PREVALENCE OF PHYSICAL VIOLENCE AND ITS ASSOCIATED FACTORS TOWARD PATIENTS WITH SEVERE MENTAL ILLNESSES ATTENDING TREATMENT AT JIMMA UNIVERSITY MEDICAL CENTER, PSYCHIATRIC CLINIC, JIMMA, SOUTH-WEST ETHIOPIA.

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PREVALENCE OF PHYSICAL VICTIMIZATION AND ITS ASSOCIATED FACTORS TOWARD PATIENTS WITH SEVERE MENTAL ILLNESS ON ATTENDING FOLLOW-UP TREATMENT AT JIMMA UNIVERSITY MEDICAL CENTER, PSYCHIATRIC CLINIC, JIMMA, SOUTH-WEST ETHIOPIA.

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List of Abbreviations and acronyms

ASSIST-alcohol, smoking, and substance screening test

BSc – Bachelor of Science

DX - Diagnosis

IRB –Ethical Review Board

JMC – Jimma Medical Center

LMICs -Low and Middle-Income Countries (LMICs)

MAQ-Medication adherence questionnaire

OPD-Out Patient Department

OSSS-3-Oslo Social Support Scale-3 item

SBQ-R- Suicide Behavior Questionnaire- Revised

SMI -Severe Mental Illness

SRQ-Self Reporting Questioner

SPSS-Statistical Package for Social Science

US -- United States

WHO-World Health Organization

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Abstract

Background: *Patients with severe mental illness have an increased risk of physical victimization. Any form of violence against patients with severe mental illnesses worsens the condition leading to poor outcomes. Nevertheless, this topic was not thoroughly studied in Ethiopian patients with severe mental illness.*

Objective: *This study aimed to assess the prevalence of physical violence and its associated factors among patients with severe mental illnesses attending follow-up treatment at Jimma University Medical Center, psychiatric clinic, Jimma, Southwest Ethiopia.*

Methods: *An institution-based cross-sectional study was employed. A total of 318 samples were selected by using a systematic random sampling technique, by using proportional allocation (i.e. k^{th} value K=N/n, (major depression 2210/715 6.9≈7), (Bipolar 2210/570 6.9≈7), (schizophrenia 2210/925 6.9≈7). Data was collected Through face-to-face interviews using a measured using an adopted study done in Brazil and the US study It was measured by using YES or NO questions .Data was entered into epi data manager (version 4.6) and exported to SPSS software (version 25.0) for analysis. Bivariate binary logistic regression analysis was performed and variables with p-value < 0.25 were considered candidates for multivariable binary logistic regression. Multivariate binary logistic regression analyses were done and statistically significant variables were declared at 5%.*

Results*: A total of 297 pat participated in the study. The prevalence of physical victimization was 156 (52.5%) with (95%Cl= 46.8%, 58.2%). Male gender (AOR=3.5; 95%Cl= 1.178,8.187), non-adherence to medication (AOR=2.156; 95%CI= 1.142,5.145), previous hospitalization (AOR=3.4, 95%CI: 1.011,6.518), life time alcohol use (AOR=2.3; 95%Cl= 1.156,4.745), life time khat chewing (AOR=2.8; 95%Cl= 1.751,6124) and having suicidal ideation and behavior (AOR=3.7; 95%Cl= 1.846,9.471) were associated with physical violence.*

Conclusion & recommendation: *This study showed that more than half of people with severe mental illness are physically victimized. Furthermore,being males with a history of hospitalization, medication non-adherence, lifetime alcohol use, khat chewing, and suicidal ideation and behavior had higher rates of victimization. These findings should prompt us to thoroughly assess our patients for a history of physical victimization and act accordingly.*

Keywords: *Physical victimization, Severe mental illness, Jimma Medical Center, outpatient department.*

ONE: INTRODUCTION

1.1 Background of the Study

The World Health Organization (WHO) defines violence as "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation."(1). Violence can have many forms and is categorized in various ways. Physical, Sexual, Psychological, and Neglect. Child maltreatment, youth violence, intimate partner violence, abuse of the elderly, sexual violence, and homicide. Interpersonal violence is inflicted by family or intimate partners, strangers, a member of a community or neighborhood, and those not related to the victim(1).

Violent victimization has a wide range of devastating effects on people, communities, countries, and the overall state of the world. Violence can have a variety of negative effects, from minor physical wounds to serious psychological damage and even death. According to a WHO report, non-fatal physical injuries, mental health disorders, and problems with sexual and reproductive health are the most common outcomes of violence and are more prevalent in women, the elderly, and children(2). physical violence is defined as an act intended to cause severe pain or injury, such as slapping, kicking, biting, choking, burning, beating, or threatening with or without a weapon (3).

The health consequences of physical violence are becoming better understood, with recent studies looking in that direction. One study has found that Physical violence was linked to an increased risk of current poor health, depressive symptoms, substance use, and developing a chronic disease, chronic mental illness, or injury(4). Fatal outcomes are much more common among males. The WHO reported that between 2000-2014 G.C., 6 million people lost their lives to violence(2). In 2019 G.C. 16.2 per 100,000 deaths globally and 17.9 per 100,000 mortalities per year in Africa were due to violence(5).

Severe mental illness (SMI) is defined as a mental, behavioral, or emotional disorder that causes significant functional impairment in one or more major life activities, such as schizophrenia, bipolar disorder, or major depressive disorder(6). The World Health Organization estimated that severe mental illness (SMI) affects 4% of the adult populations worldwide(7).and 4.2% of U.S adults(6). SMI patients have unmet needs in the criminal justice and healthcare systems. They

require medical attention as well as legal protection. They become victims of physical, sexual, or property violence because their legal rights are not protected(8).

People with severe mental illnesses are at a significantly higher risk of physical abuse than the general population. revealed that 51.2%%(9). Data from the British Crime Survey as well as police-recorded crime are presented. Young men are more likely than women to be victims of physical violence directed at people suffering from severe mental illnesses in the general population(10) .

However, in recent years researchers have started to explore the other side of violence; the victimization of people with severe mental illness. Studies in high- and low-income countries show that people with severe mental illness are at higher risk of being victimized than the general population(11,12). Other studies from nations with various demographic and socioeconomic statuses show an apparent increase in violent victimization (physical, sexual, and psychological) among those with severe mental illness, despite it being to a different degree. For instance, rates of victimization ranging from as low as 5.6% in Finland to 36.7% in the USA have been reported(3,13).

1.2. Statement of the problem

The burden of mental health problems is increasing globally(14). more than one billion people worldwide were affected by mental disorders in 2016(15). Violence is a global concern and has detrimental consequences, in terms of physical and mental health, to the extent of death. It also has an economic burden as well. Over 1.2 million people worldwide died due to self-inflicted, interpersonal, or collective violence in 2019, accounting for 2.3% of global mortality rates. In Africa, up to 17.9 per 100,000 deaths were associated with violence in 2019. Similarly, in Ethiopia, the crude death rate due to violence was 9.4 for males and 6.9 per 100,000 deaths. Despite this large number, most victims of violence sustain non-fatal physical injuries, mental health problems, or sexual and reproductive health issues(2,5).

Patients with severe mental illness are among the high-risk or vulnerable groups, so they are at higher risk of being victims of violence and all the consequences that come with it, including the worsening of their illness. A systemic review done from data collected from over 5000 patients across the globe showed violent victimization of patients with severe mental illness to range

from 4.3 to 35%(12). Although people with severe mental disorders are vulnerable to violence due to their impoverished social circumstances, traumatic experiences, and psychiatric disability, all of which may reduce their ability to avoid potentially dangerous situations or otherwise protect themselves(16).

Violence research is useful; it is especially important to determine the extent of recent physical violence in people with SMI, as well as the factors that contribute to it. Victims of recent assault may be dealing not only with the physical consequences of their victimization but also with the ongoing fear of new assaults. They could be in physical or emotional danger(16). Most published data focus only on females and a few studies focused on males(17,18).

Understanding the magnitude and the factors associated with specific violence against patients with mental illnesses is crucial for planning prevention and early intervention by primary care and public mental health services(1,19). Also, another study reported that patients with severe mental illnesses are more likely to become victims among women, and reported rates of adult physical abuse by an intimate range from 21 percent to 34 percent (3).

This study aimed at assessing the prevalence and factors associated with people with severe mental illness, at Jimma Medical Center (JMC), Jimma, Ethiopia.

1.3. Significance of the study

The findings from this paper will help contribute to understanding the magnitude and possible associated factors of physical violence in patients with severe mental illness. Showing the prevalence will help get the necessary attention and support to incite change about severe mental ill people. Help health professionals & policymakers to plan effective health interventions that will reduce the prevalence of physical violence. For psychiatry department of JMC can use the findings from this paper to improve patient evaluation and care in the facility. The entire hospital staff can use it to enhance and spread awareness. Additionally, it will help future studies have a baseline for understanding the magnitude of the problem, as well as further studies to ascertain causality and explore more associated factors that mental health and public health professionals can target for improvement. It will also be a source of inspiration for further research and narrows the gap in the literature on the topic.

TWO: LITERATURE REVIEW

2.1 Overview of physical violence towards people with severe mental illness

Violence is a serious issue. It has profound consequences such as the exacerbation of preexisting psychiatric symptoms, predisposing to chronicity and poor recovery, and increasing hospitalization rates for mentally ill patients. Consequently, this can significantly contribute to the increased utilization of services and the burden of mental illness. In addition, violence may increase the likelihood of victimization and perpetration of violence in those patients.

2.2 Prevalence of physical violence towards patients with severe mental illnesses

There was different literature done using different methods and tools globally on patients with severe mental illness related to physical violence.

A cording to a large-scale study done in the U.S. found that of 700 participants with severe mental illness, reported that the prevalence of physical violence towards people with severe mental illness was reported that 59.7% (16). Another cross-sectional study conducted in Southern Germany showed that The prevalence of physical violence towards people with severe mental illnesses outside of mental health care is 51.2%, and they are violated (17.1%) by other patients and 10%had physically violated by staff(9).

In a cross-sectional study done in brazil among patients with severe mental illnesses, the prevalence of physical violence was reported that 57.8%(20). A systematic review done in hind International Review of Psychiatry reported that physical violence towards people with severe mental illness was 20.7%(6).

A Multisite epidemiological survey done in the Netherlands included a random sample of 956 adult severely mentally ill outpatients reported in a cross-sectional study design Annual Prevalence(12)month prevalence rates of the severely mentally ill outpatient had been (RR = 4.85, 95% CI= 3.69,6.39) physically violated (21). A study done in Egypt retrospective study design on 300 participants each had a diagnosis (100 patients with schizophrenia, 100 with bipolar, and 100 with major depression) reported being physically violated among severe mental illness (64.6% %) (22).

According to a Cross-sectional descriptive study design conducted in Ethiopia, on physical violence towards people with severe mental illness reported by study participants lifetime prevalence was 37.9% and the 12-month prevalence was 19%(23).

2.2. Factors associated with physical violence towards people with severely mentally ill

2.2.1 Socio-demographic characteristics

According a study done in the USA shows that, among individuals with SMI**,** men are somewhat more likely to have experienced recent physical violence. Whereas women are less likely to have experienced recent physical violence, homelessness, and unemployed are associated factors for physical violence(16). A systematic review done in hind reported on risk factors for physical violence, as well as the extent of physical violence against men and women with SMI who were at greater risk of physical violence, was homelessness (6)**.**

A cording to study conducted in Southern Germany showed that The prevalence of physical violence associated with men reported to have experienced physical violence more than women are more experience sexual violence (9). Other research at Northwestern University in Chicago showed that men with severe mental illnesses were more likely than women to be exposed to physical violence (8).

According to a review done in the UK People with a psychotic patient experience high rates of physical violence, men are at higher risk of physical violence, while women are at higher risk of domestic and sexual violence (18). A cross-sectional study conducted in Brazil revealed that higher prevalence in both gender and those aged, while younger age (18-40), with a history of homelessness, and first psychiatric hospitalization under the age of 18 (20).

A study conducted in Connecticut, Maryland, New Hampshire, and North Carolina reported that homelessness and unemployment were associated factors for violence towards people with severe mental illness (16).

There was a scarcity of data on risk factors for physical violence, as well as the extent of physical violence against people with severe mental illness were at greater risk of physical violence than the general population, with the gender gap narrowing, homelessness was among the risk factors for victimization among people with SMI that were shared with the general

population (6)**.** In a cross-sectional community study design conducted in Addis Ababa Ethiopia at Amanuel hospital being female, aged at the onset of mental illness 26 years and below this are associated with physical victimization of people with severe mental illness(23).A comparative cross-sectional community study in Butajira, Ethiopia: unemployment, linked to a history of violent victimization in people with SMI(11)**.**

2.2.2 Clinically related factors

Research done in Germany showed that in a cross-sectional study assessing risk factors associated with people with severe mental illness number of previous psychiatric hospitalizations, and duration of illness were significantly associated with physical violence (9).

A cross-sectional study conducted in Brazil revealed factors for physical violence reported such as previous psychiatric hospitalization (AOR = 1.39; 95% CI = 1.06-1.82) significantly associated factors for the patient with severe mental illness (20).

A study conducted in Connecticut, Maryland, New Hampshire, and North Carolina reported that having more hospitalization and the severity of the illness are associated factors for physical violence towards people with severe mental illness (16).

In a cross-sectional community study design conducted in Addis Ababa Ethiopia at Amanuel hospital previously hospitalized, suicidal attempts are associated with the physical victimization of people with severe mental illness(23). In a comparative cross-sectional community study in Butajira, Ethiopia, drug no adherence and being a perpetrator of violence were all linked to a history of violent victimization in people with SMI(11)**.**

2.2.3 Psychosocial factors

Studies conducted in London on people with severe mental illness are more likely to be ‘suitable targets especially when symptomatic, homeless, or more likely to lack ‘capable guardians’, due to a poor family and occupational social networks. Structural factors that contribute to their excess risk include a greater likelihood of living in a disadvantaged neighborhood, where there is a higher concentration of crime and weaker collective action against it (18)**.**

In a comparative cross-sectional community study in Butajira, Ethiopia poor social support was linked to a history of violent victimization in people with SMI(11)**.**

2.2.4 Substance-related factors

A study done in the U.S. reported that drug and alcohol use was strongly associated factors for physical violence in people with severe mental illness (16). A cross-sectional study conducted in Brazil revealed factors such as alcohol/drug use, lifetime alcohol consumption(AOR = 1.41; 95% CI = 1.03-1.94) lifetime use of marijuana or cocaine had strongly associated factors for physical violence (34.4% versus 11.2%) (20).

According to a cross-sectional study, England reported that the strongest risk factors for violence in persons with severe mental illness were recent physical victimization, substance use, and violence perpetration accounted for the excess risk of victimization among people with severe mental ill people(24).

Martin Černý reported that the strongest risk factors for violence in persons with psychosis were recent physical victimization, the level of drug use, and the level of alcohol use. associated factors for physical violence(27). A study conducted in Connecticut, Maryland, New Hampshire, and North Carolina reported that being, alcohol abuse, associated factors for violence towards people with severe mental illness(16). A retrospective cohort study design was conducted to data on physical violence associated with people with severe mental illnesses and drug or alcohol use, which lead to violence (28). According to a systematic review done in hind reported on risk factors for physical violence, substance use (alcohol use) has a factor for physical violence (6)**.**

According to Taiwan study reported that individuals who have a history of alcohol use were at a significantly increased risk of being victimized (AOR=3.96; 95%CI=1.271, 2.36), In this analysis, suicide attempts and being hospitalized were not significant risk factors(28). In a study done in Finland among schizophrenia patients, the likelihood of victimization among those who used alcohol was 5.44 times more than among non-users(13).

According to a study done in England, a cross-sectional reported factor for substance use was 6.4 % among women and 2.7 among men. Women with SMI were at increased risk of all types of

violent victimization; including domestic physical violence, and community physical violence a victim of physical violence(29).

In a cross-sectional community study design conducted in Addis Ababa Ethiopia at Amanuel hospital, substance use such as alcohol, cigarette, and or khat (a green leaf containing amphetamine-like substance); criminal history and history of perpetrating violence were all associated with the physical victimization of people with severe mental illness(23). Despite on this in a comparative cross-sectional community study in Butajira, nearly two-thirds of severely mentally ill participants chewed khat but no association with violence was seen(11)**.**

2.3. Conceptual framework

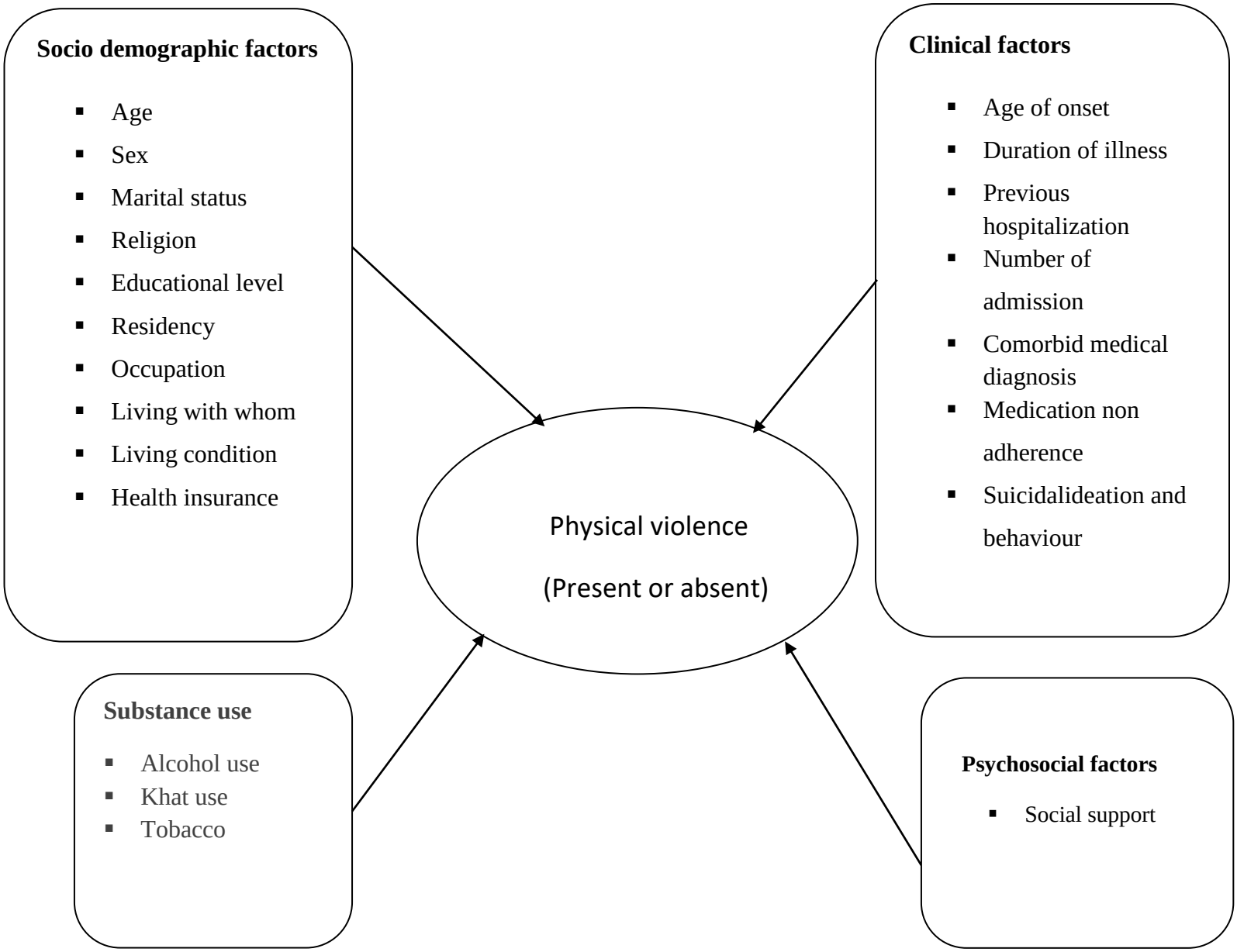

Figure 1. Conceptual framework of factors associated with physical violence against people with severe mental illness.

THREE: OBJECTIVES OF THE STUDY

3.1. General objective

- To assess the prevalence of physical violence and associated factors toward patients with severe mental illness attending follow-up treatment at JMC, 2022.

3.2. Specific objectives

- To assess the prevalence of physical violence towards patients with severe mental illness attending follow-up treatment at JMC.
- To identify factors associated with physical violence toward patients with severe mental illness attending follow up treatment at JMC.
- To revealed the prevalence of physical violence towards patients with severe mental illness attending follow-up treatment at JMC.

FOUR: MATERIALS AND METHODS

4.1. Study area and period

This study was carried out at JUMC psychiatry outpatient department in Ethiopia over 2 months starting from September 1 to, October 30 ,2022. JUMC is located in Jimma town, 346 km from Addis Ababa, the capital city. JUMC is one of the oldest public hospitals found in the South Western part of the country that runs under Jimma University. It is currently the only referral hospital in Southwest Ethiopia. This medical center gives service to more than 15 million people and has more than 800 beds, and 1600 staff members. The psychiatric clinic of JUMC was established in 1996 and gives services to inpatients and outpatients. Currently, there are more than 1000 patients who are attending follow-treatments at OPD monthly and on average around 95 patients are visiting the clinic .

4.2. Study design

An institutional-based cross-sectional study design was used for this study.

4.3. Population

4.3.1. Source population

All patients with severe mental illnesses who are attending follow-up treatment at the JMC attending at OPD during the study period.

4.3.2. Study population

A sample of patients with a diagnosis of severe mental illnesses attended follow-up treatment at the JMC psychiatric clinic during the study period.

4.4. Eligibility criteria

4.4.1. Inclusion criteria

All samples with severe mental illness who were on follow-up at JMC and attending OPD,

4.4.2. Exclusion criteria

- Whose ages are less than 18 years.
- Patients who are seriously ill, acutely disturbed, and unable to communicate.

4.5 Sample size determination and sampling techniques

4.9 Data quality management

Data quality was insured by giving two days of training for data collectors and closely following up the data collection process and checking for completeness and consistency of each questionnaire at the end of the data collection. Pre-test was done two days before the actual data collection at St. Pre-teste was conducted (5% of the sample size) at Shanen Gibe Primary Hospital to identify potential problems in data collection tools and modification of the questionnaire. Based on the pretest, vague and ambiguous questions were revised and modified. Based on the finding from the pre-test, the questionnaire was revised, and was estimated time needed for the interview.

4.5.1. Sample size determination

The sample size was estimated by using a single population proportion. The Sample size was calculated by considering population proportion (for physical violence 95% confidence interval, 5% margin of error prevalence of physical violence as 37.9% according to the research done in Addis Ababa in 2022(23).

$$n = \frac{(z_{\frac{\alpha}{2}})^2 P(1-P)}{d^2} = \frac{1.96^2 * 0.379 * 0.621}{0.05^2} = 285.25 \sim 286$$

Where: n is the maximum sample size

$z_{\frac{\alpha}{2}}$ is 1.96 (95% confidence level)

P is the proportion of the population

d is the margin of error which is 0.05

The sample size n =285.25≈ 286

The resulting sample size was 286

Taking non-response rate of 10%, N = 1/(1- 0.1) * n= 1/(0.9)*286 = 318

4.5.2 Sampling technique and procedure

The sample size required for this study is 318. A proportional allocation was used to select the patients who meet the eligibility criteria until the required sample size is saturated over two months of duration. The total sample size has met by systematic random sampling technique of one months' case load, (i.e. k^{th} value K=N/n, (major depression 2210/715:103 6.9≈7), (Bipolar 2210/570 :82 6.9≈7), (schizophrenia 2210/925 :133 6.9≈7). When the patient comes for a follow-up visit, in the waiting room identify who had been diagnosed with severe mental illnesses and ask their permission to participate in the study.

4.6. Variables

4.6.1. Dependent variable

- Physical violence: absence/presence

4.6.2. Independent variables

- Socio-demographic factors; age, sex, religion, ethnicity, residence, marital status, education level, occupation, living with whom, living condition (home, homeless), and health insurance.
- Clinical factors; onset of illness, duration of illness, medication adherence, medical comorbidities, previous hospitalization, Number of admissions, Suicidal ideation behavior.
- Substance; Alcohol, Khat, cigarette, (lifetime use, current use)
- Psychosocial factors; social support

4.8 Operational definitions

Physical violence screening tools

- Physical violence :was measured using an adopted study done in Brazil and the US study and it was measured by using YES or NO question was originally designed as self-administered but was also found to be for an interviewer-administered questionnaireYes to any of the several list of physical attack was taken as violence (3,20).

- **12-month prevalence:** physical violence was defined as the physical violence occurring within the past 1 year.
- **Lifetime prevalence**" was modified into "since you become mentally ill" to exclude incidents of victimization before the illness.
- **Non-adherent** – 10-item medication adherence rating scale (MARS) was used. A total score of 6 and above indicates adherence to medication and a score of less than 6 indicates nonadherence to medication(30).

- **Substance use:** Current and lifetime substance uses will be considered when participants had use of at least one of the specified substances in the last 3 months and use of at least one of the specified substances in a lifetime, respectively, by using the adopted alcohol, smoking, and kchat chewing substance involvement screening test (ASSIST).(31)**.**

  Current use- Those who use (non-medical use only) substances for the last 1 year.

Lifetime -a patient who non-medically used at least one substance after he became mentally ill.

- **Severe Mental Illness**- a patient who was diagnosed with schizophrenia, bipolar disorder, and major depressive disorder.

- **Social support-** using the OSSS scale categorized into poor "3-8", moderate "9-11", and strong "12-14(32)**.**
- **A comorbid medical illness** is a proven or diagnosed medical illness in addition to a severe mental illness. It was proven by reviewing the patient chart and asking the patient.
- **Suicidal ideation and behavior** based on a tool of suicidal behavior questioner revised (SBQ-R), a total who scored <7 indicates has no suicidal ideation and behavior and a score of ≥7 or above indicates has suicidal ideation and behavior(33).
- **Duration of illness:** total duration of time from onset of illness to data collection period in year

4.7. Data collection instrument and procedure

4.7.1 Data collection instrument

Socio-demographic variables -This part assessed the patient's age, sex, marital status, religion, educational level, residency, occupational status, living with whom living conditions, and health insurance.

4.7.2. Data collection procedure

The data was collected by four BSc mental health professionals and supervised by one MSc mental health professional. Through face to face interview using a standard questionnaire and chart review was used to collect information from the study subject. The questionnaires were originally developed in English translated into the local language, Amharic, and back-translated to English to check their accuracy. The overall data collection procedure and the completeness of the questionnaires were daily checked by the supervisor. To avoid the language barrier fluent speakers of the local language were assigned. And To gather additional data on clinically relevant variables patient's card were reviewed

4.10 Data processing and analysis

Data were coded and entered into the computer using Epi-Data version 4.6 software. Then the data was exported to SPSS version 25 for analysis. Descriptive statistics which involve frequency and percentage were used for categorical variable while mean and median ± standard deviation was used for continuous variables. Bivariate logistic regression was performed to identify candidate variables for multivariable logistic regressions. Variables with p-value <0.25 in bivariate logistic regression were considered candidates for multivariable logistic regression. Multivariable binary logistic regression was performed to identify independent predictors of physical violence. The statistical significance was considered at 5% and an adjusted odds ratio with 95 % CI was calculated to determine the strength of the association. Finally, the result was presented by using charts, and tables.

4.11 Ethical consideration

Ethical clearance was obtained from the Ethical review board of Jimma University Institute of health with reference number JUIH/IRB/65/22. The data collectors clearly explained the aims of the study to the study participant. Information was collected after obtaining written informed consent from each participant. The right was given to the study participants to refuse or discontinue participation at any time they want and the chance to ask anything about the study. For anonymity participant's name wasn't used at the time of data collection and all other personnel information was kept entirely anonymous and confidentiality was assured throughout the study period.

4.12 Dissemination plan

The results of the study submitted to Jimma University Faculty of Medicine, Institute of Health and after getting approved, hard copies of the findings will be disseminated to JMC as well. The research paper will be presented in health professional organizations‟ annual meetings, professional conferences, and training.

FIVE: RESULTS

5.3 Social support and substance use history of respondents

Above half 155(52.2%) of the patients had moderate social support, 93(31.3%) had strong social support, and 49(16.5%) had poor social support. Regarding lifetime substance used by Chewing chat only 61(20.5), Drinking alcoholonly27(9.1%),Smokingcigarateonly44(14.8%)Khat+cigarate 22(7.4%), Alcohol+cigarate 19(6.4%), and Never used 124(41.8%).

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Table- 1: Social support and substance-related characteristics of the patients at JUMC, Jimma, Ethiopia, 2022 (N=297).

Variables	Category	Frequency	Percentage
Social support	Poor	49	16.5
	Moderate	155	52.2
	Strong	93	31.3
Lifetime substance use	Chewing khat only	61	20.5
	Smoking cigarette only	44	14.8

	Drinking alcohol only	27	9.1
	Khat + cigarette	22	7.4
	Alcohol + cigarette	19	6.4
	Never used	124	41.8
Current substance use	Chewing khat only	39	13.1
	Smoking cigarette only	27	9.1
	Drinking alcohol only	21	7.1
	Khat + cigarette	17	5.7
	Alcohol + cigarette	16	5.4
	Never used	177	59.6

5.1 Socio-demographic characteristics of respondents

From a total of 318 sampled subjects, 297 subjects participated in the study giving a 93.4% response rate, but 18 participants were eliminated due to missing/incomplete data. The majority of 178(59.9%) patients were males, 96 (32.3%) of the patients' age were between 29- 39 years old and 131(44.1 %) of the patients were single. Regarding the level of education, nearly half 134(45.1%) of the subjects were educated up to grade 8^{th}. One-fourth, 87(26.3%) of the patients were private workers. The total monthly income mean and standard deviation of participants were 5666.13 and 3104.18 respectively with a range of 0-6,000 ETB.

Table-2: Socio-demographic characteristics of the patients at JMC, Jimma, Ethiopia, 2022(N=297).

Variables	Category	Number	Percentage
Age	18 -28	92	31.0
	29 -39	96	32.3
	40 -50	70	23.6
	>50	39	13.1
Sex	Male	178	59.9
	Female	119	40.1
Marital status	Single	131	44.1

	Married	90	30.3
	Divorced	56	18.9
	Windowed	20	6.7
Religion	Muslim	113	38.0
	Orthodox	81	27.3
	Protestant	69	23.2
	Catholic	11	3.7
	Others*	23	7.7
Educational level	Unable to write and read	21	7.1
	Able to write and read	11	3.7
	1 -8th grade	134	45.1
	9- 12th grade	102	34.3
	College and above	29	9.8
Residence	Urban	222	74.7
	Rural	75	25.3
Occupation	Farmer	34	11.4
	Merchant	39	13.1
	Government employee	61	20.5
	Unemployed	87	29.3
	Daily laborer	11	5.0
	Housewife	28	9.4

	Student	22	7.4
	Private	15	3.7
Living with whom	With family	241	81.1
	Alone	39	13.1
	Others**	17	5.8
Living condition	Home	268	90.2
	Homeless	29	9.8
Do you have health insurance	Yes	103	34.7
	No	194	65.3

*wake feta, hawariyawi

** Living with relatives or friends

5.4 Clinical characteristics of respondents

The mean age of respondents was 33 years with SD±12 years. The majority 133(44.8%) of the participant were diagnosed with schizophrenia and 58.6% of patients had five to ten years duration of illness. Majority 217(73.1%) were adherent to medication and 80(26.9%) were non adherent. About 58(18.9%) of the participants had a comorbid medical illness. Almost 63(21.2%) of the patients had a history of previous hospitalization. Regarding suicidal ideation, 7.4% of the patients had suicidal ideation and behavior around half (46.8%) of the physical violated patients were encountered three times and only 16.7% of physical violated patients were reported their victim to concerned bodies.

Table- 3: Clinical-related characteristics of the patients at JMC, Jimma, Ethiopia, 2022 (N=297)

Variables	**Category**	**Number**	**Percentage**

Age of onset (Mean±SD)	33 ±12		
Diagnosis	Schizophrenia	133	44.8
	Major depressive disorder	103	34.7
	Bipolar disorder	82	27.6
Duration of illness	Less than 5 years	68	22.9
	5-10 years	174	58.6
	Greater than 10 years	55	18.5
Previous hospitalization	No	234	78.8
	Yes	63	21.2
Number of admitted to hospital	Three/ above	41	33.6
	Less than 3	81	66.4
Medication adherence	Non-adherence	80	26.9
	Adherent	217	73.1
Comorbid medical diagnosis	No	241	81.1
	Yes	58	18.9
Suicide ideation and Behavior	Yes	22	7.4
	No	275	92.6

Prevalence of physical violence among respondents

Of the total participants included in this study, one hundred fifty-six (52.5%) (95%CI= 46.8%, 58.2%) had physical violence and 141(47.5%) of patients had no history of physical violence during this study period at JMC (Figure 2).

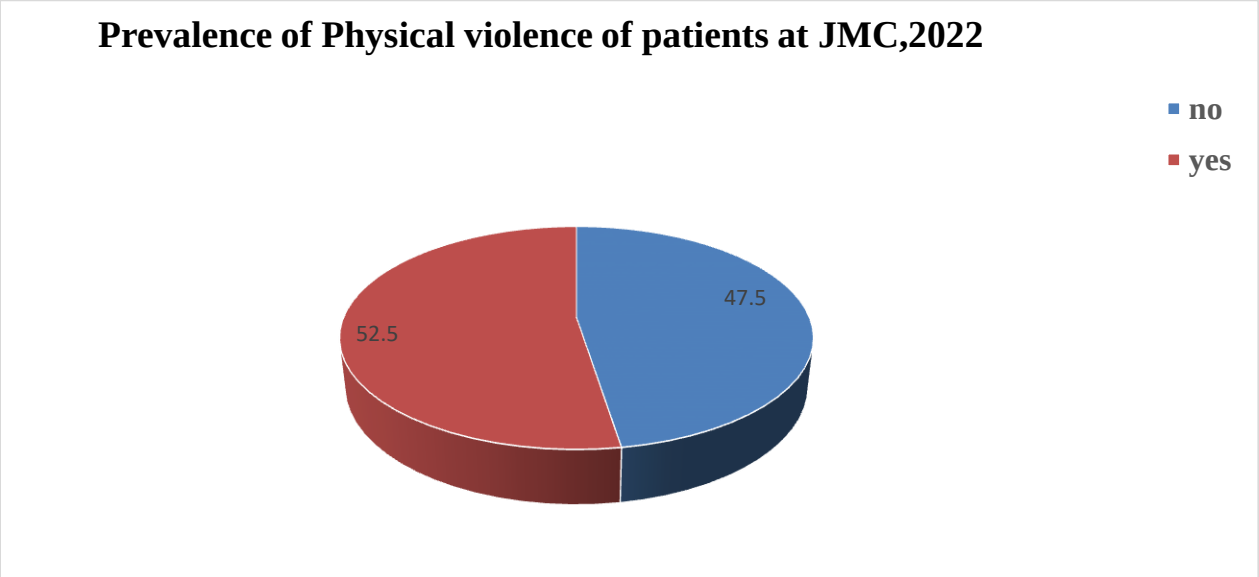

Figure 2: Prevalence of physical violence of patients at JMC, 2022

5.3. Factors associated with physical violence

5.3.1. Bivariate logistic regression analysis

Bivariate binary logistic regression was done to identify factors candidate for final multivariate binary logistic regression analysis. The result revealed that being male, age of patients, education level, living alone, living condition, lifetime khat chewing, lifetime drinking alcohol, previous hospitalization, medication nonadherence, suicidal ideation, and behavior were significantly associated with physical violence with significant value at 25% level of significance.

5.2. Prevalence of physical violence among respondent

Among the total participants 297 included in the current study, 156 (52.5%) are found to have a history of physical violence. Out of the 156 of those who have been physically violated, 89 (57 %) are males and 67 (42.9 %) of them are females. Among physically violated patients, 64(41%) had physical violence within the last 12 months (32.7%) of physically violated patients were perpetrated by siblings followed by intimate partners (23.7%). More than half of physically violated (55.1%) were taking place at home, followed by the institution (21.2%). Around half

(46.8%) of the physically violated patients were encountered three times and only 16.7% of physically violated patients reported their victimization to concerned bodies (Table 2).

Table -4: physical violence-related characteristics of the patients at JMC, Jimma, Ethiopia, 2022 (N=297.)

Variables	Category	Number	Percentage
The presence of physical violate	Yes	156	52.5
	No	141	47.5
Duration of physical violent	Lifetime prevalence	92	59.0
	12-month prevalence	64	41.0
Who perpetrated the physical violence	Siblings (brother, sister)	51	32.7
	Intimate partner (Husband, Wife)	37	23.7
	Parents (Father, Mother)	33	21.2
	Strangers & Acquaintances	15	9.6
	Relatives	12	7.7
	Recruited caregivers	8	5.1
Number of encountering the physical violence	Once	73	46.8
	Twice	34	21.8
	Three times	37	23.7
	Four times	4	2.6

	Five times	8	5.1
Physical violence took place?	In the home	86	55.1
	Other an institution *	33	21.2
	Hospital	18	11.5
	In the streets	19	12.2
Reported their physical violence(concerned body)	No	130	83.3
	Yes**	24	16.7

*: institution prison, university/college, religious places ** Family member, friend, police

Multivariate analysis of factors associated with readmission

All variables that were significant at a 25% level of significance in bivariate binary logistic regression were included in multivariate binary logistic regression. Multivariate binary logistic regression analysis showed that being male, lifetime chewing khat, lifetime drinking alcohol, previous hospitalization, medication nonadherence, suicidal ideation, and behavior were significantly associated were significant associations with physical violence at a 5% level of significance.

The results of this study revealed that being male was 3.538 (AOR= 3.538; 95%CI= 1.178, 8.187) more times likely to physical violence than being female patients. Those individuals who chewed khat but never smoked a cigarette or drink alcohol had 2.784 times (AOR= 2.784; 95%CI= 1.751, 6.124), and those who were drunk alcohol 2.253 (AOR=2.253; 95% CI= 1.156, 4.745) times physical violated than who never used any substances in their life. The likelihood of patients who had a history of previous hospitalization was 3.418 (AOR= 3.418; 95% CI= 1.011, 6.518) times more physical violence than those who had no history of previous hospitalization. The non-adherence was 2.156 (AOR= 2.156; 95% CI= 1.142, 5.145) times more likely physical violence than medication adherence patients. The suicidal attempt was 3.658 (AOR= 3.658; 95%CI= 1.846, 9.471) times more likely physical violence than non-suicidal attempt patients.

Table- 6: Multivariate analysis of characteristics of patients at JUMC, Jimma, Southwest Ethiopia, 2022 (N=297).

Variables	**Category**	**Physical violence**		**COR (95% Cl)**	**AOR (95% Cl)**
		No(n)	**Yes (n)**		
Sex	Male	89	109	3.102(1.068,5.447)	3.538 (1.178, 8.187)*
	Female	52	47	1	1
Age (in a year)	18-28	17	22	1.503(0.211,5.197)	0.769(0.237, 2.912)
	29-39	44	52	1.373(0.014,6.926)	0.486(0.187, 1.267)
	40-50	42	28	1.124(1.051,4.497)	0.221(0.086, 1.569)
	>50	38	54	1	1
Marital status	Single	39	78	1	1
	Married	67	31	2.776(0.489, 7.138)	1.642(0.128, 4.817)
	Divorced	28	32	0 .738(0.438, 1.243)	0.679(0.153, 3.017)
	Widowed	7	15	1.790(0.598, 5.357)	0.268(0.058, 1.241)
Occupation	Gov't employee	37	11	1	1
	Merchant	13	12	0.817(0.417, 1.922)	1.257(0.193, 8.172)
	Unemployed	17	55	1.132(0.285, 2.127)	1.036(0.808, 3.137)
	Private worker	28	21	0.625(0.475, 1.591)	1.042(0.992, 6.801)

	Housewife	10	16	0.578(0.453, 2.113)	2.167(0.334, 4.072)
	Student	14	15	1.016(0.434, 2.478)	1.715(0.217, 3.540)
	Daily labor	22	26	0.723(0.380, 1.762)	1.550(0.413, 5.733)
Educational	Illiterate	29	25	1.514(1.012, 5.372)	1
level	Primary school	25	46	1.681(0.338, 5.622)	1.441(0.431, 4.817)
	Secondary school	26	50	1.764(1.389, 5.965)	2.336(0.689, 9.131)
	College/above	61	35	1.016(0.434, 2.478)	1.889(0.448, 4.169)
Living with	With family	75	75	1	1
whom	Alone	37	55	2.144(0.519, 6.886)	2.248(0.887,5.697)
	Others	29	26	0.822(0.347, 2.119)	1.091(0.496, 2.397)
Living	Home	97	96	1	1
condition	Homeless	18	19	1.913(1.234, 7.567)	0.505(0.245, 1.042)
	Facility	26	41	2,197(1.564, 8.617)	0.686(0.232, 2.030)
Residence	Urban	106	116	1.898(1.214, 6.346)	1.756(0.788, 3.913)
	Rural	35	40	1	1
Health	Yes	64	39	1	1
insurance	No	77	117	2.312(1.711, 7.412)	1.195(0.711, 5.142)
Lifetime	Chewing khat only	21	41	2.112(1.280, 5.874)	2.784(1.751, 6.124) *
substance use	Smoking cigarette only	25	19	1.514(0.638,4.747)	1.253(0.444,3.534)
	Drinking alcohol only	11	16	2.012(1.047,4.194)	2.253(1.156,4.745) *
	Khat + cigarette	14	8	1.112(0.204,2.897)	1.611(0.303,3.178)
	Alcohol + cigarette	10	9	1.247(0.129, 3.547)	1.826(0.919, 3.314)
	Never used	124	63	1	1
Previous	No	113	121	1	1
hospitalization	Yes	28	35	3.141(1.012,5.318)	3.418(1.011, 6.518) *
Medication	Yes	36	44	1	1
adherence	No	105	112	2.631(1.542, 6.219)	2.156(1.142, 5.145) *
Suicide ideation and Behavior	Yes	14	9	2.158(1.910, 9.781)	3.658(1.846, 9.471) *
	No	127	147	1	1

*Significant at 5%, AOR= Adjusted odds ratio, CI= Confidence Interval, 1= Reference category

SIX: DISCUSSION

This institution-based cross-sectional study tried to measure the prevalence and identify the factors associated with physical violence toward patients with severe mental illnesses at JMC. Accordingly, physical violence was found to be 52.5% (95%CI=46.8%, 58.2%). Out of the 156 of those who have been physically violated, 89 (57 %) are males and 67 (42.9 %) of them are females. The current study is consistent with studies conducted in southern Germany and Brazil which found a prevalence of physical violence of 51.2%(9), and 57.8%(20). This study's findings were higher than the study conducted in another part of Ethiopia which showed lifetime physical violence of 37.9% (23), and the Netherlands prevalence rate of physical violence towards people with severe mental illness was reported to be 12.7% (21). The possible explanation for this difference is most of the above-mentioned studies were done in a limited time frame of 1 year and The Netherlands study report only the 12-month prevalence didn't count the previous victimization and it affected the general prevalence of physical violence. But in this study, the lifetime prevalence of physical violence was since the patient became mentally ill.

On the other hand, the finding of this study is lower than those of studies conducted in Egypt(22), and the United States (16), which were reported at 64.6%, and 59.7%, respectively. This discrepancy could be the result of openly reporting about the incident, lack of organized institutional reports, psychosocial cultural differences.The other difference due to socio-demographic characteristic of the participants difference, as in the studies reported that socio-demographic characteristics determine the prevalence of physical violence like sex being male.

The results of the multivariate logistic regression model showed that being male; previous hospitalization, medication nonadherence, lifetime alcohol use, lifetime chewing khat, and suicidal ideation and behavior were significantly associated with physical violence at a 5% level of significance.

The finding of this study showed that being male was significantly associated with physical violence towards people with severe mental illness. This is consistent with a study done somewhere in Ethiopia(11), Chicago (8), Germany (9), the U.S. (16), the UK (18), and Brazil(20). However, since there is no conclusive evidence that men are more inherently violated than women, the feasible rationalization could be due to lifestyle, socialization, and males exhibit more aggressive behavior than women during acute illness or relapse, difficult to control by Family members or caregivers (23).

This study showed that previous hospitalization has an association with physical violence consistent with studies done in Ethiopia(23), Germany(9), Brazil(20), and Maryland(16). This could be the possible association that explains that the severity of the illness may lead them to have a history of hospitalization at a moment they will have physical violence in acute symptoms whenever they get hospitalized. In the case series from Zambia, during hospitalization, the patient would have violent behavior from a person with severe mental ill provokes violence from others, for example, in self-defense aggressive behavior related to uncontrolled symptoms in people with SMI appears to have preceded the violent attacks during hospitalization(28).

Our study reported that nonadherence is the main reason for physical violence and is associated with physical violence among patients who have a severe mental illnesses. This finding agrees with the study from Ethiopia that nonadherence is associated with physical violence among patients who have a severe mental illness(11). the possible reason could be that up to 80 percent of patients are nonadherent to treatment recommendations at some point during their illnesses(34). The inaccessibility of centralized psychiatric services, poor reasoning, and lack of insight about their illness lead to exacerbation of their illness, reduce treatment effectiveness and poorly controlled symptoms relapse will happen and then increased risk of physical violence.

Study participants who use alcohol with severe mental illness were more likely to be physically violated. The finding is congruent with studies from Ethiopia (23) United States (16), Brazil (20), England (24), the UK (27), the US (28), and Finland (13), the possible explanation could be Drinking alcohol affects brain chemistry, Small amounts of alcohol can cause initial feelings of relaxation, but what's happening is that alcohol is suppressing activity in parts of the brain

associated with inhibition(35). Any warning signals that may normally kick in (‘inhibition’) are less likely to work, and they may be more likely to find their self in confrontational or even dangerous situations. Also, the current study has revealed that khat chewed had associated factors with physical violence which is same with a study done in Ethiopia(23).

According to the results of the current study, patients with suicidal ideation were more likely to engage in physical violence. This finding is in line with the studies from Ethiopia which found that those with a history of suicidal thoughts were twice as likely to engage in physical violence (23). The possible reason for this is patients who have suicidal behavior themselves may be victimized in response to their actions.

Limitations of the study

- As it is on a single center (institution), the study limits the ability to infer(generalize) whole psychiatry patients.
- The research is limited by its cross-sectional design which restricts the researcher to indicate the direction of the causal relationship.

SEVEN: CONCLUSION AND RECOMMENDATION

7.1 Conclusion

This research showed that the prevalence of physical violence is higher with severe mental ill people and Being male, previous hospitalization, medication nonadherence, lifetime alcohol use, lifetime khat chewing, and suicidal ideation and behavior were significantly associated with physical violence.

7.2 Recommendation

Based on the finding, the following recommendations were suggested

For policymakers

- Help health professionals & policymakers to plan effective health interventions that will reduce the prevalence of physical violence.

To Jimma medical center psychiatry clinic

- Suicidal ideation and behavior should be identified during every visit and necessary management provided immediately.
- A strong alliance between patients and clinicians can protect against nonadherence in part by enabling patients to develop an accurate model of their illnesses and treatment.
- Clinicians give psycho-education about the nature of the illness during admission for the family members to keep them from violating the patient.
- We recommend to give great concern to patients with a severely mentally ill patient while they inpatient

To Researchers

- What are the gender-specific distributions of risk profiles for men and women with SMI in comparison to a control group? What important interactions are there between risk factors, SMI, and gender?
- Researchers better to undergo a longitudinal study to know the long-term impact of SMI on physical violence.

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ANNEX 1

JIMMA UNIVERSITY

FACULTY OF MEDICAL SCIENCE

DEPARTMENT OF PSYCHIATRY

QUESTIONNAIRE ENGLISH VERSION

Information Sheet

Title of the research project –prevalence of physical violence towards people with severely mentally ill people and associated factors at Jimma university medical center, psychiatry unit, Jimma, Southwest Ethiopia.

Name of the principal investigator –Rehima Muzeyin

Name of the organization- Jimma University

Name of the sponsor - Hawassa University

The objective of the research project -To assess the prevalence of physical violence and associated factors among severe mental illness patients on follow-up at Jimma University Medical Center, Psychiatry Unit, Jimma, Southwest Ethiopia, 2022.

Procedure: We invite you to participate in this project. If you are willing to participate in this project, you need to understand and sign the agreement form. Then after, you will be interviewed by the data collectors. You do not need to tell your name or give your telephone number to the data collector and all your responses and the results obtained will be kept confidential by using a coding system whereby no one will have access to your response.

Harm - No harm will be inflicted because they participated in this study.

Confidentiality - The information provided will not be used for any purpose other than meeting the objective of the research.

Benefit -If you participate in this research project, there may not be a direct benefit to you but your participation is likely to help us to meet the research objective. Ultimately, this will help us to improve the quality of services provided to patients with mental disorders in this country. You will not be provided any incentives or payment to take part in this project.

Voluntary participation and withdrawal - Your decision to participate in this study is completely voluntary. If you decide to not participate in this study, it will not affect the care, services, or benefits to which you are entitled. If you decide to participate in this study, you may withdraw from your participation at any time without penalty.

Contact person - This research project will be reviewed and approved by the ethical committee of Jimma University. If you have any question or doubt regarding this study, you can contact the following individual:

Name of investigator: **Rehima Muzeyin**

Phone: +251939375191 E-mail:rehimamuzeyin869@gmail.com

Supervisors**:** Matiwos Soboka:+251913792348 email: matiwos2004@yahoo.com

Yonas tesfaye ; +251910107507 emailyonitesfaye71@gmail.com

Liyew agenagnew;+251 91 280 6976 email: liyew2003@gmail.com

Your consent - I voluntarily agree to participate in this research program. Yes No

I understand that I will be given a copy of this signed consent form.

Signature of participant _____ Date _____

Name and signature of supervisor: _____Date_____

Name and signature of data collector: _____Date_____

1. Socio-demographic information

No	Questioners	Alternative response	Coding
1.	How old are you?	Age in yrs._____	
2	Age of onset of the illnes		
3.	Sex	1. Male 2. Female	
4.	Religion	1. Muslim 2. Orthodox	

		3. Protestant 4. Catholic 5. Other (Specify)_____	
5.	Marital status	1. Single 2. Married 3. Divorced 4. Widowed	
6.	Educational level	1. Unable to write and read 2. Able to write and read 3. 1-8th grade 4. 9 -12th grade 5. College and above	
7	Occupation	1. Farmer 2. Merchant 3. Government employee 4. Private worker 5. Unemployed 6. Housewife 7. Student 8. Daily labor 9. Others (Specify)_____	
8	Total monthly income	_____	
9.	Living condition	1. Home 2. Homeless 3. Facility	
10.	With whom you are living?	1. With family 2. Alone 3. Other (Specify)_____	
11.	Residence	1. Urban 2. Rural	
12.	Do you have community Health insurance?	1. Yes 2. No	

2. Questions developed to identify the physical violence.

1. Do you have a history of slapping, kicking, biting, punching, choking, sparkled, or hit, beating, or threatening with or using a weapon during or after the illness? 1. Yes
   2. No
2. If the answer is no for Q 1 skip the next Questions
3. If yes for Q1, when exactly was the time of the physical violence?
   A. Lifetime
   B. Within the last 1 year
4. If Yes for Q1, Who perpetrated the physical violence?
   A. Intimate partner. Specify: Husband, Wife
   B. Parents. Specify: Father, Mother
   C. Siblings. specify: brother, sister
   D. Recruited Caregivers
   E. Relatives
   F. Acquaintances
   G. Strangers
   H. Health Professionals
   I. Others (Specify)_____
5. If Yes for Q1, How many times have you encountered physical violence?
   A. Once B. Twice C. 3 times D. Four times E. Five times F. if many times specify_____
6. Where the physical violence took place?
   A. In the home
   B. At an institution (prison, university/college)
   C. Hospital
   D. In the streets
   E. Somewhere else (Specify) _____

7. Incident report to the relevant body like police, family, or friend

   1. YES, 2. NO

3. Medication Adherence Questionnaires

S/No:	Questions		
1	Do you ever forget to take your medication?	Yes	No
2	Are you careless at times about taking your medication?	Yes	No
3	When you feel better, do you sometimes stop taking your medication?	Yes	No
4	Sometimes if you feel worse when you take the medication, do you stop taking it?	Yes	No
5	I take my medication only when I am sick	Yes	No
6	It is unnatural for my mind and body to be controlled by medication	Yes	No
7	My thoughts are clearer on medication	Yes	No
8	By staying on medication, I can prevent getting sick.	Yes	No
9	I feel weird, like a ‘zombie’ on medication	Yes	No
10	Medication makes me feel tired and sluggish	Yes	No

4. Question to assess Substance-related and behavioral factor

In your life, which of the following substances have you ever used? (NON-MEDICAL USE ONLY)		yes	No
1	Tobacco products		
2	Alcoholic beverages (beer, wine, etc.)		
3	Khat		
4	others (marijuana, pot, grass, hash, etc.)		

Question to assess Substance-related and behavioral factor

In the past three months, which of the following substances have you ever used? (NON-MEDICAL USE ONLY)		yes	No
1	Tobacco products		
2	Alcoholic beverages (beer, wine, etc.)		
3	Khat		
4	others (marijuana, pot, grass, hash, etc.)		

5. Question to assess social support (Oslo Social Support Questionnaires **(Oslo-3)**

No	Oslo social support questions	Response
1.	How many people are so close to you that you can count on	4. More than 5

	them if you have serious personal problems? (Choose one option)	3. 3-5
		2. 1 or 2
		1. None
2.	How much concern do people show in what you are doing? (Choose one option)	5. A lot of concern and interest
		4. Some concerns and interest
		3. Uncertain
		2. Little concern and interest
		1. No concern and interest
3.	How easy is it to get practical help from family or relatives if you should need it? (Choose one option)	5. Very easy
		4. Easy
		3. Medium
		2. Difficult
		1. Very difficult

6: Clinical-Related Factors

	Questions	Responses
CR1	Age of onset	
CR2.	Duration of illness	
CR3.	Do u have a previouse hospitalization ?	1. Yes 2. No
CR4	If your response to question CR3 is "yes "how many times?	_____
CR5.	Diagnosis of the patient (card review)	1. Schizophrenia 2. Major depressive disorder 3. Bipolar disorder

CR6.	Diagnosed comorbid illness?	1. yes 2. No
CR7	What type of comorbid illness	1. specify

7. Suicidal behavior-related questions

Ser. no	Questions	Response
1	Have you thought about or attempted to kill yourself?	1. Never 2. It was just a brief passing thought 3. I have had a plan at least once to kill myself but did not try to do it 4. I have had a plan at least once to kill myself and wanted to die 5. I have attempted to kill myself, but did not want to die 6. I have attempted to kill myself, and hoped to die
2	Have often you thought about killing yourself in	1. Never

	the past year	2. Rarely (1 time) 3. Sometimes (2 times) 4. Often 3-4 times) 5. Very Often (5 or more times)
3	Have you ever told someone that you were going to commit suicide, or that you might do it?	1.No 2. Yes, at one time, but did not want to die 3. Yes, at one time, and wanted to die 4. Yes, more than once, but did not want to do it 5. Yes, more than once, and wanted to do it
4	How likely is it that you will attempt suicide Someday?	0. Never 1.No chance at all 2. Rather unlikely 3. Unlikely 4. Likely 5. Rather likely 6. Very likely

የአማርኛ መጠይቅ

ክፍል-1-የማህበራዊ አኗኗር መረጃዎች

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	
1	ዕድሜዎ ስንት ነው?	በአመት----------	
2	ጾታ	1.ሴት 2.ወንድ	
3	የጋብቻ ሁኔታ	1.ያላገባ 2.ያገባ 3.የፈታ/የፈታች 4.የሞተበት/የሞተባት	
4	የምን ሀይማኖት ተከታይ ነህዎት?	1.ኦርቶዶክስ 2.ሙስሊም 3.ፕሮቴስታንት 4..ካቶሊክ 5.ሌላ ከሆነ ይጥቀሱ----------	
5	ብሄርዎት ምንድነዉ?	1.አማራ 2.ኦሮሞ 3.ትግሬ 4.ጉራጌ 5.ሌላ ከሆነ ይጥቀሱ----------	
6	የመኖሪያ ቦታ	1.ገጠር 2.ከተማ	
7	የትምህርት ደረጃ	1.ማንበብና መጻፍ የማይችል 2.የመጀመሪያ ደረጃ 3.ሁለተኛ ደረጃ 4.ኮሌጅ ድግሪና ከዚያ በላይ	
8	ምንድንዉ የሚሰሩት?	1.ተማሪመ 2.ገበሬ 3.ተቀጥሮ የሚሰራ 4.የራሱ ስራ 5. ስራ የሌለው 7.ሌላ ካለ ይግለጡ----------	
9	ከማን ጋር ነዉ ሚኖሩት	1.ከቤተሰብ ጋር 2. ብቻዬን 3. ከዘመድ ጋር 4. ሌላ ካለ ይጥቀሱ	

2. አካላዊ ጥቃትን ለመለየት የተነደፉ መጠይቆች

1. በህመሙ ወቅት ወይም በኋላ የመደብደብ፣ የመረገጥ፣ የመገረፍ ወይም የመመታት ታሪክ አለዎት?

ሀ. አዎ ለ. አይ

3. . ለ ጥ1 አይ ከሆነ መልስዎ ፣ የሚቀጥሉት ጥያቄዎች ዝለል?

3. ለ ጥ1 አዎ ከሆነ መልስዎ ፣ የአካል ጥቃት ጊዜው መቼ ነበር?

ሀ. ህመሙ ከጀመረ በኋላ?

ለ. ባለፈው 1 ዓመት ውስጥ

ሐ. ሌላ (ይግለጹ)_____

4. ለ ጥ1 አዎ ከሆነ መልስዎ ፣ አካላዊ ጥቃትን የፈፀመው ማነው?

ሀ. የቅርብ አጋር። ይግለጹ: ባል, ሚስት

ለ. ወላጆች. ይግለጹ: አባት, እናት

ሐ.ሲቢሊንግ ይግለጹ: እህት, ወንድም

መ. እንክብካቤ ሰጪዎች (የተቀጠረ)

ሠ.ዘመዶች

ረ.የሚያውቋቸው ሰው

ሰ. እንግዳዎች (የማያውቋቸው ሰው)

ሸ.የጤና ባለሙያዎች

ቀ.ሌሎች (ይግለጹ) _____

5. ለQ1 አዎ ከሆነ፣ አካላዊ ጥቃትን ስንት ጊዜ አጋጥሞዎታል?

ሀ. አንድ ጊዜ ለ. ሁለት ጊዜ C. 3 ጊዜ መ.አራት ጊዜ ኢ.አምስት ጊዜ ረ. ብዙ ጊዜ ከተገለጸ_____

6. አካላዊ ጥቃት የተፈፀመው የት ነው?

ሀ. በበትዎ ውስጥ

ለ. ሆስፒታል ውስጥ

ሐ. በተቋም ውስጥ. (እስር ቤት,ዩኒቨርሲቲ ኮሌጅ)

መ. በጎዳናዎች ላይ

ሰ. ሌላ ቦታ (ይግለጹ) _____

7. አመልክተዋል ? 1. አዎ 2. አይ

8. አዎ ከሆነ፣ ለማን ነው _____

ክፍል 3 - ቀጣይት ያለዉ የመድሃኒት አወሳሰድ በተመለከተ የተዘጋጀ መጠይቅ

ተ.ቁ	**ጥያቄዎች**	**መልስ**	
1.	መዳሃኒቶን በአግባቡ መዉሰድ መዘንጋት አጋጥሞት ያዉቃል?	**አዎ**	**የለም**
2.	መዳሃኒቶን በሚወስዱት ጊዜ የግዴለሽነት ባህርይ አለቦት ወይ?	**አዎ**	**የለም**
3.	ከበሽታዉ ምልክት በጥቂቱ ሆነ ሙሉ በሙሉ ሲሻሎት መዳሃኒቱን የሚያቆሙበት ጊዜ አለ ወይ?	**አዎ**	**የለም**
4.	መዳሃኒቶን በሚወስዱበት ጊዜ መጥፎ ስሜት ሲሰማዎት መዳሃኒት መዉሰድ አመመዉ ያዉቃሉ?	**አዎ**	**የለም**
5	መድሃኒቴን የምወስደው በታመምኩ ጊዜ ብቻ ነው	**አዎ**	**የለም**

6	አዕምሮዬ እና ሰውነቴ በመድኃኒት ቁጥጥር ስር መሆኑ ከተፈጥሮ ውጭ ነው	**አዎ**	**የለም**
7	በመድኃኒት ላይ ያለኝ ሃሳቦች ግልፅ ናቸው	**አዎ**	**የለም**
8	መድኃኒት ላይ በመቆየት ፣ መታመሜን መከላከል እችላለሁ	**አዎ**	**የለም**
9	መድኃኒት ላይ በመሆኔ እንደ “ደመነፍስ” ያለ እንግዳ ነገር ይሰማኛል	**አዎ**	**የለም**
10	መድሀኒት የድካም ስሜት እና እንቅስቃሴዬ ላይ ቀርፈፍ እንድል አድርጎኛል	**አዎ**	**የለም**

ክፍል-4: የእጽ ተጠቃሚነት መጠይቅ

	የእጽ አይነት መጠይቅ	መልስ
1.	በህይወት ዘመንዎ ከዚህ በታች ከተዘረዘሩት እፆች ውስጥ ተጠቅመዋል ?	0. የለም 1.አዎ

2.	ለ ጥ.ቁ.1 አዎ ከሆነ ፣ ምን አይነት እፅች? (አንድ አና ከዚያ በላይ ማክበብ ይቻላል)	1. አልኮሆል (ቢራ፣ ወይን፣አረቄ፣ጠላ) 2. ጫት 3. ትንባሆ 4. ሌላ_____
3.	ላለፉት 1 አመት ማንኛውንም እፅች ተጠቅመዋል? (አንድ አና ከዚያ በላይ ማክበብ ይቻላል)	0. የለም 1. አዎ
4.	ለ እጥ.ቁ.3 አዎን ከሆነ ምን አይነት እፅችን ይጠቀማሉ? (አንድ አና ከዚያ በላይ ማክበብ ይቻላል)	1. አልኮሆል 2. ጫት 3. ትንባሆ 4. ሌላ_____

ክፍል-5: የማህበራዊ ድጋፍ ይመከታል

ተ.ቁ	የማህበራዊ ድጋፍ የሚመለከቱ ጥያቄዎች	አማራጭ መልሶች
1.	ምን ያህል ሠው አደጋ (ችግር) በሚያጋጥሞት ጊዜ በቅርብ የችግርዎ ተካፋይ ሉሆኑልዎት ይችላሉ?	4. ከ 5 በላይ
		3. ከ 3-5
		2. 1 ወይም 2
		1. ምንም
2.	ምን ያህል ሠው ስለ እርስዎ ግድ ይሆናሉ?	5. ብዙ
		4. ጥቂት
		3. አርግጠኛ አይደለሁም
		2. በጣም ትንሽ
		1. ምንም
3	ከቅርብ ጎረቤትዎ በተጨባጭ እርዳታ የማግኘት እድልዎ ምን ያህል ነው?	5. በጣም ቀላል
		4. ቀላል
		3. መጠነኛ
		2. ከባድ

		1. በጣም ከባድ

6: ክሊኒካዊ ተዛማጅ ምክንያቶች

	ጥያቄዎች	ምላሾች
1.	ሀመሙ በ ስንት ዓመት ለየ ጅምረ	
2.	ሆስፒታል ተኛተህ ታውቃለህ?	_____
3.	ለጥያቄ 2 ምላሽህ "አዎ" ከሆነ ስንት ጊዜ ነው?	_____
4.	የታካሚው ምርመራ (የካርድ ግምገማ)	1.ስኪዞፈሪንያ (Schizophrenia) 2. Major Depressive disorder 3. ባይፖላር ዲስኦርደር (Bipolar disorder)
5	የተረጋገጠ ሥር የሰደደ የሕክምና ሕመም ታሪክ አለ?	1. አለ 2. የለም

7.እራስን በማጥፋት ዙሪያ በሚመለከት ያለ መጠይቅ

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች
1	እራስዎን ለመግደል አስበው ወይንስ ሞክረዋል?	1. በጭራሽ 2.አጭር የሚያልፍ ሀሳብ ብቻ ነበር 3 እራሴን ለመግደል ቢያንስ አንድ ጊዜ እቅድ ነበረኝ ግን ለማድረግ አልሞከርኩም 4.እራሴን ለመግደል ቢያንስ አንድ ጊዜ እቅድ ነበረኝ በእውነት መሞት እፈልግ ነበር

		5.እራሴን ለመግደል ሙከራ አድርጌ ነበር ፣ ግን መሞት አልፈለግሁም 6. እኔ እራሴን ለመግደል ሞክሬያለሁ እናም በእውነት ለመሞት ተስፋ አድርጌ ነበር
2	ባለፈው ዓመት ውስጥ እራስዎን ለመግደልምን ያህል ጊዜ አስበው ያውቃሉ (ለመጨረሻ ጊዜ ሆስፒታል ከመተኛትዎ በፊት)	1. በጭራሽ 2 አልፎ አልፎ (1 ጊዜ) 3. አንዳንድ ጊዜ (2 ጊዜ) 4. ብዙ ጊዜ (3-4 ጊዜ) 5. በጣም ብዙ ጊዜ (5 ወይም ከዚያ በላይ ጊዜ)
3	አንድን ሰው እራስዎን እንደሚያጠፉ ነግረውት ያውቃሉ ወይም ሊያደርጉት ይችላሉ?	1.አይ 2 አዎ ፣ በአንድ ወቅት ፣ ግን በእውነት መሞት አልፈልግም ፣ 3 . አዎ ፣ ከአንድ ጊዜ በላይ ፣ ግን ማድረግ አልፈልግም
4	ወደፊት አንድ ቀን ራስን የማጥፋት ሙከራ ምን ያህል ሊሆን ይችላል?	0. በጭራሽ 1. በጭራሽ ምንም ዕድል የለም 2 በርግጥ አይሆን

3. አይሆንም

4.ሊሆን ይችላል

5. በርግጥ ሊሆን ይችላል

6. በጣም ሊሆን ይችላል

GUCA I: GAAFFILEE AFAAN OROMOO

YUUNIVARSIITII JIMMAA FAAKAALTII YALAA FAYYAA

Waraqaa Odeeffannoo

Mata duree pirojektii qorannoo –babal’ina miidhaa qaamaa namoota dhukkuba sammuu cimaa qaban irratti raawwatamu fi wantoota kanaan walqabatan qorachuu: Wiirtuu Fayyaa Yuunivarsiitii Jimmaa, Kutaa Yaala Sammuu, Jimmaa, Kibba Lixa Itoophiyaa

Maqaa qorataa Muummee –Rahimaa Muzeyin

Maqaa dhabbata Qoranicha Deeggaruu - Yuunivarsittii Hawaasaa

Kaayyoo pirojektii qorannichaa -Babal'ina miidhaa qaamaa fi sababoota dhukkuba sammuu cimaa waliin walqabatan madaaluuf hordoffii irratti Wiirtuu Fayyaa Yunivarsiitii Jimmaa, Kutaa Yaala Sammuu, Jimmaa, Kibba Lixa Itoophiyaa, 2022.

Hojimaata: Pirojektii kana irratti akka hirmaattan isin afeerra. Pirojektii kana irratti hirmaachuuf fedhii yoo qabaattan unka waliigaltee hubachuu fi mallatteessuu qabdu. Sana booda, namoota odeeffannoo walitti qabaniin af-gaaffii ni taasifama. Maqaa keessan himuu ykn lakkoofsa bilbilaa keessan nama daataa walitti qabuuf kennuu hin barbaachisu. Deebiin keessan hundi fi bu'aan argattan sirna koodii namni deebii keessan hin arganne fayyadamuun iccitii ta'ee kan eegamu ta'a.

Rakkoo – qorannoo kana irratti hirmaachuu kessaanif rakkoon kamiyyuu isin hin quunnamu.

Iccittii eeguu – odeeffannoon isin kennitan kamiyyuu xiyyeffannoo qorannootiin ala waan biraatiif hin oolu.

Bu'aa Addaa - Qorannoo kana irratti hirmaachuun keessan ilaalcha dhukkuba sammuu fi dhukkubsataa sammuu irratti qabdaniif fayyadu danda'a. Kanaan alatti garuu hirmaachuu keessanif fayyidaa maallaqaa argattan hin jiru.

Hirmaachuu fi hirmaachuu dhabuu – Qorannoo kana irratti hirmaachuu fi hirmaachu dhabuun fedhii kessaan irrattii kan hundaa'e, tajaajilaa kanaan duraa hospitalaa kana irraa argaacha turtaan irraattii dhibbaa hin qabu. Erga qorannoo kana irratti hirmaachuu eegaltanii boodallee addaan kutuu ni dandeessu.

Nama wal qunaamtan –Qorannoon kun boordii Yuunivarsiitii Jimmaatiin kan sakatta'aamee fi mirkaana'ee dha. Qorannoo kana irratti yoo gaaffii qabaattan namoota armaan gadii quunnamuu ni dandessuu.

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Walii galtee-qorannoo kan irraattii hirmaachuf fedhii kiyya nan agaarsisa. Eeyyen miti

Mallattoo hirmaattoota _____ guyyaa _____

Maqaa fi mallaatto to’ataa: _____ guyyaa _____

Maqaa fi mallaatto oddefannoo sassaaba:_____ guyyaa_____

1. Odeeffannoo Hawaas-dimoogiraafii

lakk	Gaaffilee	Deebii filannoo	Koodii
1.	Umrii	_____	
2.	Saala	1.Dhiira 2. Dhalaa	
3.	Amantaa	1. Musliima 2. Ortodoksii 3. Prootestaantii 4. Kaatolikii 5. Kan biroo (Addeessi)	
4.	Haala gaa’ilaa	1. Kan hin fuune/Kan hin eerumne 2. Kan Fuudhe/kan eerumte 3. Kan wal hiikan 4. Abbaan manaa kan irraa du’e/ Haati manaa kan irraa duute	
5.	Sadarkaa barnootaa	1. Barnoota idilee kan hin baranne 2. Kutaa 1-8ffaa 3. kutaa 9 -12ffaa 4. Kolleejjii fi isaa ol	
6.	Hojii	1. Qonnaan bulaa 2. Daldalaa 3. Hojjetaa mootummaa 4. Hojjetaa dhuunfaa 5. Hojii dhabeeyyii 6. Haadha manaa 7. Barataa 8. Hojii guyyaa guyyaa 9. Kan biroo (Addeessi)	
7.	Galii waliigalaa ji’aa	_____	

8.	Haala jireenyaa	1. Mana kan qabu 2. Mana kan hin qabne 3. Dhaabbata keessa kan jiraatu	
9.	Eenyu waliin jiraachaa jirta?	1. Maatii waliin 2. Kophaa isaa 3. Kan biro	
10.	Mana jireenyaa	1. Magaalaa 2. Baadiyyaa	
11.	Inshuraansii Fayyaa Hawaasaa ni qabdaa?	1. Eeyyee 2. Lakki	

2. Gaaffiiwwan Miidhaa qaamaa irra gahu adda baasuuf qophaa'an

1. Kanaan dura yeroo dhukkubsataa turtee yookiin sana booda seenaa rukutamuu, reebamuu ykn dhaanamuu ni qabdaa? 1. Eeyyee 2. Lakki

2. Deebiin kee G 1f lakki yoo ta'e Gaaffilee itti aanan darbi

3. Gaaffii lakk.1f Eeyyee yoo ta'e; miidhaan sun yoom raawwate?

A. Erga dhibee sammuu jalqabee booda

B. waggaa darbe 1 keessatti

4. Yoo Eeyyee ta'e, jeequmsa qaamaa sana eenyutu raawwate?

A. Abbaa manaa, Haadha manaa

B. Maatii. Addatti: Abbaa, Haadha

C. Obbolaa.ibsiisa: obboleessa, obboleettii

D. Kunuunsitoota (Qacaramee)

E . Firoota

F . Namoota beekan

G . Ormoota

H . Ogeessota Fayyaa

I . Kanneen biroo (Ibsaa) .

5. G1f Eeyyee yoo ta’e, jeequmsa qaamaa yeroo meeqa si mudateera?

A. Al tokko B. Yeroo lama C. Yeroo 3 D.yeroo afur E.yeroo shan F. yeroo baay’ee yoo ibsite_____.

6. Jeequmsi qaamaa eessatti raawwatame?

A. Mana keessatti

B. Hospitaala keessatti

C. Dhaabbata tokko keessatti (Mana Hidhaa, Yuunivarsiitii/Koolleejii)

D. Daandii irratti

E. Bakka biraatti (Ibsaa) _____ .

7. Gabaafamee ture moo? 1. Eeyyee 2. Lakk

8. Yoo Eeyyee ta’e eenyuuf gabaafame? _____ .

3 - Qoricha walitti fufiinsaan fudhachuu ilaalchisee gaaffii qophaa’e

Lakki	Gaaffii	Eeyyee	Lakki
1.	Qoricha keessan sirnaan fudhachuu dagattanii ni beektuu?	1	0
2.	Qoricha keessan sa’aatii isaa eeggatee fudhachuu irratti amala dhimma-dhabuu ni qabduu?	1	0
3.	Mallattoon dhukkubichaa yommuu isinitti	1	0

	fooyya'u amala qoricha dhaabuu ni qabduu?		
4.	Qoricha keessan utuu fudhattanuu miira hamaan isinitti yoo dhaga'ame qorichicha fudhachuu dhiistanii ni beektuu?	1	0

4: Gaaffii itti fayyadama qoricha sammuu namaa hadoochu

	Gaaffii gosa qoricha	Deebii
1.	Wantoota armaan gaditti tarreeffaman keessaa bara jireenya keessan keessatti fayyadamtaniittuu?	0. Lakki 1. Eeyyee
2.	Gaaffii lakk. 1f Eeyyee yoo ta'e, wantoota akkamii fayyadamtanii? (Filannoo tokkoo ol filachuun ni danda'ama)	1. Alkoolii (Biiraa, Waynii, Araqee, Daadhii) 2. Chat gochuu 3. Tamboo 4. Kan biroo_____
3.	Ji'oota sadan darban keessa wantoota armaan olii keessaa 1 fayyadamtaniittuu?	0. Lakki 1. Eeyyee
4.	Gaaffii 3ffaaf eeyyee yoo ta'e, wantoota akkamii fayyadamtan?	1. Alkoolii 2. Chat gochuu 3. Tamboo 4. Kan biroo_____ .

5: Gaaffilee waa'ee Hariiroo hawaasummaa fi muuxannoo dhuunfaa irratti hundaa'an.

lakk	Gaffiilee	Deebii

1.	Yoo rakkoon cimaan si quunname namoota hagamtu si waliin ta'uu danda'aa? (Tokkoo qofa filaadhu)	4. 5 olii
		3. 3-5
		2. 1ykn 2
		1. Hin jiru
2.	Maal akkati hojjetaa jirtu irratti namoonni hagam tokko dhimmamu ykn fedha qabaatu?	1. Baay'ee
		2. Muraasa dhimmamu
		3. An hin beeku
		4. Xiyyeeffannoo fi fedhii xiqqaa qabu
		5. Xiyeffanno fi fedhii hin qaban.
3.	Dhugumatti nama ollaa ykn maatii keessan irraa gargaarsa argachuuf carraan kee hangam siif danda'ama? (1 filadhu)	1. Baay'ee salphaadha
		2. Salphaadha
		3. giddu galeessa
		3. Ulfaataa dha
		4. Baay'ee ulfaataadha

6: Qabxiilee Kilinikaan Walqabatan

lakk	Gaaffii	Deebii
1.	Yeroon dhukkubichi isinirra ture hangamii?	1. Ji'a _____ 2. Waggaa _____ .
2.	Hospitaala ciistee ni beektaa?	_____ .
3	Deebiin keessan gaaffii lakk 2 "eeyyee" yoo ta'e yeroo meeqa?	_____
4.	Qorannoo dhukkubsataa (gamaaggama kaardii irraa) .	1. dhibee iskiizoofreeniyaa 2. Major depressive disorder 3. Bipolar disorder
5	Dhibeen kana dura yaalamaa turtan ni jiraa	1,DM 2.HTN 3.Dhibee Taayrooyidii 4. Kan Biroo

7. Gaaffii waa'ee of ajjeesuu

Ser. no	Gaaffii	Deebii
1	Of ajjeesuuf yaaddee ykn yaalii gootee jirtaa?	1. Gonkumaa 2. Yaada darbaa gabaabaa qofa ture 3. Yoo xiqqaate yeroo tokko karoora of ajjeesuu qabadheera garuu raawwachuuf hin yaalle 4. Yoo xiqqaate yeroo tokko of ajjeesuuf karoora qabadheera dhuguma du'uu barbaadeen ture 5. Of ajjeesuuf yaaleera, garuu du'uu hin barbaanne 6. Of ajjeesuuf yaaleera, dhugumas du'uuf abdadheera
2	Waggaa darbe keessa yeroo baay'ee of ajjeesuuf yaaddee turtee	1. Gonkumaa 2. Yeroo muraasaaf (yeroo 1) . 3. Yeroo tokko tokko (yeroo 2) . 4. Yeroo baayyee yeroo 3-4) . 5. Yeroo baayyee (yeroo 5 fi isaa ol) .
3	Nama tokkotti of ajjeesuuf akka jirtu, ykn akkas gochuu	1.Lakk 2. Eeyyee, yeroo tokkotti, garuu dhuguma du'uu hin barbaanne

	dandeessa jettee itti himtee beektaa?	3. Eeyyee, yeroo tokkotti, dhugumas du'uu barbaade 4. Eeyyee yeroo tokkoo ol, garuu gochuu hin barbaanne 5. Eeyyee, yeroo tokkoo ol, dhuguma hojjechuu barbaade
4	Gaaf tokko of ajjeesuu yaaluun kee carraan kee hangam qaba?	0.Gonkumaa 1.Tasumaa carraa hin qabu 2.Rather hin fakkaanne 3.Hin hin fakkaanne 4.Ta'uu hin oolu 5.Rather likely ta'uu danda'a 6.Baay'ee carraa qaba