approaches in Yaqshid District. Service providers can better recognize the complex emotional and psychological needs of domestic violence survivors, addressing both the trauma of the abuse and the betrayal by a trusted individual. Interventions can focus on building trust, safety, and empowerment, helping women to process their trauma and regain a sense of control over their lives (DePrince & Freyd, 2002).

Betrayal Trauma Theory highlights the importance of creating robust legal and social support systems that acknowledge the unique challenges faced by domestic violence survivors. Policies

and programs that provide safe housing, financial support, legal protection, and psychological counseling are essential. These support systems should be designed to help women safely navigate the complexities of leaving an abusive relationship while addressing the deep-seated psychological impacts of betrayal (Freyd, 2018).

Raising awareness about the dynamics of betrayal trauma within the community can help reduce stigma and promote a more supportive environment for survivors. Educational programs can inform the community about the harmful effects of domestic violence and the importance of supporting victims. This can foster a cultural shift towards greater empathy and support for women experiencing domestic violence, encouraging more victims to seek help and access available resources (UNDP Somalia, 2019).

Betrayal Trauma Theory provides a valuable framework for understanding the profound psychological impact of domestic violence on women in Yaqshid District, Somalia. By highlighting the significance of betrayal by a trusted individual, the theory underscores the need for trauma-informed care, robust support systems, and community education to effectively address and mitigate the effects of domestic violence. Integrating insights from BTT into interventions can enhance their effectiveness and support the psychological healing and empowerment of domestic violence survivors in this challenging context.

While Betrayal Trauma Theory (BTT) provides valuable insights into the psychological impact of domestic violence, it is not without its criticisms. Applying BTT to the context of domestic violence in Yaqshid District, Somalia, highlights several limitations and challenges that need to be considered. These criticisms can inform a more nuanced and comprehensive understanding of the issue.

BTT focuses primarily on trauma resulting from the betrayal by a trusted individual, such as a family member or intimate partner. While this is highly relevant in the context of domestic violence, the theory may not fully encompass the broader socio-political and economic factors that contribute to domestic violence in Yaqshid District. Factors such as ongoing conflict, poverty, and cultural norms significantly influence the prevalence and impact of domestic violence but are not adequately addressed by BTT (DePrince & Freyd, 2002).

Critics argue that BTT places significant emphasis on the psychological processes of dissociation and memory disruption, potentially overlooking the importance of structural and systemic issues. In Yaqshid District, addressing domestic violence requires a multifaceted approach that includes legal reform, economic empowerment, and community education, in addition to psychological support. Focusing too narrowly on individual psychological processes may lead to interventions that do not address the root causes of domestic violence (Freyd, 1996; Freyd, 2018).

BTT was developed primarily in Western contexts, and its applicability to non-Western settings like Somalia can be limited. The cultural norms and societal structures in Yaqshid District differ significantly from those in Western societies. For instance, the stigma associated with reporting domestic violence and the reliance on community elders and informal justice systems are critical factors in Somalia that BTT does not explicitly account for. This cultural divergence can limit the effectiveness of interventions based solely on BTT (UN Women, 2020).

While BTT is often applied to understand the trauma experienced by female victims of domestic violence, it may inadvertently marginalize the experiences of male victims and other vulnerable groups. In Yaqshid District, where patriarchal norms are prevalent, focusing exclusively on female victims may overlook the broader dynamics of domestic violence, including cases where men or children are also victims. This can lead to an incomplete understanding of the issue and insufficient support for all affected individuals (UNDP Somalia, 2019).

Some critics highlight the need for more empirical evidence to support the claims of BTT, particularly in diverse cultural contexts. The theory's reliance on anecdotal and clinical observations needs to be supplemented with rigorous empirical research to validate its applicability to different populations and settings. In the context of Yaqshid District, there is a need for localized studies to verify the relevance and impact of betrayal trauma on domestic violence survivors (DePrince & Freyd, 2002).

Given these criticisms, it is essential for the study to adopt a comprehensive approach that goes beyond the psychological framework provided by BTT. Integrating socio-economic, cultural, and legal perspectives can provide a more holistic understanding of domestic violence in Yaqshid District. This approach can inform interventions that address the multifaceted nature of

the issue, including economic empowerment, legal reform, and community education (UN Women, 2020).

The study should prioritize culturally sensitive interventions that respect and incorporate local norms and practices. Collaborating with community leaders and advocates and leveraging existing social structures can enhance the effectiveness of support services and reduce the stigma associated with seeking help. Understanding the cultural context is crucial for designing interventions that are both acceptable and effective in Yaqshid District (UNDP Somalia, 2019).

Expanding the focus to include all victims of domestic violence, regardless of gender, can provide a more inclusive understanding of the issue. This broader perspective can help in developing comprehensive support systems that cater to the needs of all affected individuals, ensuring that no group is overlooked (WHO, 2021).

While Betrayal Trauma Theory offers valuable insights into the psychological impact of domestic violence, its limitations must be acknowledged, particularly in the context of Yaqshid District, Somalia. By addressing these criticisms and incorporating a broader, more inclusive approach, the study can provide a more comprehensive and effective framework for understanding and addressing domestic violence and its psychological impact on women in this context.

In summary by integrating Betrayal Trauma Theory into studies on psychological trauma in victims of domestic violence, researchers can gain a deeper understanding of the complex interplay between betrayal, attachment, and psychological well-being. This framework can inform interventions aimed at addressing the unique needs of survivors, including the provision of trauma-informed therapy, support services, and empowerment-based approaches. While Betrayal Trauma Theory offers valuable insights into the psychological dynamics of interpersonal betrayal, it is important to critically examine its limitations and consider alternative frameworks that account for the complexities of domestic violence and trauma experiences.

2.1.2 Horowitz Theory of Trauma

This study also utilized the Horowitz theory of Trauma, developed by Mardi J. Horowitz in 1976, provides a comprehensive model for understanding the psychological impact of traumatic events (Horowitz, 1976, 1986). According to this theory, when an individual experiences a traumatic event, they go through a cyclical process of intrusion and denial. The intrusion stage involves the persistent and involuntary re-experiencing of the trauma, such as through flashbacks, nightmares, and intrusive thoughts. The denial stage involves attempts to suppress or avoid the traumatic memories (Horowitz, 1976, 1986).

Horowitz's Stress Response Syndromes theory provides a framework for understanding the psychological processes individuals undergo following traumatic events. This theory is relevant to the study of domestic violence and women's psychological trauma in Yaqshid District, Somalia, offering insights into the stages of trauma response and the potential pathways to recovery for victims of domestic violence. Horowitz's theory, introduced in 1986, posits that individuals experience trauma through a sequence of stages that include outcry, denial and numbness, intrusive thoughts, working through, and completion. This process reflects how people cognitively and emotionally respond to and integrate traumatic experiences over time (Horowitz, 1986).

Key Stages of Trauma Response

1. **Outcry:** Initial reaction to trauma, characterized by intense emotional expression.
2. **Denial and Numbness:** A phase where individuals may suppress or avoid confronting the trauma.
3. **Intrusive Thoughts:** Unwanted, recurring memories and emotional responses related to the trauma.
4. **Working Through:** Processing and making sense of the traumatic experience.
5. **Completion:** Achieving a sense of resolution and integrating the trauma into one's life narrative.

In Yaqshid District, the traumatic experiences associated with domestic violence align with Horowitz's stages of trauma response. Women subjected to domestic violence often go through initial shock and emotional outcry, followed by periods of denial or emotional numbing to cope with the ongoing abuse. The recurrence of intrusive thoughts and memories can significantly disrupt their daily functioning and mental health (UNDP Somalia, 2019).

Horowitz's theory helps explain the psychological impacts of domestic violence on women in Yaqshid District. The stages of denial and intrusive thoughts are particularly relevant, as many victims may suppress their trauma to maintain functional relationships or due to fear of further violence. This suppression can lead to prolonged periods of psychological distress and mental health issues such as PTSD, anxiety, and depression (Horowitz, 1986).

Applying Horowitz's theory highlights the challenges women face in moving through the stages of trauma response in the context of Yaqshid District. Cultural stigma, lack of support services, and socio-economic dependency on their abusers often prevent women from progressing to the working through and completion stages. These barriers can trap victims in cycles of denial and intrusive thoughts, hindering their recovery and psychological well-being (UN Women, 2020).

Understanding Horowitz's stages of trauma response can inform the development of trauma-informed care approaches for domestic violence survivors in Yaqshid District. Interventions can be tailored to address each stage of the trauma response, providing appropriate support and resources to help women process their trauma and move towards recovery. For instance, creating safe spaces for women to express their initial outcry and providing psychological support to manage intrusive thoughts can be critical steps in their healing process (Horowitz, 1986).

Interventions should also focus on enhancing community and legal support systems to assist women in moving through the stages of trauma response. Strengthening legal protections, providing economic empowerment opportunities, and fostering community awareness can help create an environment where women feel safe and supported in their recovery journey (UNDP Somalia, 2019).

Considering the cultural context of Yaqshid District is crucial when applying Horowitz's theory. Interventions must be culturally sensitive and respect local norms while promoting mental health and recovery. Collaborating with community leaders and advocates and leveraging traditional

support systems can enhance the effectiveness of trauma-informed care and ensure that interventions are well-received and sustainable (UN Women, 2020).

Horowitz's Stress Response Syndromes theory provides a valuable framework for understanding the psychological processes of domestic violence victims in Yaqshid District, Somalia. By highlighting the stages of trauma response, this theory offers insights into the challenges and needs of women experiencing domestic violence. Integrating Horowitz's theory into interventions can inform more effective, culturally sensitive approaches to support the psychological recovery and well-being of domestic violence survivors in this context.

While Horowitz's Stress Response Syndromes theory provides a structured approach to understanding trauma, it is not without its criticisms, especially when applied to the specific context of domestic violence and women's psychological trauma in Yaqshid District, Somalia. This analysis will explore the limitations and challenges of applying Horowitz's theory in this context.

Horowitz's theory posits that trauma response follows a linear sequence of stages: outcry, denial and numbness, intrusive thoughts, working through, and completion. Critics argue that this stage-based model can be overly simplistic and does not adequately capture the complexity and variability of trauma responses. In the context of Yaqshid District, women's experiences with domestic violence are influenced by ongoing socio-political instability and cultural factors, which can lead to non-linear and fluctuating trauma responses that the model might not accurately represent (Horowitz, 1986; DePrince & Freyd, 2002).

Horowitz's theory was developed in a Western context and may not fully account for cultural differences in trauma response and recovery. In Somalia, cultural norms, religious beliefs, and traditional practices play significant roles in how trauma is experienced and addressed. The theory's emphasis on individual psychological processes might not align with the communal and relational ways trauma is often processed in Somali culture. This cultural insensitivity can limit the applicability and effectiveness of interventions based solely on Horowitz's framework (UN Women, 2020).

The theory is primarily designed to address acute, singular traumatic events rather than chronic, ongoing trauma. Domestic violence in Yaqshid District is often a prolonged and recurrent

experience, influenced by factors such as conflict, displacement, and socio-economic dependency. Horowitz's model may not fully capture the cumulative and complex nature of chronic domestic violence, which requires a more nuanced understanding of long-term trauma and its effects on mental health (Freyd, 1996).

Horowitz's theory focuses largely on the internal psychological processes of trauma victims, potentially neglecting the significant role of external factors such as social support, economic stability, and legal protections. In Yaqshid District, external factors are crucial determinants of women's ability to recover from trauma. The theory's relative neglect of these aspects can result in interventions that do not address the broader context of domestic violence and its impact on victims' lives (UNDP Somalia, 2019).

While Horowitz's theory has been influential, some critics highlight the need for more empirical validation, particularly in diverse cultural settings. The theory's reliance on clinical observations needs to be supplemented with rigorous research in different contexts to ensure its generalizability and applicability. In the context of Yaqshid District, empirical studies are needed to validate the relevance and effectiveness of Horowitz's stages of trauma response for domestic violence survivors (DePrince & Freyd, 2002).

Given these criticisms, it is essential for the study to adopt a comprehensive and context-specific approach. This involves integrating Horowitz's insights with other theoretical frameworks and considering socio-cultural, economic, and legal factors. Such an approach can provide a more holistic understanding of domestic violence and its psychological impact on women in Yaqshid District (UN Women, 2020).

Interventions must be culturally sensitive and aligned with local norms and practices. Collaborating with community leaders and advocates and incorporating traditional support systems can enhance the effectiveness of trauma-informed care. Understanding and respecting the cultural context is crucial for designing interventions that are both acceptable and effective in Yaqshid District (UNDP Somalia, 2019).

The study should recognize the chronic nature of domestic violence in Yaqshid District and its cumulative impact on women's mental health. This requires developing long-term support strategies that address the ongoing nature of trauma, including sustained psychological support,

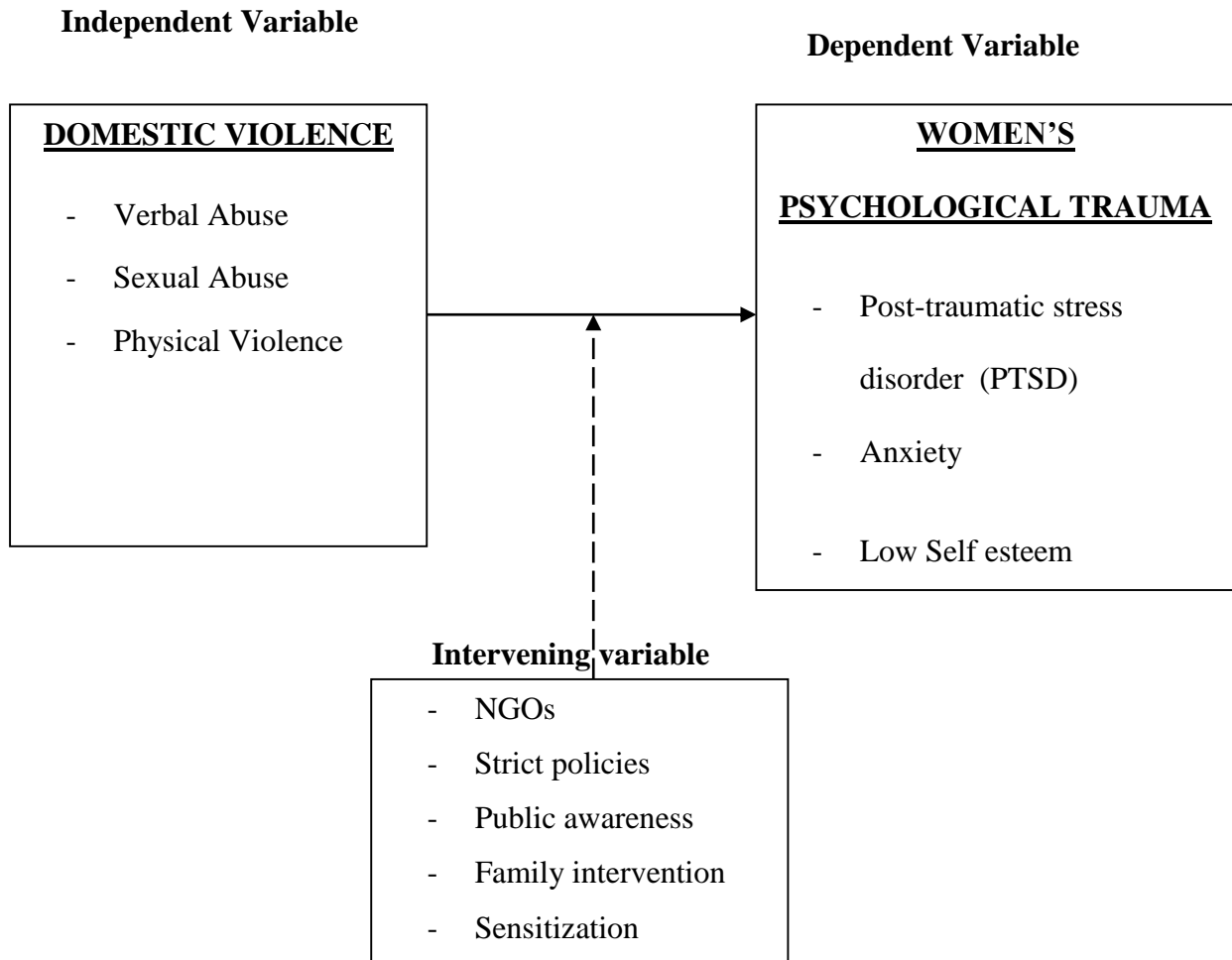
economic empowerment, and legal assistance. While Horowitz's Stress Response Syndromes theory offers valuable insights into the stages of trauma response, its limitations must be acknowledged, particularly in the context of domestic violence in Yaqshid District, Somalia. By addressing these criticisms and adopting a more comprehensive, culturally sensitive approach, the study can more effectively address the complex issue of domestic violence and its psychological impact on women in this context.

In summary in studying domestic violence and its psychological impact on women in Yaqshid District, Somalia, the integration of Betrayal Trauma Theory (BTT) and Horowitz's Stress Response Syndromes Theory provides a comprehensive framework for understanding the multifaceted nature of trauma. Betrayal Trauma Theory is particularly relevant as it addresses the specific psychological effects of trauma inflicted by trusted individuals, such as intimate partners or family members, who are crucial to the victim's survival and emotional well-being. This theory helps elucidate why women in Yaqshid District may experience intensified psychological distress and difficulties in seeking help due to their dependency on their abusers. Meanwhile, Horowitz's Theory of Trauma offers valuable insights into the stages of trauma response, including outcry, denial, intrusive thoughts, working through, and completion. This framework is instrumental in understanding how women navigate their trauma, from initial reactions to long-term coping mechanisms. By combining these theories, the study can address both the specific dynamics of betrayal in domestic violence and the broader psychological processes of trauma, leading to more nuanced and effective interventions that consider both individual and contextual factors in Yaqshid District.

2.2 Conceptual framework

Figure 2.1: Conceptual Framework

Diagram showing relationship between domestic violence and women's psychological trauma



Source: Adapted from Duluth Model developed by Ellen, (2016).

The framework shows a clear conceptualization of the independent and dependent variables, the independent variable is conceptualized through verbal aggression, Sexual abuse, and physical violence. While the dependent variable is on issues of post-traumatic stress disorder (PTSD), and Anxiety, Long term effects of domestic violence on women and women. However there are some intervening factors such as NGOs, Strict policies, Public awareness, Family intervention, Sensitization The presence of the positive independent variable has a positive effect on

dependent variable while presence of negative awareness reduces Women's psychological Trauma.

Furthermore Domestic violence refers to the violent acts inflicted on a person with in the family, One World UK, (2023). Domestic violence is manifested in a number of different forms of domestic violence include physical violence on any one in the family like wife battering, psychological or emotional aggression like denial of basic needs within the family. While Women's psychological Trauma refers to the condition in which women live in, that is in terms of basic needs, food, shelter, clothing and medical care plus standards of living. It has been said that domestic violence makes women to suffer and live in bad conditions that may lead them to suffer from diseases such as malnutrition, kwashiorkor and even jiggers due to limited or no parental care from their parents which has affected Women's psychological Trauma terribly.

2.3 Review of Related Literature

2.3.1 The effect of verbal abuse on women's psychological trauma

Psychological abuse is recognized as a severe form of abuse within various types of relationships, and it can be categorized into two primary domains: emotional/verbal abuse (such as name-calling and yelling) and domination/isolation (involving jealousy and control of one's time and activities) (Comecanha et al., 2017). Both domains can severely impact the victim. Furthermore, research by Tani et al. (2016) expands on this by identifying four dimensions of psychological abuse: (a) restrictive engulfment, where the abuser isolates and monitors the victim; (b) denigration, involving name-calling and criticism; (c) hostile withdrawal, which entails emotional distance; and (d) dominance/intimidation, creating fear through attacks on the person or their property. Nevertheless, while these categorizations provide a useful framework, they may not fully capture the nuanced ways in which psychological abuse affects victims across different cultural contexts. More research is needed to explore how these dimensions manifest in specific regions and how they interact with local socio-cultural factors. The existing literature predominantly focuses on broader categories of abuse, which may limit the applicability of findings to specific settings, such as Yaqshid District, Somalia.

Psychological abuse has long been a subject of extensive research, revealing its significant impact on physical, reproductive, and mental health. Domestic violence, particularly psychological abuse by an intimate partner, is linked to severe mental health consequences, including depression, PTSD, and anxiety (Antai et al., 2024). Outlaw (2019) highlights that nonphysical abuse, which includes psychological abuse, can be perceived as equally or more damaging than physical abuse. This type of abuse also serves as a precursor to physical violence. However, despite the comprehensive nature of existing studies, there is a need for more localized research to understand the specific effects of psychological abuse on women's mental health in distinct cultural contexts. The literature suggests that while psychological abuse is widely recognized as detrimental, the particular manifestations and impacts in different regions, like Yaqshid District, remain underexplored.

Psychological abuse has been documented as a widespread issue, with the World Health Organization estimating that approximately one-third of women have experienced intimate partner violence (as cited in Comecanha et al., 2017). Rogers and Follingstad (2024) identify significant long-term effects of psychological abuse, including PTSD, anxiety, depression, self-esteem issues, and overall limitations in life functioning. Their research underscores the importance of understanding how psychological abuse affects victims' communication styles and overall well-being. Although Rogers and Follingstad provide valuable insights into the effects of psychological abuse, there is a need for further investigation into how these effects specifically impact women in different socio-cultural settings. Despite the comprehensive findings of their research, the generalizability of these results to contexts like Yaqshid District requires additional empirical evidence.

Potthoff and Babcock (2015) report that approximately one in four females experience domestic violence victimization at some point in their lives. Psychological abuse, due to its lack of visible physical symptoms, is often difficult to define and report. Rogers and Follingstad (2024) argue that the absence of physical reminders makes psychological abuse harder to justify and report, potentially leading victims to believe that their experiences will not be believed. Despite these insights, there is a notable gap in research regarding the specific impacts of psychological abuse in different cultural contexts. The theory proposed by Rogers and Follingstad is essential for understanding psychological domestic violence; however, its application to diverse settings like

Yaqshid District requires further investigation. This gap in localized research presents an opportunity for future studies to build on existing theories and provide a more detailed understanding of psychological abuse in varied cultural contexts.

Verbal abuse, encompassing economic control, economic deprivation, and financial aggression, can profoundly impact a person's economic stability and independence (Weaver et al., 2019). It is often intertwined with other forms of abuse and can be particularly damaging in intimate partner and broader family relationships. Victims frequently face job loss due to absenteeism caused by violence-related health issues or court appearances. Additionally, the need to frequently relocate to escape violence incurs significant costs and disrupts employment continuity, leading to long-term financial instability (Kurz, 2019). However, while these insights highlight the severe economic consequences of verbal abuse, the focus of existing studies predominantly on developed countries leaves a critical gap in understanding how these dynamics play out in developing regions like Somalia. Further research is needed to explore how economic abuse impacts women's financial independence in such contexts and to develop region-specific support mechanisms.

Economic dependence on a partner often acts as a significant barrier to leaving an abusive relationship (Adams et al., 2018). Women may find it challenging to access the necessary funds to exit the relationship and manage the financial burdens associated with separation, such as health services, housing, and legal assistance. Post-separation, women frequently face substantial financial challenges, including unemployment, poor credit ratings, and unresolved debts, which are compounded by a lack of experience and confidence in managing financial matters due to the abuse (Evans, 2017). Nevertheless, Adams et al.'s (2018) study, while informative, primarily focuses on developed countries, leaving a notable gap in understanding the situation in developing nations. Research in these contexts, such as Somalia, is crucial to address the unique challenges faced by women in economically disadvantaged settings and to inform appropriate interventions.

Financial stress and insecurity can significantly contribute to relationship breakdowns, with economic hardships exacerbating isolation, emotional stress, and marital tensions (Kinnunen & Pulkkinen, 2018; Yeung & Hofferth, 2018). Marriage counseling and family support agencies have highlighted the negative impact of financial strain on relationships and family life (House

of Representatives Standing Committee on Legal and Constitutional Affairs, 2018; West-Meads, 2023). Although these findings underscore the detrimental effects of financial strain, they primarily reflect experiences in contexts outside Somalia. Research specific to Somali families is needed to understand the local implications of economic stress on relationships and to tailor support services to address these challenges effectively.

Despite the increased focus on the pressures of work and family life in a competitive economic climate (Glezer & Wolcott, 2018; Morehead et al., 2017), only a small percentage of respondents attribute domestic violence to work-related stress. Work demands and pressures can contribute to marital conflict by reducing the time and emotional energy available for family life (Thompson, 2017; Glezer & Wolcott, 2018). Nevertheless, the limited attention given to work-related stress as a factor in domestic violence highlights a need for more comprehensive research. Understanding how work pressures influence domestic violence in various contexts, including Somalia, can help in developing more effective interventions to address both work and family-related stressors.

Domestic violence, often resulting in significant emotional and financial strain, disproportionately affects women, who may face additional challenges due to inadequate economic and psychological support (Ellwood, 2018). Educated women may cope better with these challenges, while others face greater difficulties and may become dependent on public assistance. Domestic violence remains a leading cause of welfare dependency, underscoring the need for more robust social support systems for single mothers. However, existing research predominantly focuses on developed countries, and there is a need to address the gaps in understanding the experiences of women in developing regions. Future research should aim to explore the specific economic and social support needs of women affected by domestic violence in such contexts to inform more targeted and effective policies and support systems.

Research shows that women who grew up in homes with domestic violence often develop significant behavioral problems and perform poorly academically compared to their peers from intact families. These women are more prone to delinquent behavior, substance abuse, and emotional crises, particularly in the first two years following exposure to domestic violence. As adults, they are more likely to face unhappiness, health problems, welfare dependence, low income, and even perpetuate domestic violence themselves (Wallerstein & Blakeslee, 2019;

Wallerstein, Lewis, & Blakeslee, 2020). Clearly, domestic violence has severe and enduring negative consequences for affected women. Nevertheless, while these findings underscore the profound impact of domestic violence, the focus on behavioral and educational outcomes requires further exploration, especially in different cultural and socioeconomic contexts. Comparative studies in diverse settings could provide a more comprehensive understanding of these impacts and inform targeted interventions.

Castles (2023) argues that domestic violence leads to severe disruptions in women's lives, including difficulties with food access, trauma, and challenges in adapting to new circumstances. These disruptions often exacerbate community hostility and environmental degradation as women take on male roles to survive. The economic decline associated with domestic violence can contribute to poverty, which in turn may fuel further armed conflict, although the relationship between poverty and conflict is complex and reciprocal. However, while Castles' (2023) study provides valuable insights into the socioeconomic consequences of domestic violence, it is crucial to investigate how these dynamics specifically affect different regions and communities. Further research could enhance our understanding of the interplay between domestic violence, economic decline, and community stability in various contexts, including those affected by conflict.

Financially, domestic violence can inadvertently benefit men, who may enjoy higher living standards by avoiding family responsibilities and expenses, while women often face economic losses and increased burdens (Duncan & Hoffman, 2015; Weitzman, 2015; Hoffman & Duncan, 2018). Women, lacking the career resources of men, typically face additional challenges in the labor market and often have to work harder to manage family responsibilities. Remarriage is frequently seen as a pathway to economic improvement for these women (Johnson & Minton, 2022; Duncan & Hoffman, 2015). Nevertheless, while Duncan and Hoffman's (2015) study highlights the differential impact of domestic violence on men and women, it is essential to further examine how these dynamics affect women's long-term economic stability and opportunities for advancement in various cultural and economic contexts.

Kumar (2015) found that abused and neglected women show cognitive and language deficits, with a significant percentage exhibiting emotional and behavioral problems. Such exposure often results in insecure or disorganized attachment with primary caregivers, contributing to further

social difficulties. However, despite these findings, there is a need for more research to explore the specific mechanisms through which abuse and neglect influence cognitive and emotional development. This could lead to more targeted interventions and support for affected individuals.

Domestic violence based on aggression can lead to severe emotional consequences, affecting the developing brain and increasing the risk of psychological problems. Women subjected to emotional aggression, such as shaming or humiliation, can experience long-lasting psychological effects, including low self-esteem, depression, and relationship difficulties (Morre et al., 2020). The immediate emotional impacts, such as isolation and fear, often translate into enduring issues that persist into adolescence and adulthood. Although Morre et al. (2020) provide a valuable perspective on the emotional consequences of aggression and neglect, further research is needed to investigate how these effects vary across different populations and settings. Understanding these variations can help tailor interventions to more effectively address the needs of those affected by domestic violence.

2.3.2 The effect of sexual abuse on women's psychological trauma

Sexual abuse encompasses any act that violates the sexual integrity of an individual, including acts of rape and sexual violence, often used as weapons of war. Historically, these crimes have been under-prosecuted, with many legal systems failing to recognize acts like marital rape as domestic violence. For instance, a 2015 report by Human Rights Watch confirms that, in many contexts, marital rape was considered legally impossible due to the presumption of perpetual spousal consent. This systemic failure to protect women has perpetuated their vulnerability, particularly in conflict zones where sexual abuse is rampant (Human Rights Watch, 2015). As noted by Major General Patrick Commander, it has become more dangerous to be a woman than a soldier in such environments, highlighting the severity of the issue. Despite international legal frameworks like the Geneva Convention and recent UN resolutions classifying sexual abuse in conflict as a war crime, the protection and prosecution of these acts remain inadequate. Nevertheless, while these observations emphasize the critical nature of sexual abuse in conflict zones, there is a need for more robust enforcement of existing legal protections and greater accountability for perpetrators. Additionally, further research is needed to explore the long-term psychological impact on survivors, particularly in post-conflict recovery settings.

Foy (2022) suggests that the coping mechanisms of individuals subjected to sexual abuse often break down, leading to a sustained sense of helplessness. Sexual abuse, defined broadly as any non-consensual sexual activity, can be particularly traumatic when compliance is coerced through physical force or psychological manipulation (Dutton, 2024). The trauma experienced by survivors can manifest in a variety of forms, including through the process of female genital mutilation (FGM) or forced prostitution. These acts leave deep psychological scars, exacerbated by the historical legal notion, as highlighted by Sir Matthew Hale, that women, upon marriage, effectively consent to all sexual acts by their husbands, a notion that has only recently been challenged in legal contexts. However, while the historical perspective provided by Hale and others sheds light on the entrenched nature of these attitudes, contemporary studies must focus on how these beliefs continue to influence legal and social responses to sexual abuse today. Understanding these dynamics can inform efforts to better support survivors and challenge harmful norms.

Terr (2021) distinguishes between "Type I" and "Type II" trauma, with the latter involving repeated or prolonged exposure to traumatic events, such as chronic sexual abuse or domestic violence. Research indicates that "Type II" trauma, often associated with ongoing domestic violence, has a more significant impact on an individual's functioning, leading to severe psychological effects that can persist for years. Nevertheless, the distinction between these types of trauma underscores the importance of tailored interventions. While "Type I" trauma may require different therapeutic approaches than "Type II" trauma, further research is needed to develop and implement effective strategies for both types.

Heise et al. (2022) argue that violence, particularly sexual violence, directly increases the risk of HIV and other STIs by impairing women's ability to negotiate safer sex practices. In many African cultures, the stigma surrounding extramarital affairs is particularly severe for women, who may face physical violence if they attempt to assert control over their sexual health. This dynamic exacerbates the health risks associated with domestic violence, making women more vulnerable to STIs and HIV/AIDS. However, while Heise et al. (2022) highlight the health risks associated with domestic violence, further research is necessary to explore the intersection of cultural norms, sexual health, and violence in different African contexts. This could help develop culturally sensitive interventions to reduce the health impacts of domestic violence.

At the household level, domestic violence negatively impacts women's health and hinders their ability to realize their full potential, as noted by Mashiri (2023). Women subjected to violence often face criticism and discrimination in the workplace and community, leading to a loss of confidence and reluctance to pursue leadership roles. The resulting gender inequality perpetuates a cycle of underachievement and missed opportunities for women, further entrenching their inferior status in society. Nevertheless, while Mashiri (2023) correctly identifies the impact of domestic violence on women's confidence and professional advancement, it is essential to examine how different forms of support, such as counseling and mentorship, can mitigate these effects and empower women to take on leadership roles despite the challenges they face.

Marinnusen also highlights the severe consequences for women who are raped in conflict situations, where they often face harsh punishment or even death for bringing "dishonor" to their families. This societal rejection compounds the trauma of rape, leading to a situation where women suffer multiple layers of victimization. Although Marinnusen's insights into the societal repercussions of rape are critical, there is a need for more focused research on how communities can be educated to support, rather than ostracize, survivors of sexual violence. This could help in breaking the cycle of trauma and stigma associated with rape in conflict zones. After considering the perspectives of the above authors, it is evident that sexual abuse not only has profound psychological effects on women but also significantly impacts their social and economic development. This motivates me to carry out further study on domestic violence and its effects on socio-economic development within Somalia, aiming to help the Somali government recognize and address these critical issues.

2.3.3 Effect of physical violence on women's psychological trauma

Physical violence by an intimate partner is associated with numerous adverse health consequences, including both physical injuries such as knife wounds, bruises, and broken bones, and more severe conditions like traumatic brain injury (Ryan, 2018). Additionally, the chronic stress associated with intimate partner violence can negatively impact various bodily systems, including the gastrointestinal, endocrine, cardiovascular, and immune systems (Crofford, 2017). However, while these findings highlight the severe health implications of physical violence, they

may not fully capture the long-term psychological trauma experienced by survivors, which can be just as debilitating as the physical injuries.

Research findings corroborate the testimonies of battered women, shedding light on the significant medical consequences of domestic violence on women's health. Perrone (1992) emphasizes that physical injuries suffered as a result of domestic violence can lead to long-term complications like arthritis, cardiac diseases, and hypertension. Additionally, Perrone notes the added challenge of restricted access to necessary medical treatments, as abusers may limit access to medications. Similarly, Campbell et al. (2022) provide empirical evidence showing a significant increase in gynecological, CNS, and chronic stress-related problems among abused women compared to their non-abused counterparts. Nevertheless, while the physical health impacts are well-documented, there remains a need for further research into how these physical ailments intertwine with and exacerbate psychological trauma, as this connection is often underexplored.

Domestic violence involves the mistreatment of family members, often by a spouse, and can result in annulment, although marriage effects like spousal support and property distribution may still be recognized. Seagraves (1980) indicates that individuals who experience domestic violence are 6 to 10 times more likely to require inpatient psychiatric care, highlighting the severe psychological consequences of such abuse. Stack (2019) also points out the increased risk of suicide among survivors, emphasizing the critical need for mental health support. In addition to these findings, Gove and Shin (2019) and Kurdek (2020, 2011) present evidence of elevated rates of anxiety, depression, phobias, and general unhappiness among victims of domestic violence. However, while these studies provide valuable insights into the psychological impact of domestic violence, they often do not account for the cultural and societal factors that may influence the severity of psychological trauma, which warrants further exploration.

Gove, Style, and Hughes (1990) suggest a higher incidence of physical illness among those experiencing domestic violence compared to those in happy marriages, potentially due to suppressed immunological functioning (Ader, Cohen, and Felton, 2020; Kielcolt-Glaser et al., 1987). Nevertheless, while these findings underscore the health risks associated with domestic violence, there is a need for more nuanced research that examines the intersection of physical and psychological health, particularly in the context of how chronic stress from ongoing abuse

exacerbates both. This intersectionality is crucial for developing comprehensive support systems for survivors.

Domestic violence generates significant hostility and animosity between partners, potentially leading to extreme actions such as conspiring to murder one another. This cycle of violence sets a detrimental example for other families, perpetuating the notion that violence is a viable solution to marital problems. However, while the connection between domestic violence and extreme outcomes like murder is evident, it is crucial to consider how societal norms and lack of intervention contribute to normalizing this violence. In support of this, further research is needed to explore preventive measures that can break this cycle and promote healthier conflict resolution methods.

Rivers (2020) argues that domestic violence significantly impacts women's education, as they often lack decision-making power over their resources. Women may face challenges in selling their assets, which they have worked hard to acquire, due to the control exerted by their partners. Nevertheless, while Rivers highlights the financial control aspect, it is important to also consider the psychological toll this lack of autonomy has on women, which further exacerbates the barriers to their educational advancement. In support of this, exploring the intersection of economic dependency and educational setbacks could provide a more comprehensive understanding of the issue.

Domestic violence creates intense emotional strain, leading to feelings of frustration, guilt, and a desire for revenge. The financial burden, trust issues, and potential for infanticide add layers of complexity to the already traumatic experience. Although the literature clearly outlines these consequences, there is a need to delve deeper into how these emotional and psychological effects can be mitigated through early intervention and counseling services. In addition, understanding how to rebuild trust and financial independence post-trauma could significantly aid in the recovery process.

Children are often the silent victims of domestic violence, experiencing harassment and suffering due to the absence of basic necessities and parental support. Despite the fact that this issue is widely acknowledged, there is insufficient emphasis on the long-term developmental impacts on these children. In support of the study, further research should focus on creating support systems

that address not just the immediate needs but also the long-term well-being of these children, ensuring they do not perpetuate the cycle of violence.

Various personality traits and behaviors, such as substance abuse, jealousy, and mental illness, have been linked to marriage breakdowns. Poor health can exacerbate these issues, leading to lower marital satisfaction. However, while these factors are well-documented, there is a gap in understanding how early intervention in mental health and substance abuse can prevent the deterioration of marital relationships. In support of the study, integrating mental health support into marital counseling could be a proactive approach to mitigating these risks.

The emotional and physical disturbances caused by domestic violence often lead to severe health outcomes, including suicide, depression, and other chronic ailments (Dunne et al., 2016). Nevertheless, while the correlation between domestic violence and health problems is clear, there is a need for more targeted health interventions that address both the immediate and long-term impacts of such trauma. In support of this, enhancing access to mental health services for survivors of domestic violence could significantly reduce the long-term health consequences.

Dunne, et al., (2016) contend domestic violence threatens education for women, that It is known that male teachers are more likely to make use of physical punishment in disciplining boys, as a means of asserting male authority and toughening them up in a rite of passage into male adulthood, while female teachers' preference for verbal chastisement may stem from the fear that male students, particularly older ones, will contest female authority and refuse punishment, as well as from a dislike of physical exertion as 'unladylike'. Where girls are beaten, this is supposed to be socializing them to be obedient wives and mothers. The persistence and widespread misuse of corporal punishment implicitly endorses physical violence in school relations, and its elimination will require addressing the gender-inequitable regime that allows it to flourish and which endorses aggressive masculinities. Therefore to the points or statements made by the scholars its unavoidable to for case of Yaqshid district, Somalia domestic violence to threaten education for women in the district.

2.4 Empirical review

The single most influential factor of domestic violence in society is the continuation of a generational cycle of aggression and/or a history of aggression in the family of origin, King and Hill, (2023). Women who grow up in an environment where control is maintained through verbal threats and intimidation and conflicts escalate into physical violence, are most likely to resort to the same methods of aggression as adults UNICEF, (2019). However, while generational cycles play a significant role, it is important to consider the influence of external factors such as socio-economic pressures and societal norms, which also contribute to the perpetuation of domestic violence. Addressing domestic violence effectively requires a multifaceted approach that acknowledges both inherited patterns and contemporary influences.

The Uganda Human Rights Commission (2016) declared equal rights for both men and women, which has been perceived as a major source of domestic violence as the 1995 Ugandan constitution states all Rights should be uniform between both sexes. From this perception, some argue that wives are no longer respecting their husbands, making domestic violence unavoidable in Uganda, Human Rights Commission, (2017). Nevertheless, this argument oversimplifies the complex dynamics of domestic violence by attributing it solely to the assertion of equal rights. It overlooks the deep-rooted cultural and patriarchal structures that fuel violence and the need for comprehensive education on gender equality and respect within relationships.

According to UNICEF, (2019), an environment where violence is either taught by example or accepted as normal will imprint upon a woman's psyche. A young boy may see his father come home from work drunk and angry, screaming at his mother. He watches his mother attempt to please and placate his father's drunken behavior. The young boy is being taught that violence gets results, shaping his ideas about what makes a man. Although this observation is critical in understanding the cycle of violence, it is also essential to explore intervention strategies that can disrupt this learned behavior early on, emphasizing positive role models and the promotion of non-violent conflict resolution methods within communities.

Domestic violence is often linked to poor self-esteem. A woman growing up in a violent home is likely to have very little self-worth. She may be engaged in a pattern of negative self-talk: "If I were any good, my father wouldn't beat me. I'll never amount to anything." As a young man, his frustration and isolation may grow, and with it, a hidden anger due to his feelings of helplessness. Anger is a major source of fuel that will fan the flames of domestic violence, Grote, et al., (2018). However, it is important to recognize that while poor self-esteem is a significant factor, domestic violence is also driven by broader systemic issues, including societal expectations and economic stressors. Therefore, interventions should focus not only on improving individual self-esteem but also on addressing these wider societal pressures.

According to Sendabo (2024), drug or alcohol aggression may be a precursor to domestic violence. Substance aggression leads to out-of-control behavior. The number one commonality within the dynamics of most alcoholic families is poor emotional health. This leads to secondary anger, which is an effective substitute for dealing honestly with emotions. Despite this, it is crucial to acknowledge that while substance abuse is a significant risk factor, domestic violence is a multifaceted issue that also involves power dynamics, cultural norms, and psychological factors. Addressing substance abuse in isolation may not fully resolve the issue without considering these additional elements.

Proliteracy (2018) further contends that domestic violence is more frequent where individuals experience physical health and/or wage-earning power. It peaks during the Christmas season as husbands, fathers, and single parents face the pressure of paying bill collectors and buying Christmas gifts. The frustration of the inability to make ends meet increases conflicts in the home. Feelings of helplessness mount, and anger flares. In the face of inadequate coping mechanisms, violence erupts in the home and everyone loses. However, while financial stress is a significant trigger for domestic violence, it is vital to consider that financial stability alone may not prevent violence. Long-term solutions must also include emotional support, conflict resolution education, and community resources to address the root causes of domestic violence.

2.5 Gaps in the literature

Grote et al. (2018) conducted a study focusing on the link between domestic violence and self-esteem, particularly examining how verbal abuse impacts psychological health. The study revealed that verbal abuse significantly contributes to low self-esteem, which can lead to severe psychological trauma. However, this research was conducted in a Western context, which may not fully capture the cultural nuances and specific social dynamics of Somali society, especially in conflict-affected areas like Yaqshid district. Furthermore, the study did not explore the psychological impact of verbal abuse on women living in such volatile environments. The current study aims to fill these gaps by assessing the effects of verbal abuse on women's psychological trauma within the unique cultural and socio-political context of Yaqshid district, Somalia. This localized approach will provide a deeper understanding of the issue, considering the specific challenges faced by women in this region.

UNICEF (2019) examined the impact of sexual abuse on women's psychological health, particularly in environments where violence is normalized. The study highlighted that sexual abuse can lead to severe psychological trauma, including depression and anxiety, especially in settings where violence is an accepted norm. However, this research primarily focused on general environments and did not specifically address the unique conditions of war-torn regions like Yaqshid district, Somalia. Moreover, the methodological approach did not consider the intersectionality of gender, culture, and conflict, which are critical in understanding the full impact of sexual abuse in such contexts. The current study seeks to address these gaps by investigating the effects of sexual abuse on women's psychological trauma in Yaqshid district, Somalia, with a particular focus on the socio-cultural and conflict-related factors that may influence the severity and nature of the trauma experienced.

Proliteracy (2018) explored the relationship between physical violence and psychological trauma, noting that such violence often escalates during periods of financial stress, leading to significant mental health issues like PTSD and chronic anxiety. While the study provided valuable insights, it was geographically limited to Western settings and did not account for the specific context of ongoing conflict and instability in regions like Yaqshid district, Somalia.

Additionally, the study did not delve into how cultural factors might influence the experience and reporting of physical violence, particularly in a Somali context. The current study intends to fill this gap by examining the effects of physical violence on women's psychological trauma in Yaqshid district, Somalia, considering the continuous conflict and cultural factors that uniquely shape the experiences of women in this region. This research will contribute to a more nuanced understanding of the impact of physical violence on women in conflict-affected areas.

The studies by Comecanha et al. (2017) and Tani et al. (2016) provide a comprehensive understanding of psychological abuse, categorizing it into domains such as verbal abuse and emotional domination. They highlight how verbal abuse, including name-calling and emotional intimidation, significantly impacts victims, contributing to severe psychological trauma such as depression and low self-esteem. However, these studies primarily address broader, often Western-centric frameworks and do not fully explore how these forms of abuse manifest and impact individuals in different cultural contexts. Specifically, there is a lack of localized research on how verbal abuse affects women in conflict-affected regions like Yaqshid district, Somalia. Methodologically, these studies may not capture the nuanced ways in which verbal abuse interacts with local socio-cultural factors. Thus, the current literature leaves a geographical and contextual gap that the present study aims to fill by examining the specific effects of verbal abuse on women's psychological trauma in Yaqshid district, Somalia, a region with distinct cultural and socio-political dynamics.

Research by Human Rights Watch (2015), Foy (2022), and Dutton (2024) sheds light on the profound impact of sexual abuse, including acts such as rape and female genital mutilation (FGM). These studies emphasize the severe psychological trauma and systemic failures in legal protections for survivors, especially in conflict zones. Despite these valuable insights, there is a notable gap in how these issues are specifically contextualized within regions like Yaqshid district, Somalia. The studies often focus on general legal and psychological frameworks without considering the unique socio-cultural and conflict-related factors influencing the experiences of sexual abuse survivors in specific areas. This geographical and contextual gap is significant, as the impact of sexual abuse can vary greatly depending on local norms and conditions. The current study aims to address these gaps by investigating the effects of sexual abuse on women's

psychological trauma within the specific socio-cultural and conflict-affected context of Yaqshid district, Somalia, thus contributing to a more localized understanding of the issue.

Ryan (2018), Perrone (1992), and Campbell et al. (2022) offer substantial evidence on the physical health consequences of intimate partner violence, including injuries and chronic conditions like traumatic brain injury and stress-related disorders. These studies underscore the severe physical and psychological impacts of physical violence, including increased risks of mental health issues. However, there is a notable gap in understanding how these physical health problems intersect with long-term psychological trauma, especially within specific cultural and societal contexts. The existing research often lacks focus on how these dynamics play out in conflict-affected regions such as Yaqshid district, Somalia. This geographical and contextual gap is important because the experiences of physical violence and its psychological repercussions may be influenced by local cultural and socio-political factors. The current study seeks to address these gaps by examining the effects of physical violence on women's psychological trauma in Yaqshid district, Somalia, thereby providing insights into how local conditions affect the interplay between physical and psychological impacts of violence.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the research design and methodology that was used to carry out the research. It presents the research design, the population, sample size and sampling procedure, research instruments, Validity and reliability, data collection procedures, analysis, ethical considerations and limitations of the study.

3.1 Research Design

The researcher used embedded mixed research design that was focused on the investigations using mixed method approach where both quantitative and qualitative approaches were used to collect and analyze data in order to describe the specific phenomenon in its current trends, current events and linkages between different factors at the current time. The study connected domestic violence and child welfare. The determination of analysis was both descriptive and inferential statistics including content analysis to assess the status of domestic violence and child welfare. By employing both quantitative and qualitative methods, researchers can gain a comprehensive understanding of the complex issues surrounding governance practices and sustainability of water projects. Quantitative data can provide statistical insights into the prevalence, patterns, and trends related to water usage, infrastructure, and project outcomes, while qualitative data can offer rich contextual information, insights into stakeholders' perspectives, and nuanced explanations for observed phenomena. The study connected domestic violence and Women's psychological Trauma. The determination of analysis was both descriptive and inferential statistics including content analysis to assess the status of domestic violence on women's psychological trauma.

3.2 Study Population

The study population of the study was Yaqshid district, Somalia in Banaadir region with a population estimate of 716,380 people living in the 4 districts targeted, (Demographia 2023). The study population included; community members, mental health professionals, community leaders

and advocates, humanitarian organization (Save the women) and Banaadir city authority. Yaqshid district, Somalia is chosen for this study because it has experienced a conflict in the past close to 20 years and continues to suffer the scourge and this has affected Women’s psychological Trauma (UNHS, 2023).

3.3 Sample Size Determination

Out of the total population of the study, the researcher selected a sample of 400 respondents who were identified from the total population of 716,380. This number was arrived at by use of the Slovene’s formula as illustrated below.

$$n = \frac{N}{1 + N(e)^2}$$

Equation 3.1: Slovene’s Formula

$$n = \frac{716,380}{1 + 716,380 (0.05)^2}$$

$$n = \frac{716,380}{1 + 716,380 (0.0025)}$$

$$n = \frac{716,380}{1791.95}$$

$$= 400 \text{ respondents}$$

Table 3.1: Quantitative sample of respondents

Categories	Target population	Sample size	Sampling procedure
National institute of health officials	483,557	270	Simple random sampling
Veteran affairs staff members	26,864	015	Simple random sampling
Officials of the WHO	44,774	025	Simple random sampling
Save the women NGO	89,547.5	050	Simple random sampling
Officials from the Ministry of Women and Human rights	71,638	040	Simple random sampling
Total	716,380	400	

Source: Primary Data, 2023.

Table 3.2: Qualitative sample distribution

Categories	Target population	Sample size	Sampling procedure
Mental health professionals	10	4	Purposive sampling
Community leaders and advocates	10	4	Purposive sampling
Officials from Humanitarian organizations (save the women)	15	6	Purposive sampling
Law enforcement officers	15	6	Purposive sampling
Total	50	20	

Source: Primary Data, 2023

3.4 Sampling Technique

The researcher used both purposive and random sampling techniques to gather data. The mental health professionals and community leaders and advocates were purposively selected to attain the information from mental health professionals, community leaders and advocates, officials from humanitarian organizations (save the women) and law enforcement officers and have adequate information and thus have sufficient knowledge concerning domestic violence and Women’s psychological Trauma of the community. Community members, Humanitarian organizations officials and Law enforcement officers were randomly selected so as to get equal representation of the respondents. In that way, every member had equal chance to be selected.

3.5 Sources of Data

Primary data was collected through key informants interviews and the questionnaires for the household survey to get the first hand information from the respondents.

3.6 Data collection Instruments

Data was collected using questionnaires and interview guide.

3.6.1 Questionnaires

Closed ended questions were used with detailed guiding instructions as regards the manner in which respondents were required to fill them independently with minimal supervision (Amin,

2015). The questionnaire was structured into three sections, Section A with demography of respondents, B with Domestic violence while section C was on women human rights. The questionnaire was dimensioned on 5 likert scale measure of Strongly Agree=5, Agree =4, Not sure =3, 2= Disagree and 1 strongly disagree. The questionnaire is used because most respondents are able to read and write and in instances where the respondents were illiterate, a research assistant trained by the researcher were used to translate questionnaires into the local language and fill them according to the responses provided by the respondents.

3.6.2 Interview Guide

Qualitative data of the study was gathered by use of interviews. The interviews were considered for a limited number of respondents. In fact, the only category that was considered for interviews is management. This is because these respondents may have a busier work schedule relative to the others. This method allowed further probing and clarification of questions that tend to be difficult and not clear to the respondents. It was also enhanced responses for questions which were regarded as sensitive. Interviews are important since they help in getting information that has not been asked in the questionnaires.

3.7 Validity and Reliability of Research Instruments

3.7.1 Validity of the Instrument

Validity refers to the degree to which results obtained from analysis of the data actually represents the phenomenon under study. In calculating validity the researcher ensured that questions are relevant in order to ensure that data collected give meaningful and reliable results represented by variables in the study. The researcher submitted the questionnaires and research questions to the supervisor on this study and other expects for validation. The researcher used the following formula to establish validity of the research instruments as seen below.

$$\text{Content Validity Index (CVI)} = \text{CVI} = \frac{\text{Number of question declared valid}}{\text{Total no. of questions in the questionnaire}}$$

$$= \frac{19}{23} = 0.83$$

The CVI that was computed above 0.83, the research instruments were declared valid by the experts. Because the CVI is above 0.7, then the research instrument is valid.

3.7.2 Reliability of the Study

To ensure the reliability of the instruments, the researcher used the test-retest method. The questionnaire gave to 10 people and after two weeks, the same questionnaire was given to the same people and the cronbach's alpha was computed using SPSS. The minimum Cronbach's Alpha coefficient of 0.75 was used to declare an instrument reliable (0.75). Results with the alpha coefficient from the findings indicates that the instrument has an internal consistency and is therefore reliable since the cronbach value is high, 0.75.

3.8 Procedure of Data Collection

The researcher first of all acquired an introductory letter from the Directorate of Higher Degrees and Research, which was presented to relevant leaders and or other respondents allowing him collect data there.

Primary data was collected using administering questionnaires. These were distributed to the respondents for a period of one week to allow the respondents fill out the questionnaire. Follow ups were made to ensure high response rate is recorded. For Interviews, the researcher scheduled meeting with the respondents and carry out face to face interviews with the selected key informants. The interview was carried out with the help of an interview guide. At all times, the researcher ensured that interviews and delivery of questionnaires is done at times that do not interfere with the official work schedules of respondents and where they conflict, the researcher shall seek special permission from Banaadir.

3.9 Data Presentation and Analysis

The data obtained from the questionnaires were double checked to make sure that the information provided is complete, consistent, reliable, and accurate. Data processing involved scrutiny of the responses provided by different respondents. Data was sorted, edited, and interpreted. The researcher then coded and tabulated the data obtained.

3.9.1 Quantitative Data Analysis

The quantitative data through use of questionnaire involved a gradual process of analysis involving editing of collected data, coding and tabulation. Coding involve classifying the answers for each item into meaningful categories. The coded data was recorded, tabulated and were fed into the computer using Statistical Package for Social Scientists (SPSS) program and excel computer program for analysis to attain mean and standard deviation and then regression analysis for the determination of the relationship between domestic violence and Women's psychological Trauma.

3.9.2 Qualitative Data Analysis

This involved cleaning up of data from the interview guide categorizing them into themes and patterns and making a content analysis to determine the adequacy of the information credibility, usefulness and consistency (Mugenda & Mugenda, 2003). This employed thematic analysis. In this case, the transcript of the interviews was carefully edited to avoid misinterpretation or misrepresentation.

3.10 Ethical Considerations

To ensure ethical considerations in undertaking the study and the safety, social and psychological well-being of the respondents involved in the study, the researcher got an introductory letter from the College of Humanities and Social Sciences, Kampala International University. On the other hand to ensure the safety of the person and/or community involved in the study the researcher got their consent of the respondents before they fill in the questionnaires. The study also ensured the privacy and confidentiality of the information provided by the respondent which was solely used for academic purposes.

3.11 Limitations to the Study

- (i) The study was done through a pilot study that were followed by the actual study therefore, this made the research process complex, however the data collection was done by use of research assistants to reduce complexity in work completion.

(ii) The tools which was used for the collection of data was not interpreted well by the respondents. The research assistants provided clarity to respondents to understand questions.

(iii) Self-reporting on wrong issues of the respondent's lead to attainment of edited information by the respondents. The researcher and assistants guided the collection of data.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION OF RESEARCH FINDINGS

4.0 Introduction

This chapter presented the profile information of respondents, to determine the effects of domestic violence and effects psychological trauma in Yaqshid district, Somalia. The study is to determine the effects of physical violence on women's psychological trauma in Yaqshid district, Somalia, then to assess the effects of sexual abuse on women's psychological trauma in Yaqshid district, Somalia and to examine effect Verbal abuse on women's psychological trauma in Yaqshid district, Somalia. The data collection for the study involved quantitative responses from 397 out of the targeted 400 respondents, resulting in a high response rate of 99.3%. This impressive rate reflects the successful engagement and cooperation of the majority of participants. However, the remaining 3 questionnaires were not returned due to various factors. These factors included logistical challenges in reaching certain respondents, issues with incomplete or non-submitted forms, and potential participant withdrawal or unavailability. Despite these minor setbacks, the substantial response rate achieved ensures that the study's findings are both robust and representative of the target population. The qualitative data was collected from 9 respondents, adding depth and context to the quantitative results.

4.1 Profile of Respondents

Respondents were asked to provide information regarding their gender, age, education level and time of work of respondents and their responses were summarized using frequencies and percentage distributions as indicated in table 4.1 below;

4.1.1 Age Bracket

Table 4.1: Age Bracket of Respondents

Age bracket of respondents	Frequency	Percentage
18-30 Years	95	23.9
31-40 Years	66	16.6
41-45 years	20	5.0
46-50 years	96	24.2
51 and above	120	30.2
Total	397	100.0

Source: Primary data, 2024

The results of the study in terms of age bracket, also showed that out of the approached respondents, 95 (23.9%) were between 18-30years, 66 (16.6%) were from 31-40 years, 20 (5%) were of age bracket 41-45 years while those who were aged between 46-50 years were 96 representing 24.2%. The remaining percentage of the respondents were aged 51 and above years and they were 30.2% of the total percentage of the respondents. On average, most of the respondents were aged 51 and above of age. The results imply that majority of the respondents were mature and having adequate and critical understanding of the domestic violence. It is possible that age imply experience and critical understanding of concepts an avenue for experience and undoubtable data by the researcher.

4.1.2 Education Level

Table 4.2: Education Level of Respondents

Education Level of Respondents	Frequency	Percentage
Illiterates	89	22.4
Certificate	31	7.8
Diploma	136	34.2
Degree	101	25.4
Masters	40	10.1
PhD	-	-
Total	397	100.0

Source: Primary data, 2024

In terms of education levels of the respondents, the findings indicated that the majority of the respondents 136 (34.2%) were diploma holders while none held a PhD holder degree. Those who

hold masters were 40 (10.1%) while degree holders were 101 (25.4%), Illiterates were 89, a presentation of 22.4%. And finally, only 31 (7.8%) were certificate holders. This implies that the majority of respondents in Yaqshid district Mogadishu were educated.

4.1.3 Marital status

Table 4.3: Marital Status of Respondents

Marital Status	Frequency	Percentage
Single	133	33.5
Married	201	50.6
Divorced	9	2.3
Widowed	54	13.6
Total	397	100.0

Source: Primary data, 2024

Marital status of the respondents as revealed from the above table showed that the greatest number of the respondents 201 (50.6%) were married, while the least of the respondents were divorced, a representation of 9 (2.3%). Those who were single were 133 (33.5%) while those who were widowed among the respondents were totaling to 54 representing a percentage of 13.6%. This implies that the majority of the respondents in Yaqshid district, Somalia are responsible who are given to protect their women any threat.

4.1.4 Working Experience

Table 4.4: Working Experience of Respondents

Experience	Frequency	Percentage
Less than one years	100	25.2
1-3 years	113	28.5
4-6 years	98	24.6
7-9 years	9	2.3
10 and above years	77	19.4
Total	397	100.0

Source: Primary data, 2024

In terms of work experience, the findings showed that the majority of the respondents, 113 (28.5%) had worked for 1-3 years followed by 100 (25.2%) who had a working experience found

between (less than one year). Those who worked for years between 4-6 years had a frequency of 98 (24.6%). The least was for the group who worked for a period between 7-9 years with a frequency of only 9 (2.3%). The number of people who took a very long time of 10+ years were estimated to 77 hence (19.4%). The findings revealed that the respondents had been in Mogadishu for more years, the information attained revealed that information was attained from fully informed respondents.

4.2 The effects of domestic violence and women's psychological trauma in Yaqshid district, Somalia.

The first research objective was to determine the effects of domestic violence and women's psychological trauma in Yaqshid district, Somalia. To fulfill this objective, the researcher attained information from the field and provided findings in the regard based on descriptive statistics of the domestic violence and after the descriptive of right to education, thereafter regression analysis was conducted to determine the effects of domestic violence and women's psychological trauma in Yaqshid district, Somalia.

4.2.1 Descriptive Findings on Level of Domestic Violence

Table 4.6 gives the descriptive statistics (i.e. means) on employees self-rating of their domestic violence behaviour. This is followed by findings obtained from analysis of qualitative data which was obtained using interview with employees that focused on the three constructs of the independent variable. Hence section B of the Questionnaires (Appendix I) focused on domestic violence with items 1-4 being on physical violence, 5-8 on sexual abuse and 9-12 being on verbal abuse.

Table 4.5: Response on the Level of Domestic Violence (n =397)

Descriptive statistics on domestic violence	N	Mean	Std. D	Interpretation
Verbal abuse				
You feel that domestic violence leads to cause of verbal abuse	397	3.086	1.117	Moderately high
Do you think fathers abandonment of Family causes verbal abuse to the members of that family mostly the women in your society	397	3.269	1.267	Moderately high
Do you feel that jealousy among spouses causes Verbal abuse among families	397	3.654	1.264	Moderately high
Refusal to work of the husband to the woman leads to poverty and hence domestic violence.	397	2.87	1.694	High
Grabbing and misusing money of either spouse (man or woman) leads to domestic violence.	397	3.10	1.761	High
Obtaining highly paying job by one of the married people (let say a woman) leads to domestic violence	397	2.99	1.54	High
Sexual abuse				
There exist sexual harassment among the women in families	397	2.956	1.265	Moderately high
The women are not well protected from sexual abuse among people	397	2.953	1.190	Moderately high
There is sexual harassment among parents in the presence of women	397	3.554	1.415	Moderately high
Sexual harassment lead to production of irresponsible and unmanageable women	397	3.474	1.230	Moderately high
HIV/AIDS has spread at a high rate due to domestic violence	397	3.500	1.221	Moderately high
HIV/AIDS has spread at a high rate due to sexual harassment domestic violence.	397	3.21	1.792	High
Sexual harassment has special other sexual related diseases like (goenolia, candida and infections).	397	2.82	1.679	High
Sexual harassment has led to domestic violence among married people.	397	2.18	1.476	Low
Physical violence				
There is physical violence as a result of misusing resources among the married people in the family	397	2.474	1.361	Low
There exist physical violence on the management of families	397	2.503	1.377	Low
There is family misunderstanding and assault cases between married people in families	397	2.946	1.370	Moderately high
The parents are also involved in physical violence in families	397	2.733	1.354	Moderately high
Some parents have died as a result of physical violence imposed on each other.	397	3.27	1.808	High
Domestic Violence	397	3.075	.446	Moderately high

Source: Primary data, 2024

Table 4.5 show descriptive statistics on Domestic violence in Yaqshid district, Somalia, the results overall had a mean of 3.075, standard deviation of .446 interpreted as moderately high meaning that the state of the domestic violence in the communities was generally moderate indicating that the domestic violence was in moderate existence among the communities in Yaqshid district, Somalia.

The first aspect of the existence of GBV was that There is physical violence as a result of misusing resources among the married people in the family with the mean of 2.474, the standard deviation was 1.361 interpreted as low meaning that the response towards this response indicate that the resources provision to women has low violence on the women.

There exist physical violence on the management of families, this had the mean of 2.503, standard deviation was 1.377 interpreted as low, and the results indicate that the results contend that there was low violence during the management of the women in families in Yaqshid district, Somalia.

There is family misunderstanding and assault cases between married people in families had the mean of 2.946, standard deviation was 1.370 interpreted as moderately high meaning that the study results show that there were cases of assault in marriage that have a bearing on the women in Yaqshid district, Somalia.

The women were also involved in domestic violence in families had the mean of 2.733, standard deviation of 1.354 interpreted as moderately high meaning that the women were somehow involved in the domestic violence in families, they were also hence affected in the violence that occur.

It was also found that there exist sexual harassment among the women in families had the mean of 2.956, standard deviation was 1.265 interpreted as moderately high meaning that there exist the sexual harassment among the women, this affect the women especially in the cases of their mothers being affected.

The women were not well protected from sexual abuse among people had the mean of 2.953, standard deviation of 1.190 interpreted as moderately high meaning that the women were less protected from acts of sexual abuse occurring in the families.

It was further revealed that there is sexual harassment among parents in the presence of women with the mean of 3.554, standard deviation was 1.415 interpreted as moderately high meaning that the status of sexual harassment amongst the parents were existing and this tend to affect the women.

The study concerning the sexual harassment lead to production of irresponsible and unmanageable women had the mean of 3.474, standard deviation was 1.230 interpreted as moderately high meaning that the state of the harassment lead to production of women who suffer due to lack of sufficient parental care since many are denied by one parent.

There was torture directly put on the women in Mogadishu had the mean of 3.500, standard deviation was 1.221 interpreted as moderately high meaning that there is torture on the women and this highly affect the women in Yaqshid district, Somalia.

You feel that domestic violence leads to cause of verbal abuse had the mean of 3.086 the mean was 1.117 interpreted as moderately high meaning that the families have direct abuses on the spouses which have a moderately high effect on the women in Mogadishu. The study further indicate that the status of the people perception through norms induce marriage of teens of 15 years age.

There is bullying and child mishandling among people in families had the mean of 3.269, the standard deviation of 1.267 interpreted as moderately high meaning that there exist high classes of mishandling amongst the women in Yaqshid district, Somalia.

Do you feel that jealousy among spouses causes Verbal abuse among families had the mean of 3.654, standard deviation was 1.264 interpreted as moderately high meaning that the state of the victims of emotional torture amongst the women highly exists.

The findings reveal that information attained show that domestic violence was in high existence among the women in families in Yaqshid district, Somalia.

Interview response

Here are questions formulated to correspond with the responses provided from the key informant interviews (KIIs), along with each response:

What are the societal beliefs about the consequences faced by perpetrators of rape in your community, and how do these beliefs affect the reporting and prosecution of rape cases?

One of the key respondents, an official from Save the Women, indicated that men are cognizant of the severe consequences rape perpetrators might face, such as forced marriages as a form of punishment. This belief significantly impacts the reporting and prosecution of rape cases, as some men think that forceful marriages resulting from rape deter victims from coming forward. Consequently, these cultural norms and misconceptions contribute to the underreporting of rape cases and hinder justice for the survivors.

How does the issue of rape manifest in your community, and what are the challenges faced by victims in seeking justice?

According to an interview with a representative from UN Women, rape remains a pressing issue in the community, but victims often do not receive justice. The respondent elaborated that perpetrators frequently evade accountability by disappearing after committing the crime, thus avoiding legal repercussions. This lack of public disclosure and the subsequent hiding of perpetrators from the law exacerbate the challenges faced by survivors in seeking justice and support.

What is the role of cultural norms in handling cases of rape in your community, and how does this impact the involvement of the government?

A community leader and advocate explained that cultural norms play a significant role in handling rape cases, with no effective government intervention or punishment for perpetrators. The respondent noted that rape cases are traditionally resolved through compensation in the form of money or livestock paid to the victim's family. This practice reflects a cultural approach to justice that bypasses formal legal mechanisms, thereby limiting the effectiveness of governmental efforts in addressing sexual violence.

Are you aware of any government laws against sexual and domestic violence in Somalia, and how are such cases typically resolved within your community?

Another community leader shared that there is a noticeable absence of government laws specifically targeting sexual and domestic violence in Somalia. According to the respondent, as a clan leader, they rely on cultural norms to resolve such cases. This reliance on traditional practices underscores the gap in formal legal frameworks and the prevailing use of culturally ingrained solutions to address violence.

How are early marriages perceived in your community, and what role do cultural norms play in supporting or opposing these practices?

During an interview with a UN Women representative, it was highlighted that early marriages are strongly supported by cultural norms within the community. The respondent emphasized that the belief in early childbearing and its association with women's roles is culturally ingrained, leading to widespread acceptance and support for early marriages. This cultural support reflects the broader societal attitudes that perpetuate the practice despite its potential impacts on young girls.

What is the community's stance on supporting early marriages, and how does this relate to the status and role of women within the community?

An official from the Ministry of Women and Human Rights stated that there is broad agreement within the community regarding the support for early marriages. The respondent noted that cultural norms, which emphasize the production of many children and early childbearing, have reinforced the practice. This cultural context plays a critical role in shaping community views and policies related to early marriages.

What are the community perceptions regarding early marriages, and how are these practices justified culturally?

A local community leader described how cultural perceptions contribute to the practice of early marriages. According to the respondent, there is a belief that

young girls are more sensitive to sex, which culturally justifies early marriages. This perception has led to a cultural endorsement of marrying off young girls, reflecting the community's ongoing support for such practices based on traditional beliefs.

What is the prevalence of domestic violence in families, and how does it affect women in your community?

A community leader in Yaqshid District revealed that domestic violence, including physical, sexual, and gender-based abuse, is prevalent in families. The respondent explained that women are particularly affected by this violence, often being blamed for familial issues, which exacerbates their suffering and vulnerability. This situation highlights the significant impact of domestic violence on women's well-being and underscores the need for effective interventions.

4.2.2. Description of Dependent Variable: Women's Psychological Trauma (n=397)

According to the conceptual framework (figure 2.1), psychological trauma was measured in terms of 3 constructs with each contributing items in the data collection instrument (i.e. questionnaire on psychological trauma, section C, (appendix I). The constructs are Depression (4 items), PTSD (5 items), and Anxiety (5 items). This is followed by presentation of findings from qualitative data to corroborate the quantitative findings.

Table 4.6: Gives statistics (i.e. means) on women’s psychological trauma

Items on psychological trauma	Mean	Interpretation	Rank
Depression			
Do you think that depression has effects on a Women’s Welfare in Yaqshid district, Somalia.	2.68	Satisfactory	1
Is it true that emotional effects have impact on women’s daily life	2.52	Satisfactory	2
Do think witnessing violence results into poor school performance and attendance of women	2.49	Unsatisfactory	3
Do you think that emotional effects affects the academic performance of women	2.41	Unsatisfactory	4
Average mean	2.53	Satisfactory	
PSTD			
Do you think that Women suffer from emotional and psychological trauma of living in a house that is dominated by fear and tension?	2.68	Satisfactory	1
Do you think that Women who are exposed to battering are always worried for themselves and their families thus feel worthless and powerless	2.53	Satisfactory	2
Does you think that Exposure to immorality (e.g. improper dressing, compromising situations etc) affect a women	2.51	Satisfactory	3
Do you feel that lack of economic resources cause cognitive effects to Women’s psychological Trauma in your community	1.78	Unsatisfactory	4
Do you think Healthily Consequences lead to cognitive effects to Women’s psychological Trauma in your community	1.66	Very unsatisfactory	5
Average mean	2.23	Unsatisfactory	
Anxiety			
Do you think Domestic violence like corporal punishments develops fear in women psychologically	3.26	Very Satisfactory	1
Do you feel that Sexual harassment causes young ones to run away from home hence psychological affected	2.71	Satisfactory	2
Does Exposure of domestic violence led to low self-esteem, social withdrawal and depression against women	2.54	Satisfactory	3
Do you feel that exposure to very harsh environment (e.g. thrown out of the house at night or in the rain, denied food, send out to steal etc) Affect the women	1.55	Very unsatisfactory	4
Do you feel that high rate of existence of the Battery of women leads to psychological effects	1.35	Very unsatisfactory	5
Average mean	2.28	Unsatisfactory	
Overall mean	2.45	Unsatisfactory	

Source: Primary data, 2024

According to the study findings in table 4.6, most respondents rated themselves satisfactory on almost all items of psychological trauma in terms of Depression especially on thinking that Depression affects the performance of women (mean = 2.68).

However, most respondents in the study rated themselves unsatisfactory on the way how Depression impacts on women's daily life (mean = 2.41). This implies that employees in Yaqshid district, Somalia need to acknowledge this problem and find solutions to it.

Means on the second construct of psychological trauma (i.e. PTSD) in table 4.6 shows that most employees rated themselves satisfactory for believing that a house dominated by fear and tension causes women to suffer from emotional and psychological trauma (mean = 2.68). This implies that employees in Yaqshid district, Somalia are observant and always don't want their houses to be covered by fear and tension. However, most respondents rated themselves very unsatisfactory in one item i.e. exposure to immorality behaviours (mean = 16.6). This implies that most parents seem to put on immorally and in the long on, their women, also end up putting like their parents resulting into the death of morals on the family/ work places.

In terms of Anxiety, table 4.6 shows that most respondents rated their psychological trauma very satisfactory in feeling that sexual harassment causes young ones to run away from homes (mean = 3.26). However, most respondents rated themselves very unsatisfactory on aspect of whether exposure of domestic violence leads to low esteem, social withdraw and expression against women (mean = 1.55). This means that a lot more still needs to be done so that our women can be given sufficient parental care and love.

Interview response

How do community leaders and advocates view the alignment between the questionnaire information and community perspectives?

The interview with the Yaqshid Leader revealed that community leaders and advocates largely agree with the information provided in the questionnaire. However, it was noted that while some individuals are diligent in providing necessary information about rights, others have been less proactive. The response

indicates that there is a general consensus on the alignment of questionnaire findings with community perspectives, although some disparities in the level of engagement and information provision exist.

What is the level of care and attention given by parents in providing educational resources for women in the community?

According to the Yaqshid Leader, there is a notable variation in the level of care and attention provided by parents regarding educational resources for women. Some parents are actively involved in ensuring that their daughters receive the necessary school supplies and support. In contrast, others exhibit less interest and involvement, leading to discrepancies in the educational opportunities available to women. This variation reflects a mixed commitment to supporting women's education within the community.

How effective and widespread are the educational provisions for women in the community?

The Yaqshid Leader indicated that while educational provisions for women do exist, their scope and efficiency are somewhat limited. On average, the provisions are present but not uniformly effective or comprehensive. This limited scope affects the overall impact of educational support for women, highlighting the need for improvements in both the breadth and effectiveness of these provisions.

What is the general sentiment about the provision of rights and support for women in the community?

The interview highlighted that there is a general acknowledgment of the existence of rights and support for women, though it is often limited. The Yaqshid Leader emphasized that while some forms of support and provision are available, they are not as extensive or efficient as needed. This sentiment underscores the ongoing need for enhanced and more effective support mechanisms for women in the community.

The study results hence indicate that the provision of Women’s psychological trauma within in Yaqshid district Somalia were present though to limit levels and scales hence the need for addressing the status for the means of attaining and enhancing Women’s psychological trauma.

4.3 Regression Statistics

4.3.1 Effects of verbal abuse on women’s psychological trauma in Yaqshid district, Somalia.

Table 4.7: Effects of verbal abuse on women’s psychological trauma in Yaqshid district, Somalia.

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.420 ^a	.17.6	.145.	.61911	

a. Predictors: (Constant), Verbal abuse

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.000	1	.000	.001	.005 ^b
	Residual	105.790	395	.383		
	Total	105.790	396			

a. Dependent Variable: Women’s psychological trauma

b. Predictors: (Constant), Verbal abuse

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients		Sig.
		B	Std. Error	Beta	t	
1	(Constant)	2.789	.259		10.767	.000
	Verbal abuse	-.420	.083	-.420	-.420	.005

a. Dependent Variable: Women’s psychological trauma

Source: Primary data, 2024

From table above; the value of the regression coefficient between Verbal abuse and Women's psychological trauma among the families, the R coefficient was computed to be at 0.420. This figure indicates that Verbal abuse had a 13.6% effect on women's psychological trauma among the families. The standard error estimate of .61911 shows close scatter of the data.

Table further shows the analysis of variance (ANOVA) explains further the relationship between the independent variable (Verbal abuse) and the dependent variable (Women's psychological trauma). The significance level was 0.005 implying significant Verbal abuse has a significant effect on right of food of families in Yaqshid district, Somalia.

The table further illustrates the regression analysis between Verbal abuse and Women's psychological trauma of families in Yaqshid district, Somalia. The regression analysis shows that the rate of Women's psychological trauma that does not depend on Verbal abuse was 2.789. The t values for the constant and β are (10.767) and -.420) respectively with their respective levels of significances as (.000 and .005) respectively. Since the level of significance was less than 0.05, the researcher argues that there exists no significant effect of Verbal abuse and Women's psychological trauma among the families. The study findings indicate that Verbal abuse reduces the rights of food of families in Yaqshid district, Somalia.

The results were in agreement with the interview responses provided below;-

How have reports of violent behavior in families affected their living conditions and management?

The Yaqshid Leader reported that families exhibiting violent behavior, often as a result of abuse from parents and guardians, have experienced significant negative impacts on their living conditions. These families have become increasingly difficult to manage, with instances of wild and stubborn behavior exacerbating the challenges within the home. The violence has led to deteriorated family dynamics, affecting the overall well-being and stability of the household.

What are the observed effects of family violence on access to basic needs such as food and overall family development?

According to the Yaqshid Leader, there are notable signs of limited hope and violence in families, which have adversely affected their access to basic needs, including food. The existing framework for addressing child abuse has been insufficient in supporting family development and improving their living conditions. This lack of effective intervention has impeded the families' ability to grow and develop, thereby impacting their overall performance and well-being.

The study findings indicate that there has been a negative effects of Verbal abuse on the families. The findings imply that Verbal abuse reduces the efficiency of the families in the Women's psychological trauma outcome.

4.3.2 Effects of sexual abuse on women’s psychological trauma in Yaqshid district, Somalia.

Table 4.8: Effects of sexual abuse on women’s psychological trauma in Yaqshid district, Somalia.

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.136 ^a	.018	.015	.58275	

a. Predictors: (Constant), Sexual abuse

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.754	1	1.754	5.165	.024 ^b
	Residual	93.729	395	.340		
	Total	95.483	396			

a. Dependent Variable: Women’s psychological trauma

b. Predictors: (Constant), Sexual abuse

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	3.372	.244		13.831	.000
	Sexual abuse	-.178	.078	-.136	-2.273	.024

a. Dependent Variable: Women’s psychological trauma

Source: Primary data, 2024

From table above; the value of the regression coefficient between Sexual abuse and Women’s psychological trauma among the women, the R coefficient was computed to be at 0.136. This figure indicates that sexual abuse had a 13.6% effect on women’s psychological trauma among the women. The standard error estimate of .58275 shows close scatter of the data.

Table further shows the analysis of variance (ANOVA) explains further the relationship between the independent variable (Sexual abuse) and the dependent variable (Women's psychological trauma). The significance level was 0.024 implying significant sexual abuse has a significant effect on right of health of women in Yaqshid district, Somalia.

The table further illustrates the regression analysis between Sexual abuse and right to education of women in Yaqshid district, Somalia. The regression analysis shows that the rate of Women's psychological trauma that does not depend on sexual abuse was 3.372. The t values for the constant and β are (13.831) and -2.273) respectively with their respective levels of significances as (.000 and .024) respectively. Since the level of significance was less than 0.05, the researcher argues that there exist no significant effects of sexual abuse and Women's psychological trauma among the women. The study findings indicate that sexual abuse reduces the rights of health of women in Yaqshid district, Somalia.

Interview response

How does sexual abuse impact the health and access to health services for women in affected families?

The Yaqshid Leader indicated that women in families experiencing sexual abuse face significant health challenges. They often struggle to access necessary health services, including treatment, sanitation, and diagnosis. This lack of access is exacerbated by the financial constraints imposed by sexual abuse and the resulting parenthood, which limit their ability to receive adequate health support. Consequently, these women experience a decline in their overall health due to inadequate care and resources.

Furthermore the occurrence of sexual abuse leads to the reduction of care in the families for the women that reduce the value of the health services. The study indicates that the prevalence of sexual abuse endangers the health provision of the people in the communities.

What are the effects of sexual abuse on the quality of care and health services available to women in the community?

According to the Yaqshid Leader, sexual abuse contributes to a decrease in the level of care provided within families. The prevalence of sexual abuse undermines the quality of health services available to women, leading to inadequate care and support. This situation reflects a broader issue where sexual abuse negatively impacts the health provision system within communities, further diminishing the effectiveness of health services.

How do poverty and resource scarcity influence the treatment and discipline of women in households?

The Yaqshid Leader noted that poor and frustrated parents often resort to harsh punishments for women in their households over minor infractions, such as eating food or taking small amounts of money. This punitive approach is linked to the state of poverty, which exacerbates the difficulties in managing household resources and handling conflicts. Reports frequently highlight that even minimal interventions are hindered by the scarcity of resources at the household level, contributing to the persistence of child abuse and inadequate treatment of women.

4.3.3 Effects of physical violence on women’s psychological trauma in Yaqshid district, Somalia.

Table 4.9: Effects of physical violence on women’s psychological trauma in Yaqshid district, Somalia.

Model Summary						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.370 ^a	.136	.113	.61597		
a. Predictors: (Constant), Physical violence						
ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.075	1	.075	.197	.047 ^b
	Residual	104.721	395	.379		
	Total	104.796	396			
a. Dependent Variable: Women’s psychological trauma						
b. Predictors: (Constant), Physical violence						
Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	2.845	.258		11.039	.000
	Physical violence	.370	.083	.370	.444	.047

a. Dependent Variable: Women’s psychological trauma

Source: Primary data, 2024

From table above; the value of the regression coefficient between Physical violence and Women’s psychological trauma among the women, the R coefficient was computed to be at 0.370. This figure indicates that physical violence had a 37% effect on women’s psychological trauma among the women. The standard error estimate of .61597 shows close scatter of the data. Table further shows the analysis of variance (ANOVA) explains further the relationship between the independent variable (Physical violence) and the dependent variable (Women’s psychological trauma). The significance level was 0.047 implied significant physical violence has a significant effect on right of education of women in Yaqshid district, Somalia.

The table further illustrates the regression analysis between Physical violence and Women’s psychological trauma of women in Yaqshid district, Somalia. The regression analysis shows that

the rate of Women's psychological trauma that does not depend on physical violence was 2.845. The t values for the constant and β are (11.039) and .444) respectively with their respective levels of significances as (.000 and .047) respectively. Since the level of significance was less than 0.05, the researcher argues that there exist no significant effects of physical violence on women's psychological trauma among the women. The study findings indicate that physical violence reduces the rights of education of women in Yaqshid district, Somalia.

The results were in agreement with the Interviews which indicated that physical violence reduces the education rights of the women in the families. It's pivotal to argue that the state of the education rights was affected by the occurrence of physical violence.

Here are the questions and responses based on the interview with the Yaqshid Leader and other key informants:

How does physical violence impact the education rights of women in affected families?

The Yaqshid Leader stated that physical violence has a detrimental effect on the education rights of women. The occurrence of physical violence creates a severe psychological impact, which often results in the affected women being deprived of educational opportunities. This is because they frequently lack the necessary resources, such as school fees and facilities, to continue their education.

How does female genital mutilation (FGM) relate to cultural norms and community traditions in Somalia?

The UN Women focal person explained that female genital mutilation (FGM) is deeply rooted in cultural norms and traditions. Those who practice FGM are seen as adhering to cultural traditions that are integral to community livelihoods. This practice is considered a core element of cultural identity, which perpetuates its continuation within the communities.

What role does infibulation play in societal beliefs about purity and femininity, and how does it affect perceptions of female sexuality and marriageability?

The District Local Government Commissioner shared that both men and women view infibulation as crucial for male pleasure and societal notions of purity. There is a belief

that if a daughter is not circumcised, she is not considered clean. Infibulation is linked to concepts of social, physical, and religious purity, and any sexual activity before marriage is perceived as dishonorable to the family. This belief system strongly influences the connections between femininity, marriageability, and sexuality within the community.

Findings in the study reveal that majority responses agree that the occurrence of physical violence has reduced the value of the attaining Women's psychological trauma; attaining Women's psychological trauma has become a key challenge.

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

5.0 Introduction

This final section of the report deals with the discussion of the findings presented in the preceding chapter. The discussion was made with reference to other similar works done in previous studies. The section then draws conclusions from these discussions after which it offers recommendations. Finally, it suggests areas that were potential grounds for research that could not be completed in the body of this report.

5.1 Discussion of Findings

This section was further organized into three subsections with respect to the research objectives that guide the study.

5.1.1 Effects of verbal abuse on women's psychological trauma in Yaqshid district, Somalia.

The study findings, which reveal that verbal abuse is perceived at a moderately high to high level in Yaqshid District, align with existing literature on the severe impact of psychological abuse on women's psychological trauma. The data indicates that verbal abuse, linked to economic strain and interpersonal jealousy, significantly affects victims' mental health. This is consistent with the work of Comecanha et al., (2017), who categorize psychological abuse into emotional/verbal abuse and domination/isolation, highlighting that both forms can severely impact victims. The findings also echo Tani et al., (2016), who identify dimensions of psychological abuse such as denigration and dominance/intimidation, which are relevant in the context of verbal abuse experienced in Yaqshid District.

Further corroborating these results, Antai et al., (2024), and Outlaw, (2019), emphasize that psychological abuse, including verbal abuse, has severe mental health consequences like depression and PTSD, which aligns with the study's findings on the psychological effects of verbal abuse. Rogers and Follingstad, (2024), also discuss the long-term effects of psychological

abuse, including PTSD and anxiety, supporting the study's results that verbal abuse leads to significant psychological trauma.

The study's findings regarding the economic impact of verbal abuse are supported by the literature on economic control and financial instability resulting from verbal abuse. Weaver et al., (2019) and Kurz, (2019), discuss how verbal abuse, including economic control and deprivation, can lead to job loss and financial instability, which aligns with the study's results that economic strain is a significant contributor to verbal abuse in Yaqshid District. The findings also reflect Adams et al., (2018) and Evans, (2017), who note that economic dependence and financial stress create barriers to leaving abusive relationships and managing post-separation challenges.

Moreover, Kinnunen and Pulkkinen, (2018) and Yeung and Hofferth, (2018) highlight how financial stress exacerbates relationship breakdowns, supporting the study's conclusion that economic strain is a critical factor in verbal abuse. The study's focus on economic strain as a contributor to verbal abuse is consistent with these findings, suggesting that addressing economic stability could mitigate the impact of verbal abuse.

The study's findings on the cultural practice of female genital mutilation (FGM) are in line with the literature discussing the cultural norms and beliefs surrounding FGM. The interviews reveal that FGM is deeply rooted in cultural traditions and is seen as a key element of cultural identity, which is consistent with the observations made by the UN Women focal person. This aligns with Castles (2023), who notes that cultural practices like FGM are integral to community traditions and can have significant socio-economic impacts.

The District Local Government Commissioner's insights on the belief that infibulation enhances purity and femininity resonate with Rogers and Follingstad, (2024), who discuss how cultural norms around purity and sexuality influence practices like FGM. This connection underscores the role of cultural beliefs in perpetuating practices that impact women's health and social status.

The study highlights that domestic violence, including verbal abuse, can lead to significant economic and social challenges for women. This is supported by research from Duncan & Hoffman (2015) and Weitzman (2015), who discuss how domestic violence disproportionately

affects women economically, often leading to increased burdens and financial losses. The findings reflect these studies, emphasizing that domestic violence can exacerbate poverty and economic instability for women.

Moreover, Kumar (2015) and Morre et al., (2020) provide insights into the cognitive and emotional deficits caused by abuse, which align with the study's findings on the severe emotional consequences of domestic violence. These studies highlight how abuse can lead to long-lasting psychological issues, supporting the study's conclusion that domestic violence has profound and enduring impacts on women's mental health and economic stability.

5.1.2 Effects of sexual abuse on women's psychological trauma in Yaqshid district, Somalia.

The study findings indicated that sexual harassment and abuse are viewed as moderately high to high issues, as evidenced by mean scores ranging from 2.82 to 3.554. For instance, the perception of sexual harassment among women in families had a mean score of 2.956, suggesting a moderate recognition of the issue. This aligns with Hildyard & Wolf, (2022), who noted that neglect and abuse can lead to aggressive and disruptive behavior, impacting individuals' access to a healthy socio-economic environment. The study's results reinforce this notion by highlighting that sexual harassment significantly affects psychological trauma, mirroring the patterns described in their research.

Furthermore, the study's findings concerning the health impacts of sexual harassment, such as the spread of HIV/AIDS (mean = 3.21), relate closely to Kumar, Jeyaseelan, Suresh, & Chandra (2015). Their research observed cognitive and language deficits in abused individuals, with many showing emotional or behavioral problems. This correlation underscores the severe health consequences of sexual harassment, as detailed in both the current study and Kumar et al.'s findings.

Additionally, the study results are consistent with Rudina, Kathryn, Nafisa, (2011), who emphasized that trauma from abuse can significantly impact brain development, increasing the risk of psychological issues. This agreement highlights the broader implications of sexual

harassment, especially in terms of health outcomes, as evidenced by the study's findings on the link between sexual harassment and severe health problems like HIV/AIDS.

The findings from this study also resonate with Samkange (2016), who argued that various forms of abuse, including sexual harassment, affect the physical, social, and intellectual development of individuals. This alignment suggests that the adverse effects of sexual harassment extend beyond immediate trauma to influence multiple dimensions of individuals' lives, consistent with the broader impacts described by Samkange.

Moreover, the study's results reflect Terr (2021)'s differentiation between "Type I" and "Type II" trauma, with the latter involving prolonged exposure to trauma having a more profound impact. The study's findings support this distinction, showing that ongoing exposure to sexual harassment fits the criteria for Type II trauma, highlighting its significant effects on psychological well-being.

Finally, the study findings align with Mashiri, (2023), who posited that domestic violence, including sexual abuse, can impede development by affecting women's self-esteem and confidence. This connection emphasizes the broader implications of sexual harassment on personal and professional growth, as highlighted by both the current study and Mashiri's research.

5.1.3 Effects of physical violence on women's psychological trauma in Yaqshid district, Somalia.

The study findings indicate that physical violence is perceived as moderately high to low, with mean scores ranging from 2.474 to 3.27. The low rating for physical violence resulting from resource misuse (mean = 2.474) contrasts with the higher rating for physical violence leading to fatalities (mean = 3.27). This distinction suggests that while general physical violence is acknowledged, its most severe consequences, such as fatalities, are more pronounced. This observation aligns with Ryan (2018), who reported that physical violence by an intimate partner leads to severe health conditions, including traumatic brain injuries and other significant physical harm. The study's emphasis on the need for enhanced support systems and preventive measures

resonates with Ryan's findings, underscoring the importance of addressing the most severe forms of physical violence.

Furthermore, the study's results reflect the findings of Crofford, (2017), who highlighted the chronic stress associated with intimate partner violence and its impact on various bodily systems. The study's higher mean score for severe physical violence correlates with Crofford's research, which underscores the profound health implications of such violence. Both the study and Crofford's work emphasize the need for comprehensive interventions that address not only the physical but also the broader health consequences of domestic violence.

In addition, the study's results are consistent with Perrone, (1992), who pointed out that physical injuries from domestic violence can lead to long-term health complications like arthritis and cardiac diseases. The study's focus on the severe consequences of physical violence, including fatalities, aligns with Perrone's observations on the enduring health effects of such violence. This agreement highlights the critical need for targeted health interventions and support systems for survivors.

Moreover, the findings support Campbell et al., (2022), who documented an increase in gynecological, central nervous system (CNS), and stress-related problems among abused women. The study's higher ratings for severe physical violence mirror Campbell et al.'s empirical evidence, reinforcing the link between severe physical violence and significant health issues. This alignment emphasizes the importance of addressing both the immediate and long-term health impacts of domestic violence.

The study's results also resonate with Seagraves, (1980), who highlighted the increased likelihood of requiring inpatient psychiatric care among individuals experiencing domestic violence. The severe outcomes of physical violence, as reflected in the study's findings, align with Seagraves' assertion about the severe psychological consequences of such abuse. This correlation underscores the need for comprehensive mental health support for survivors.

Furthermore, the study's emphasis on the psychological impact of physical violence aligns with Stack (2019), who noted the increased risk of suicide among survivors. The study's focus on severe physical violence and its implications for mental health reinforces Stack's findings,

highlighting the critical need for mental health support and interventions to address the severe consequences of domestic violence.

In addition, the study's results align with Gove and Shin, (2019), and Kurdek, (2020, 2011), who found elevated rates of anxiety, depression, and general unhappiness among victims of domestic violence. The study's higher mean scores for severe physical violence are consistent with these findings, emphasizing the broad psychological impact of domestic violence. This agreement underscores the importance of addressing the psychological trauma associated with severe physical violence.

The findings also reflect Dunne et al., (2016), who discussed how domestic violence threatens women's education and overall well-being. The study's focus on the severe consequences of physical violence, including fatalities, aligns with Dunne et al.'s observations about the impact of domestic violence on education and personal development. This connection highlights the need for interventions that address both educational and psychological outcomes for survivors.

5.2 Conclusion

The study was to determine the effects of domestic violence and effects on women's psychological trauma in Yaqshid district, Somalia. The study set to determine the effects of domestic violence on right to education of women; explore the effects of sexual abuse on women's psychological trauma in Yaqshid district, Somalia and examine the effects of Verbal abuse on women's psychological trauma in Yaqshid district, Somalia.

5.2.1 The effects of verbal abuse on women's psychological trauma

The study concludes that verbal abuse negatively affects the social economic development of families in Yaqshid district, Somalia. The study indicated that the increase in verbal abuse lead to reduction in food for the families. The researcher concludes that the occurrence of the verbal abuse denies the women access to the food since the providers were either separated or not in love of the women.

Furthermore the working relationship between the community administration and the government is good and works smoothly. However, the horizontal relationship amongst

communities is strained and there is less co-ordination and co-operation amongst the different communities to fight the effects of verbal abuse on women's psychological trauma.

5.2.2 The effects of sexual abuse on women's psychological trauma

The study concludes that the increase in Sexual abuse lead to reduction in health wellbeing of affected victims. On the findings the study concludes that sexual abuse has generally led to reduction in the health wellbeing to victims affected were some got even HIV/AIDs in the process of being violated.

Furthermore different households' socio-economic background factors influence domestic violence differently. There are significant differences in the extent of occurrence of all forms of domestic violence according to marital status of the respondent except for severe sexual abuse. There was no evidence to show any significant differences in this forms of domestic violence based on duration of families except for child abuse and sexual abuse.

5.2.3 The effects of physical violence on women's psychological trauma

The study findings show that physical violence negatively affects the Women's psychological trauma of families in Yaqshid district, Somalia. The study indicated that the increased in physical violence lead to reduction in Women's psychological trauma for the families. The results conclude that the occurrence of physical violence has generally reduced the functionality of the district in terms of Women's psychological trauma for the families.

Furthermore the, the researcher observes that that domestic violence and Women's psychological trauma in Yaqshid district were major issues affecting the region as per the evidence showed by the findings of the study that in terms of percentages that showed that domestic violence is majorly caused by alcohol consumption whereas the major effect on women is abandonment. Government programmes on violence against women do not adequately address the specific vulnerability of women and girls with disabilities.

5.3 Recommendations

5.3.1 The effects of verbal abuse on women's psychological trauma

To address the issue of verbal abuse related to economic strain, local government authorities and community-based organizations should prioritize the implementation of economic support programs. These initiatives could include financial assistance or job creation schemes tailored specifically for households in Yaqshid district. By offering workshops and training on financial management, families can improve their economic stability, which in turn may alleviate the pressures that contribute to verbal abuse. This approach should be rolled out immediately and sustained over time, with periodic evaluations to assess its effectiveness in reducing economic strain and, consequently, verbal abuse.

Family counseling services and social workers should focus on managing issues related to familial jealousy, a significant contributor to verbal abuse. It is crucial to provide counseling and family therapy sessions aimed at addressing jealousy and improving communication between spouses. Educational programs designed to promote healthy conflict resolution skills should also be implemented. These interventions should be prioritized for families identified as high-risk and offered on a recurring basis. By addressing the underlying causes of jealousy and conflict, these efforts can help mitigate verbal abuse and foster healthier familial relationships.

Local NGOs, community leaders, and educational institutions should engage in ongoing community awareness campaigns to highlight the impact of verbal abuse and the importance of addressing contributing factors such as economic strain and jealousy. These campaigns should include workshops, seminars, and informational materials that educate the public about the links between economic pressures, interpersonal issues, and verbal abuse. By involving local leaders and organizations in these efforts, it is possible to ensure broad community participation and support, creating a more informed and proactive approach to preventing verbal abuse.

Mental health professionals and support organizations need to establish and maintain support services for individuals affected by verbal abuse. This support should be both immediate and long-term, offering counseling and psychological assistance that is accessible to all residents of Yaqshid district. Ensuring that these services are culturally sensitive and readily available will be

essential for effectively supporting survivors. By providing comprehensive and accessible support, these services can help individuals recover from the trauma of verbal abuse and improve their overall well-being.

5.3.2 The effects of sexual abuse on women's psychological trauma

To address the moderate to high levels of sexual harassment and abuse identified in the study, local government bodies and law enforcement agencies should immediately enhance protection measures. This could include the implementation of stricter laws and policies aimed at preventing sexual harassment and abuse. Specific actions could involve establishing dedicated units within the police force to handle sexual harassment cases, ensuring that victims receive prompt and sensitive support. Community outreach programs should be developed to educate the public about these laws and the mechanisms available for reporting abuse. Regular training for law enforcement personnel on handling sexual harassment cases with empathy and efficiency will also be essential. These measures should be rolled out as soon as possible and continuously reviewed to ensure effectiveness.

Given the significant health implications of sexual abuse, including its link to the spread of HIV/AIDS, local health organizations and NGOs should focus on increasing health education and awareness. Educational campaigns should be designed to inform individuals about the risks associated with sexual abuse and promote preventive measures. These campaigns could include workshops, seminars, and informational materials distributed through various community channels. Collaborations with healthcare providers to offer free or low-cost screenings and counseling services for sexually transmitted infections (STIs) and mental health support should also be prioritized. These educational initiatives should be implemented promptly and sustained over time to build a more informed and proactive community.

Local health departments and support organizations need to establish comprehensive support services for victims of sexual harassment and abuse. This support should include access to medical care, mental health counseling, and legal assistance. Specialized services, such as trauma-informed care and victim advocacy programs, should be made readily available to address the diverse needs of survivors. Ensuring that these services are culturally sensitive and accessible will be crucial for their effectiveness. Support services should be established

immediately, with continuous efforts to improve and adapt them based on feedback from survivors.

Community leaders, educational institutions, and NGOs should work together to strengthen reporting mechanisms and encourage community involvement in addressing sexual harassment. This can be achieved by creating safe and confidential channels for reporting abuse and ensuring that individuals are aware of these channels. Community workshops and training sessions should be conducted to empower individuals to recognize and report sexual harassment and abuse. By fostering a supportive community environment and ensuring that reporting mechanisms are effective and user-friendly, the overall response to sexual harassment can be significantly improved.

5.3.3 The effects of physical violence on women's psychological trauma

To address the severe physical violence identified in the study, including those leading to fatalities, local government authorities and social services should develop and enhance support systems specifically targeting severe cases. This includes setting up dedicated crisis intervention units that provide immediate assistance to victims of severe physical violence. These units should offer emergency shelter, medical care, and counseling services. It is crucial to ensure that these support services are well-funded, readily available, and equipped to handle high-risk situations. The implementation of these measures should be prioritized and executed promptly to provide timely assistance to those in dire need. Continuous assessment and adaptation of these services will be essential to address evolving needs and ensure effectiveness.

Given the pronounced impact of severe physical violence, community-based preventive measures and education programs should be established. These programs could include workshops and seminars aimed at educating the public about the signs of severe physical violence, its consequences, and available resources. Local schools, community centers, and religious organizations should collaborate to disseminate this information widely. Educational campaigns should focus on promoting healthy relationships, conflict resolution skills, and the importance of reporting violence. These preventive measures should be rolled out as soon as possible and regularly updated to address emerging issues and reinforce the community's role in preventing violence.

To effectively address severe physical violence, law enforcement agencies should undergo specialized training focused on handling high-risk cases. Training should cover recognizing signs of severe physical violence, conducting thorough investigations, and providing victim-centered responses. Additionally, law enforcement protocols should be updated to ensure that cases of severe physical violence are prioritized and managed with urgency. This training and protocol enhancement should be implemented immediately, with ongoing evaluations to ensure that law enforcement personnel are adequately prepared to address these critical issues.

Local authorities, healthcare providers, and non-governmental organizations (NGOs) should form partnerships to create a holistic support network for victims of severe physical violence. This network should integrate services such as medical treatment, psychological counseling, legal aid, and long-term rehabilitation. Collaborative efforts among these entities will ensure that victims receive comprehensive care and support tailored to their specific needs. The establishment of these partnerships should be initiated promptly, with a focus on creating a seamless support system that addresses both immediate and long-term needs of survivors.

5.4 Contributions of the study to the Existing Body of Knowledge

This study offers significant contributions to the understanding of domestic violence in Yaqshid District, Somalia, by delivering a detailed analysis of its various forms—verbal abuse, sexual harassment, and physical violence—and their impact on women’s psychological well-being. One of the primary innovations of this research is its comprehensive approach, which combines both quantitative and qualitative methods. Through the use of descriptive statistics and in-depth interviews, the study not only quantifies the prevalence of domestic violence but also captures the nuanced effects of these experiences on women. This methodological duality enhances the study’s validity and depth, offering a richer perspective on the issue. What sets this study apart is its exploration of cultural norms and the gaps in government interventions, as revealed through interviews with community leaders, advocates, and other stakeholders. This aspect of the research sheds light on the sociocultural context surrounding domestic violence in Yaqshid District, identifying specific cultural practices and institutional shortcomings that contribute to the persistence of violence. These insights are critical for developing targeted interventions that are culturally sensitive and effective. Furthermore, the study makes a valuable contribution to the

Sustainable Development Goals (SDGs), particularly Goal 5 (Gender Equality) and Goal 16 (Peace, Justice, and Strong Institutions). By addressing the multifaceted nature of domestic violence and its repercussions, this research aligns with global efforts to promote gender equality, eradicate violence, and ensure justice and well-being for all. It provides new evidence on how domestic violence affects women in Yaqshid District, offering a basis for policy-making and community-driven solutions aimed at mitigating these impacts.

In summary, this study significantly advances the existing body of knowledge by offering a thorough analysis of domestic violence and its psychological effects on women in Yaqshid District. The findings provide a foundation for targeted policies and interventions, and the insights gained are instrumental in informing future research and practical measures to address and reduce domestic violence in the region.

5.5 Areas for Further Research

The results presented in this report may not be conclusive and should be treated as being preliminary. Further analysis of the survey data on domestic violence and Women's psychological trauma need to be further assessed on the following.

- Social interventions and family welfare
- The role of government in managing for family welfare in organizations
- Non-government organizations and child abuse management in communities.

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APPENDICES

Appendix I: Questionnaire for National institute of health officials , Veteran affairs staff members, Officials of the WHO, Save the women NGO and Officials from the Ministry of Women and Human rights

Dear Respondents,

I **FUAD ALI HASSAN**, a student at Kampala International University pursuing a Master's Degree in Social work and Social Administration as part of the requirements for the master's award, I am conducting a research on Domestic violence and Women's psychological Trauma in Yaqshid district, Somalia. I hereby implore you to supply valid and correct information to the questions asked. Your response will be treated with confidentiality for academic purposes only.

Thanks for your cooperation.

SECTION A: BIO_DATA of respondents

1. Age

- 2. 18-30 Years
- 3. 31-40 Years
- 4. 41-45 years
- 5. 46-50 years
- 6. 51 and above

7. Education

- Illiterates
- Certificate
- Diploma
- Degree
- Masters
- PhD

8. Marital Status

- Single
- Married
- Divorced
- Widowed

9. Working Experience

- Less than one years
- 1-3 years
- 4-6 years
- 7-9 years
- 10 and above years

Under the following sections, please tick according to your level of agreement

- 5. SA Strongly Agree
- 4. Agree
- 3. Not sure
- 2. Disagree
- 1. Strongly Disagree

Please evaluate the statement by ticking in the box with the number that best suits you.

SECTION B: Domestic violence

NO 5	Verbal abuse	1	2	3	4	5
a.	You feel that domestic violence leads to cause of verbal abuse					
b.	Do you think fathers abandonment of Family causes verbal abuse to the members of that family mostly the women in your society					
c.	Do you feel that jealousy among spouses causes Verbal abuse among families.					
d.	Do you think that spouse/ guardian don't provide school requirements hence leading to verbal abuse among families.					
	Sexual abuse					
e.	There exist sexual harassment among the women in families					
f.	The women are not well protected from sexual abuse among people					

g.	There is sexual harassment among parents in the presence of women					
h.	Sexual harassment lead to production of irresponsible and unmanageable women					
i.	HIV/AIDS has spread at a high rate due to domestic violence.					
	Physical violence					
I.	There is violence of resources among the parents in families					
J.	There exist physical harm on the management of families					
K.	There is family misunderstanding and assault cases between married people in families					
L.	The parents are also involved in physical harm in families					

SECTION D: WOMEN'S PSYCHOLOGICAL TRAUMA

Kindly indicate the level of agreement or disagreement to each statement by ticking in the column or boxes against the statement. Please be guided by this scale Key; 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Disagree

QUESTIONNAIRE ON WOMEN'S PSYCHOLOGICAL TRAUMA

	Women's psychological Trauma	Rating			
	Depression	4	3	2	1
1	Do you think that depression has effects on a Women's Welfare in Yaqshid district, Somalia.				
2	Is it true that emotional effects have impact on women's daily life				
3	Do think witnessing violence results into poor school performance and attendance of women				
4	Do you think that emotional effects affects the academic performance of women				

	PSTD				
1	Do you think that Women suffer from emotional and psychological trauma of living in a house that is dominated by fear and tension?				
2	Do you think that Women who are exposed to battering are always worried for themselves and their families thus feel worthless and powerless				
3	Does you think that Exposure to immorality (e.g. improper dressing, compromising situations etc) affect a women				
4	Do you feel that lack of economic resources cause cognitive effects to Women's psychological Trauma in your community				
5	Do you think Healthily Consequences lead to cognitive effects to Women's psychological Trauma in your community				
	Anxiety				
1	Do you think Domestic violence like corporal punishments develops fear in women psychologically				
2	Do you feel that Sexual harassment causes young ones to run away from home hence psychological affected				
3	Does Exposure of domestic violence led to low self-esteem, social withdrawal and depression against women				
4	Do you feel that exposure to very harsh environment (e.g. thrown out of the house at night or in the rain, denied food, send out to steal etc) Affect the women				
5	Do you feel that high rate of existence of the Battery of women leads to psychological effects				

Thanks for your cooperation

Appendix II: Interview guide for mental health professionals, community leaders and advocates, officials from Humanitarian organizations (save the women) and Law enforcement officers.

- 1) What are the societal beliefs about the consequences faced by perpetrators of rape in your community, and how do these beliefs affect the reporting and prosecution of rape cases?
- 2) How does the issue of rape manifest in your community, and what are the challenges faced by victims in seeking justice?
- 3) What is the role of cultural norms in handling cases of rape in your community, and how does this impact the involvement of the government?
- 4) Are you aware of any government laws against sexual and domestic violence in Somalia, and how are such cases typically resolved within your community?
- 5) How are early marriages perceived in your community, and what role do cultural norms play in supporting or opposing these practices?
- 6) What is the community's stance on supporting early marriages, and how does this relate to the status and role of women within the community?
- 7) What are the community perceptions regarding early marriages, and how are these practices justified culturally?
- 8) What is the prevalence of domestic violence in families, and how does it affect women in your community?
- 9) How do community leaders and advocates view the alignment between the questionnaire information and community perspectives?
- 10) What is the level of care and attention given by parents in providing educational resources for women in the community?
- 11) How effective and widespread are the educational provisions for women in the community?
- 12) What is the general sentiment about the provision of rights and support for women in the community?
- 13) How have reports of violent behavior in families affected their living conditions and management?

- 14) What are the observed effects of family violence on access to basic needs such as food and overall family development?
- 15) How does sexual abuse impact the health and access to health services for women in affected families?
- 16) What are the effects of sexual abuse on the quality of care and health services available to women in the community?
- 17) How do poverty and resource scarcity influence the treatment and discipline of women in households?
- 18) How does physical violence impact the education rights of women in affected families?
- 19) How does female genital mutilation (FGM) relate to cultural norms and community traditions in Somalia?
- 20) What role does infibulation play in societal beliefs about purity and femininity, and how does it affect perceptions of female sexuality and marriageability?

Appendix III: Workplan

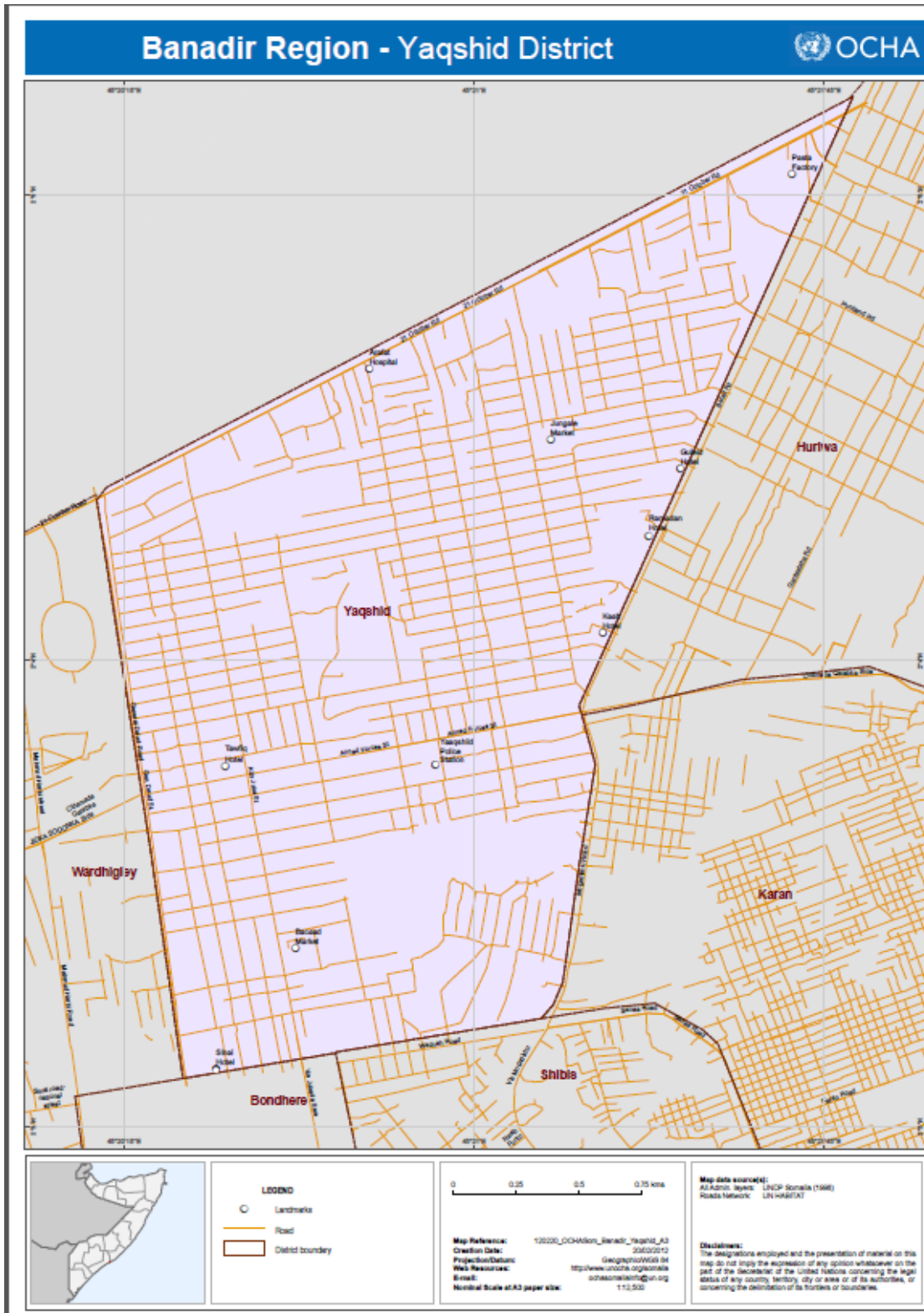
Time resources required for the thesis report.

2023 -2024	Sep	Oct	Nov	Dec.	Jan	Feb	Mar	Apr	May	Jun	Jul
Proposal											
Data Collection											
Data Compiling and Analysis											
Thesis Report Writing											

Appendix IV: Research budget estimates

ITEM	AMOUNT IN UGX
Stationery	200,000
Accommodation	700,000
Research Equipment	400,000
Consultation expenses	550,000
Meals	600,000
Transport	600,000
Miscellaneous	400,000
GRAND TOTAL	3,450,000

Appendix V: A map of Yaqshid district, Somalia



Source: Somalia Reference Map - Yaqshid district (22 Feb 2022)



**KAMPALA
INTERNATIONAL
UNIVERSITY**

Appendix VI: Introductory letter

Ggaba Road, Kansanga * PO BOX 20000 Kampala, Uganda
Tel: 0763000533/070519658 Fax: +256 (0) 41 – 501974
E-mail: dhdrinquiries@kiu.ac.ug * Website: http://www.kiu.ac.ug

**Directorate of Higher Degrees and Research
Office of the Director**

Our Ref. 2022-08-11096

Friday 12th January, 2024

Dear Sir/Madam,

**RE: INTRODUCTION LETTER FOR FUAD ALI HASSAN
REG. NO. 2022-08-11096**

The above mentioned student is a student of Kampala International University pursuing a Master’s Degree in Social Work and Social Administration.

The student is currently conducting a research study titled, *“Domestic Violence and Women’s Psychological Trauma in Yaqshid District, Somalia”*.

Your organization has been identified as a valuable source of information pertaining to the research subject of interest. The purpose of this letter therefore is to request you to kindly cooperate and avail the student with the pertinent information needed. It is our ardent belief that the findings from this research will benefit KIU and your organization.

Any information shared with the researcher will be used for academic purposes only and shall be kept with utmost confidentiality.

I appreciate any assistance rendered to the researcher

Yours Sincerely,


Prof. Israel O. Obaroh
Director



C.c. DVC Academic Affairs
Principal-CHSS