TRAUMA INFORMED ECONOMIC EMPOWERMENT MODEL

For women and girls survivors of violence, including conflict related sexual violence, in shelters in Ethiopia

MAY 2026

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FOR ALL WOMEN AND GIRLS

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ACRONYMS

ABCD	Asset-Based Community Development
AWA	Amhara Women Association
AWSAD	Association for Women's Sanctuary and Development
ACSO	Agency for Civil Society Organizations
BBS	Business and Life Skills
BOLSA	Bureau of Labor and Social Affairs
CBT	Cognitive Behavior Therapy
CSCGs	Community Saving and Credit Groups
CRSV	Conflict-Related Sexual Violence
CRVAWG	Conflict-Related Violence Against Women and Girls
C-PTSD	Complex Post-Traumatic Stress Disorder
CSR	Corporate Social Responsibility
EMDR	Eye Movement Desensitization Reprocessing
ENWS	Ethiopian Network of Women's Shelters
EWLA	Ethiopian Women Lawyers Association
FGD	Focus Group Discussions
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
GSA	Good Samaritan Association
HR	Human Resources
ICRW	International Center for Research on Women
ICGLR	International Conference on the Great Lakes Region
IDP	Internally Displaced People
IFSO	Integrated Family Service Organization
IGA	Income Generating Activity
KII	Key Informant Interview
MCRC	Mother and Child Rehabilitation Center
MLWDA	Mujujegwa Loka Women's Development Association.
MFI	Micro Finance Institute
MHPSS	Mental Health and Psychosocial Support
MOE	Ministry of Education
M&E	Monitoring and Evaluation
NET	Narrative Exposure Therapy
NGOs	Non-Government Organizations
OPRIFS	Organization for Prevention, Rehabilitation, and Integration of Female Street Children
PIPA	Professional Intervention for People in Adversity
PTSD	Post-Traumatic Stress Disorder
REFLECT	Regenerated Freirean Literacy through Empowering Community Techniques
SACCO	Saving and Credit Cooperatives
SAMHSA	Substance Abuse and Mental Health Services Administration
SHGs	Self Help Groups
SOP	Standard Operating Procedure
SPSS	Statistical Package for the Social Sciences
TF-CBT	Trauma-Focused Cognitive Behavior Therapy
TIC	Trauma-informed Care
TOR	Terms of Reference
TVET	Technical Vocational Education and Training
TWG	Technical Working Group
UN	United Nations
UN	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNOPS	United Nations Office for Project Services
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
VAW/G	Violence Against Women and Girls
WA	Women's Affairs
WAT	Women's Association Tigray
WEAI	Women's Empowerment in Agriculture Index
WCSA	Women, Children, and Social Affairs
WISE	Women in Self-Employment

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EXECUTIVE SUMMARY

This trauma-informed economic empowerment model has been developed based on a comprehensive desk and literature review, as well as an assessment of shelters and vocational centers in Ethiopia. It is designed for women and girls who have survived violence, including conflict-related trauma, and are currently residing in shelters. Recognizing the intersection between psychological healing and economic independence, the model demonstrates how trauma-sensitive livelihood interventions can foster resilience, autonomy, and long-term recovery.

The assessment covered 12 shelters located in Addis Ababa (6), Gondar (1), Bahirdar (2), Kombolcha (1), Axum (1), and Benshagul (1), as well as two vocational training centers in Addis Ababa. Using mainly qualitative methods, the team conducted key informant interviews, focus group discussions, case studies, and facility audits. Survivors who had successfully launched small businesses after receiving trauma-informed support were also profiled to highlight good practices.

Findings show that while shelters provide critical psychosocial and protective services, economic empowerment initiatives are often fragmented, underfunded, and rarely trauma-sensitive in design. Survivors who accessed integrated support, combining emotional healing, vocational training, and flexible financial assistance, reported increased confidence, reduced dependency, and improved social reintegration. Barriers such as stigma, limited market access, lack of childcare facilities, and insufficient trauma literacy among service providers continue to undermine sustainability.

In response, this model proposes a culturally grounded framework that emphasizes psychological safety and dignity as the foundation for all programming; flexible, survivor-led business pathways (employment, self-employment, or cooperatives) with opportunities for trial and informed choice; mentorship and peer support to reduce isolation and reinforce resilience; integration of mental health and economic interventions through staged “readiness-to-learn” gates; and partnerships with the private sector, technical vocational education and training (TVET) institutions, and financial service providers to ensure demand-driven, sustainable livelihoods.

To support monitoring and accountability, the model highlights five priority domains that can be tracked during implementation: survivor pathway completion; emotional regulation and healing (e.g., via a Readiness-to-Learn Index); sustained income and financial stability; survivors’ self-reported safety, dignity, and agency; and survivors' leadership empowerment. Together, these domains form the basis for practical monitoring tools and roll-out plans in line with the terms of reference (TOR) requirements.

This trauma-informed economic empowerment model is therefore more than a study output: it is a blueprint for shelters, non-governmental organizations (NGOs), and policymakers to move beyond crisis response towards transformative recovery. By centering survivor agency and healing, it establishes a pathway from healing to learning and to earning, laying the foundation for a more equitable and resilient future for women and girls affected by violence in Ethiopia.

1. BACKGROUND AND CONTEXT

Violence against women and girls (VAW/G) remains one of the most pervasive human rights violations globally, with deep and lasting consequences on survivors' physical, emotional, psychological, and economic well-being.1 Globally, nearly one in three women (about 736 million) experience physical and/or sexual violence in their lifetime.2

In Ethiopia, VAW/G takes many forms, including intimate partner violence, harassment, rape, technology-facilitated GBV, gender-related killings, female genital mutilation (FGM), child marriage, as well as restrictions on women's rights and freedoms. According to the 2016 Ethiopian Demographic and Health Survey, one-third (34%) of ever-married women aged 15-49 reported intimate partner violence, and 65% of women reported having undergone FGM.3 Alarmingly, 68% of women and 28% of men believed that wife-beating was justifiable, reflecting entrenched patriarchal norms that sustain violence.

More recent data underscores the persistence of VAW/G. The 2024 Ethiopian Women's Status Survey found that nearly one in ten women had experienced physical violence in the preceding 12 months, with the highest prevalence among women aged 15–29 (22%) and 30–49 (21%). However, only 14% of survivors sought assistance, and over half reported that the support they received was ineffective, highlighting systemic gaps in prevention and response.4 These figures exclude conflict-affected areas, where the scale of violence is believed to be even higher.

Conflict and displacement have intensified these risks. In conflict-affected Amhara, nearly 39% of women and girls reported experiencing gender-based violence, including emotional (36.7%), physical (15.4%), and sexual (8.9%) abuse.5 Conflict and displacement, entrenched patriarchal norms and gender inequality, weak enforcement of laws and limited access to justice, economic instability and poverty, and persistent stigma and silence around sexual violence are factors that exacerbate violence against women and girls in Ethiopia.6 Migration creates additional vulnerabilities. Each year, some 250,000 Ethiopians migrate irregularly, with women and girls making up nearly half (46%). During transit or at destination, they face high risks of exploitation: among returnees, 26% reported sexual violence from employers, while 21% experienced violence

in transit.7 In 2024, the government identified 541 trafficking survivors, 90% of whom were women and girls, split between sex trafficking (51%) and labor exploitation (49%).8

The consequences of VAW/G and conflict-related sexual violence (CRSV) are profound. Survivors face not only physical injuries but also psychological trauma, including post-traumatic stress disorder (PTSD), depression, anxiety, suicidal ideation, and loss of dignity and trust.9, 10 Systemic gaps in mental health services, legal protection, and survivor-centered support further compound the harms faced by survivors. For example, many conflict and displacement settings in Ethiopia have seen health facilities, social services, and courts disrupted, leading to reduced access to psychosocial services and legal recourse.11, 12 Both violence and economic marginalization disproportionately impact displaced and conflict-affected women; violence undermines earning capacity and access to meaningful livelihood opportunities. In contrast, a lack of economic alternatives often prevents survivors from leaving abusive environments. Healing, therefore, requires more than immediate protection; it demands trauma-informed care (TIC), sustainable livelihoods, and community restoration.13

The Ethiopian Network of Women's Shelters (ENWS)14 is a national network. There are 23 shelters across Ethiopia. Their services may include safe shelter, healthcare, counseling, legal aid, and economic empowerment. Ethiopian women's shelters face significant challenges, including a lack of coordination, inadequate mental health services, and limited access in conflict-affected areas. These gaps hinder the delivery of comprehensive support to survivors of GBV and women experiencing homelessness.15 Many shelters lack the capacity to offer holistic care, including legal aid, trauma counseling, and safe housing, for women and girls in these areas.16 In

1 UN Women Annual Report 2019–2020 | Digital library: Publications | UN Women – Headquarters 2 World Health Organization (2021). Violence against women prevalence estimates, 2018. https://www.who.int/publications/i/item/9789240022256 3 https://dhsprogram.com/pubs/pdf/fr328/fr328.pdf 4 Ministry of Women and Social Affairs (MoWSA). (2024). Determining the Ethiopian Women's Status and Priorities: National Survey Report. Addis Ababa: MoWSA. 5 Dellie, E. et al. (2024). Gender-based violence in conflict-affected Amhara, Ethiopia 6 UN Women Ethiopia (2022). Evaluation Report: EVAW Programme 2019–2022. https://www.unwomen.org/en/digital-library/publications

7 UN Women, Mixed Migration Centre, & DRC. (2025). Women on the Move: Experiences of Ethiopian Migrant and Returnee Women. Addis Ababa: UN Women. 8 U.S. Department of State. (2024). Trafficking in Persons Report: Ethiopia (2024). Washington, DC: State Department. 9 World Health Organization (2013). Guidelines for the management of conditions specifically related to stress. https://www.who.int/publications/i/item/9789241505406 10 https://www.ohchr.org/en/press-releases/2022/10/ethiopia-critical-moment-strengthen-fight-against-trafficking-tigray-afar 11 World Bank, (2024) Gender-based Violence (GBV) Response Services in Ethiopia: Empowering Women and Girls in Conflict-Affected Areas 12 Yohannes, B. (2023), "Contradictions hindering the provision of mental healthcare and psychosocial services to women experiencing homelessness, Addis Ababa, Ethiopia" Contradictions hindering the provision of mental healthcare and psychosocial services to women experiencing homelessness in Addis Ababa, Ethiopia: service providers' and programme coordinators' experiences and perspectives | BMC Health Services Research | Full Text. 13 ACAPS, "Ethiopia GBV Secondary Data Review" (2025); WHO / Ethiopia Health Emergency Investment Case (May 2025). 14 https://enwsethiopia.org/ 15 UNFPA Ethiopia | High level Panel discussed challenges preventing survivors of GBV from accessing comprehensive services 16 World-Bank – GBV response in conflict Affected Regions. Gender-based Violence (GBV) Response Services in Ethiopia: Empowering Women and Girls in Conflict-Affected Areas

addition, service providers report contradictions in policy and practice, such as unclear mandates and fragmented service delivery, which undermine mental health support.17

Ethiopia's sociocultural context brings additional challenges. Survivors often face shame, blame, exclusion, early marriage, bride abduction, and intimate partner violence that are normalized in some regions.18, 19

Trauma-informed care provides a framework for acknowledging trauma and embedding safety, trust, choice, collaboration, empowerment, and cultural responsiveness into all services and programs.20, 21 This framework operationalizes TIC principles through trauma-informed intake, readiness-to-learn screening, survivor-led selection of livelihood pathways, mentored market linkages, paced cash/asset support, and aftercare.

For survivors of VAW/G and CRSV, economic empowerment is not just about income generation; it is about reclaiming dignity, rebuilding lives, and reducing vulnerability to future exploitation. Evidence-based therapies such as trauma-focused cognitive behavioral therapy (TF-CBT), cognitive processing therapy, and eye movement desensitization reprocessing (EMDR) provide survivors with the psychological readiness to learn, work, and thrive.22, 23

The trauma-informed economic empowerment model is not only timely but also essential. It addresses the intersection of healing and livelihood, offering survivors a path to reclaim agency in a context where violence has stripped it away. By centering on survivor choice and dignity, the model contributes not only to program outcomes but also to survivors' rights to remedy and reparation under international frameworks.24

To ensure contextual relevance, UN Women Ethiopia commissioned this model, developed through a desk review of global and national evidence and an assessment of 12 shelters, one

vocational center for Women in Self-Employment (WISE), and one training institute (Sr. Yemisrach Training Institute). The methodology included key informant interviews, focus group discussions, facility audits, and case studies of survivors who successfully launched businesses after trauma-informed support. A complementary quantitative self-assessment examined the trauma-responsiveness of shelters. This report presents the resulting model: a survivor-centered, trauma-informed, culturally grounded framework that integrates healing and economic empowerment, designed for use in shelters and beyond, including community and internally displaced people (IDP) settings.

2. Objective of the Study The overall objective of the study is to design, develop, and implement an evidence-based, trauma-sensitive, trauma-specific, and trauma-informed model that is survivor-centered and incorporates effective business and entrepreneurial approaches applicable to the rehabilitation and reintegration of survivors in development and humanitarian contexts.

The specific objectives are:

• Review evidence-based trauma-informed economic empowerment approaches at the global, regional, country, and local levels that could be implemented for survivors of violence in development and humanitarian settings. • Integrate trauma-focused research and practice-generated knowledge from survivors and professionals, the private sectors, highlighting effective trauma interventions and best practices. • Assess the current economic empowerment practices in selected shelters, internally displaced people centers, and in the community, identifying gaps, challenges, and areas for improvement in economic empowerment programs. • Develop a trauma-informed framework for the overall economic empowerment, ensuring the model is tailored to the unique needs of survivors of VAWG that considers the existing community resources and cultural values with a focus on long-term recovery and resilience. • Design strategies for engaging survivors in productive income-generating activities, focusing on building survivor autonomy, economic independence, and social reintegration. • Recommend context-specific strategies for integrating trauma-informed economic empowerment practices into rehabilitation and reintegration services for survivors of VAW/CRSV, ensuring long-term effectiveness and mental health recovery, along with practical monitoring tools.

17 Contradictions hindering the provision of mental healthcare and psychosocial services to women experiencing homelessness in Addis Ababa, Ethiopia: service providers' and programme coordinators' experiences and perspectives | BMC Health Services Research | Full Text 18 Central Statistical Agency [Ethiopia] and ICF (2016). Ethiopia Demographic and Health Survey 2016. https://dhsprogram.com/pubs/pdf/FR328/FR328.pdf 19 UN Women Ethiopia (2022). Evaluation Report: EVAW Programme 2019–2022. https://www.unwomen.org/en/digital-library/publications 20 Substance Abuse and Mental Health Services Administration (SAMHSA) (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf. 21 Hatcher, S., Frye, L., & Van Herk, K. (2025). Trauma Informed Care. In Street Mental Health Handbook (pp. 13– 20). Springer. https://link.springer.com/chapter/10.1007/978-3-032-00663-9_2 22 American Psychological Association (2017). Clinical Practice Guideline for PTSD: https://www.apa.org/ptsd-guideline 23 US Department of Veterans Affairs & Department of Defense (2023). PTSD Clinical Practice Guideline. https://www.healthquality.va.gov/guidelines/MH/ptsd/ 24 UN Women (2022). Reparations and remedies for victims – Ethiopia. https://www.unwomen.org/en/digital-library/publications/2022/05/reparations-and-remedies-for-victims-in-ethiopia

3. LITERATURE REVIEW

3.1. Operational Definition of Key Terms Violence Against Women and Girls: Includes physical, sexual, psychological, economic, and structural violence, and emphasizes state accountability, survivor-centered responses, and cultural sensitivity.25 Conflict-Related Sexual Violence is a form of sexual violence that occurs in conflict settings and is used as a tactic of war, torture, and repression, with devastating effects on survivors and communities.26 Trauma is an emotional response to a terrible event like an accident, rape, or natural disaster.27 "Trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body."

Women's Economic Empowerment is a transformative, collective process through which economic systems become just, equitable, and prosperous. This process envisions a world where all women enjoy their financial and social rights, exercise their agency and power to challenge inequalities, and level the playing field."28

Trauma-Informed Economic Empowerment is a survivor-centered approach that integrates trauma awareness into economic recovery programs, enabling women and girls affected by violence to rebuild their lives with dignity, safety, and autonomy.29

Shelters are safe, supportive spaces designed to provide immediate protection, care, and stabilization for individuals, especially women and children, who have experienced violence, abuse, or conflict-related trauma.30

3.2. TRAUMA: TYPES, MAGNITUDE, EFFECTS, AND INTERVENTIONS

Trauma is defined as an emotional and psychological response to distressing or life-threatening events that exceed a person's ability to cope. These events can include abuse, accidents, natural

disasters, war, or witnessing violence. Trauma disrupts a person's sense of safety and can lead to long-lasting effects on mental, emotional, and physical health.31

Although trauma universally triggers intense stress reactions, its psychological, physical, and relational consequences are shaped by the event's characteristics, such as its type, context, duration, and the developmental stage at which it occurs.32, 33

3.2.1. TYPES OF TRAUMA AND IMPACTS

According to mental and psychosocial health professionals, trauma can be categorized into several types.34

• Acute Trauma: Results from a single, overwhelming event (e.g., car accident, physical/sexual assault, disasters, etc.) The primary impacts of acute trauma often manifest as straightforward post-traumatic stress symptoms, including intrusive memories, avoidance behaviors, heightened anxiety, hypervigilance, and exaggerated startle responses. Although intensely distressing, acute trauma generally has a relatively favorable prognosis with timely, targeted therapeutic interventions. Effective treatments commonly include structured interventions such as EMDR, short-term stabilization approaches, and cognitive reprocessing methods specifically designed for single-event trauma.35

• Chronic Trauma: Repeated and prolonged exposure to distressing events (e.g., domestic violence, ongoing abuse). Chronic trauma results from prolonged exposure to distressing events, such as ongoing abuse, neglect, or repeated violence, and can lead to persistent anxiety, depression, irritability, or emotional numbness; difficulty concentrating, memory problems, and intrusive thoughts; chronic pain, fatigue, gastrointestinal issues, and sleep disturbances; mistrust, social withdrawal, attachment issues, and interpersonal conflict and feeling detached from one's body or surroundings. These symptoms often overlap with Complex PTSD and may co-occur with chronic physical conditions like musculoskeletal pain. 36 Effective treatment typically involves a multimodal, trauma-informed approach, including: TF-CBT37 helps reframe negative beliefs and reduce trauma-related symptoms;

25 African Union Convention on Ending Violence Against Women and Girls (AUCEVAWG), February 2025 26 United Nations Regional Information Center 27 The American Psychological Association (APA) 28 Women's Economic Empowerment Strategy 2024. 29 unwomen.org/sites/default/files/2024-03/un-women-womens-economic-empowerment-strategy-en.pdf 30 knowledge.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2016/Shelters-for-Survivors-of-Violence-Ethiopia.pdf

31 What Is Trauma? Effects, Causes, Types, and How to Heal https://psychcentral.com/health/what-is-trauma 32 Van der Kolk, B. A. (2014). The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma. Viking Press. 33 Herman, J. L. (1992). Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror. 34 Overview of Trauma Types http://iptrauma.org Overview of Trauma Types | Psychotraumatology 35 Shapiro, F. (2018). Eye Movement Desensitization and Reprocessing (EMDR) Therapy: Basic Principles, Protocols, and Procedures (3rd ed.). New York: The Guilford Press. 36 Role of post-trauma stress symptoms in the development of chronic musculoskeletal pain and disability: a protocol for a systematic review | BMJ Open 37 Baranowsky, A. B., & Gentry, J. E. (2023). Trauma Practice: A Cognitive Behavioral Somatic Therapy (4th ed.). Hogrefe Publishing

EMDR38 facilitates processing of traumatic memories; somatic therapies, such as sensorimotor psychotherapy or somatic experiencing,39 which address body-based trauma responses; mindfulness and stress-reduction techniques:40 to improve emotional regulation and present-moment awareness; pharmacotherapy: may be used to manage symptoms like depression, anxiety, or sleep disturbances; long-term relational therapy:41 vital for survivors of interpersonal trauma, focusing on attachment repair and trust-building.

• Complex trauma, also known as complex post-traumatic stress disorder (C-PTSD), is a distinct form of chronic trauma that arises primarily from sustained interpersonal violations. These often include childhood abuse, emotional neglect, captivity, or repeated betrayal within attachment relationships. Unlike single-incident trauma, complex trauma disrupts a person's core sense of self and relational safety, resulting in severe emotional dysregulation, persistent dissociative symptoms, distorted self-perceptions (e.g., shame, self-blame, worthlessness), and chronic difficulties with intimacy and trust. Effective clinical treatment for complex trauma must go beyond symptom management. It involves targeted interventions that focus on repairing attachment injuries, stabilizing internal emotional states, and processing unresolved relational and developmental trauma.42, 43

• Secondary or vicarious trauma refers to the emotional and psychological impact experienced by individuals, such as healthcare workers, therapists, and first responders, who are indirectly exposed to others' traumatic experiences through empathetic engagement.44 Effective interventions for secondary trauma include peer support, trauma-informed supervision, mindfulness practices, and structured therapy approaches like EMDR and cognitive behavioral therapy. These strategies help reduce emotional exhaustion and build resilience among healthcare workers and first responders.45, 46

• Collective Trauma arises in the context of larger social, community, or societal events, including pandemics, wars, systemic racism, discrimination, and cultural oppression. Its impacts are felt broadly, disrupting social cohesion, community trust, collective identity,

and intergroup relationships.47 By integrating culturally informed, community-level, and systemic strategies, trauma-informed collective interventions effectively heal collective wounds, restore community resilience, and foster renewed community cohesion, empowerment, and a restored sense of collective identity.48

• Intergenerational trauma is "the transmission of trauma or its legacy, in the form of a psychological consequence of an injury or attack, poverty, and so forth, from the generation experiencing the trauma to subsequent generations. The transference of this effect is believed to be epigenetic, that is, the transmission affects the chemical marker for a gene rather than the gene itself."49 It is described as 'the passage of emotional pain from one generation to the next,' often manifesting in shame, anxiety, depression, substance abuse, or difficulties with relationships.50 Research suggests that trauma can be passed down through epigenetic changes, alterations in gene function without altering the DNA sequence itself.51

3.2.2. MAGNITUDE OF TRAUMA

Trauma can affect people differently.52

• Severity depends on the nature of the event, the individual's prior experiences, and available support systems.

• Magnitude can range from mild psychological distress to severe, life-altering conditions, such as PTSD.

• Trauma can affect anyone, regardless of age, gender, or background, and its impact may be immediate or delayed.

3.2.3. EFFECTS OF TRAUMA ON SURVIVORS

Trauma affects survivors across multiple domains: psychological, physical, behavioral, cognitive, emotional, and social, often leading to long-term disruptions in health, relationships, and daily functioning.53, 54

38 Luckey, C. (2025). Somatic EMDR: 5 Ways It Heals Complex Trauma. Somatic Therapy Partners 39 Integrating EMDR with Somatic Practices: A Holistic Approach to Trauma Healing. Trauma Therapist Institute 40 Ibid. 41 Fisher, J. (2017). Healing the Fragmented Selves of Trauma Survivors: Overcoming Internal Self-Alienation. Routledge. 42 Ibid. 43 Van der Hart, O., Nijenhuis, E. R. S., & Steele, K. (2006). The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization. W. W. Norton & Company. 44 Figley, C. R. (1995). Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized. Brunner/Mazel. 45 https://neurolaunch.com/secondary-trauma-therapy/ 46 A Scoping Review of Vicarious Trauma Interventions for Service Providers Working With People Who Have Experienced Traumatic Events

47 Saul, J. (2013). Collective Trauma, Collective Healing: Promoting Community Resilience in the Aftermath of Disaster. New York: Routledge. 48 International Psychotraumatology Association – Overview of Trauma Types 49 APA Dictionary of Psychology 50 What Is Intergenerational Trauma? 51 Intergenerational Trauma: Epigenetics and Inherited Emotional Stress 52 https://www.jneuropsychiatry.org/ 53 Rizeq, J., & McCann, D. (2023). The cognitive, emotional, and behavioral sequelae of trauma exposure: An integrative approach to examining trauma's effect. Psychological Trauma: Theory, Research, Practice, and Policy, 15(2), 313–321 54 Boris, V. (2023). Analysing the Effects of Trauma on Psychological Well-Being. Journal of Neuropsychiatry, 13

• Psychological effects include anxiety, depression, PTSD, emotional numbness, flashbacks, nightmares, and hypervigilance. Survivors may experience intrusive thoughts, flashbacks, and chronic fear.

• Physical effects include chronic pain, fatigue, gastrointestinal issues, sleep disturbances, and increased vulnerability to illness. Trauma can dysregulate the autonomic nervous system, leading to somatic symptoms.

• Cognitive effects include impaired memory, concentration difficulties, and negative self-beliefs about oneself or the world. Survivors often struggle with distorted worldviews and decision-making.

• Emotional effects include emotional dysregulation, mood swings, shame, guilt, and irritability. Difficulty identifying and expressing emotions is common.

• Behavioral effects include avoidance behaviors, substance use, aggression, and self-harm. Survivors may withdraw socially or engage in risky behaviors.

• Social effects include isolation, mistrust, and difficulty forming or maintaining relationships. Trauma can erode interpersonal skills and attachment security.

Healing from trauma often requires professional support, such as trauma-informed therapy, and strong social networks.55, 56, 57

3.2.4. NEUROSCIENCE OF TRAUMA: THE "SURVIVAL BRAIN" VS. "LEARNING BRAIN" CONCEPT

Trauma disrupts executive functioning, pushing survivors into "survival brain" mode, where focus is on short-term safety rather than long-term planning. The "survival brain" operates in a hyper-focused, reactive, and avoidant mode, prioritizing safety over learning. When someone experiences trauma or chronic stress, their brain can get "stuck" in survival mode.58 Similarly, a study by Perry and Szalavitz demonstrates how early trauma physically reshapes the brain, altering its architecture. Early neglect or abuse can impair the development of the prefrontal cortex that governs reasoning, impulse control, and empathy, but correspondingly, healing is possible through safe, compassionate, and developmentally informed care.59

The brain shift due to trauma is not a choice; it is a biological adaptation meant to protect the person from perceived danger.60 In survival mode, brain structure indicates that the amygdala, the brain's alarm system, detects threats and triggers the fight-flight-freeze response. In trauma, it

becomes hyperactive, reacting even to minor cues. Recent evidence also shows that trauma alters not only brain structures but also body physiology: trauma is "remembered" somatically, stored in muscle tension, and physiological responses that can bypass conscious awareness.61 This explains why survivors may react physically to triggers even when they are not in immediate danger.

Trauma can shrink or impair the hippocampus, which is responsible for memory and context, making it hard to distinguish the past from the present and leading to flashbacks or intrusive memories; the prefrontal cortex governs rational thought and emotional regulation.62 In the case of trauma, the prefrontal cortex suppresses its function, making it harder to think clearly or make decisions. At a neurochemical level, trauma disrupts cortisol regulation and increases norepinephrine, reinforcing hyperarousal and making it difficult for survivors to return to calm states.63

Emerging research also indicates that trauma affects astrocytes, which support communication between the amygdala, hippocampus, and prefrontal cortex. Disruption of these molecular pathways can impair fear memory processing and impede the transition to learning states.64 Research by Jimoh and Omiyefa shows trauma alters brain structure and function in ways that increase vulnerability to psychiatric disorders, mainly through changes in neural circuits, neurotransmitter systems, and stress-response pathways.65 When survivors are in "survival brain", they tend to focus on immediate threats and can struggle to engage in educational or employment activities. For survivors exposed to early or chronic trauma, stress-response systems can remain overactive for life, leading to chronic hypervigilance and mistrust.66 Trauma can even leave epigenetic "marks," altering gene expression and, in some cases, transmitting vulnerability to stress regulation across generations. Trauma can thus leave epigenetic "marks" that alter stress-response systems and can even be passed intergenerationally, influencing how children of survivors regulate fear and stress.67 This underlines the urgency of trauma-informed programming not only for survivors but also for breaking cycles of vulnerability.

55 Franklin, C. (2024). The Transformative Influence of Social Support in Trauma Recovery. Abnormal and Behavioural Psychology, 10 56 Goelitz, A. (2020). From Trauma to Healing: A Social Worker's Guide to Working with Survivors (2nd ed.). Routledge 57 Calhoun, C. D., et al. (2022). The Role of Social Support in Coping with Psychological Trauma: An Integrated Biopsychosocial Model for Posttraumatic Stress Recovery. Journal of Psychiatric Practice. 58 van der Kolk, B. A. (2014). The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma. 59 Perry, B. D., & Szalavitz, M. (2017). The Boy Who Was Raised as a Dog (3rd ed.). Basic Books. 60 Rousseau, D. (2023). The Effect of Trauma on the Brain. Boston University. https://sites.bu.edu/daniellerousseau/

61 van der Kolk, B. A. (2014). The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma. 62 Basolateral Amygdala Astrocytes Are Engaged by the Acquisition and Expression of a Contextual Fear Memory | Journal of Neuroscience 63 Bremner, J. D. (2006). Traumatic stress: Effects on the brain. Dialogues in Clinical Neuroscience, 8(4), 445–461. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181836/ 64 Kim, Y.-R., Lee, M., & Kim, M. S. (2025). Astrocytes in Fear Memory Processing: Molecular Mechanisms Across the Amygdala–Hippocampus–Prefrontal Cortex Network. Cells, 14(18), 1444. https://doi.org/10.3390/cells14181444 65 Jimoh, O., & Omiyefa, S. (2025). Neuroscientific mechanisms of trauma-induced brain alterations and their long-term impacts on psychiatric disorders. International Journal of Science and Research Archive, 14(03), 036–052. https://www.researchgate.net/publication/389744860 66 Perry, B. D., & Szalavitz, M. (2017). The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook (3rd ed.). Basic Books. 67 Rousseau, D. (2023). The Effect of Trauma on the Brain. Boston University. https://sites.bu.edu/daniellerousseau/

Trauma-informed programs, therefore, embed regulation practices such as grounding, breathing, movement, and predictable routines that help survivors return more quickly to the learning brain when activated.68 By creating a safe and supportive environment, survivors can transition from a survival brain to a learning brain, enabling them to process complexity, take risks, and plan and execute tasks related to their new skills and economic empowerment activities.

Programs must create stability, address basic needs, and foster environments that support cognitive engagement and goal-setting, activating the "learning brain," which operates in a curious, open, and receptive mode, capable of reflection and problem-solving. Programs intentionally move women from 'survival brain' to 'learning brain' via routines, predictability, and body-based techniques before financial training. Without these preparatory steps, economic training risks overwhelming survivors and reinforcing survival responses instead of fostering empowerment.

TABLE 1: SURVIVAL BRAIN VS. LEARNING BRAIN

BRAIN STATE	SURVIVAL BRAIN	LEARNING BRAIN
DOMINANT REGION	Amygdala, limbic system	Prefrontal cortex
PRIMARY FOCUS	Safety, threat response	Growth, planning
BEHAVIORAL RESPONSES	Fight, flight, freeze, fawn	Reflect, engage, explore
EMOTIONAL STATE	Hypervigilance, fear, shutdown	Curiosity, confidence, regulation
TIME ORIENTATION	Present-only, crisis-driven	Future-oriented, able to plan long-term[69]
RESILIENCE FACTORS	Isolation, stigma, and re-traumatization risks	Connection, community support, healing rituals[70]
IMPACT ON EMPOWERMENT	Avoids risk, short-term focus	Can set goals, take initiative
SUPPORTIVE CONDITIONS	Predictability, safety, trust	Autonomy, connection, meaning

The dynamic in trauma-informed economic empowerment programs involves survivors progressing through the therapy process to transform from a state of survival to one of thriving. This is rarely linear; survivors may oscillate between survival and learning in response to stressors. Programs help stabilize this process through predictable routines, grounding practices, and relational safety, thereby reducing hyperarousal and re-engaging the "learning brain."71

The steps are visualized as: Triggering event Survival brain Activation Impaired functioning Trauma-informed intervention Safety and regulation Learning brain engagement Economic empowerment.

[68] SAMHSA (2023). *Trauma-Informed Approaches and Programs*. https://www.samhsa.gov/trauma-violence/types
[69] SAMHSA (2023). Trauma-Informed Approaches and Programs.
[70] Perry, B. D., & Szalavitz, M. (2017). The Boy Who Was Raised as a Dog.
[71] SAMHSA (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.

By embedding these steps, programs not only support survivors' immediate healing but also build the foundation for sustainable empowerment, resilience, and community restoration.

3.2.5. EVIDENCE-BASED TRAUMA THERAPIES AND THEIR INTEGRATION

More broadly, trauma results from any event, series of events, or circumstances experienced as physically or emotionally harmful or threatening, often producing lasting effects on mental, physical, social, emotional, or spiritual well-being.[72, 73]

Trauma-informed economic empowerment models should be supported by clinical interventions that have been shown to aid recovery.

TABLE 2: CLINICAL INTERVENTIONS FOR TRAUMA HEALING

THERAPY	FOCUS	INTEGRATION POTENTIAL
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Restructures negative thought patterns and builds coping skills	Can be adapted into group-based psychoeducation sessions within livelihood programs
Eye Movement Desensitization and Reprocessing (EMDR)	Processes traumatic memories using bilateral stimulation	Useful in individual counseling for survivors before or during economic reintegration
Narrative Exposure Therapy (NET)	Helps survivors construct coherent life narratives	Aligns well with storytelling and participatory approaches in empowerment models
Somatic Experiencing & Sensorimotor Psychotherapy	Addresses trauma stored in the body	Complements vocational training by integrating body awareness and regulation practices
Group-Based Interventions (e.g., Professional Intervention for People in Adversity - PIPA)	Combines trauma recovery with group process and safety planning	Scalable in shelter settings and community-based economic initiatives
Flash Techniques	Survivors do not need to recount or relive the traumatic event, which can be retraumatizing in traditional talk therapy.	It is ideal for those who are dissociative, highly avoidant, or fearful of intense emotional activation.

When delivered by trained professionals, these therapies complement economic empowerment by fostering mental resilience and emotional readiness. Evidence shows that integrating trauma

[72] American Psychological Association. (n.d.). *Trauma*. https://dictionary.apa.org/trauma
[73] SAMHSA (2014). Concept of Trauma and Guidance for a Trauma-Informed Approach.

therapies reduces dropout rates, increases engagement, and promotes long-term financial stability.74

To ensure trauma therapies enhance, not compete with economic goals, integration strategies for economic empowerment models must be intentional and culturally grounded. Survivors in survival mode may struggle with trust, planning, and risk-taking, key ingredients for financial success. Therefore, healing-focused trauma therapy lays the ground for sustainable economic empowerment endeavors. Additionally, school-based studies show that trauma-informed interventions reduce dropout rates, increase engagement, and promote long-term resilience.75 On another note, economic empowerment without healing can inadvertently retraumatize; healing without economic agency can leave survivors vulnerable. Economic empowerment without concurrent healing may exacerbate stress or retraumatize, while healing without economic agency may leave survivors dependent and exposed to new risks.76 A tiered or “stepped-care” approach is recommended for delivering trauma support within economic empowerment programs. At the first level, para-counselors and frontline staff such as coordinators, social workers, income-generating activity (IGA) officers, and nurses trained in basic psychosocial skills can provide grounding techniques, psychoeducation, and safety planning.77 At the second level, licensed therapists deliver structured evidence-based therapies such as cognitive processing therapy, TF-CBT, EMDR, or flash techniques, typically over 6–12 sessions.78

At the third level, counselors, para-counselors, and case workers can facilitate ongoing peer-support mechanisms, such as weekly survivor circles, which promote collective healing and resilience within communities.79 This structure reflects the stepped-care model endorsed by the World Health Organization and the Inter-Agency Standing Committee, ensuring scalable access to trauma care in low-resource and humanitarian settings.80

Actionable strategies are proposed for educators, policymakers, and organizations to create incubators that empower trauma survivors, offering a roadmap for healing and enterprise.81 There is also a need to ensure concurrent healing alongside economic empowerment. Healing can be both collective and individual, enabling survivors to embark on their recovery journey with the support of their community. The model will incorporate mechanisms to create safe spaces in both the community and the workplace, thereby fostering environments where survivors can engage in healing and achieve meaningful economic outcomes.82, 83 Trauma survivors globally face significant challenges in generating income due to a complex interplay of psychological, social, and economic factors. These challenges are compounded by the impact of trauma on mental and physical health, leading to difficulties in maintaining employment and developing sustainable livelihoods.84, 85 Multidimensional interventions, including trauma-informed IGAs, are crucial for supporting survivors' recovery and fostering economic empowerment. Trauma-informed income-generating projects aim to help individuals who have experienced trauma by providing safe and supportive environments for them to build financial independence. These projects recognize the impact of trauma on various aspects of life, including emotional, psychological, and social well-being, and strive to avoid re-traumatization while fostering healing and resilience.86

3.3. OVERVIEW OF GLOBAL AND LOCAL TRAUMA-INFORMED WOMEN'S ECONOMIC EMPOWERMENT APPROACHES

Global frameworks increasingly recognize that economic empowerment without trauma sensitivity risks retraumatizing survivors or excluding those most in need. International guidance, including the Substance Abuse and Mental Health Services Administration’s (SAMHSA) widely adopted framework, outlines six principles: safety, trustworthiness, choice, collaboration,

74 Bisson, J. I., et al. (2019). Psychological treatments for chronic PTSD. BMJ, 367, l4890. 75 Herrenkohl, T. I., Hong, S., & Verbrugge, B. (2020). Advancing trauma-informed programs in schools to promote resilience and child well-being. APSAC Advisor, 32(1), 4–12. http://www.apsaclibrary.org/publications/2020%20Number%201/10548.pdf 76 Tol, W. A., et al. (2013). Mental health and psychosocial support in humanitarian settings. The Lancet, 378(9802), 1581–1591. 77 Inter-Agency Standing Committee (IASC). (2021). Guidelines on Mental Health and Psychosocial Support in Emergency Settings. 78 Bisson, J. I., et al. (2019). Psychological treatments for chronic PTSD. BMJ, 367, l4890. 79 Tol, W. A., et al. (2013). Mental health and psychosocial support in humanitarian settings. The Lancet, 378(9802), 1581–1591. 80 World Health Organization (WHO). (2015). mhGAP Humanitarian Intervention Guide (mhGAP-HIG). Geneva: WHO.

81 Kanan white,Titan Florence, Hannah Adeleye (2024). Business Incubators for the Broken: Designing Programs for Trauma Surviors 82 apa.org/about/policy/resolution-trauma-recovery.pdf 83 https://www.radiashealth.org/addressing-trauma-community-approaches-to-healing-and-recovery/ 84 Experience of traumatic events in people with severe mental illness in a low-income country: a qualitative study | International Journal of Mental Health Systems | Full Text 85 https://apatraumadivision.org/wp-content/uploads/2023/11/economically-disadvantaged.pdf 86 makingcents.com/wp-content/uploads/2023/12/ENG-UNITY-Trauma-Informed-MERL-Learning-Brief.pdf

empowerment, and cultural/historical/gender responsiveness that can be applied across all livelihood and empowerment programs.87, 88

Some of the key approaches include the UN Women's Economic Empowerment Strategy, which is anchored in the 2030 Agenda for Sustainable Development.89 It focuses on income security, decent work, and economic autonomy, emphasizing cross-sector collaboration among mental health, legal aid, and vocational training. It promotes survivor-centered design, which includes flexible work arrangements, healing spaces, and peer support. These elements also reflect the UN Essential Services Package, which requires coordinated, survivor-safe access to health, psychosocial, justice, and social services.90

The Bill and Melinda Gates Foundation Model91 employs a capability approach and social provisioning lens, prioritizing agency, access to resources, and institutional support, while recognizing trauma as a barrier to decision-making, trust, and financial planning. This model defines empowerment as both a process and an outcome, in which women and girls gain voice, the ability to express their views and be heard; choice, the capacity to make decisions about their lives; and power, the ability to influence and shape their environment.

The model organizes empowerment across three interconnected dimensions: agency (the ability to define and pursue goals individually or collectively); resources (such as bodily integrity, skills, time, critical awareness, and social capital); and institutional structures (laws, policies, norms, and power relations that shape opportunities and constraints). These dimensions interact dynamically; progress in one may be undermined if others remain weak. For example, a woman may have skills and time (resources) but still lack agency due to restrictive norms or trauma that diminishes her confidence and decision-making ability. This highlights the importance of embedding trauma-informed principles into economic empowerment models: unless trauma is addressed, women's agency and resource use can remain constrained despite supportive structures.92

Complementary measurement tools, such as the Women's Empowerment in Agriculture Index (WEAI), operationalize these empowerment dimensions by assessing women's decision-making power, access to resources, and institutional barriers in rural and agricultural contexts. WEAI studies consistently show that women's empowerment is limited not only by material constraints but also by time burdens, social norms, and intrahousehold power relations. Trauma further compounds these constraints by reducing self-efficacy, trust, and participation, reinforcing the need for trauma-informed adaptations of empowerment frameworks in Ethiopia's shelter and community settings.93

At the regional level, the Global Trauma Project, based in Kenya with global reach, is a pioneering initiative that builds capacity for trauma-informed programming across the economic empowerment, peacebuilding, and education sectors. Its model centers on equipping organizations and communities with the tools to integrate healing into development and resilience systems. Grounded in the principles of safety, trust, empowerment, cultural humility, and survivor-led design, the project emphasizes that trauma recovery must be woven into every layer of intervention, from vocational training to conflict resolution. By fostering environments in which survivors lead and cultural context is honored, the Global Trauma Project helps transform trauma from a silent burden into a catalyst for collective healing and sustainable change.94 What makes the model work is the linkage between trauma therapies and economic strengthening.

The Panzi Hospital's four-pillar care model integrates medical, psychosocial, legal, and socioeconomic aspects and demonstrates improved survivor well-being when psychosocial and legal services are paired with market-linked economic reintegration.95 Similarly, global best practices in trauma-informed economic empowerment emphasize integrating healing and livelihood, pairing therapeutic support with entrepreneurship to foster holistic recovery. Flexible financing mechanisms, such as microgrants, are designed to align with the unpredictable and nonlinear nature of trauma recovery. Peer-led models play a vital role, empowering survivors to mentor others and cultivate community resilience. Additionally, safe and trauma-informed workspaces are prioritized to minimize triggers and create environments that support emotional well-being and sustained engagement.

3.3.1. WOMEN'S ECONOMIC EMPOWERMENT APPROACHES AND MODELS

Women's economic empowerment refers to their ability to access and control economic resources, make decisions that affect their financial well-being, and participate fully in economic life. It is

87 SAMHSA (2014). Concept of Trauma and Guidance for a Trauma-Informed Approach. PDF: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/samhsa_trauma_concept_ paper.pdf https://www.samhsa.gov/resource/dbhis/samhsas-concept-trauma-guidance-trauma-informed-approach 88 Harris & Fallot (CCTIC). Creating Cultures of Trauma-Informed Care—Self-Assessment & Planning Protocol. PDF: https://children.wi.gov/Documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf; https://aeoworks.org/wp-content/uploads/2020/05/CCTIC-Self-assessment-and-Planning-Protocol.pdf 89 UN Women. Women's Economic Empowerment Strategy. March 2024. https://www.unwomen.org/sites/default/files/2024-03/un-women-womens-economic-empowerment-strategy-en.pdf 90 UN Women/UN Joint Programme. Essential Services Package. Essential services package for women and girls subject to violence | UN Women – Headquarters 91 The Bill & Melinda Gates Foundation Model (2017) Bill & Melinda Gates Foundation and KIT (Royal Tropical Institute). A Conceptual Model of Women and Girls' Empowerment. Seattle and Amsterdam, 2017. https://docs.gatesfoundation.org/Documents/BMGF_EmpowermentModel.pdf 92 Ibid

93 Alkire, S., Meinzen-Dick, R., Peterman, A., Quisumbing, A., Seymour, G., & Vaz, A. The Women's Empowerment in Agriculture Index. International Food Policy Research Institute (IFPRI), USAID, and Oxford Poverty & Human Development Initiative (OPHI), 2012. https://www.ifpri.org/publication/womens-empowerment-agriculture-index 94 Global Trauma Project. Trauma-Informed Development. Nairobi: Global Trauma Project, 2021. https://www.globaltraumaproject.org 95 Panzi's Renowned Holistic Healing Model | Panzi Foundation

both a human rights imperative and a driver of inclusive development. According to the International Center for Research on Women (ICRW), women's economic empowerment is the capacity of women to participate in, contribute to, and benefit from economic activities in ways that recognize the value of their contributions, respect their dignity, and make it possible to negotiate a fairer distribution of benefits.[96]

UN Women expands this by emphasizing that empowerment includes access to decent work, control over productive resources, and the ability to influence economic decision-making at all levels.[97]

Conceptual models help guide women's economic empowerment efforts, informing policy, program design, and evaluation to promote gender equality and inclusive economic growth and social development.

TABLE 3: MODELS AND FRAMEWORKS[98]

MODEL/FRAMEWORK	KEY FEATURES
Women in Development (WID) Approach	Focuses on integrating women into development processes as active participants rather than passive recipients.
The Welfare Approach	Views women as passive recipients of aid, focusing on reproductive roles and welfare services.
The Equality Approach	Aims to close the gender gap through remedial measures within existing systems.
The Anti-Poverty Approach	Links economic inequality to poverty, emphasizing income-generating opportunities for disadvantaged women
The Efficiency or Instrumental Approach	Advocates for the full integration of women into development to utilize untapped human resources
The Empowerment or Autonomy Approach	Focuses on increasing women's self-reliance and addressing historical power inequalities

[96] https://www.icrw.org/Understanding and measuring womens economic empowerment
[97] un-women-womens-economic-empowerment-strategy-en.pdf
[98] Choudhary, L. M., Sonkar , R. (2020) Approaches, Framework and Models of Women Empowerment, Turkish Online Journal of Qualitative Inquiry (TOJQI), Volume 11, Issue 4, December 2020: 1972 - 1978

MODEL/FRAMEWORK	KEY FEATURES
Women's Empowerment Framework (UNICEF, 1993)	Divides women's progress into five levels of equality: o Welfare: Basic needs provision. o Access: Equal access to resources like education and credit. o Conscientisation: Awareness of structural discrimination. o Participation: Mobilization for decision-making and representation. o Control: Equal power balance and active decision-making
Microfinance and Women's Empowerment Models	o Financial Self-Sustainability Model: Focuses on providing self-sustaining microfinance services to empower women economically. o o Poverty Alleviation Model: Targets poverty reduction and household well-being through savings, loans, and community development. o o Feminist Empowerment Model: Advocates for explicit strategies to protect women's gender interests at the household, community, and macro levels. o
ICRW Framework[99]	Focuses on access to resources (education, land, finance, technology), agency in strategic life choices, and outcomes in terms of employment, income, and well-being as core dimensions.
UN Women Strategy (2024)[100]	Integrates gender-responsive macroeconomic policies, partnerships, and systemic change to promote empowerment, decent work and social protection, access to productive resources, leadership, and voice in economic decision-making.
Oxfam's Conceptual Framework[101]	Emphasizes rights to control income, assets, time, and risk management; economic well-being; freedom from violence, alongside autonomy and self-belief.
Ethiopia's national programs[102]	Includes microenterprise development, rural cooperatives, and vocational training tailored to women's needs.

3.3.2. TRAUMA-INFORMED APPROACHES OF ECONOMIC EMPOWERMENT

Building on the TIC framework and empowerment theory, a trauma-informed approach to economic empowerment is essential for the rehabilitation of survivors of violence. TIC, as outlined

[99] Understanding and Measuring Women's Economic Empowerment https://www.icrw.org/
[100] Women's Economic Empowerment Strategy https://www.unwomen.org/
[101] Oxfam's Conceptual Framework on Women's Economic Empowerment https://policy-practice.oxfam.org/
[102] Women Economic Empowerment in Ethiopia last version.pdf

by SAMHSA103, 104 emphasizes six principles: safety, trustworthiness, choice, collaboration, empowerment, and cultural responsiveness that must guide all services for survivors.

Empowerment theory, in turn, emphasizes the importance of self-efficacy, decision-making, and control over resources as foundational to personal and collective agency.105 Integrating these frameworks within economic empowerment programs ensures that both immediate needs (safety, stabilization, psychosocial support) and long-term goals (economic independence, resilience, social reintegration) are addressed. Research demonstrates that achieving financial independence not only provides income but also enhances survivors' dignity, autonomy, and capacity to break free from cycles of violence.106

UN Women has played a pivotal role in strengthening survivor-centered care in Ethiopia by supporting the establishment of shelters for women and girls affected by GBV and CRSV and providing technical and financial support to enhance service provision. As of 2011, UN Women has helped launch seven shelters nationwide, five of which were directly supported in partnership with organizations such as AWSAD (Association for Women in Sanctuary and Development) and the Women's Association of Tigray (WAT).

In addition, UN Women's approach emphasizes TIC, economic empowerment, and survivor leadership, ensuring that women are protected and equipped to rebuild their lives with dignity and agency. UN Women-supported shelters in Ethiopia are providing vital, trauma-informed care across regions affected by gender-based violence and conflict. "In Ethiopia, there are close to 20 shelters. Opening shelters in different regions is one of the approaches to prevent as well as respond to violence against women and girls in the country."107

The shelters are part of the UN Women's broader strategy to align with the UN Global Essential Services Package.108 The package has five components: 1) multisectoral service delivery: One-stop centers for medical, legal, and psychosocial care, hotlines for crisis response; 2) capacity building and technical support that trains frontline workers: health professionals, police, social workers, and legal personnel on survivor-centered approaches and TIC, and supports governments in developing protocols and guidelines that reflect the essential service package standards; 3) policy advocacy and normative support 4) Community-based interventions to reduce stigma and

promote reintegration. 5) Data and evidence-based programming to understand service gaps and inform programming as well as interventions. Designed to deliver coordinated, survivor-centered services to deal with GBV. As part of the Response-Recovery-Resilience for Conflict-Affected Communities in Ethiopia (3R4CACE) project, which the World Bank funds in collaboration with the Ministry of Women and Social Affairs and UNOPS, UNFPA supports seven one-stop centers in the Tigray region109. These centers are designed to offer coordinated and integrated services to survivors of GBV, including medical assistance, case management, legal support, and psychosocial services. Survivors face unique challenges that impede their financial stability, such as physical, emotional, and psychological trauma, discrimination, and social exclusion. These barriers, compounded by their traumatic experiences, can lead to difficulties in decision-making, trust, self-esteem, and financial planning. Survivors of violence access economic empowerment opportunities either through admission to shelters/safe houses, in IDP centers, or while they are in their place of origin/in their communities.110, 111 Shelters are institutions that provide essential aspects of protection, services, and resources such as medical support, legal support, psychosocial counseling, vocational skill training, life skill training, IGA, and other services which enable women who have experienced abuse and their children to recover from the trauma, to rebuild themselves.112 Trauma-informed programming recognizes that survivors move through readiness stages: for example, Readiness Gate A (stabilization achieved; acute symptoms managed) should precede enrolment in vocational or entrepreneurship training. Where indicated, survivors may complete 3- 6 sessions of evidence-based trauma therapies such as eye movement desensitization reprocessing, trauma-focused cognitive behavioral therapy, before beginning livelihood modules.113

103 SAMHSA. (2023). Trauma-Informed Approaches and Programs. https://www.samhsa.gov/trauma-violence/types 104 Harris & Fallot (CCTIC). Creating Cultures of Trauma-Informed Care—Self-Assessment & Planning Protocol. PDF: https://children.wi.gov/Documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf; https://aeoworks.org/wp-content/uploads/2020/05/CCTIC-Self-assessment-and-Planning-Protocol.pdf 105 Zimmerman, M.A., & Perkins, D.D. "Empowerment Theory, Research, and Application." American Journal of Community Psychology, 23(5), 1995. https://doi.org/10.1007/BF02506983 106 Goodman, L.A., et al. "Advancing Domestic Violence Program Evaluation: Survivor-Centered and Trauma- Informed Approaches to Assessing Success." Psychology of Violence, 6(2), 2016. https://doi.org/10.1037/vio0000026 107 providing much-needed support to survivors of violence in Ethiopia | UN Women – Africa 108 UN Women's Strategic Plan 2022–2025

109 UNFPA. Integrated GBV Services in Tigray: One Stop Centres. UNFPA Ethiopia, 2023. https://ethiopia.unfpa.org/en/GBV-services 110 World Bank 2024 GBV Services Report, UNFPA 2023 111 World Bank. Gender-Based Violence Response Services in Ethiopia: Empowering Women and Girls in Conflict- Affected Areas. Washington, DC: World Bank, 2024. https://www.worldbank.org/en/news/feature/2024/10/11/gender-based-violence-gbv-response-services-in-afe-ethiopia-empowering-women-and-girls-in-conflict-affected-areas 112 UN Women. (2016). Shelters for women and girls who are survivors of violence in Ethiopia. UN Women Ethiopia. https://knowledge.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2016/Shelters-for-Survivors-of-Violence-Ethiopia.pdf 113 WHO. mhGAP Intervention Guide for Mental, Neurological and Substance Use Disorders in Non-Specialized Health Settings. 2nd ed. Geneva: World Health Organization, 2016. https://apps.who.int/iris/handle/10665/250239

Developing a trauma-informed women's economic empowerment model grounded in the TIC framework and empowerment theory114 requires a holistic, survivor-centered approach that prioritizes healing, agency, and structural change. The TIC model emphasizes the principles of safety, trustworthiness, peer support, collaboration, and cultural responsiveness, which must be embedded into every stage of program design and delivery. Empowerment theory complements this by focusing on enhancing women's self-efficacy, decision-making power, and control over resources. Together, these frameworks ensure that economic empowerment simultaneously promotes healing, agency, and structural transformation.115 This means integrating psychosocial support, flexible and dignified livelihood options, and leadership pathways that allow survivors to shape and lead their own futures.

Panzi's four-pillar holistic model: medical, psychological, legal, and socio-economic programs show that programs can be co-designed with survivors, responsive to local cultural contexts, and committed to dismantling systemic barriers that perpetuate economic and gender-based inequities.116 This co-creation ensures programs foster long-term recovery and agency, rather than only short-term income.

Trauma-informed economic empowerment, particularly in traditional societies, is deeply rooted in cultural identity, social networks, and emotional resilience. The 2024 regional study on the Implementation of a Holistic Approach to Care for Victims and Survivors of Sexual and Gender- Based Violence assessed Panzi's model across ICGLR member states.117 The study shows Panzi's framework is replicable and effective in post-conflict settings, especially when adapted to local contexts.118

3.3.3. SURVIVOR-CENTERED, TRAUMA-INFORMED ECONOMIC EMPOWERMENT

Economic empowerment and trauma-informed approaches are deeply interconnected, especially in the context of supporting survivors of violence. The EVAW evaluation (2023)119 and AWSAD's

impact assessment120 highlight how integrating trauma sensitivity into economic programs enhances recovery, agency, and long-term resilience. This assessment evaluates AWSAD's trauma-informed, multi-sectoral approach to supporting GBV survivors, including shelter, psychosocial care, legal aid, and vocational training. It highlights how economic empowerment is most effective when integrated with healing-centered services.

The EVAW evaluation (2023) underscores that economic empowerment programs must be trauma-sensitive to be effective for GBV survivors. Survivors often face psychological barriers, such as fear, shame, and PTSD, that hinder participation in rigid or high-pressure economic programs.

Survivor-centered economic empowerment is a transformative approach that places survivors' lived experiences, priorities, and leadership at the core of program design and implementation. Instead of enforcing one-size-fits-all solutions, this model recognizes that economic empowerment must address material needs, such as safe employment, financial literacy, and access to resources, as well as the emotional and psychological aspects of healing from trauma.

Survivors define success not only by income generation but also by dignity, autonomy, and the ability to support their families in culturally meaningful ways. Programs rooted in this framework emphasize safety, choice, and trust, and actively involve survivors in shaping services, policies, and advocacy efforts. By honoring survivor agency and fostering collective resilience, survivor-centered economic empowerment becomes a pathway to justice, restoration, and long-term well-being.121

The EVAW Evaluation (2023) and AWSAD Impact Assessment underscore that trauma-informed approaches are essential for effective women's economic empowerment, especially for survivors of violence. Programs that integrate psychosocial support, safe environments, and tailored vocational training lead to stronger outcomes in employment, resilience, and long-term autonomy.122 Their impact assessment showed that survivors who received holistic support, including counseling, shelter, and skills training, were more likely to sustain employment and avoid re-victimization.

Programs must go beyond providing financial resources; they should address survivors' self-worth, decision-making ability, and personal goals.123 Survivors often face limiting beliefs,

114 Zimmerman, M.A., & Perkins, D.D. "Empowerment Theory, Research, and Application." American Journal of Community Psychology, 23(5), 1995. https://doi.org/10.1007/BF02506983 115 UN Women. Towards Economic Justice for Women: Report of the Secretary-General. UN Women, 2020. Available at: https://www.unwomen.org/en/digital-library/publications/2020/09/towards-economic-justice-for-women 116 Panzi's Renowned Holistic Healing Model | Panzi Foundation 117 The 12 member states of the International Conference on the Great Lakes Region (ICGLR) are: Angola, Burundi, Central African Republic, Republic of the Congo, Democratic Republic of the Congo, Kenya, Rwanda, South Sudan, Sudan, Tanzania, Uganda, and Zambia 118 Regional study on the implementation of a holistic approach to care for victims and survivors of sexual and gender-based violence in ICGLR member states. DM Study on Sexual Violence Report 210x280 REV-5.cdr 119 UN Women Ethiopia. (2023). Final Evaluation – Preventing Violence Against Women and Girls (VAWG) and Delivering Essential Services to Survivors in Ethiopia. UN Women Global Accountability and Tracking of Evaluation Use (GATE) System.

120 Tadesse, A. (2024). Impact of Psychosocial Support on Economic Empowerment of GBV Survivors: A Case Study of AWSAD Shelter in Addis Ababa. Master's Thesis, Addis Ababa University, Department of Social Work. 121 Heise, L., Greene, M., Opper, N., Stavropoulou, M., Harper, C., & Nascimento, M. Gender Equality, Norms, and Health: Insights from Global Research. The Lancet Series on Violence and Health, 2019. Gender inequality and restrictive gender norms: framing the challenges to health - The Lancet 122 Assessment of Cultural and Contextual Factors in Trauma-Informed Interventions for Internally Displaced People in Ethiopia: A Community-Based Participatory Action Research 123 Zimmerman, M.A., & Watt, N. Empowerment Theory in Action: Principles, Applications, and Future Directions. Springer, 2021. https://doi.org/10.1007/978-3-030-71146-3

emotional instability, and societal discrimination, which inhibit participation and retention in traditional vocational training or entrepreneurship schemes.

Economic empowerment programs in settings beyond shelters that do not recognize the unique needs of GBV survivors may offer generic solutions. However, survivors may need specialized support, such as flexible work schedules, mental health services, or job training that considers their trauma. If this is lacking, survivors may struggle to establish stable financial independence and may experience higher rates of stress or burnout.124 The findings of a study conducted by Eleison Foundation (2022)125 emphasize that economic empowerment for survivors must be culturally responsive and family-inclusive, recognizing that financial recovery is often a collective, not individual, journey. Survivors emphasize the strong connection between economic stability and psychosocial well-being, noting that emotional safety and mental health are essential for achieving financial goals. Programs should support access to safe, interest-aligned employment with comprehensive benefits and opportunities for growth. Additionally, asset development, financial literacy, and debt relief are essential for fostering financial security and emotional resilience. Crucially, all economic empowerment initiatives must be trauma-informed, offering consistent, non-judgmental, and emotionally safe environments that honor survivor dignity and autonomy.

Psychosocially, trauma can impair trust, motivation, and executive functioning, making it difficult for survivors to engage in livelihood activities without emotional safety and support. Programs must therefore integrate mental health care, peer support, and culturally resonant practices such as storytelling,126 communal rituals, and faith-based coping.127 Healing spaces should reflect the values, languages, and spiritual frameworks of survivors, while economic activities should allow flexibility, choice, and nonjudgmental engagement. Importantly, livelihoods should not be isolated from the psychosocial recovery process. When survivors feel emotionally safe and culturally affirmed, they are more likely to take economic risks, build social capital, and envision a future beyond survival. This calls for a holistic model in which trauma recovery and income generation are not parallel tracks but interwoven paths toward restoration and resilience. Therefore, a holistic trauma-informed economic empowerment model, especially one that integrates healing, dignity, and sustainable livelihoods for survivors, is essential.

International experience, such as that in Congo, shows that attending to a survivor's psychological, socio-economic, and legal needs holistically improves the well-being of her community.128 The Regenerated Freirean Literacy through Empowering Community Techniques (REFLECT) method, for example, offers a structured participatory approach that leverages local knowledge and community-generated materials, fusing literacy and empowerment processes. Its success in Uganda, Bangladesh, and El Salvador lies in its linkage of literacy to development goals (e.g., health, agriculture, gender equity), its development of agency and voice through structured dialogue, and its encouragement of community ownership of solutions.

Ethiopia's Idir (mutual aid associations for social support, especially during bereavement) and equb (rotating savings and credit associations for financial support) are traditional Ethiopian social institutions that already embody community trust, reciprocity, and resilience, key elements of TIC. However, they are often informal and lack structured evaluation or adaptation for survivors of trauma. REFLECT's participatory monitoring tools can help assess the extent to which Idir and Equb support trauma recovery and economic resilience. Government or NGOs could pilot trauma-informed equb models with REFLECT-style facilitation, especially in post-conflict or GBV recovery settings. A study of idir members' participation and contributions to urban economic security and improvement in Ambo shows that they have potential but are ineffective.129

Similarly, a study titled "The Role of Idir as Social Capital in Ethiopia with a Focus on Contributions, Challenges and Changing Dynamics in Addis Ababa" explores how idir functions as a traditional mutual aid association that not only provides financial assistance during funerals but also plays a significant role in fostering emotional solidarity and community cohesion. However, urbanization and economic pressures are challenging its sustainability.130

Post-trauma livelihoods must be designed with a deep understanding of how culture shapes healing, identity, and economic behavior. In many Ethiopian communities, trauma is not only a personal experience but a collective disruption, affecting family roles, spiritual beliefs, and social cohesion. Survivors often prioritize family well-being over individual gain, and economic empowerment is understood as a means of restoring dignity, relational harmony, and cultural continuity. Ethiopia has begun to align indigenous economic models, such as Equb, Idir, Savings and Credit Cooperatives (SACCOs), and Self-Help Groups (SHGs), with TIC principles within community-based interventions for displaced and vulnerable populations.131

124 Women's Refugee Commission. (2024). Advancing Economic Empowerment for Gender-Based Violence Survivors: Resource Hub. https://www.womensrefugeecommission.org/research-resources/advancing-economic-empowerment-for-gender-based-violence-survivors-resource-hub/ 125 Eleison Foundation (2022). A survivor-defined framework for economic empowerment. https://eleisonfoundation.org/ 126 Ibid. 127 The collective narrative of trauma and healing among internally displaced individuals in Ethiopia: a community-based participatory action research inquiry | BMC Psychiatry | Full Text

128 Hwang, H., & Reyes, H. (2024). Village Savings and Loans Associations support gender-based violence (GBV) survivors and empower vulnerable women in the Democratic Republic of Congo (DRC). 129 Roles and challenges of Idirs in Local Socio-Economic Development: A Case of Ambo Town, Oromia Regional State, Ethiopia. THE JOURNAL OF DEVELOPMENT ADMINISTRATION | Volume 7, Issue 2, 2022 130 The role of Idir as social capital in Ethiopia with a focus on contributions, challenges and changing dynamics in Addis Ababa | Discover Sustainability 131 Assessment of Cultural and Contextual Factors in Trauma-Informed Interventions for Internally Displaced People in Ethiopia: A Community-Based Participatory Action Research https://www.mdpi.com/2673-866X/5/1/4

3.3.4. SHELTER AND COMMUNITY-BASED ECONOMIC EMPOWERMENT

The national assessment conducted by UN Women in 2016 shows that shelter services for women and girls who are survivors of violence in Ethiopia are critically limited, fragmented, and often inaccessible, with significant gaps in coordination, quality, and long-term reintegration support. Shelters offer essential medical care, psychosocial counseling, legal assistance, and vocational training.132 However, variations in program quality and outsourcing practices have led to inconsistent outcomes.133, 134

Shelter and community-based economic empowerment models are integrated approaches designed to support survivors of violence, especially women and girls, by combining safe housing with pathways to financial independence and social reintegration.135

Shelter-based economic empowerment focuses on supporting survivors of violence within safe residential environments. These programs begin with crisis stabilization, providing shelter, food, medical care, and psychosocial support, and gradually introduce vocational training, financial literacy, and employment pathways.136 The approach is trauma-informed, meaning that facilitators are trained to avoid re-traumatization and to foster emotional safety. Survivors receive tailored support that respects their pace of recovery, and often engage in healing activities alongside skill-building. The goal is to restore dignity and autonomy while preparing survivors for reintegration into society with sustainable livelihoods137.

Community-based economic empowerment extends beyond shelters and engages survivors within their local environments. These models emphasize collective resilience through cooperative enterprises, savings groups, and peer mentorship.138 Programs are designed with active participation from survivors and community members, ensuring cultural relevance and local

132 UN Women, partners launch shelters for GBV/CRSV Survivors in Amhara, Tigray Regions | United Nations in Ethiopia 133 UN Women & UNFPA. (2016). Shelters for women and girls who are survivors of violence in Ethiopia. https://knowledge.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2016 /Shelters-for-Survivors-of-Violence-Ethiopia.pdf 134 GBV-in-Ethiopia_Crisis-Overview-Report75.pdf 135 UN Women, UNFPA, & Irish Aid. (2016). Shelters for Women and Girls Who Are Survivors of Violence in Ethiopia https://www.peacewomen.org/sites/default/files/shelters-for-survivors-of-violence-ethiopia.pdf 136 Mukwege Foundation. (2024). Regional study on the implementation of a holistic approach to care for victims and survivors of sexual and gender-based violence (SGBV) in ICGLR member states. DM Study on Sexual Violence Report 210x280 REV-5.cdr 137 Samuel, K. (2025). Trauma-Informed Care for Female Survivors of Domestic Violence in a Shelter Setting in Addis Ababa. Addis Ababa University. https://etd.aau.edu.et/items/234279c2-6618-40cc-8656-4ea9a52a226a 138 Women's Economic Empowerment Outcomes of Savings and Credit Cooperative Society and Community-Based Savings Group Members WEE-Outcomes-on-Saving-Groups-and-SACCOS-Report-30-Aug.-2022.pdf

ownership. This approach is efficient for long-term reintegration, as it strengthens social ties and fosters healing through shared purpose and economic collaboration.[139, 140, 141]

TABLE 4: SHELTER-BASED VS. COMMUNITY-BASED MODELS ACROSS KEY DIMENSIONS OF THE TIC

CATEGORY	SHELTER-BASED MODEL	COMMUNITY-BASED MODEL
Setting	Safe residential spaces offering protection and stability	Local environments that foster reintegration and social belonging
Entry point	Crisis response	Reintegration focus
Support Services	Crisis stabilization: shelter, food, medical care, psychosocial support	Peer mentorship, cooperative enterprises, and community-led support
Economic Tools	Vocational training in a controlled setting, financial literacy, and employment pathways	Vocational training, financial literacy, savings groups, income-generating activities, and indigenous systems
Approach	Trauma-informed, individualized, paced to survivor readiness	Participatory, culturally grounded, collective healing, and empowerment
Social dynamics	Limited during shelter stay; staff-led programming	Embedded in community, survivor and community co-creation, stigma reduction, and inclusion
Goal	Dignity, autonomy, and safe reintegration with sustainable livelihoods	Long-term reintegration, shared purpose, and economic collaboration
Strengths	• Crisis stabilization • Structured environment • Integrated services	• Local integration • Use of indigenous systems • Survivor-led design
Challenges	• Limited urban-centered reach • Short-term focus, lack continuity beyond shelter stay • Survivors may feel disconnected from their communities, and shelter use can carry social stigma	• Lack of coordination among local actors can dilute impact • Program effectiveness depends on local capacity and cultural sensitivity • Survivors may face ongoing threats without secure housing

[139] The Role of Cooperatives and Self-Help Groups (SHGs) in Strengthening Rural Entrepreneurship, JETIRGU06105.pdf

[140] Stand Speak Rise Up Foundation (2024). Economic Empowerment of 150 Women Survivors in Tigray. Retrieved from https://www.standspeakriseup.lu/portfolio-items/economic-empowerment-of-150-women-survivors-in-tigray

[141] *The Role of Cooperatives and Self-Help Groups in Strengthening Rural Entrepreneurship* discusses how cooperatives and SHGs foster collective resilience, financial access, and skill development for marginalized communities.

CATEGORY	SHELTER-BASED MODEL	COMMUNITY-BASED MODEL
Gaps	• Few shelters offer robust pathways to employment or entrepreneurship. • High operational costs and limited funding restrict expansion	• Coordinated medical and legal services may be limited or unavailable • Community programs often lack formal impact assessments • Limited or no evidence for local rituals or cultural tools (*idir*) to ensure TIC and have an impact
Commonalities	• Both approaches emphasize safety, empowerment, and survivor agency. • Both models try to integrate psychosocial, economic, and legal components. • Both models have barriers to sustainability, such as funding, staffing, and policy support, which are persistent challenges.	

Shelter-based services offer immediate safety and stabilization, while community-based models foster long-term reintegration and resilience. Both are essential for trauma-informed economic empowerment, but each faces distinct challenges and gaps.

Community-based cooperatives are member-owned, democratically governed enterprises designed to meet shared economic, social, or cultural needs. Unlike traditional businesses that prioritize shareholder profit, cooperatives focus on collective benefit, local empowerment, and inclusive decision-making.142 Women's Economic Empowerment Outcomes of Savings and Credit Cooperative Society and Community-Based Savings Group Members (2022) highlights how SACCOs and CSCGs promote financial inclusion and empowerment, especially for women in rural Uganda.143

Community-based cooperatives can foster emotional safety through shared leadership and trust-based environments; reduce isolation by building peer networks and solidarity, enable flexible participation, accommodating trauma recovery and caregiving responsibilities, support intergenerational healing, especially when family units are involved in cooperative activities, and promote dignity and agency, allowing survivors to shape their own economic futures.144, 145

[142] Reddy, M. R. (2025). The Role of Cooperatives and Self-Help Groups (SHGs) in Strengthening Rural Entrepreneurship. Journal of Emerging Technologies and Innovative Research, Volume 12, Issue 3

[143] Trauma Informed Community Building Model: Trauma Informed Community Building Model – Organizing Engagement

[144] Gilmer, T. P., Center, K., Casteel, D., Choi, K., Innes-Gomberg, D., & Lansing, A. E. (2021). *Developing trauma resilient communities through community capacity-building*. BMC Public Health, 21, Article 1681. https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-11723-7

[145] Stand Together. (2025). *Healing from trauma: How survivors find resilience through community support*. https://standtogeth

Governance mechanics include bylaws, grievance procedures, dividend rules, and trauma-informed meetings.

A study aimed to explore the cultural and contextual factors influencing trauma-informed interventions for IDPs in Ethiopia and develop a framework for culturally responsive mental health support shows that traditional community rituals, such as coffee ceremonies, have been identified as vital for healing. Effective interventions require cultural alignment, respect for religious values, and integration into community activities.[146]

Some trauma-informed cooperative models integrate healing practices into daily routines. For example, sessions may begin with a five-minute grounding exercise; bylaws may explicitly prohibit retraumatizing language; and rotating leadership roles can foster survivor agency and shared responsibility.[147, 148]

TABLE 5: COOPERATIVE TYPES AND POTENTIAL SURVIVOR BENEFIT

COOPERATIVE TYPE	POTENTIAL SURVIVOR BENEFIT
Savings & Credit Co-ops	Financial inclusion, debt relief, and autonomy
Agricultural Co-ops	Land access, food security, and income generation
Handicraft/Textile Co-ops	Skill-based employment, cultural preservation, and healing
Service Co-ops	Survivor-led shelters, childcare, or psychosocial services

These models can be adapted to Ethiopia's diverse cultural contexts, whether urban or rural, and can integrate trauma-informed principles, such as emotional safety, consistency, and choice.

Economic empowerment initiatives must be implemented through a trauma-informed lens, creating environments that are emotionally safe, inclusive, non-judgmental, and supported by consistent, trust-based systems. These programs should not only address economic needs but also acknowledge the psychosocial impacts of trauma, especially among marginalized or displaced populations.[149] A holistic approach is essential, one that goes beyond symptom management to embrace the personal, social, spiritual, and cultural dimensions of healing. This includes fostering self-worth, restoring agency, and building community support networks.

[146] Assessment of Cultural and Contextual Factors in Trauma-Informed Interventions for Internally Displaced People in Ethiopia: A Community-Based Participatory Action Research

[147] cewh.ca/wp-content/uploads/2018/07/Grounding-Activities-and-TIP-Handout_July-30-2018.pdf

[148] Trauma Informed Community Building Model – Organizing Engagement

[149] Zeleke et al. (2024), emphasize*that* "cultural and contextual factors are central to trauma-informed interventions, particularly in settings like Ethiopia where displacement, gender-based violence, and poverty intersect" Assessment of Cultural and Contextual Factors in Trauma-Informed Interventions for Internally Displaced People in Ethiopia: A Community-Based Participatory Action Research

Critically, cultural, religious, and contextual factors play a pivotal role in the success of such programs. For example, cultural norms influence gender roles, financial decision-making, and perceptions of work and independence. Religious beliefs can offer both protective and restrictive influences, providing spiritual resilience or, conversely, reinforcing patriarchal constraints. Community structures and traditional leadership can either facilitate or hinder women's participation in economic life. Language, rituals, and collective memory shape how trauma is processed and how empowerment is perceived.150

Accordingly, programs that integrate these dimensions, by engaging local leaders, respecting belief systems, and adapting to community values, are more likely to foster long-term empowerment and healing.

3.4. ROLE OF THE GOVERNMENT, PRIVATE SECTOR, AND DEVELOPMENT ACTORS IN WOMEN'S ECONOMIC EMPOWERMENT

Government, private sector, development actors, and market-responsive training each play a critical and complementary role in creating sustainable income-generating opportunities for survivors of trauma, displacement, or gender-based violence. Their coordinated efforts ensure survivors gain access to real-world skills, employment, and economic independence.151

Governments establish protective laws and gender-sensitive policies that enable survivors to access education, employment, and financial services. Government can also provide public funding for vocational training centers, social protection programs, and trauma-informed services, ensuring quality standards in training programs and enforcing labor rights. In addition, national strategies can align with development goals and facilitate stakeholder partnerships. In Ethiopia, for example, the government supports technical and vocational education and training (TVET) institutions to equip youth and vulnerable groups with marketable skills.152 Adera and Abdisa (2023) examine how Ethiopian government policies promote financial inclusion and gender-sensitive access to economic resources. The study highlights the role of public institutions in creating enabling environments for women and survivors through legal protections and financial services.153

The private sector is increasingly recognized as the engine of economic growth in Africa, with the potential to drive inclusive development through productivity and job creation. Businesses can offer internships, apprenticeships, and employment opportunities tailored to survivors' needs. In

addition, collaborating with training providers to design curricula that match labor market demands. They can also fulfill their corporate social responsibility by supporting survivor-focused initiatives through funding, mentorship, and advocacy. They also enable survivors to enter value chains, access markets, and scale microenterprises.154, 155 The private sector serves as a critical partner in survivor-centered economic empowerment by offering inclusive employment, co-developing trauma-informed workplace practices, and investing in scalable livelihood solutions. Through strategic partnerships with shelters and NGOs, businesses can help bridge the gap between recovery and sustainable income generation.156

Development Actors (NGOs and international organizations) often bridge gaps between policy and practice, especially in post-conflict or high-poverty settings, playing a pivotal role in developing trauma-informed, gender-sensitive economic empowerment programs, training survivors in entrepreneurship, financial literacy, and psychosocial resilience; promoting survivor-centered policies and generating evidence to inform best practices; and securing funding and technical support for long-term empowerment initiatives.157

Market-responsive training is demand-driven, aligning training with current labor market trends to ensure that survivors are not only trained but also employable and economically resilient. Partnerships with employers and entrepreneurs are crucial for providing survivors with real-world opportunities and income-generating pathways. Programs must be adaptable to labor market demands, offer trauma-sensitive work environments, and ensure that survivors are not set up to fail due to mismatches in skills or readiness.158

Additionally, tapping into the private sector will be crucial in creating employment opportunities and establishing connections with potential employers. These linkages will help ensure that survivors are equipped with skills aligned with market demand, thereby increasing their employment opportunities upon completing their training.159

The UN Women's Private Sector Engagement Strategy emphasizes that businesses are not just economic actors but also social change agents, capable of advancing gender equality and survivor inclusion through strategic partnerships and ethical practices.160

150 Weida et al. (2024) found that trauma-informed financial empowerment programs significantly improve well-being when they are tailored to the lived experiences and cultural realities of participants. Trauma-informed Financial Empowerment Programming Associated with Improved Financial Well-being | Journal of Child and Family Studies 151 Role of Government in Private Businesses 152 Financial Inclusion and Women Economic Empowerment: Evidence from Ethiopia WP-12-August-2023.pdf 153 https://www.tandfonline.com/doi/pdf/10.1080/23322039.2023.2244864

154 The Private Sector in Africa – UN Economic Commission 155 Private Sector Development in Ethiopia: Trends and Challenges 156 Helal, A. (2023). Exploring Policies & Practices for the Private Sector to Advance Women's Economic Empowerment and Prevent Gender-Based Violence in Post-Conflict Countries. The American University in Cairo. 157 Role of NGO's in Women Empowerment IJSRET_V9_issue6_452.pdf 158 National Fund for Workforce Solutions. (2021). A Trauma-Informed Approach to Workforce. Retrieved from https://nationalfund.org/wp-content/uploads/2021/04/A-Trauma-Informed-Approach-to-Workforce.pdf 159 Corbett, E., McGann, M., Considine, M., & Rejón, R. (2025). Trauma-Informed Practice in Welfare-to-Work and Employment Services: A Scoping Review. Australian Journal of Social Issues. https://doi.org/10.1002/ajs4.70015 160 UN Women. (2023). Private Sector Engagement Strategy 2023–2025. UN Women Headquarters.

Ethiopia's Income Tax Proclamation No. 979/2009 also provides a potential entry point for private sector engagement in survivor-centered initiatives. The law allows deductions for donations made to Ethiopian charitable societies (including those responding to droughts and humanitarian crises), capped at 10 percent of taxable income. However, many companies lack awareness of these provisions or face challenges when donations are not registered through the Agency for Civil Society Organizations (ACSO), leading to discouragement and limited participation in corporate social responsibility (CSR) programs.161,162 Knowledge gaps are compounded when private-sector representatives sent for training are not finance staff, leading to a weak application of the tax incentives. Addressing these barriers through improved communication from tax authorities, sector-specific guidance, and targeted financial training could enhance private sector contributions to trauma-informed economic empowerment.163

Survivors of violence often face stigma, re-traumatization, and workplace discrimination if environments are not adapted to their needs. Trauma-sensitive workplaces are characterized by safety, flexibility, predictability, and dignity. Practices include training managers and human resources (HR) staff in trauma awareness, offering flexible schedules for survivors balancing healing and work, creating peer-support networks within companies, and embedding zero-tolerance policies for harassment and exploitation.164

The International Labor Organization's guidance emphasizes that gender-sensitive and inclusive workplaces enhance productivity while safeguarding workers' rights.165 Evidence from Ethiopia suggests that when employers incorporate psychosocial awareness into their hiring and retention practices, survivors are more likely to remain employed and experience economic advancement.166

Vocational training institutes offer market-responsive training that equips survivors with skills aligned with real labor market demand, thereby enhancing their employability and long-term economic independence. By integrating technical competencies with soft skills and trauma-

informed delivery, these programs ensure that survivors are not only job-ready but also supported in their healing and reintegration journey.167, 168

Market alignment is central to sustainable empowerment. Without it, training risks preparing survivors for sectors with limited job absorption. In Ethiopia, the TVET system remains supply-driven, often disconnected from employer needs.169 Bridging this gap requires the private sector's participation in curriculum design, labor market assessments to guide training, regular tracer studies of graduate outcomes, and public-private partnerships to enhance school-to-work transitions.

The African Development Bank (2019) and UNESCO (2022) both highlight that aligning vocational skills with Ethiopia's fast-growing sectors, such as agribusiness, textiles, construction, ICT, and renewable energy, can significantly increase employment opportunities for women and survivors. 170

The TVET system appears highly supply-driven, with limited private-sector participation in developing TVET curricula and implementing vocational training programs. Key areas of intervention to ensure a functioning and sustainable TVET system include enhancing stakeholder engagement, improving the transition from training to employment for TVET graduates, and implementing other relevant measures.

Following the adoption of the National Technical and Vocational Education and Training Strategy in 2008, the goal was to improve the quality and relevance of the TVET system.171 The strategy stresses the importance of strengthening the country's self-employment culture and supporting job creation by increasing the role and involvement of the private sector, NGOs, and communities (MOE, 2008.)172 Currently, there are 700 public and 900 private TVET institutions in the country.173

161 Government of Ethiopia. (2009). Income Tax Proclamation No. 979/2009. Addis Ababa. Ministry of Finance or official gazette 162 Agency for Civil Society Organizations (ACSO). (2023). Guidelines on Charitable Societies and Tax Incentives. Addis Ababa. 163 Greeff, S. (2023). Born Free to Unemployment? A Tax Incentive Post Implementation. University of the Witwatersran 164 Dworak-Peck School of Social Work, USC. (2022). Trauma Recovery Center: Community and Clinical Programs. 165 International Labour Organization (ILO). (2018). Ending Violence and Harassment in the World of Work. ILO Convention No. 190 166 CVT Ethiopia. (2023). Unwavering Commitment to Healing Survivors of Torture. cvt.org

167 Chopp, S., Topitzes, D., & Mersky, J. (2023). Trauma-Responsive Vocational Rehabilitation Services. Behavioral Sciences, 13(6), 511. https://doi.org/10.3390/bs13060511 168 Skiba, R. (2020). Applications of Trauma-Informed Approaches in Vocational Education and Training. Creative Education, 11(4). 169 UNESCO-UNEVOC. (2022). TVET Country Profile: Ethiopia. 170 Nuru Ethiopia. (2022). Impact Report. Ray Marshall Center link 171 National TVET policies and systems in Ethiopia: Opportunities and issues in challenging times 172 Ministry of Labour and skills: The Ethiopian Herald October 26/2023(MLS) 173 Ethiopia Public and Private Institutions Final Ethiopia Public And Private TVET Institutions Final [vyly6z62penm]

4.

DESIGN AND METHODOLOGY

The primary aim of this study is to design, develop, and operationalize a comprehensive model of women's economic empowerment that is trauma-sensitive, trauma-specific, and trauma-informed, grounded in evidence and centered on survivors' needs. This model will integrate proven business and entrepreneurial strategies to support the rehabilitation and reintegration of survivors within both development and humanitarian settings. This assessment primarily targeted a range of stakeholders as key data sources, including shelter staff members, local government representatives from woreda women and social affairs bureaus, labor and skills offices, training institutions, and law enforcement bodies. Accordingly, the assessment focused on survivors affected by GBV, conflict, and trafficking, who also participated in key informant interviews. Both primary and secondary data sources were used. The secondary data included document and literature reviews, analyses of trauma-informed economic models, and experiences from other African countries, using various tools (Annex 4). Primary data were collected through focus group discussions and key informant interviews, conducted with a trauma-informed lens to ensure participatory and sensitive engagement. Additionally, a quantitative design was employed to assess the quality and accessibility of shelter services.

TABLE 6: SOURCES OF INFORMATION FOR THE ASSESSMENT

SSESSMENT

SOURCES OF INFORMATION	TOOLS	Consultation time frame (year 2025)
Desk reviews of minutes	Document review	July 2025
Self-reported checklist	Questionnaire & SPSS analysis	August -September 2025
Literature	Literature review	July – October 2025
Shelter Staff: Head, counselors, nurses, IGA officers	Interview checklist	August 2025
Training Institutions	Interview checklist	July – August, 2025
Focus group discussions with stakeholders	Interview checklist	August 2025
Focus group discussions with shelter staff	Interview checklist	August 2025
Validation Workshop to review the preliminary report and training on the rollout	PowerPoint presentation and group discussion	January 14-15

4.1.

DATA COLLECTION METHODS

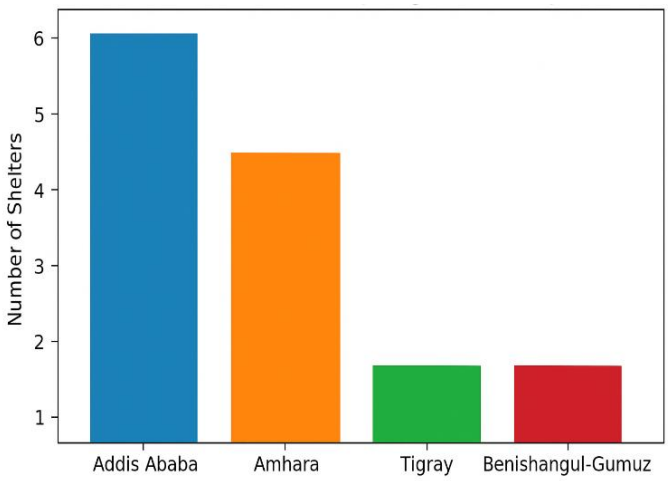
There are 23 shelters across the country serving trauma-affected women and children, some of which, such as AWSAD, operate in more than two regions. AWSAD has shelters in Addis Ababa,

Kombolcha, Adama, Hawassa, Woldeya (temporary), Dessie, Debre Birhan, and Afar, currently closed; Integrated Family Service Organization (IFSO) in Addis Ababa and Woldya; Good Samaritan Association (GSA) in Addis Ababa and Gondar; Organization for Prevention, Rehabilitation, and Integration of Female Street Children (OPRIFS) in Addis Ababa and Bahirdar; Women's Association Tigray (WAT) in Axum; Mujujegwa Loka Women's Development Association (MLWDA) in Benshangul. The assessment covered 12 shelters (10 in-person visits and two virtual/online).

TABLE 7: SHELTERS FOR THE ASSESSMENT

Ser. No.	Name of the shelter	Location	Remark
1.	Agar	Addis Ababa	Physically visited
2.	Agar	Bahir Dar	Physically visited
3.	AWSAD	Addis Ababa	Physically visited
4.	AWSAD	Kombolcha	Physically visited
5.	GSA	Addis Ababa	Physically visited
6.	GSA	Gondar	Physically visited
7.	IFSO	Addis Ababa	Physically visited
8.	MCRC	Addis Ababa	Physically visited
9.	OPRIFS	Addis Ababa	Physically visited
10.	OPRIFS	Bahir Dar	Physically visited
11.	WAT	Axum	Virtual/online meeting
12.	MLWDA	Benishangul	Virtual/online meeting

FIGURE 1: NUMBER OF SHELTERS REPRESENTED BY REGION



4.2. SAMPLING STRATEGY

Purposive sampling was used, and shelter officials identified key informants, focus group discussants, and case study participants.

4.3. ETHICAL CONSIDERATIONS

Data collection for trauma-informed women's economic empowerment models required a deeply ethical and survivor-centered approach. At its core, the process prioritized emotional safety, dignity, and agency.

The two researchers were well aware of the trauma-sensitive interview approach and ensured that participation was entirely voluntary, with informed consent that went beyond formalities. Participants fully understood the purpose, risks, and their right to withdraw at any time. The principle of "Do not harm" guided every step, with careful attention to avoiding retraumatization and respecting survivors' coping mechanisms.

Trauma-informed practices demand culturally sensitive methods tailored to the local context. The interviewers used familiar language and relational formats that resonated with participants' lived experiences. Interviews were conducted in safe, private environments by knowledgeable professionals in the field who could recognize and respond to emotional distress.

No ethical tension was observed among the targeted survivors, who have all passed through the shelter and are now employed or have started their own businesses.

Institutional ethics protocols were fully met, as evidenced by signing an agreement to abide by the institution's rules for visual documentation and beneficiary interviews that accurately reflect survivors' realities.

This report adheres to the confidentiality agreement to protect survivors' identities through anonymization and secure storage. The names in the case studies were randomly selected and do not identify the respondent. Moreover, ethical dissemination of findings was described, with survivor narratives framed with respect and resilience, avoiding sensationalism.

4.4. DATA ANALYSIS

The raw data (interviews, focus groups, field notes) were transcribed, cleaned, and organized into broader themes and concepts. Thematic analysis was used to identify recurring patterns or themes across interviews and focus group discussions. Narrative analysis was employed to examine the case studies presented and what they reveal about identity, agency, and transformation.

The self-report checklist responses from 12 shelters assessing their trauma responsiveness were analyzed using Statistical Package for the Social Sciences (SPSS) 27. The Kruskal-Wallis H test, which is appropriate for comparing ratings across 12 organizations, was applied to 69 ordinal items (rated on a 4-point scale). Items are nested within 10 conceptual categories. The median test is used because the data are ordinal and involve more than two independent groups. Interpretation was based on whether $p < 0.05$; if so, there was a significant difference in how shelters ranked items in that category.

Triangulation was employed by aligning qualitative insights from key informant interviews (KIIs), focus group discussions (FGDs), and case studies with quantitative results analyzed in SPSS. Qualitative findings guided theme selection and interpretation, while SPSS outputs were cross-checked against the emerged qualitative themes to validate trends, explain variations, and strengthen the overall credibility of the assessment.

Finally, the analysis informed the design of the trauma-informed economic empowerment model.

4.5. Limitations and Mitigation This research was initially planned to collect data from five shelters: Benshangul, Axum, Bahirdar, Kombolcha, and Gondar. However, due to weather factors, flights to Axum were canceled. On another note, due to security issues, the trip to Benshangul was also canceled.

In addition, due to security reasons, IDPs were not visited because they were outside the safe areas, and government focal persons advised researchers not to go to these insecure places. However, the shelters also accept survivors from IDPs, and their situation is addressed indirectly.

An additional seven shelters and two training institutions (WISE, Sr. Yemisrach Training Center) were visited in Addis Ababa, providing comprehensive insights into shelter operations, economic empowerment trainings, challenges, and opportunities. This extended the data collection time.

Online data collection was conducted from the Axum and Benshangul shelters.

Key informant survivors were selected, and case studies of successful stories were written. To identify gaps in service provision and economic integration, those who have not been successfully integrated should also be included. However, the key informants and focus group discussants identified gaps and challenges. In addition, the validation workshop helped identify gaps in economic integration.

The SPSS median test indicates uniformity across the 12 shelters. This may mask differences in depth, authenticity, quality, cause-and-effect, and impact across the ten categories assessed. To uncover what the median scores may be masking, additional correlational surveys may be needed. However, a boxplot and a frequency table are used to illustrate the distributions and variability of

responses, and are supported by survivors' perceptions of their involvement and its perceived meaningfulness.

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5.

FINDINGS AND DISCUSSIONS

The primary aim of this study is to design, develop, and operationalize a comprehensive model of women's economic empowerment that is trauma-sensitive, trauma-specific, and trauma-informed, grounded in evidence and centered on survivors' needs. The findings presented in each section are drawn from KII, FGD, and the self-assessment results of the shelter observation checklist conducted across 12 shelters in Ethiopia. The findings and discussions are presented in four categories: 1) Trauma-informed shelter practices, 2) Economic empowerment pathways, 3) Gaps, barriers, and challenges, and 4) Enablers and success factors.

5.1.

TRAUMA-INFORMED SHELTER PRACTICES

The assessment of trauma responsiveness organizational self-assessment in the following ten domains: Shelter Infrastructure and Environment, Staff and Service Provider Capacity, Policies and Procedures, Psychosocial Support Services, Empowerment and Life Skills Support, Inclusivity and Equity, Community Integration and Aftercare, Resident Feedback and Participation, Survivor Autonomy and Voice, Monitoring of IGA Sustainability, and Feedback. This was conducted across 12 shelters.

TABLE 8: KRUSKAL-WALLIS TEST INDEPENDENT-SAMPLES MEDIAN TEST SUMMARY

Trauma Responsive Shelters Category 1 to 10b

EST SUMMARY

Kruskal-Wallis H[a]	11.000
Df	11
Asymp. Sig.[c]	.443

a. Kruskal-Wallis Test,

b. Grouping Variable: Organizations

c. The significance level is .050. Retain the null hypothesis

The assessment revealed uniform median scores. The lack of a significant difference indicates that the test did not provide strong evidence that the shelters differ in the distribution of the 10 categories of the variable under study. This does not mean the shelters are all the same; it simply means that any observed differences could plausibly be due to chance. See Table 8. This statistical consistency reflects a standard level of service provision, but does not necessarily indicate parity in depth, survivor agency, or cultural fit. Each theme contributes to a holistic understanding of how shelters support healing, dignity, and empowerment for women survivors of violence. However, the boxplots indicate which organizations fell slightly above and below the median. See Figure 2. In addition, the frequency statistics across the ten categories show slight variation in shelters' approaches.

FIGURE 2: BOXPLOT OF TRAUMA-INFORMED CARE CATEGORIES ACROSS SHELTERS

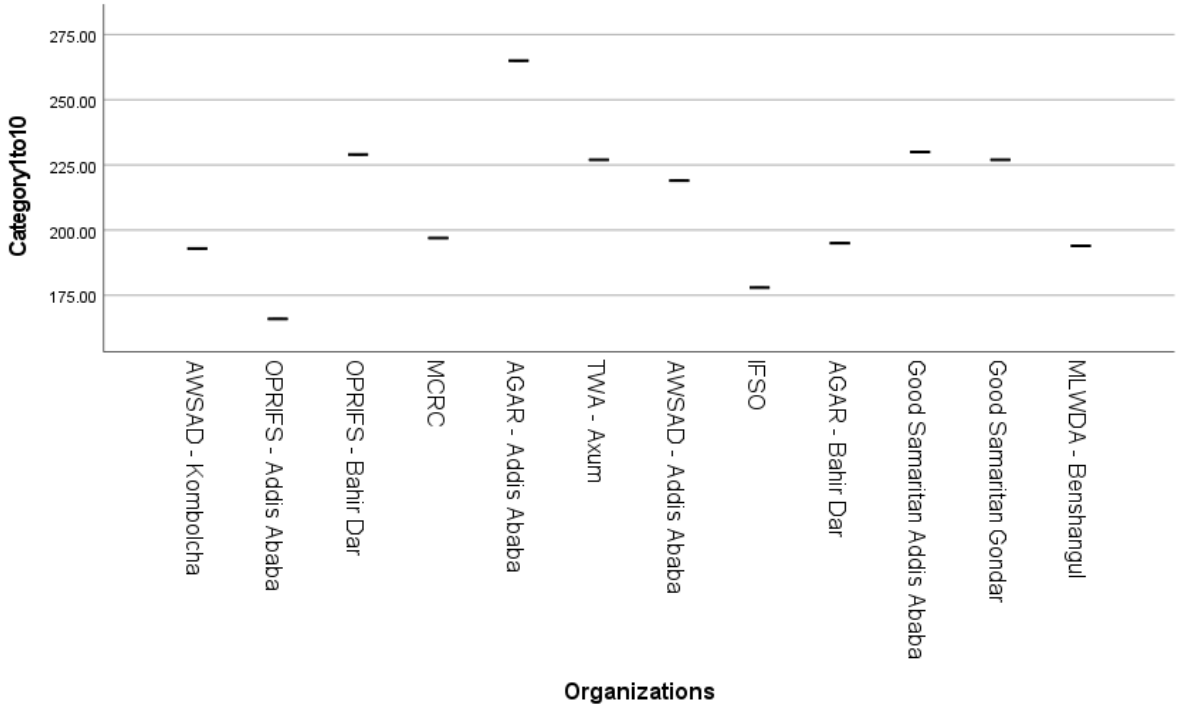


Figure 2 shows that five shelters fall just above the median, while the seven fall below it. This suggests a slight skew in the distribution, but it is not statistically significant. The fact that more shelters fall below the median may indicate a general trend or imbalance; perhaps most shelters underperform relative to a few better-performing ones. Further investigation is needed to identify practical differences between shelters below the median, which are under-resourced, and those above the median, which share standard practices.

5.1.1. SHELTER INFRASTRUCTURE AND SUPPORT SYSTEMS

This section of the assessment examined the physical and operational readiness of shelters under AWSAD (Addis Ababa and Kombolcha), AGAR (Addis Ababa and Bahirdar), Good Samaritan Association (Addis Ababa and Gondar), MCRC (Addis Ababa), IFSO (Addis Ababa), OPRIFS (Addis Ababa and Bahirdar), TWA (Axum), and MLWDA (Benshangul) to support trauma-informed, survivor-centered economic empowerment. The checklist covered eight key sub-domains: safety measures; privacy; accessibility for individuals with disabilities; economic empowerment space; consumable materials; non-consumable tools for production and training; safety equipment and survivor use; and maintenance and storage of IGA tools. SPSS analysis revealed identical median scores across all 12 shelters, indicating comparable infrastructure standards, although not necessarily equal quality or survivor experiences (See Table 9 and Figure 3).

TABLE 9: MEDIAN TEST SUMMARY OF SHELTER INFRASTRUCTURE ENVIRONMENT ACROSS TWELVE SHELTERS

Total N	12
Median	49.500
Test Statistic	12.000[a,b,c]
Degree of Freedom	11
Asymptotic Sig.(2-sided test)	.364

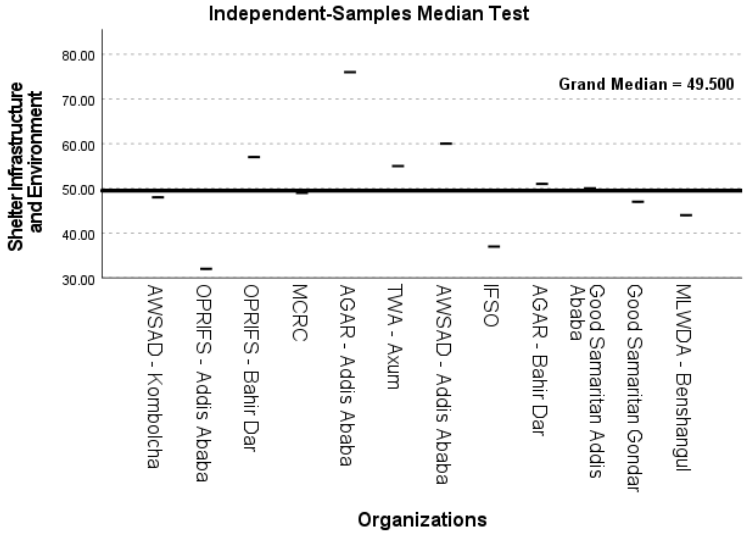
a. At least one cell has an expected value less than one.

b. More than 20% of the cells have expected values less than five.

c. Multiple comparisons are not performed because the overall test does not show significant differences across

samples.

FIGURE 3: BOXPLOT OF SHELTER INFRASTRUCTURE AND ENVIRONMENT ACROSS SHELTERS



The quantitative study reveals no significant difference in shelter management (See Table 9 and Figure 3). But relatively localized and contextual differences are observed based on shelters' levels of intervention and support from the local government, and the main gaps identified are visualized. This is exemplified by Addis Ababa, which has numerous shelters but a distinct administrative structure. To minimize systematic gaps and ensure equal footing, the ENWS is mobilizing resources and implementing the standard operating procedure (SOP). This reconfirms the quantitative consistency in management and notes the systemic role of ENWS in the application of SOP. Service provisions across regions are largely similar. In all the shelters, food, counseling, and medical services are provided. The shelters provide food based on the survivors' conditions. Some

returnees or survivors have deteriorating health due to food shortages. In this case, consultation with health professionals and clinics would provide exceptional diet support. The shelters are working closely with hospitals and clinics. There is a medical check on their first entry, especially for those who have been sexually abused, and their health conditions are checked to determine if they need further treatment. Since those who have encountered rape and physical abuse suffer from different problems, such as HIV,[174] screening is conducted.

Each resident in the shelter has a separate and clean bed. House mothers and caregivers monitor the survivors on rotating shifts. In most shelters, nurses follow up on residents' health conditions.

TABLE 10: FREQUENCY SUMMARY: INFRASTRUCTURE, ENVIRONMENT, MATERIAL, AND EQUIPMENT

EQUIPMENT

Shelter Infrastructure, Environment, Material, and Equipment	Excellent	Very good	Good	Below standard/ Non-existent
Safety measures: Physical security, lighting, locks, emergency exits	6 (50%)	4 (33.3%)	1 (8.3%)	1 (8.3%)
Privacy: Availability of private spaces (e.g., sleeping, bathing, counseling areas)	7 (58.3%)	4 (33.3%)	1 (8.3%)	-
Accessibility: For individuals with disabilities, including mobility, vision, and hearing	3 (25.0%)	5 (41.7%)	2 (16.7%)	2 (16.7%)
Cleanliness and hygiene standards	7 (58.3%)	5 (41.7%)	-	-
Availability of economic empowerment space (Shelter has a dedicated space for Practical IGA Training)	8 (66.7%)	3 (25.0%)	1 (8.3%)	-
Non-consumable tools (Training/Production Equipment):				
• Sewing machines, embroidery machines, garment cutting tables, irons, mannequins;	3 (25%)	4 (33.3%)	2 (16.7%)	3 (25%)
• Hairdressing chairs, hairdryers, curling irons, mirrors;	2 (16.7%)	2 (16.7%)	1 (8.3%)	7 (58.3%)
• Leather-making tools (cutters, stitching machines, stamping sets);	1 (8.3%)	2 (16.7%)	1 (8.3%)	8 (66.7%)
• Bamboo craft tools (cutting, shaping, polishing kits);	-	2 (16.7%)	2 (16.7%)	8 (66.7%)
• Food preparation tools (blenders, stoves, ovens, mixers); Pottery/handicraft tools;	2 (16.7%)	5 (41.7%)	1 (8.3%)	4 (33.3%)
• Agricultural tools (small irrigation kits, hand tools for urban gardening)			2 (16.7%)	10 (83.3%)

[174] From one region during medical checkup 5 mothers get surgical intervention and 22 have been affected by HIV

Shelter Infrastructure, Environment, Material, and Equipment	Excellent	Very good	Good	Below standard / Non-existent
Consumables for Training & Production:				
• Fabrics, threads, buttons, zippers;	3 (25%)	3 (25%)	4 (33.3%)	2 (16.7%)
• Leather pieces, dyes, adhesives; Hair products (shampoos, conditioners, gels);	2 (16.7%)	3 (25%)	2 (16.7%)	5 (41.7%)
• Bamboo, wood, finishing paints or varnish;		2 (16.7%)	1 (8.3%)	9 (75%)
• Cooking ingredients for food preparation modules;		6 (50%)	2 (16.7%)	4 (33.3%)
• Stationery and printing materials for literacy or bookkeeping	4 (33.3%)	5 (41.7%)	1 (8.3%)	2 (16.7%)
Non-consumable training tools (manuals, visual guides, demonstration kits)	3 (25%)	2 (16.7%)	3 (25%)	4 (33.3%)
Safety equipment for tool use (gloves, aprons, goggles)	5 (41.7%)		6 (50%)	1 (8.3%)
Evidence of survivor use (e.g., displayed products, ongoing training sessions)	7 (58.3%)	1 (8.3%)	3 (25%)	1 (8.3%)
Maintenance & storage for IGA Tools (Shelter maintains proper storage, inventory logs, and maintenance plans for all economic empowerment equipment and supplies)	2 (16.7%)	3 (25%)	3 (25%)	4 (33.3%)

Table 10 presents an analysis of the infrastructure, environmental conditions, materials, and equipment available across twelve shelters. The evaluation covers safety, privacy, accessibility, hygiene, economic empowerment facilities, and the availability of both consumable and non-consumable tools used for vocational training and production.

With respect to infrastructure and environmental standards, the shelters generally perform well. Safety measures, including physical security, lighting, locks, and emergency exits, are rated as excellent or very good in 83.3% of shelters, with only one shelter falling short of standards. Privacy provisions are even stronger, with 91.6% of shelters offering private spaces for sleeping, bathing, and counseling. Accessibility for individuals with disabilities is moderately addressed, with 66.7% of shelters rated excellent or very good, though 16.7% still lack adequate accommodations. Cleanliness and hygiene standards are universally high, with all shelters rated either excellent or very good. This is also observed in the field visits.

Economic empowerment infrastructure is also strong. A dedicated space for IGA training is present in 91.7% of shelters, indicating strong support for vocational development. However, the availability of non-consumable training tools varies significantly. Sewing and garment-related equipment are relatively well distributed, with 58.3% of shelters rated excellent or very good. In contrast, hairdressing tools are absent in 58.3% of shelters, and leather-making and bamboo craft

tools are substandard in 66.7% of shelters. Agricultural tools are the most underprovided, with 83.3% of shelters reporting below-standard or non-existent availability.

The supply of consumables for training and production also shows mixed results. Fabrics, threads, and sewing accessories are adequately available in 41.7% of shelters, whereas leather and hair products are below standard in 41.7%. Bamboo and wood materials are critically understocked, with 75% of shelters reporting insufficient supply. Cooking ingredients and stationery are more consistently available, with 50% and 75% of shelters rated excellent or very good, respectively. Safety equipment for tool use, such as gloves and goggles, is present in most shelters, though there is room for improvement.

The absence of training tools and materials implies limited choice for survivors in their economic engagement.

Evidence of survivor engagement is evident in 66.6% of shelters, as demonstrated by displayed products and ongoing training sessions. However, maintenance and storage of IGA tools are a concern. Only 41.7% of shelters maintain proper inventory logs and storage systems, while 33.3% fall short of standards.

The shelters provide services to survivors affected by various forms of trauma. The shelter in Gondar, administered by the Good Samaritan Association (GSA), mainly accommodates returnees, internally displaced persons, and survivors of early marriage and trafficking. There is strong collaboration among stakeholders to address these challenges. According to stakeholder feedback from the FGD, GSA is highly supportive and works closely with the local administration. The organization accepts returnees, IDPs, and other survivors based on shelter capacity and provides them with training and start-up capital. GSA is actively engaged in supporting both internal and external IDPs (including those from Sudan), returnees, and survivors of early marriage. Thus, based on the critical condition, when the number of IDPs exceeds the shelter's absorption capacity, shelter staff work closely with local stakeholders and the Gondar University staff to address the issue using available resources.175

Local governments have a unique capacity to either perpetuate cycles of trauma and hardship through policies and practices or to break these cycles by committing to creating environments that foster healing and resilience. The adoption of trauma-informed public policy is therefore crucial to ensuring that every level of government operates and legislates with an awareness of and sensitivity to trauma and its pervasive impact on individuals and communities. The survivor's case studies also show that TIC in the policy is a contributing factor to healing and then thriving.176

On another note, a significant barrier to survivors' full engagement in economic activities is the lack of accessible childcare centers in their local communities. This challenge is particularly evident among survivors with young children who need daycare to manage their businesses effectively. During the assessment, one survivor177 shared that she fears leaving her daughter alone at home and therefore takes her to work with her, where she sells coffee, which makes it difficult to work productively. In addition, survivors raised concerns about the taxes imposed on their small businesses, noting that these policies do not account for their vulnerable circumstances. These challenges underscore the need for policy interventions that promote an enabling environment to support survivors' livelihoods and the well-being of their children.

Therefore, strengthening task forces,178 that are composed of relevant sectors at the woreda level is essential and has had a relatively significant impact on women's economic empowerment. Policy interventions to address barriers to economic participation, such as a lack of childcare, transportation, workspace, or legal protection, are necessary to fulfill the proposed trauma-responsive economic model. In addition to setting gender-sensitive tax rates, it is essential to provide exemptions for a specific period.

The Kombolcha Taskforce, comprising relevant sectors, is an exemplary model for addressing the barriers faced by survivors and the challenges encountered by the AWSAD shelter. The Taskforce provides structural and contextual support, including a tax grace period for survivors engaged in business, and closely monitors the shelter's activities. The city of Kombolcha, in addition to supporting the shelter through its Taskforce, is in the process of donating 1,000 sq. m of land for the shelter. Accordingly, enhancing the sharing of best practices among shelters in different regions engaged in addressing trauma-responsive shelters aims to learn what has been done to meet the initial objectives of the shelters and to minimize the gaps. The women's coalition's role and joint monitoring of zonal government sectors in Tigray play a significant role in improving shelter operations. Shelters demonstrate strong performance in safety, hygiene, privacy, and in providing a space for economic empowerment. However, there are notable gaps in tool availability, particularly for hairdressing, leatherwork, bamboo crafts, and agriculture. To enhance vocational outcomes and ensure inclusive access, shelters should prioritize accessibility upgrades, expand their training tool inventory, and implement standardized maintenance and storage protocols.

175The existing war in Sudan 176 Chapter 6 case studies

177 Case stories – Chapter 6 178 The Kombolcha taskforce is doing and immense work to support the shelter example to encourage women in small business after their treatment & is providing a tax grace period.

5.1.2. SHELTERS' PSYCHOLOGICAL SAFETY, DIGNITY, AND EMPOWERMENT PROVISIONS

In all the shelters visited, there is a team of a counselor, a social worker, and a nurse. The status and levels of trauma-informed counseling depend on the capacity and strength of the safe house. The shelters provide services, including medical and psychosocial support, until the survivors become stable. Some nurses assess health conditions, administer medications, or make referrals when hospital treatment is needed. Staff and service provider capacity across the shelters' domain assesses the preparedness, sensitivity, and sustainability of frontline staff and service providers working with survivors. It explores whether staff are equipped not only with technical skills but also with the emotional intelligence and cultural competence needed to deliver trauma-informed, survivor-led support. SPSS analysis revealed identical median scores across all 12 shelters, suggesting a shared baseline of capacity, but not necessarily parity in depth, delivery, or survivor experience (See Table 11 and Figure 4).

TABLE 11: MEDIAN TEST SUMMARY OF STAFF AND SERVICE PROVIDER CAPACITY ACROSS TWELVE SHELTERS

Total N	12
Median	17.000
Test Statistic	12.000[a,b,c]
Degree Of Freedom	11
Asymptotic Sig.(2-sided test)	.364

a. At least one cell has an expected value less than one.

b. More than 20% of the cells have expected values less than five.

c. Multiple comparisons are not performed because the overall test does not show significant differences across samples

.

FIGURE 4: BOXPLOT OF STAFF AND SERVICE PROVIDER CAPACITY ACROSS SHELTERS

Figure 4 shows that about 5 (42%) of the shelters fall below the median, suggesting a slight skew in the distribution, though not statistically significant. The fact that more shelters fall below the median may indicate a general trend or imbalance in the need for increased training among shelter staff in TIC. FGD respondents reported rebuilding trust through relationships with staff. The key informant interview respondents also indicated that training was offered to their staff on TIC; however, due to staff turnover and burnout, they need refresher training that extends beyond technical skills to encompass empathy, active listening, and cultural humility. Burnout can be a risk factor, in which, without adequate supervision and emotional support, staff may unintentionally perpetuate harm or disengage from survivor-centered approaches.

TABLE 12: FREQUENCY SUMMARY - STAFF AND SERVICE PROVIDER CAPACITY

ER CAPACITY

Staff and Service Provider Capacity	Excellent	Very good	Good	Below standard/ Non-existent
Staff training in trauma-informed care	6 (50%)	5 (41.7%)	1 (8.3%)	
Gender sensitivity and cultural competence	8 (66.7%)	3 (25.0%)	1 (8.3%)	
Staff-to-client ratio	6 (50%)	4 (33.3%)	2 (16.7%)	
Support for staff well-being and supervision	3 (25.0%)	7 (58.3%)	2 (16.7%)	
Staff trained in livelihood/IGA coaching... (economic empowerment, market linkages, and survivor-led IGA selection support)	4 (33.3%)	4 (33.3%)	3 (25.0%)	1 (8.3%)

Table 12 shows the frequency of self-assessments evaluating the capacity of shelter staff and service providers across five critical domains: TIC, gender sensitivity, staff-to-client ratios, staff well-being, and livelihood coaching. The findings reflect both strengths and areas needing improvement in service delivery and personnel development. Training in TIC is notably strong, with 91.7% of shelters rating their staff as either excellent or very good. This indicates a widespread understanding of how to support survivors in a sensitive and psychologically safe manner. Similarly, gender sensitivity and cultural competence training are well established, with 66.7% of shelters rating this area as excellent and an additional 25% as very good. These results suggest that most staff are equipped to provide inclusive and respectful services across diverse populations. The staff-to-client ratio presents a more mixed picture. While 75% of shelters report excellent or very good ratios, 16.7% are rated only good, and 8.3% fall below standard. This variation may impact the quality and responsiveness of care, especially in shelters with higher client loads. Support for staff well-being and supervision also shows moderate strength, with 66.7% of shelters rating this area positively. However, 25% of shelters report only good support, and 8.3% report

below-standard support, indicating that some staff may lack adequate emotional and professional support systems. Training in livelihoods and IGA coaching presents opportunities for growth. Only 66.6% of shelters rate their staff as excellent or very good in this domain, while 16.7% rate them as good and 8.3% rate them as below standard. This suggests that while some shelters are well-prepared to guide survivors in economic empowerment, others may lack the expertise needed to effectively support market linkages and survivor-led IGA planning.

Shelters demonstrate strong capacity in TIC and gender sensitivity, with moderate performance in staff ratios and well-being support. However, there is a clear need to strengthen staff training in livelihood coaching to ensure consistent and effective economic empowerment services across all shelters. Investing in professional development, supervision systems, and targeted IGA training will help close these gaps and enhance service delivery. Survivor-led decision-making and empowerment assessments show that when survivors co-design their IGA plans and assess their own readiness, they build autonomy and confidence, key drivers of entrepreneurial success. These tools also help staff tailor support to survivors' evolving needs.

The field visits report shows that shelters have a dedicated space for individual or group counseling. In most cases, there is a neat and child-friendly counseling room where they can be consulted. During the counseling session, children will participate in play therapy. In group counseling, children will be assessed, if eligible, based on the types and extent of damage they have experienced. Counseling is delivered through various techniques, including physical therapy, play therapy, and anger management therapy. ENWS, in collaboration with UN Women, has developed SOPs that train safe house and shelter staff. Accordingly, shelters are implementing SOPs to ensure the safety and dignity of survivors while they reside there. One factor that supports psychological safety among survivors is the availability of safety policies in shelters. Policies and procedures across the organization's domain evaluate the foundational frameworks that guide shelter operations, staff conduct, and survivor protection. It focuses on whether shelters have formalized, trauma-informed protocols that uphold dignity, safety, and survivors' agency. SPSS analysis revealed identical median scores across all 12 organizations, indicating a shared baseline of policy infrastructure, but not necessarily uniformity in implementation, survivor trust, or cultural responsiveness (See Table 13 and Figure 5).

TABLE 13: MEDIAN TEST SUMMARY OF POLICIES AND PROCEDURES ACROSS SHELTERS

Total N	12
Median	21.000
Test Statistic	12.000[a,b,c]
Degree Of Freedom	11
Asymptotic Sig.(2-sided test)	.364

a. At least one cell has an expected value less than one.

b. More than 20% of the cells have expected values less than five.

c. Multiple comparisons are not performed because the overall test does not show significant differences across samples

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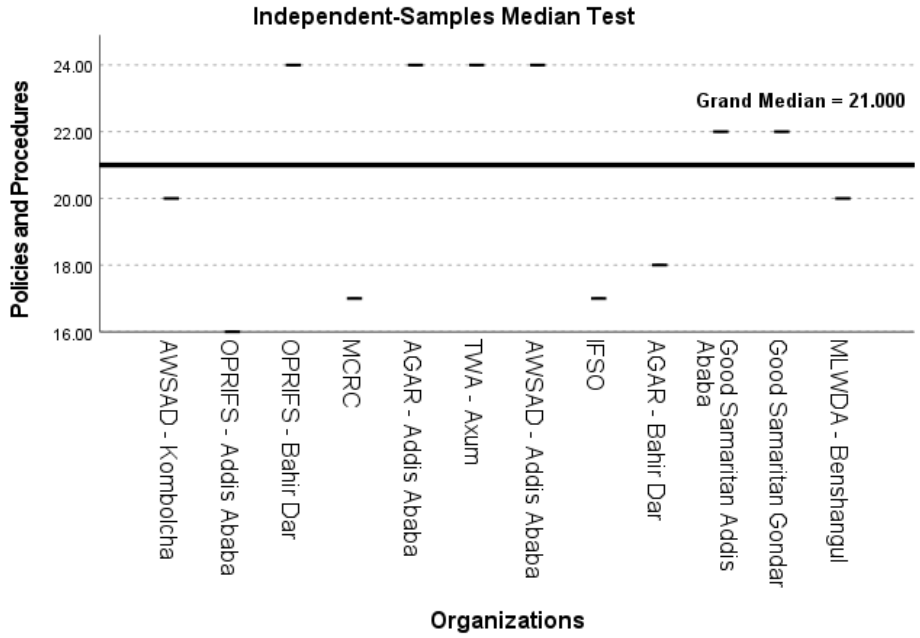
FIGURE 5: BOXPLOT OF POLICIES AND PROCEDURES ACROSS SHELTERS



The median scores are uniform across all 12 organizations. This may indicate a consistent presence of formal policies, but it may also mask differences in survivor experiences, staff adherence, or contextual relevance. Figure 5's boxplot shows slight variation, with 5 (42%) shelters slightly below the median, although the differences are not statistically significant.

TABLE 14: FREQUENCY SUMMARY - POLICIES AND PROCEDURES

Policies and Procedures	Excellent	Very good	Good	Below standard/ Non-existent
Confidentiality and data protection protocols	9 (75%)	3 (25.0%)		
Intake and referral procedures	9 (75%)	3 (25.0%)		
Safety and crisis response plans	8 (66.7%)	3 (25.0%)	1 (8.3%)	
Grievance and feedback mechanisms	4 (33.3%)	8 (66.7%)		
Policies addressing re-traumatization and abuse prevention	4 (33.3%)	8 (66.7%)		
Standard Operating Procedures for economic empowerment, or manuals on IGA selection, follow-up, and market engagement guidelines	6 (50%)	-	5 (41.7%)	1 (8.3%)

Table 14 shows the frequency of responses from 12 shelters regarding the presence and quality of key policies and procedures, focusing on confidentiality, intake processes, crisis response, feedback mechanisms, abuse prevention, and economic empowerment protocols. The findings reveal strong adherence to foundational standards, with some areas requiring further development for consistency and effectiveness.

Confidentiality and data protection protocols are well-established across all shelters. Three-quarters of the shelters (75%) rated their protocols as excellent, while the remaining 25% rated them as very good. This indicates a strong commitment to safeguarding survivors' information and upholding privacy standards. Intake and referral procedures yield identical results: 75% of shelters are rated excellent and 25% very good, reflecting a streamlined, effective process for admitting and directing clients to appropriate services.

Safety and crisis response plans are also robust, with 66.7% of shelters rated excellent and 25% very good. However, one shelter (8.3%) rated this area as only good, suggesting a need for more comprehensive emergency preparedness in some locations. Grievance and feedback mechanisms are widely implemented, with 66.7% of shelters rated very good and 33.3% excellent. This demonstrates a strong culture of accountability and responsiveness to client concerns.

Policies addressing re-traumatization and abuse prevention follow a similar pattern, with 66.7% of shelters rated very good and 33.3% excellent. These figures suggest that most shelters have taken steps to minimize harm and ensure survivors' safety, although continued training and policy refinement may be beneficial. The area with the most variability is the presence of SOPs for economic empowerment. Half of the shelters (50%) rated their SOPs as excellent, but 41.7% rated them only good, and one shelter (8.3%) reported below-standard or non-existent procedures. This inconsistency may hinder the effectiveness of IGA programs and market engagement strategies.

Shelters demonstrate strong policy frameworks in confidentiality, intake, crisis response, and survivor protection. However, the development and standardization of procedures for economic empowerment remain uneven. Strengthening SOPs and ensuring consistent implementation across all shelters will be key to enhancing service delivery and supporting sustainable outcomes for survivors.

5.1.3. TRAUMA LITERACY AMONG STAFF

Staff members' trauma literacy refers to their ability to understand, recognize, and respond appropriately to the effects of trauma in the individuals they serve, as well as within themselves and their workplace culture. It is a foundational component of TIC and organizational practice.

In all shelters, the psychosocial support services are conducted by skilled staff. The GSA shelters use volunteers for returnees and when there are too many survivors.179 The volunteers and staff frequently received refresher trauma-informed training. In Gondar, doctors from Gondar University also volunteer, bringing their specialized expertise to the field. Shelter counselors reported that they occasionally receive refresher training organized by UN Women to update and strengthen their professional capacity.

Shelters such as AWSAD include law enforcement agencies and related sectors, and they train these agencies in trauma-responsive techniques to facilitate immediate engagement.

In addition, shelters have trained income-generation officers who provide survivors with basic business skills (BBS) training, which includes a life-skills component. Basic business skills training trainers who come from outside the shelters are informed about the use of trauma-sensitive language in training. However, apart from the trauma-sensitive languages, they are not given complete training about trauma-sensitive care.

The first training center visited, WISE, which contributes most strongly to prevention, empowerment, and resilience-building, addresses trauma indirectly by addressing root causes such as poverty and low self-worth and by offering safe spaces and counseling. And, Sr. Yemeserach TVET plays a critical role in rehabilitation and reintegration, transforming trauma survivors and former sex workers into skilled, self-reliant workers with structured psychosocial and economic support. Shelters such as Agar and AWSAD have also received Training of Trainers (TOT) from WISE to further cascade economic empowerment training.

Shelter staff reported that their trauma-healing capacity had been strengthened through recent training and emphasized the importance of regular refresher sessions to sustain service quality. They noted that ongoing capacity-building support, including initiatives facilitated by UN Women, remains essential to maintaining and scaling trauma-informed services. Trauma-informed approach training is needed not only for counselors and social workers, but also for all staff working in shelters, as well as for the training centers to which survivors are sent.

Staff and service providers have been frequently trained in trauma-responsive approaches. In the observed shelters, most staff are female, whereas guards and drivers are predominantly male. At OPRIFS, for example, the Bahir Dar shelter employs a male night guard, whereas the daytime guards are female. All house mothers are female. Even volunteer workers are required to participate in trauma-responsive training.

179 In GS case when the number of returnees is high they are using Volunteers.

Recent research confirms that TIC is not just a therapeutic approach; it is a prerequisite for sustainable vocational success among survivors of violence and displacement. Survivors often enter shelters with disrupted self-regulation, impaired trust, and diminished self-efficacy due to trauma. Without staff who are trained to recognize and respond to these psychological states, vocational programs risk becoming inaccessible or retraumatizing. Survivors are more likely to engage in vocational training when staff use grounding techniques, emotional regulation strategies, and trauma-sensitive communication. These practices reduce anxiety and foster a sense of safety, which is essential for survivors to take risks, try new skills, and interact socially. According to vocational rehabilitation studies, trauma-informed environments increase learner confidence and reduce dropout rates. 180, 181

5.1.4. MENTAL HEALTH AND PSYCHOSOCIAL SERVICES

Shelters maintain a strong working relationship with hospitals/universities, in addition to their routine counseling, to address mental health issues. Some shelters, such as Agar Ethiopia, have a mental health professional who visits the center regularly. Since the shelters are accommodating survivors who are affected by conflict and war, trafficked, sexually abused, returnees, etc., the level and condition require an approach based on their age and vulnerability and exposure status, which is the cultural perspective. Gondar University is instrumental in collaborating with the shelter that operates in Gondar, both in teaching about mental health issues and in treating patients who are survivors. This domain evaluates the depth, accessibility, and trauma sensitivity of mental health and psychosocial support (MHPSS) services provided within shelters. It examines whether survivors are supported not only clinically but also emotionally and relationally through structured, culturally grounded care. SPSS analysis (Table 15 and Figure 6) reveals identical median scores across all 12 shelters, indicating a shared baseline of service provision, but not necessarily uniformity in therapeutic depth, survivor trust, or cultural resonance.

TABLE 15:MEDIAN TEST SUMMARY OF PSYCHOSOCIAL SUPPORT SERVICES ACROSS SHELTERS

Total N	12
Median	36.000
Test Statistic	12.000[a,b,c]
Degree of Freedom	11

[180] Applications of Trauma Informed Approaches in Vocational Education and Training, Creative Education, 2020, 11, 488-499 https://www.scirp.org/journal/ce ISSN Online: 2151-4771

[181] Pathway to Trauma-Informed Rehabilitation Counseling: Vocational Rehabilitation Counselors' Training Experiences and Use of Trauma-Relevant Knowledge in Daily Practice; Pathway to Trauma-Informed Rehabilitation Counseling: Vocational Rehabilitation Counselors' Training Experiences and Use of Trauma-Relevant Knowledge in Daily Practice | Published in Rehabilitation Counselors and Educators Journal

Asymptotic Sig.(2-sided test)	.364

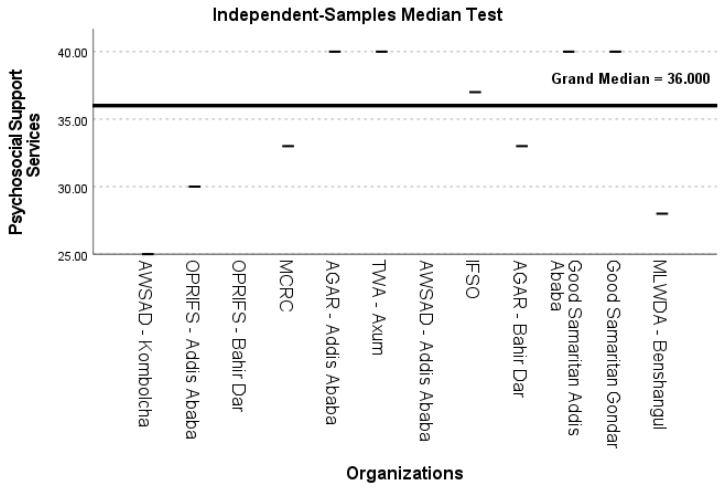
a. At least one cell has an expected value less than one.

b. More than 20% of the cells have expected values less than five.

c. Multiple comparisons are not performed because the overall test does not show significant differences across

samples.

FIGURE 6: BOXPLOT OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES ACROSS SHELTERS



The uniformity indicates consistent structural presence of psychosocial support services, but may obscure differences in survivor experience, therapeutic quality, or emotional safety. Survivors often heal through trust, safety, and connection, not just clinical interventions. Staff presence and emotional attunement matter.

TABLE 16: FREQUENCY SUMMARY - MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES

UPPORT SERVICES

Psychosocial Support Services	Excellent	Very good	Good	Below standard/ Non-existent
Availability of mental health and counseling services	10 (83.3%)	2 (16.7%)		
Individual and group therapy sessions	12 (100%)			
Case management and individualized support plans	11 (91.7%)	1 (8.3%)		
Linkages to external mental health professionals or clinics	7 (58.3%)	5 (41.7%)		
Use of trauma-informed grounding techniques in daily routines	6 (50%)	5 (41.7%)	1 (8.3%)	
Availability of trauma-specific therapies (e.g., EMDR, TF-CBT)	8 (66.7%)	2 (16.7%)	2 (16.7%)	

Psychosocial Support Services	Excellent	Very good	Good	Below standard/ Non-existent
Staff trained in trauma de-escalation and flash techniques.	5 (41.7%)	3 (25.0%)	3 (25.0%)	1 (8.3%)
Trauma-Specific Practices:				
• Grounding techniques are visibly integrated (e.g., posters, prompts)	7 (58.3%)	2 (16.7%)	2 (16.7%)	1 (8.3%)
• Designated space for trauma therapies	6 (50%)	3 (25.0%)	2 (16.7%)	1 (8.3%)
• Staff using trauma de-escalation techniques	5 (41.7%)	5 (41.7%)	1 (8.3%)	1 (8.3%)

Table 16 shows the availability and quality of mental health and psychosocial support services across 12 shelters similar to those in Table 15. The assessment includes access to counseling, therapeutic practices, TIC, and the integration of specialized techniques and spaces for survivor recovery.

Mental health and counseling services are widely available, with 83.3% of shelters rated excellent and the remaining 16.7% rated very good. This indicates a strong commitment to providing emotional and psychological support to survivors. All shelters (100%) offer individual and group therapy sessions, reflecting a universal standard of therapeutic engagement. Similarly, case management and individualized support plans are well established, with 91.7% of shelters rated excellent and only 1 (8.3%) rated very good.

Linkages to external mental health professionals or clinics are available in all shelters, though the quality varies. While 58.3% of shelters rated this area as excellent, 41.7% rated it very good, suggesting that partnerships exist, but their depth and consistency may vary. The use of trauma-informed grounding techniques in daily routines is also widespread, with 91.7% of shelters rated excellent or very good. However, one shelter (8.3%) rated this area as only good, indicating a need for more consistent integration of these practices.

Availability of trauma-specific therapies such as EMDR and TF-CBT is moderately firm. Two-thirds of shelters (66.7%) rated this area as excellent, while 16.7% rated it very good, and another 16.7% rated it only good. This suggests that while many shelters offer specialized interventions, some may lack the full range of therapeutic modalities. Staff training in trauma de-escalation and flash techniques shows more variability. Only 41.7% of shelters rated this area as excellent, with 25% rated very good, another 25% rated good, and one shelter (8.3%) rated below standard. This highlights a need for more comprehensive staff training in trauma response.

Trauma-specific practices are moderately integrated across shelters. Grounding techniques, such as posters and prompts, are visible in 75% of shelters, though 16.7% are rated only good and 8.3% are below standard. Designated spaces for trauma therapies are available in 75% of shelters, with similar distribution across ratings. Staff use of trauma de-escalation techniques is evenly split

between excellent and very good (41.7% each), with 8.3% rated as good and 8.3% rated below standard. These figures suggest that while TIC is a priority, its implementation varies in depth and consistency.

Shelters provide strong foundational mental health services, including access to therapy and individualized support. However, there is room to strengthen trauma-specific practices, staff training, and the integration of specialized therapies. Enhancing these areas will ensure more consistent, holistic care for survivors navigating complex emotional recovery.

Survivors' stories of emotional regulation, trust-building, and therapeutic breakthroughs vividly demonstrate the importance of psychosocial support in their recovery journey. To enhance coping mechanisms, many shelters are integrating social and recreational activities alongside therapeutic counseling to promote survivors' overall well-being. For example, at AWSAD Bahir Dar, every Thursday is dedicated to a coffee ceremony and musical activities, creating a safe space for relaxation, social connection, and emotional healing. Similarly, survivors at OPRIFS spend their leisure time engaging in handicraft activities such as kerochiets, which help them develop practical skills while relieving stress. At Agar Addis Ababa, survivors can participate in sports activities and watch documentary films that foster mental engagement, personal growth, and a sense of normalcy in their daily lives.

For example, in Agar, before participants engage in IGAs, their overall condition, including health status, is assessed. This is due to limited startup capital and a mindset that is reluctant to engage in IGA. Otherwise, psychosocial support typically takes 1–2 months. However, the standard duration of stay at the shelter is three months, unless circumstances delay reintegration. Even UN Women provides funding only for a 3-month stay in the shelter. Exceptional cases are treated on an exceptional basis to balance funding availability and survivors' needs.

The absence of detail on therapy types, such as CBT, EMDR, Flash techniques, art therapy, dance therapy, psychodrama, or psychoeducation, limits understanding of therapeutic depth. These modalities differ in intensity, accessibility, and cultural fit. For example, EMDR may be effective for PTSD but requires trained clinicians, while art therapy can be facilitated in group settings and adapted to local traditions.

Each psychosocial service directly contributes to successful economic empowerment for survivors. The MHPSS helps survivors process trauma, regulate emotions, and rebuild self-worth. Without this foundation, survivors may struggle with concentration, decision-making, and interpersonal trust, skills essential for vocational training and entrepreneurship.

Individual therapy (e.g., TF-CBT, EMDR, flash) targets trauma symptoms that block learning and motivation, while group therapy (e.g., art therapy, psychoeducation) fosters peer support and social confidence. Both formats help shift survivors from "survival brain" to "learning brain," enabling them to engage meaningfully in IGAs.

The case management and individualized support plans are tailored plans that align vocational pathways with survivors' emotional readiness, strengths, and goals. This personalization increases retention and success in training programs by ensuring survivors are not overwhelmed or misaligned with their chosen IGA.

The linkages to external mental health professionals, referrals to clinics or specialists, ensure continuity of care, especially for survivors with complex trauma. Stable mental health support outside the shelter reinforces vocational progress and prevents dropout due to emotional setbacks.

The trauma-informed grounding techniques, including daily practices (e.g., breathing exercises, sensory prompts), help survivors regulate stress during training, interviews, or market engagement. These techniques build resilience and reduce the risk of emotional dysregulation that could derail economic activities.

The trauma-specific therapies (EMDR, TF-CBT) modalities address deep trauma that impairs executive functioning, planning, focus, and impulse control. Healing these areas directly improves survivors' ability to manage businesses, budgets, and customer relationships.

Psychosocial care should not be siloed; it must be woven into daily routines, staff interactions, and culturally rooted practices. Shelters that integrate grounding techniques into morning check-ins, use storytelling circles for group healing, or incorporate coffee ceremonies as relational rituals demonstrate deeper trauma literacy. These practices foster trust, safety, and connection, the core conditions for trauma recovery.

Yet the findings do not distinguish between shelters with professional mental health staff and those relying on volunteers. This distinction matters: trained clinicians can deliver structured trauma therapies, while volunteers may offer emotional support but lack the tools for regulation or de-escalation. Without this analysis, the report cannot assess the quality or sustainability of psychosocial care.

Trauma-informed models emphasize a shift from the "survival brain" to the "learning brain," enabling survivors to engage in skill-building, decision-making, and entrepreneurship. The SOP and funders' requirements determine the duration of stay, not, as such, the depth of individual healing or survivors' agency. The "Readiness-to-Learn Index" is used to assess readiness. This allows for bridging the most critical gap of the lack of a connection between psychosocial support and vocational readiness.

Studies show that survivors with unresolved trauma struggle with focus, memory, and emotional regulation, all essential for vocational success. Shelters that embed trauma care into IGA coaching, through emotional check-ins, empowerment assessments, and trauma-sensitive mentorship, report higher retention and success rates.

To strengthen the integration of psychosocial support within a trauma-informed economic empowerment model, shelters should begin by mapping the types and modalities of therapy offered across sites, such as CBT, EMDR, Flash techniques, art therapy, and psychoeducation, and clarify who delivers them, how frequently, and whether survivors can exercise choice in accessing these services.

Survivor agency must be centered, ensuring that individuals can select, shape, and opt out of therapeutic offerings. Psychosocial care should be embedded in daily routines through culturally rooted practices such as storytelling circles or coffee ceremonies, and trauma-informed techniques should be normalized in staff interactions and vocational coaching.

Shelters should also differentiate between those staffed by professional mental health providers and those relying on volunteers, as this distinction affects the depth and consistency of care. Survivor narratives should be actively incorporated to assess emotional breakthroughs, trust-building, and gaps in current approaches. Finally, healing must be explicitly linked to vocational readiness by integrating trauma literacy into IGA coaching, using empowerment assessments to track emotional progress, and developing trauma-sensitive mentorship models that scaffold survivors' transition from survival to self-sufficiency.

5.2. ECONOMIC EMPOWERMENT OUTCOMES

Economic empowerment strategies in shelters indicate that, before engaging with survivors, a thorough assessment of their existing skills, assets, and health conditions should be conducted using the Asset-based Community Development (ABCD) approach to understand what they have rather than what they want. This has been practiced and has become relatively effective.182 The shelters' skill training for survivors primarily focuses on traditional, locally available trades. The most common areas of training include catering, hairdressing, and garment sewing. In many cases, survivors' training choices are influenced by their peers.

At the Kombolcha AWSAD shelter, women are encouraged to engage in businesses that build on their existing skills and experiences. As a result, we met women who were successfully operating small enterprises, such as injera-baking and retail shops, drawing on their prior experience. This

182 In Kombolcha AWSAD has practiced on the inherent experience of the survivors which has shown a relatively improvement in the survivors business intervention??? Not clear

approach reflects the key principle of the ABCD model, building on individuals' existing capacities and experiences to enhance and sustain their specific livelihoods.

Accordingly, in the survivor's business endeavors, accompanied by livelihood support in the form of startup capital and BBS training, which includes life skills training.

5.2.1. VOCATIONAL TRAINING

Alongside MHPSS support, shelters provide vocational training services after readiness for skill training is assessed. Healing enables learning, and emotional regulation sustains vocational success.

Shelters such as Agar (Bahir Dar), AWSAD, MCRC, and OPRIFS offer vocational training opportunities; however, the capacity and types of training provided vary across shelters. The Axum shelter, for instance, offers skill training primarily in traditional hairdressing, but the lack of sewing machines and other essential equipment limits its scope.

All shelters provide inclusive spaces for literacy and numeracy education. Shelters that accommodate children, such as OPRIFS in Addis Ababa and Bahir Dar, have structured classrooms with assigned teachers. In addition to formal learning, children also participate in creative activities such as making handmade crafts, including hats and coffee mats, which are sometimes sold at bazaars and exhibitions. At the same time, underage children are not expected to receive vocational training; their mothers, as in the case of IFSO, receive skills training through outsourced training institutions. Except for children of survivors, shelters provide BBS training in-house or outsource it to training institutions such as WISE or Sr. Yemeserach, with whom they have signed an agreement. Table 17 summarizes vocational training provided by shelters and the two training and women's empowerment centers visited, noting that some shelters outsource training.

TABLE 17: SUMMARY VOCATIONAL TRAINING BY SHELTERS, WISE, AND SR. YEMISRACH TRAINING CENTER

Org.	Type of organization	Types of Training	Psychosocial support	Relation	Attachment Provisions
Shelters	NGO	BBS, financial literacy, handicrafts, etc.	Group and individual counselling	Accommodate survivors	Startup capital WAOs, ML&S, etc.
WISE	NGO	BBS, financial literacy, employment readiness	Stress management	TOT for shelter staff	SACCOs
Sr. Yemisrach TVET	Private Organization	Housekeeping and laundry, along with entrepreneurship, financial literacy, and basic languages	Group counselling/ two psychologists	Train survivors of shelters	Hotels Employment

The observational assessment included empowerment and life-skills support across the organization's domain, evaluating the extent to which shelters provide survivors with structured opportunities to regain autonomy, acquire life skills, and participate in market-relevant economic empowerment activities. The checklist addressed eight core areas: 1. Vocational Training & Income Generation. 2. Access to Education, 3. Life Skills Training, 4. Autonomy & Decision- Making Support, 5. Survivor Participation in IGA Selection, 6. Use of IGA Interest Mapping Tools, 7. Dual-Track Training Availability, and 8. Integration with Economic Empowerment (See Table 18 and Figure 7).

TABLE 18: MEDIAN TEST SUMMARY OF EMPOWERMENT AND LIFE SKILLS SUPPORT ACROSS SHELTERS

Total N	12
Median	26.500
Test Statistic	12.000[a,b,c]
Degree of Freedom	11
Asymptotic Sig.(2-sided test)	.364

a. At least one cell has an expected value less than one.

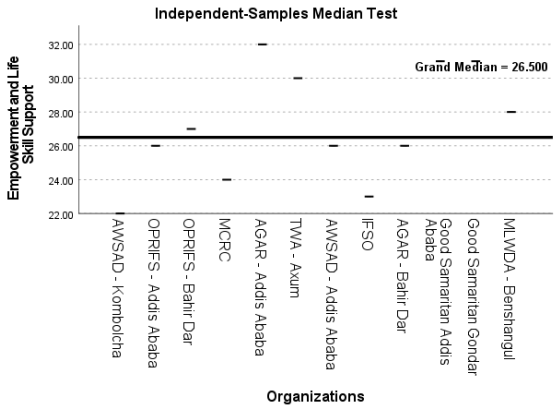
b. More than 20% of the cells have expected values less than five.

c. Multiple comparisons are not performed because the overall test does not show significant differences across

samples. SPSS analysis revealed identical median scores across all 12 organizations, indicating a consistent level of support; however, qualitative differences in delivery, survivor agency, and contextual relevance may remain. This indicates a shared baseline of service provision, but does not capture depth, survivor satisfaction, or cultural fit. However, the Boxplot (Figure 7) shows slight variation, with 5 (42%) falling below the median and 6 (50%) above.

FIGURE 7: BOXPLOT OF EMPOWERMENT AND LIFE SKILLS SUPPORT ACROSS SHELTERS

SS SHELTERS



The summary frequency table further examines the extent to which shelters provide empowerment and life-skills support to survivors, focusing on vocational training, education, autonomy, decision-making, and integration with economic empowerment strategies (See Table 19). The findings reveal a strong foundation in life skills programming, with some variability in specialized tools and training formats.

TABLE 19: FREQUENCY SUMMARY - EMPOWERMENT AND LIFE SKILLS SUPPORT

Empowerment and Life Skills Support	Excellent	Very good	Good	Below standard/ Non-existent
Opportunities for vocational training or income generation	6 (50%)	6 (50%)		
Access to education (literacy, numeracy, etc.)	7 (58.3%)	5 (41.7%)		
Life skills training (communication, self-care, parenting)	10 (83.3%)	2 (16.7%)		
Support in rebuilding autonomy and decision-making capacity	8 (66.7%)	4 (33.3%)		
Survivor participation in selecting vocational training or IGAs	7 (58.3%)	4 (33.3%)	1 (8.3%)	
Use of IGA Interest Mapping Tools	5 (41.7%)	3 (25.0%)	2 (16.7%)	2 (16.7%)
Availability of dual-track training (technical + entrepreneurial)	5 (41.7%)	3 (25.0%)	3 (25.0%)	1 (8.3%)
Integration with Economic Empowerment • Market-aligned vocational training materials • Financial literacy and micro-investment tools	6 (50%)	3 (25.0%)	2 (16.7%)	1 (8.3%)

Opportunities for vocational training or income generation are universally available, with all shelters rated either excellent (50%) or very good (50%). This reflects a consistent commitment to equipping survivors with practical skills for economic independence. Access to education, including literacy and numeracy, is similarly strong, with 58.3% of shelters rated excellent and 41.7% very good. These figures suggest that foundational learning opportunities are well-integrated into shelter services.

Life skills training, encompassing communication, self-care, and parenting, is a standout area. A full 83.3% of shelters rated this domain as excellent, with the remaining 16.7% rated very good. Support for rebuilding autonomy and decision-making capacity is also robust, with 66.7% of shelters rated excellent and 33.3% very good. These results indicate that shelters are actively fostering survivor agency and personal growth.

Survivor participation in selecting vocational training or income-generating activities (IGAs) is well-supported, though slightly more varied. While 91.6% of shelters rated this area as excellent

or very good, one shelter (8.3%) rated it only good, suggesting that some programs may benefit from more inclusive planning processes. The use of IGA interest mapping tools shows greater variability. Only 41.7% of shelters rated this area as excellent, with 25% very good, 16.7% good, and another 16.7% below standard. This indicates that while some shelters use structured tools to align training with survivor interests, others may lack formal mechanisms.

The availability of dual-track training that combines technical and entrepreneurial skills is moderately strong. A combined 66.7% of shelters rated this area as excellent or very good, while 25% rated it good and 8.3% below standard. This suggests that while many shelters offer comprehensive training models, some may need to expand their curriculum to include entrepreneurial components. Integration with economic empowerment strategies, including market-aligned vocational materials and financial literacy tools, is present in most shelters. Half of the shelters rated this area as excellent, 25% as very good, 16.7% as good, and 8.3% as below standard. These figures reflect a solid foundation with room for improvement in aligning training with market realities and financial planning.

Shelters demonstrate strong performance in life skills development, vocational training, and educational access. However, the use of structured tools for IGA planning and the integration of entrepreneurial training vary across shelters. Strengthening these components will enhance survivor engagement, economic resilience, and long-term empowerment outcomes.

Another element that shows TIC in shelters is inclusivity and equity in economic integration.

TABLE 20: FREQUENCY SUMMARY - INCLUSIVITY AND EQUITY

Items	Excellent	Very good	Good	Below standard or non-existent
Support for diverse populations (e.g., survivors of gender-based violence, people with disabilities)	10 (83.3%)	1 (8.3%)	1 (8.3%)	
Cultural and linguistic appropriateness of services	8 (66.7%)	3 (25.0%)	1 (8.3%)	
Respect for religious and spiritual needs	12 (100%)			

Table 20 evaluates the extent to which shelters uphold principles of inclusivity and equity in their service delivery. The analysis focuses on support for diverse populations, cultural and linguistic appropriateness, and respect for religious and spiritual needs.

Shelters demonstrate a strong commitment to supporting diverse populations, including survivors of gender-based violence and individuals with disabilities. A full 83.3% of shelters rated this area as excellent, with another 8.3% rating it very good and 8.3% rating it good. These results indicate that nearly all shelters have systems in place to accommodate and respond to the needs of marginalized groups.

Cultural and linguistic appropriateness of services is also well-integrated. Two-thirds of shelters (66.7%) rated this domain as excellent, 25% as very good, and 8.3% as good. This suggests that most shelters are mindful of cultural sensitivities and language barriers, although a small number may benefit from further adapting their services to meet diverse client needs.

Respect for religious and spiritual needs is universally upheld across all shelters. Every shelter (100%) received an excellent rating in this category, reflecting a consistent, inclusive approach to honoring survivors' beliefs and practices.

Shelters show exemplary performance in fostering inclusive environments. Their strong support for diverse populations, culturally responsive services, and universal respect for spiritual needs underscores a deep commitment to equity and dignity in survivor care.

5.2.2. REINTEGRATION SUPPORT

Reintegration services in a shelter context refer to the structured support provided to survivors, often of gender-based violence, trafficking, or displacement, as they transition from the safety of the shelter back into the broader community. In trauma-informed women's economic empowerment models, reintegration is not just about physical relocation; it is about restoring dignity, autonomy, and sustainable livelihood in a way that honors the survivor's emotional readiness and lived experiences. However, before social integration, after trauma-healing services in shelters, organizations like AWSAD and Agar further economic integration initiatives by linking survivors to specialized training. The two visited economic empowerment centers, WISE and Sr. Yemistrach Training Center, which play a significant role in economic reintegration, are great assets for linking survivors of VAW/CRSV to employment, SHGs, or SACCOs. See Table 21.

TABLE 21: ECONOMIC INTEGRATION: WISE AND YEMESERACH TVET

DIMENSION	WOMEN IN SELF-EMPLOYMENT (WISE)	SR. YEMESERACH TVET
INSTITUTION TYPE AND EXPERIENCE	Ethiopian NGO established in 1997; long experience in women's social and economic empowerment.	Private TVET was established 9 years ago by a social worker experienced with sexually abused survivors.
PRIMARY FOCUS	Prevention and empowerment: promoting self-reliance through savings, credit, training, and community awareness.	Rehabilitation and reintegration: transforming survivors (especially former sex workers and returnees) through market-linked vocational skills.
TARGET GROUP	Low-income self-employed women, GBV survivors, returnees, factory workers, youth, and community members.	GBV survivors, commercial sex workers, returnees, and refugees (South Sudan, Yemen, Syria).
APPROACH TO TRAUMA SURVIVORS	Preventive and community-based: focuses on awareness, empowerment, stress management, and counseling to reduce vulnerability.	Restorative and rehabilitative: focuses on skills training, counseling, safety measures, and job placement to help survivors rebuild their lives.
PSYCHOSOCIAL SUPPORT	– Individual and group counseling for GBV survivors. – Stress management therapy for 2 months for members. – Counseling center within WISE. – Financial support for transport and health.	– Two in-house psychologists. – Group counseling (family planning, self-care, etc.) – Safeguarding and self-care are integrated throughout training. – The case manager follows each survivor's progress and issues.
ECONOMIC REINTEGRATION	– Organizes women into 110 SACCOs and a Union for sustainable microfinance. – Supports microenterprise creation and expansion. – 82.5% reported improved livelihood and self-reliance.	– Practical job training (80% practical, 20% theory). – 96% job conversion rate. – Partnerships with >20 orgs and hotels. – Graduates earn 11,000–20,000 ETB monthly. – Options for employment or self-employment (laundry, cleaning, daycare).

DIMENSION	WOMEN IN SELF-EMPLOYMENT (WISE)	SR. YEMESERACH TVET
PREVENTION AND AWARENESS	– Provides GBV prevention and awareness training for government and community actors (Women & Children Offices, law enforcement, elders, religious leaders, etc.). – Promotes conflict resolution, life skills, and self-care.	– Offers safeguarding and soft skills training to all trainees. – Advises UN Women and contributes to manuals on survivor protection.
COLLABORATION AND PARTNERSHIPS	Works with AWSAD, AWA, CBM, and EWLA (legal support for members).	Works with AWSAD, Elilta, MCDP, Freedom Fund, AU, and the Ministry of Labor and Skills; partner of the MasterCard Foundation for job creation.
FOLLOW-UP AND SUSTAINABILITY	WISE ensures sustainability through cooperatives and a Union after project phase-out.	6-month follow-up post-training to ensure successful employment and address challenges.
CHALLENGES	Limited reach for intensive trauma services; focus more on prevention and empowerment than deep therapy.	High rent, daycare, transport costs; difficulty getting family consent; space limitations; high tax burden.
UNIQUE STRENGTHS	– Deep community engagement and prevention work. – Large-scale economic empowerment through SACCOs. – Integration of adult learning and asset-based development.	– Strong job-market linkage and employability outcomes. – Comprehensive safeguarding and psychosocial integration. – Effective survivor transformation through vocational identity.

WISE plays an instrumental role by organizing survivors into SACCOs and a union, embedding them in sustainable financial ecosystems, promoting microenterprise creation, enabling survivors to become self-employed and financially autonomous, and using adult learning and asset-based development to tailor training to survivors' lived realities. It reported 82.5% of its trainees improved their livelihood and self-reliance. Survivors gain financial literacy, community solidarity, and long-term economic resilience. Sr. Yemeserach TVET, on the other hand, delivers market-relevant vocational training with an 80% practical focus, provides psychosocial support and safeguarding throughout the training journey, and ensures job placement and follow-up, with a 96% employment conversion rate. Their

report shows survivors earn competitive wages (11,000–20,000 ETB/month). They transition from marginalization to professional identity and economic independence. These two training institutes primarily operate in Addis Ababa, with limited regional presence. Shelters such as AWSAD and MCDP benefit from collaboration, and such collaboration should be encouraged to support greater economic reintegration and survivors' leadership. Community integration and aftercare across organizational domains evaluate how shelters support survivors in transitioning from protected environments to independent, community-based living. It emphasizes the continuity of care, access to essential services, and survivors' agency in rebuilding their lives beyond the shelter. SPSS analysis revealed identical median scores across all 12 organizations, indicating a shared baseline of support—but not necessarily parity in quality, depth, or survivor experience (See Table 22).

TABLE 22: MEDIAN TEST SUMMARY OF COMMUNITY INTEGRATION AND AFTERCARE ACROSS SHELTERS

Total N	12
Median	13.000
Test Statistic	12.000[a,b,c]
Degree Of Freedom	11
Asymptotic Sig.(2-sided test)	.364

a. At least one cell has an expected value less than one. b. More than 20% of the cells have expected values less than five. c. Multiple comparisons are not performed because the overall test does not show significant differences across samples.

FIGURE 8: BOXPLOT OF COMMUNITY INTEGRATION AND AFTERCARE ACROSS SHELTERS

ACROSS SHELTERS

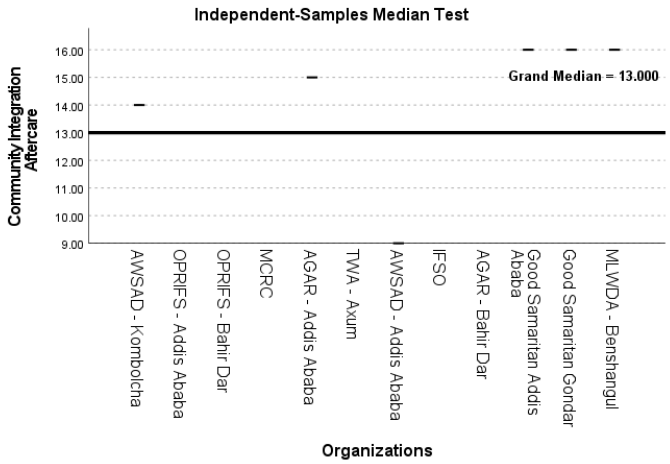


Figure 8 shows that five (42%) operate slightly above the median in their community integration and aftercare activities, although the difference is not statistically significant.

TABLE 23: FREQUENCY SUMMARY - COMMUNITY INTEGRATION AND AFTERCARE

Community Integration and Aftercare	Excellent	Very good	Good	Below standard or non-existent
Preparation for reintegration into the community	11 (91.7%)		1 (8.3%)	
Follow-up services and transitional housing support	6 (50%)	6 (50%)		
Linkages to health, legal, and social services	10 (83.3%)	2 (16.7%)		
Access to mentorship and private sector linkages (Partnerships to connect survivors to trauma-sensitive employers or mentors)	3 (25.0%)	3 (25.0%)	3 (25.0%)	3 (25.0%)

Table 23, the frequency table, further assesses the extent to which shelters support survivors' transition back into the community, focusing on reintegration preparation, follow-up services, external linkages, and access to mentorship and employment partnerships.

Preparation for reintegration into the community is a clear strength across shelters. A substantial majority (91.7%) rated this area as excellent, with only one shelter (8.3%) rated good. This indicates that most shelters have robust systems in place to help survivors rebuild their lives and re-enter society with confidence and support.

Follow-up services and transitional housing support are evenly distributed, with half of the shelters (50%) rated excellent and the other half rated very good. This suggests that while all shelters offer some form of post-shelter support, there may be differences in the depth or structure of these services. Nonetheless, the universal presence of follow-up mechanisms is a positive indicator of continuity in care.

Linkages to health, legal, and social services are also well-established. A substantial majority (83.3%) of shelters rated this area as excellent, with the remaining 16.7% rated very good. These figures reflect a high level of integration with external systems, ensuring that survivors can access comprehensive support beyond the shelter environment.

Access to mentorship and private sector linkages, however, presents a more fragmented picture. Ratings are evenly split across all four categories: 25% excellent, 25% very good, 25% good, and 25% below standard. This variability suggests that while some shelters have developed partnerships with trauma-sensitive employers and mentors, others lack these connections entirely. Strengthening these linkages is essential for promoting long-term economic stability and psychosocial recovery.

Shelters demonstrate strong performance in preparing survivors for reintegration and connecting them to essential services. However, mentorship and private sector engagement remain inconsistent. Expanding partnerships with trauma-informed employers and community mentors will be critical to enhancing aftercare and fostering sustainable recovery.

After reintegration into their families and localities, the organizations have a schedule for following up on and coaching the cases. In most cases, the follow-up is every six months. Where in-person follow-up is not possible, coaching and mentoring will be conducted by telephone with stakeholders, given the region's challenging conditions for regular follow-up. Sometimes it requires a budget, even when it involves air travel. These days, following up is very difficult, even in nearby areas such as Semen Gojam. The stakeholders send pictures of their activities as a follow-up. Networking is also difficult with similar shelters,

In the IFSO case, if the families are outside of Addis Ababa, after they are rehabilitated and obtain consents, they hand over the children to the NGO Hope for Justice183 with an agreement to facilitate and take over the reintegration process. For Addis Ababa survivors, IFSO, coaching, and mentoring are provided to girls who come to the shelter to share their experiences and receive advice from staff.

The central consideration in contextualizing and understanding trauma is recognizing that VAWG/GBV, conflict, displacement, and related experiences can have profound and lasting impacts on a survivor's physical and mental health, economic stability, and overall well-being. Therefore, all survivor-centered interventions must prioritize the survivor's safety, rights, well-being, and autonomy. Reintegration should be understood not as a single event but as an ongoing process. Programs must ensure that survivors continue to receive support even after exiting the shelter.

There is strong collaboration with the Regional Bureau of Labor and Social Affairs (BOLSA) in the reintegration process. Accordingly, regional directors have assigned a focal person to oversee and support the reintegration process. Based on a desk review of ENWS meeting minutes, it was also noted that a digital system is in place to track reintegration activities. At the woreda level, the respective offices have been communicated to support reintegration efforts.

Multi-sectoral collaboration in some regions, involving relevant sectors, has shown promising signs of economic empowerment at the small-scale level. Interviews with shelter coordinators indicate that the responsible sectors, particularly woreda-level WSA offices, are supporting survivors, as well as their mothers or elder siblings, in engaging in small businesses (OPRIFS). This support and commitment are reinforced by existing policy interventions designed to achieve the anticipated outcome.

Shelters such as AWSAD Bahir Dar and Good Samaritan Gondar are working closely with multi-sectoral task forces composed of relevant government and community actors. These task forces collaborate to support survivors' rehabilitation and reintegration efforts. For instance, the Labor and Skills Office actively monitors trainees and assists survivors in accessing workplaces and financial resources through Microfinance Institutions (MFIs), in line with sectoral policies. The AWSAD task force has gone a step further by facilitating tax exemptions for survivor-run businesses. In practice, survivors demonstrate that they are beneficiaries of AWSAD, helping revenue officers recognize and apply the exemption.

In addition to trainers in government TVETs, volunteers' capacity has been enhanced through the Good Samaritan shelters to be trauma-informed. MCRC shelter KII respondents show that trauma-specific and responsive training should equip the respective service providers with the skills and knowledge to address the specific needs of survivors to make the survivors more comfortable.

When reintegration services are provided to children, they are often complemented by access to startup business opportunities or vocational training for a family member who serves as the child's caregiver. IFSO, which works exclusively with girl children in Addis Ababa, provides such integrated support. The mothers of these survivors receive skills training and seed money to start small businesses. Findings from the IFSO Addis Ababa shelter indicate that the mothers remain closely engaged with the shelter, receiving ongoing skills development and regular guidance to strengthen their livelihoods. In the case of OPRIFS, material support is given upon reintegration, except when the family's economic situation is extremely severe; in such cases, a cash support of 6000 birr is provided. This cash was initially intended to support the child's education; however, due to the current low value of the money, it is now often used to purchase sheep as an IGA.

There are survivor-led associations established as peer support groups by safe houses such as Agar. These groups are voluntarily organized and have been legally recognized as survivor associations. They actively support shelter residents, particularly during holidays, by providing companionship and encouragement. Because the members themselves are survivors, they have a deeper understanding of the challenge survivors face and can therefore offer more empathetic and practical support.

Some of these associations also implement small projects and employ professionals to strengthen their activities. They provide volunteer services to survivors across different shelters. Similarly, under AWSAD, there is an ex-survivor's association called Simun, which raises awareness during reintegration by sharing their experiences and lessons learned from life outside the shelters. They aim to be a voice for other survivors who are still in recovery.

183 Hope for Justice is an international non-governmental organization that works to end human trafficking and modern slavery and operates in Ethiopia with its main focus in the Addis Ababa area and surrounding regions

5.2.3. Types of Businesses Started by Survivors Survivors typically receive skill training in various fields, including hairdressing, décor, beautification, and sewing, after completing their trauma rehabilitation. Based on agreements with training centers or in-house capacity, BBS and vocational training are provided at the survivors' choice. In the MCRC case, the shelter provides a comfortable environment for in-house training tailored to survivors' conditions. This is mainly due to the flexible training schedule and the availability of supportive childcare services, which help survivors feel confident and complete their training successfully. The embroidery training provided by MCRC is conducted in-house, and upon completion and reintegration, survivors receive sewing machines as support for their IGAs. A notable finding is that these survivors remain actively and efficiently engaged after reintegration, as they are linked with the organization to produce embroidery items on request, enabling them to earn a sustainable income. In-house sewing and embroidery training is provided, and most of them are successful. Since the trainers are well-trauma-informed on GBV, and the counselors are nearby to be consulted in case of trauma triggers, most trainings are successfully conducted and finished.

Given the limited duration of stay, shelters often adjust training delivery to maximize outcomes. For instance, Agar provides hairdressing training both on-site and off-site, depending on capacity, whereas other shelters follow similar hybrid models to ensure that survivors complete their training before exit. Agar Bahir Dar manages off-site training programs for survivors without children, as those with children often face challenges leaving them due to the lack of daycare services and the need to breastfeed. For survivors with such responsibilities, the organization provides outsourced training through contracted private training centers. In Agar, Addis Ababa, the training institutions also have formal agreements to facilitate employment opportunities for survivors upon the completion of their training. Additionally, some businesses are driven by inherited skills, such as basket-making and knitting, in which most survivors are actively engaged.

Organizations such as Agar operate a vocational training center in Dukem with a capacity to accommodate 150 trainees. These vocational training centers accept survivors from the Oromia region. Graduates of this vocational training are primarily employed in garment factories in the Industrial Zone.

For survivors from rural areas, vocational training options often do not align with the realities of their communities. Survivors returning to rural settings require practical skills that support income generation in agriculture, livestock rearing, or honey production. Strengthening this alignment is critical for reintegration and long-term sustainability. Survivors with prior business experience, such as baking injera, vending, or small-scale trading, tend to be more productive after reintegration because they can build on existing skills. For example, AWSAD in Kombolcha has sought to leverage survivors' inherent knowledge and informal business experience, an approach that could be strengthened and shared as a promising practice across other shelters.

5.2.4. ACCESS TO CAPITAL, MENTORSHIP, AND MARKET LINKAGES

A) ACCESS TO CAPITAL: SUPPORT TO ACCESS START-UP CAPITAL, SAVINGS GROUPS, OR

microcredit After rehabilitation, the shelters provide startup capital to survivors based on the donor's grant, ranging from ETB 20,000 to ETB 50,000. The amount depends on the donor's regulations; for example, the UNFPA grant ranges from 12,000 to 20,600 (MLW). The amount given to children is 6,000 birr, assuming they are unable to engage in income-generating activities (OPRIFS). It was assumed that the families might purchase sheep or goats for their own production. However, the money provided as start-up capital at the current value is less supportive than anticipated. The experience of IFSO AA indicates that it initially provided seed funding but has recently provided material support to the business.

The Good Samaritan in Gondar and the IFSO in South Wello have developed a scheme to reduce costs for microfinance institutions (Tseday Bank) and SACCOs, thereby making funds more usable and accessible for lending. However, those who have increased their capital by expanding their business must pay high taxes.184 Moreover, as a sustainable solution, GSA is arranging to disburse cash support to MFIs to enable survivors to form group businesses with stronger capital bases. Meanwhile, in the South Wollo area, IFSO is developing a savings mechanism in collaboration with SACCOs to help survivors save their funds and access loans for business expansion. Agar Bahir Dar has designed a savings mechanism, SHG, for survivors in Bahir Dar and has linked it to Kefeta MFI.

The seed money provided by the shelters varies depending on the donor's grant. For example, under the GSA project, the initial amount was 4,000 birr. However, over time, adjusting for inflation and the erosion of the money's purchasing power, UN Women increased the cash assistance to 26,000 birr for vocational support. According to GSA, some projects also provide material assistance to survivors, in addition to or instead of cash support.

At the Axum Shelter, the current start-up capital per survivor is 50,000 birr. For children, the support provided through OPRIFS is around 6,000 birr. At Benshangul MLW, the initial amount offered by UNFPA was 12,000, and it has since increased to 20600. Thus, the duration of stay at the shelter also varies; in most cases, it is expected to be around three months. However, the exact

184 Gonder a returnee engaged in retail shop has faced to pay high taxes for her business which is discouraging and needs consideration

period depends on the progress and finalization of the survivors' cases with law enforcement bodies. For children, the parents' or responsible guardians' address must be provided to complete the referral process.

B) MENTORSHIP

Continuous coaching or mentoring is provided by trained community workers or businesswomen after reintegration into their families and local communities (OPRIFS AA). The organization adheres to the principle of following up on and coaching cases according to the schedule. In most cases, the follow-up is every six months (OPRIFS). However, OPRIFS BD is not conducting the regular follow-up due to existing conditions in the Amhara region. Thus, insecurity and long travel distances have limited regular physical visits. As a result, follow-up often occurs remotely, via phone or through indirect mechanisms, such as requesting that survivors or local stakeholders send photographs of business activities. While this provides some continuity, staff widely acknowledge it as an inadequate substitute for in-person support. Survivors in these regions therefore face gaps in consistent mentoring, which can undermine both psychosocial recovery and business sustainability.

In the case of IFSO Addis Ababa, if the families of the survivors are outside of Addis Ababa, after they are rehabilitated and obtain consent, they will hand over the children to another NGO, Hope for Justice,185 with an agreement to facilitate and oversee their reintegration.

From the FGD conducted with IFSO survivors, it was found that the girls are encouraged to visit the shelter periodically to share experiences and receive advice. Even after leaving the shelter, they continue to receive counseling, guidance, and occasional training that support their education and personal development.

C) MARKET LINKAGE

Market access and linkage are a very prime component of an economic model. However, aside from occasional participation in exhibitions and bazaars to sell handmade products produced by survivors in shelters, particularly in Addis Ababa, no viable market linkage for these products has been established.

However, those who have had the opportunity to obtain vocational training in TVETs are more likely to be employed in the private sector. AWSAD AA maintains a strong partnership with a private TVET center, through which the survivors obtained employment at well-known hotels. As per the KII conducted with the (AWSAD AA) shelter staff as well as the TVET center management, it was learned that the trained survivors have been almost employed. Thus, these opportunities are available to those who are near such facilities.

For example, OPRIFS' vocational training in garment production is offered at Addis Ababa, which produces garments and can serve as a good example. If market linkages are established between OPRIFS and the various shelters under ENWS, their production capacity could increase significantly to meet growing demand for garments, including uniforms and other clothing. Additionally, the BBS training includes an employment readiness subject that prepares survivors to develop work discipline.

The AWSAD Kombolcha shelter is encouraging women in the catering business to be linked with training centers and conference participants. The successful catering and other business initiatives implemented by AWSAD Kombolcha survivors should be shared across ENWS to encourage replication of similar enterprises. In addition, these initiatives can help establish forward. Accordingly, under this component, the proposed economic model is expected to address the engagement of buyers, cooperatives, and local markets for women survivors, taking into account the product value chain.

5.2.5. PSYCHOLOGICAL IMPACT OF EARNING AND AUTONOMY

The psychological impact of the trauma survivors endured is evident in their endurance and resilience levels. Those who were interviewed or visited were highly committed to their businesses and families, and approached their businesses with confidence. This depends on many factors: the duration and type of counseling they received, the type of trauma they endured, the safe place for them to explore and heal their psychological wounds, the availability of BSS, and their hope to see others changed, though they have passed through the same experience of multiple violations. The FGD discussants stated their earnings played a pivotal role in restoring their confidence, dignity, and sense of agency. Each earning became a tangible affirmation of their healing, reinforcing their belief in their capacities and challenging their internalized trauma narratives of helplessness. In addition, the fact that they were able to exercise their autonomy through decision-making, choosing which skills to learn, and the continued psychological support they could get enhanced their sense of leadership, self-reliance, and the safety of having a place to get guidance, further accelerating psychological recovery. When survivors were entrusted with choices about their work, finances, and future, it validated their capacity to lead their own lives. Leadership roles, even within small cooperative groups or

185 Hope for Justice is an international non-governmental organization that works to end human trafficking and modern slavery and operates in Ethiopia with its main focus in the Addis Ababa area and surrounding regions,

community initiatives, cultivated self-esteem and a sense of purpose. Self-reliance, built through skill development and consistent employment, helped survivors reconstruct their identities beyond victimhood, anchoring them in resilience and forward momentum.

Their testimonies also confirm that counseling and rehabilitation were not separate from this economic journey but were deeply intertwined with it. Psychosocial support provided the emotional scaffolding necessary to process trauma, while economic empowerment offered the practical tools to rebuild. Together, they formed a feedback loop: counseling helped survivors envision a future worth striving for, and financial success reinforced therapeutic progress by proving that change was not only possible but already underway. This synergy between healing and empowerment created a holistic pathway to recovery, honoring both the emotional and material dimensions of surviving.

5.3.

SURVIVOR'S ENGAGEMENT IN SHELTER'S PROGRAM

This section includes survivors' engagement in decision-making, feedback giving, autonomy and voice, and monitoring of the shelter's activities. Resident feedback and participation across the organization's domain assess how shelters prioritize survivors' voices in shaping programs, routines, and decision-making. It reflects the extent to which residents are treated not only as recipients of care but also as active contributors to their healing environment. The SPSS analysis reveals identical median scores across all 12 shelters, indicating a shared structural approach, but not necessarily an equal depth in practice or emotional resonance. See Table 24.

TABLE 24: MEDIAN TEST SUMMARY RESIDENT FEEDBACK AND PARTICIPATION ACROSS SHELTERS

Independent-Samples

ROSS SHELTERS

Total N	12
Median	9.500
Test Statistic	12.000[a,b,c]
Degree of Freedom	11
Asymptotic Sig.(2-sided test)	.364

a. At least one cell has an expected value less than one.

b. More than 20% of the cells have expected values less than five.

c. Multiple comparisons are not performed because the overall test does not show significant differences across samples.

FIGURE 9: BOXPLOT OF RESIDENT FEEDBACK AND PARTICIPATION ACROSS SHELTERS

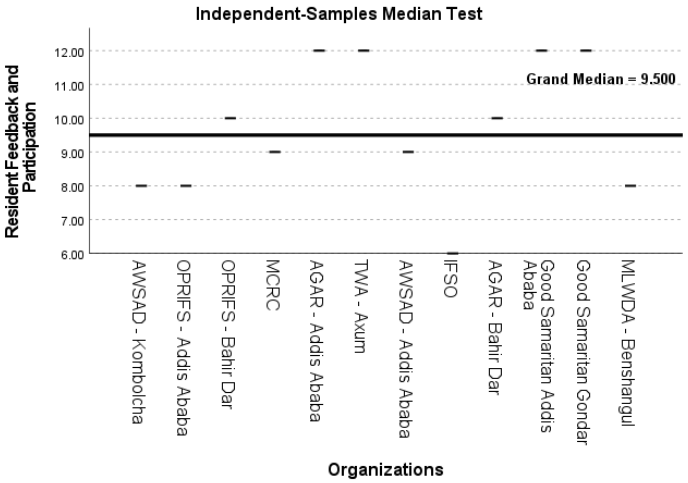


Figure 9 (Boxplot) shows that 6 (50%) of the shelters are slightly above the median score, with the remaining half below the median, indicating that the feedback mechanisms differ by half, though not statistically significant.

During the assessment, suggestion boxes were observed in all shelters and were consistently used to gather residents' perspectives. In addition, contact telephone numbers of responsible staff were posted on the shelter walls to ensure accessibility and communication. According to the Agar Addis Ababa coordinator, survivors actively use the suggestion box to raise questions or concerns. This mechanism enables the shelter to receive feedback anonymously, address issues promptly, and take necessary actions without causing discomfort or offense to the survivors.

TABLE 25: FREQUENCY SUMMARY - RESIDENT FEEDBACK AND PARTICIPATION ACROSS SHELTERS

Resident Feedback and Participation	Excellent	Very good	Good	Below standard or non-existent
Opportunities for resident input in program decisions	4 (33.3%)	5 (41.7%)	3 (25.0%)	
Regular feedback mechanisms (surveys, suggestion boxes, etc.)	6 (50%)	5 (41.7%)	1 (8.3%)	
Engagement in daily activities and decision-making	5 (41.7%)	4 (33.3%)	3 (25.0%)	

Table 25 shows the extent to which shelters promote resident engagement in decision-making, feedback processes, and daily activities. The findings indicate a generally positive trend toward participatory practices, although some shelters still have room for improvement.

Opportunities for resident input in program decisions are moderately intense. A combined 75% of shelters rated this area as excellent or very good, with 33.3% receiving the highest rating. However, 25% of shelters were rated only good, suggesting that while most shelters encourage resident involvement, some may offer limited avenues for meaningful participation in shaping programs and services.

Regular feedback mechanisms, such as surveys, suggestion boxes, and other tools, are widely implemented. Half of the shelters (50%) rated this area as excellent, and 41.7% as very good. Only one shelter (8.3%) rated it as good, indicating that nearly all shelters have systems in place to collect and respond to resident input. This reflects a strong culture of accountability and responsiveness.

Engagement in daily activities and decision-making is also well supported, with 75% of shelters rated as excellent or very good. However, 25% of shelters were rated only good, suggesting variability in the extent to which residents are involved in day-to-day operations and choices within the shelter environment.

Shelters generally foster resident participation through structured feedback channels and involvement in daily routines. To strengthen these efforts, shelters with lower ratings should consider expanding opportunities for resident input and enhancing mechanisms that promote shared decision-making and ownership of shelter life.

Survivor autonomy and voice across the organization's domain explores how shelters honor survivor agency, leadership, and economic self-determination. It assesses whether survivors are not only consulted, but actively shaping services, decisions, and IGAs. The SPSS analysis revealed identical median scores across all 12 organizations, suggesting a shared baseline of structural inclusion. See Table 26.

TABLE 26: MEDIAN TEST SUMMARY OF SURVIVOR AUTONOMY AND VOICE ACROSS SHELTERS

ACROSS SHELTERS

Total N	6
Median	3.400
Test Statistic	6.000[a,b,c]
Degree of Freedom	5
Asymptotic Sig. (2-sided test)	.306

a. At least one cell has an expected value less than one.

b. More than 20% of the cells have expected values less than five.

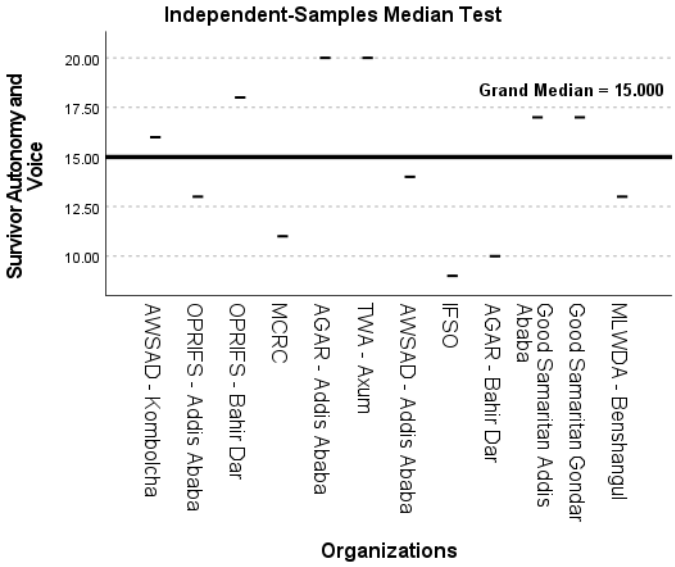
c. Multiple comparisons are not performed because the overall test does not show significant differences across samples.

The median scores show uniformity across all twelve shelters. This indicates a consistent presence of survivor-led structures, but may obscure differences in how survivors experience leadership,

trust, and economic agency. However, slight differences are observed in 50% of them, with the remaining 50% falling above or below the median, indicating similar approaches to incorporating survivors' voices and feedback mechanisms. See Figure 10.

FIGURE 10: BOXPLOT OF SURVIVOR AUTONOMY AND VOICE ACROSS SHELTERS

ROSS SHELTERS



The boxplot was complemented by a frequency table that further distinguishes shelters' responses with respect to survivors' autonomy and voice. See Table 27.

TABLE 27: FREQUENCY SUMMARY - SURVIVOR AUTONOMY AND VOICE

ND VOICE

Survivor Autonomy and Voice	Excellent	Very good	Good	Below standard or non-existent
Active survivor-led committees (e.g., meeting minutes)	6 (50%)	2 (16.7%)	3 (25.0%)	1 (8.3%)
Co-designed services (e.g., feedback tools)	5 (41.7%)	3 (25.0%)	4 (33.3%)	
Use of empowerment assessments	4 (33.3%)	1 (8.3%)	4 (33.3%)	3 (25.0%)
Survivor-led decision-making boards (Survivors participate in planning and monitoring of IGAs)	1 (8.3%)	1 (8.3%)	5 (41.7%)	5 (41.7%)
Economic confidence and empowerment feedback (Whether there is any tool to assess or measure survivor perception of financial readiness and empowerment captured)	5 (41.7%)	3 (25.0%)	3 (25.0%)	1 (8.3%)

This section assesses the extent to which shelters promote survivor leadership, participation in service design, and self-assessment of empowerment. The findings reveal a mixed picture, with

some promising practices in place but also significant gaps in institutionalizing survivor-led governance and feedback mechanisms.

Half of the shelters (50%) have established active survivor-led committees, such as those that maintain meeting minutes, while 16.7% are rated very good. However, 25% are rated only good, and 8.3% fall below standard, indicating that while survivor leadership structures exist in many shelters, their consistency and functionality vary. Co-designed services, where survivors contribute to shaping tools and processes, are present in 66.7% of shelters; 41.7% are rated excellent and 25% very good. Still, a third of shelters (33.3%) are rated only good, suggesting that more inclusive design practices could be adopted.

The use of empowerment assessments, which help gauge survivor progress and confidence, is less consistent. Only 33.3% of shelters rated this area as excellent, with an additional 8.3% rated very good. A third of shelters are rated good, and a quarter (25%) fall below standard. This indicates that while some shelters are tracking survivor empowerment, many lack structured tools or processes to do so effectively.

Survivor-led decision-making boards, in which survivors participate in planning and monitoring IGAs, are the weakest area in this category; only 8.3% of shelters rated this as excellent, and another 8.3% rated it very good. The majority (83.4%) are split between good (41.7%) and below-standard (41.7%), highlighting a significant gap in survivors' involvement in economic governance and program oversight.

On a more positive note, feedback mechanisms for economic confidence and empowerment are increasingly widely used. Approximately 66.7% of shelters rated this area as excellent or very good, suggesting that many are beginning to assess survivors' perceptions of their financial readiness and empowerment. However, 25% are rated good, and 8.3% are rated below standard, indicating that further refinement and standardization of these tools are needed.

The support of the community at large is the backbone for both trauma-affected individuals and survivors. Strengthening existing community dialogue forums to raise community awareness.186 It is essential that, through community-based institutions such as idir, survivors are sensitized or trained in TIC to assist them in their local communities and enhance their small businesses. Engaging communities promotes positive social norms. Changes in attitudes and behaviors toward survivors could serve as an instrument of social change. Social support through survival-led associations and community-based initiatives helps reduce isolation and build resilience.

OPRIFS BD works closely with mothers from sub-cities who initially volunteered their time and services. The organization has provided them with continuous training and materials to help them accommodate and support girls who have experienced physical or sexual abuse during weekends. In addition, these mothers have received paralegal training to strengthen their ability to provide appropriate assistance and referrals.

Similarly, AWSAD works directly with community leaders in two sub-cities of Addis Ababa. Its community-based activities are well accepted and recognized for their role in addressing and preventing sexual violence. Through this collaboration, community regulations have been developed; for example, households whose members are found to have committed sexual harassment can be expelled from their local idirs. Moreover, community dialogues are conducted quarterly to promote awareness, accountability, and collective action against sexual violence.

When survivors are given agency, such as choosing their vocational path, participating in shelter governance, or co-designing services, they begin to reclaim a sense of identity and value. Autonomy affirms that their voice matters, which counters the internalized shame and helplessness often rooted in trauma. This boost in self-worth translates into confidence in learning, entrepreneurship, and social reintegration.

Autonomy fosters decision-making and problem-solving skills, reducing reliance on staff or external aid. Survivors who participate in planning their IGAs or in managing aspects of shelter life demonstrate greater initiative and resilience. This shift from passive recipient to active agent is critical for long-term economic independence and emotional stability.

As survivors rebuild autonomy, they often re-enter family systems with renewed clarity and strength. They are better equipped to set boundaries, communicate effectively, and assume caregiving or leadership roles. This transformation helps restore disrupted family dynamics and promotes healthier intergenerational relationships.

Autonomous survivors frequently become peer mentors, committee leaders, or community advocates. Their lived experience and emotional growth position them to guide others through healing and vocational pathways. This peer leadership not only reinforces their own empowerment but also strengthens the shelter's ecosystem of trust and collaboration.

Autonomy is the psychological bridge between trauma recovery and vocational success. Survivors who feel in control of their choices are more likely to persist in training, adapt to market challenges, and innovate within their IGAs. They approach economic opportunities not with fear or compliance, but with ownership and vision.187

While some shelters have made commendable strides in promoting survivor voice and autonomy, particularly through co-designed services and empowerment feedback, there is a clear need to strengthen survivor-led governance structures and expand the use of empowerment assessments.

186 The experience of AWSAD in AA Addis Ketama sub-city is a model intervention.

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Doing so will ensure that survivors are not only recipients of services but also active agents in shaping their recovery and future.

Strengthening survival-led associations and sharing post-shelter survival mechanisms and experiences related to livelihoods are essential. Each shelter could view this as a critical activity to undertake before reintegration. Shelters establish and maintain these associations, and survivors of shelters benefit from services provided by voluntary agencies.

Working with viable trauma-informed TVET centers that have engaged in entrepreneurship development. As mentioned in the TVET, some TVET centers collaborate with shelters to prepare survivors for employment. Accordingly, survivors from AWSAD who received training in housekeeping and cleaning have been successfully employed in reputable hotels. These survivors are now earning a decent income and working in safe environments, supported through continuous follow-up and coaching. In addition, those trained in sewing have been employed in garment factories through Agar-facilitated partnerships.

This supports survivors in exploring paths to employment readiness while also encouraging them to pursue self-employment. Additionally, it facilitates qualified shelters in engaging in vocational training and in establishing social enterprises, and provides similar shelters with skill training in a safe environment. This develops workable mechanisms to enhance shelter self-financing capacity, thereby minimizing dependency and sustaining their activities.

5.3.1. MONITORING OF IGA SUSTAINABILITY

Monitoring of IGA sustainability and feedback across the organization's domain assesses how shelters monitor the long-term viability of IGAs and integrate survivor feedback into program refinement. It reflects whether shelters are not only launching IGAs but are also actively tracking their impact, emotional safety, and survivor satisfaction. SPSS analysis revealed identical median scores across all 12 shelters, suggesting a shared baseline of monitoring practices. See Table 28. However, this uniformity may mask differences in depth, survivor voice, and responsiveness.

TABLE 28: MEDIAN TEST SUMMARY OF MONITORING OF IGA SUSTAINABILITY AND FEEDBACK ACROSS SHELTERS

TERS

Total N	12
Median	12.000
Test Statistic	12.000[a,b,c]
Degree of Freedom	11
Asymptotic Sig.(2-sided test)	.364

a. At least one cell has an expected value less than one.

b. More than 20% of the cells have expected values less than five.

c. Multiple comparisons are not performed because the overall test does not show significant differences across samples.

FIGURE 11: BOXPLOT OF MONITORING OF IGA SUSTAINABILITY AND FEEDBACK ACROSS SHELTERS

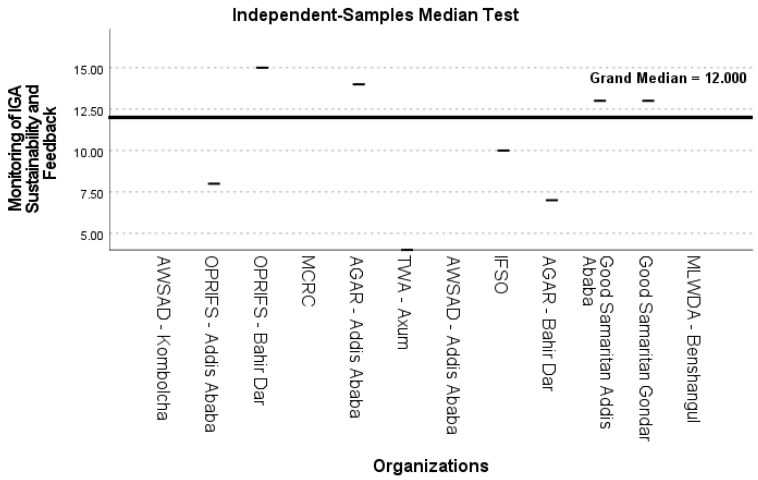

Figure 11 shows the boxplot distribution of IGA sustainability and feedback monitoring; 30% fall below the median, and 42% exceed the median. However, the variations are shown in greater detail in Table 29.

TABLE 29: MONITORING OF IGA SUSTAINABILITY AND FEEDBACK ACROSS SHELTERS

ROSS SHELTERS

Monitoring of IGA, sustainability and feedback	Excellent	Very good	Good	Below standard or non-existent
Shelter tracks survivor income, market engagement, and business continuity		7 (58.3%)	3 (25.0%)	2 (16.7%)
Emotional safety checklists in use	1 (8.3%)	8 (66.7%)	1 (8.3%)	2 (16.7%)
Survivor satisfaction forms reviewed	5 (41.7%)	3 (25.0%)	3 (25.0%)	1 (8.3%)
Staff supervision logs are available	3 (25.0%)	6 (50%)	2 (16.7%)	1 (8.3%)

Table 29 presents data on how shelters monitor the sustainability of IGAs and incorporate survivor feedback and staff oversight into their economic empowerment programs. The findings reveal moderate strengths in tracking and supervision, with notable gaps in mechanisms for emotional safety and survivor satisfaction.

Shelter tracking of survivor income, market engagement, and business continuity is moderately strong. While no shelters rated this area as excellent, 58.3% rated it very good and 25% rated it

good. However, 16.7% of shelters fall below standard, indicating that while most shelters monitor economic outcomes to some extent, there is room to improve the consistency and depth of these tracking systems.

Emotional safety checklists, used to ensure that survivors feel secure and supported during IGA activities, are in use in most shelters, though with limited effectiveness. Only one shelter (8.3%) rated this area as excellent, while 66.7% were rated very good. However, 25% of shelters were rated as good or below standard, suggesting that emotional safety protocols are not uniformly applied or may be insufficiently formalized in some settings.

Review of survivor satisfaction forms is another area with mixed performance. While 41.7% of shelters rated this practice as very good, only 25% rated it good, and another 25% rated it below standard. The absence of any shelters rated excellent suggests that while feedback is being collected, its review and integration into program improvement may be inconsistent or superficial.

Staff supervision logs, used to monitor staff performance and ensure accountability, are present in most shelters. A quarter (25%) of shelters rated this area as excellent, and half (50%) rated it as very good. However, 16.7% were rated as good and 8.3% as below standard, indicating that although supervision systems are generally in place, some shelters may lack thorough documentation or regular oversight.

In summary, shelters demonstrate moderate capacity to monitor IGA sustainability and to incorporate feedback mechanisms. To strengthen these efforts, shelters should enhance survivor income tracking, formalize emotional safety protocols, and ensure consistent review of satisfaction data. Improving staff supervision systems will also contribute to more accountable and responsive economic empowerment programming.

5.4. BARRIERS, GAPS, AND CHALLENGES

This section outlines the multifaceted challenges faced by survivors of gender-based violence, trafficking, and displacement, as well as the operational constraints encountered by shelters and support institutions.

5.4.1. SOCIAL STIGMA AND COMMUNITY EXCLUSION

Survivors frequently experience rejection and isolation from their communities. The findings indicate that:

• Community members often avoid survivors and refuse to engage with their businesses.

• Survivors who have given birth outside of marriage face heightened stigma and fear of rejection.

• Many choose not to return to their hometowns to avoid discrimination, as illustrated by a survivor from Kombolcha who, despite business success, remains estranged from her community.

5.4.2. SEXUAL ABUSE AND FAMILY DYNAMICS

Sexual abuse cases involving children often reveal complex family dynamics:

• Perpetrators are frequently close relatives and primary breadwinners, complicating family support.

• Families may be unable or unwilling to support survivors, sometimes even collaborating with abusers.

• Shelters like IFSO in Addis Ababa empower mothers through IGAs and support children's education via sponsorships.

• Survivors, such as one from Agar BD, face severe stigma for disclosing abuse, underscoring the need for trauma-sensitive reintegration strategies.

5.4.3. REINTEGRATION AND LIVELIHOOD BARRIERS

Despite vocational training and support, survivors face significant reintegration challenges:

• No clear or sustained transition from healing to learning to earning.

• Difficulty accessing working spaces, sheds, and affordable housing limits self-reliance.

• Inflation erodes the value of start-up capital, and weak linkages with microfinance institutions hinder financial access.

• Taxation policies discourage small business development, with limited exemptions available.

5.4.4. LEGAL AWARENESS AND JUSTICE SYSTEM LIMITATIONS

Legal support structures exist but are unevenly effective:

• Law enforcement collaboration with shelters is improving, but understanding of TIC remains limited.

• In areas without shelters, survivors may be held overnight in police stations, risking secondary victimization.

5.4.5. LACK OF LEGAL IDENTIFICATION

Survivors unable to reunite with families face documentation challenges:

• Difficulty obtaining ID cards and birth certificates for children restricts access to essential services.

• Lack of legal identification undermines credibility and community acceptance.

5.4.6. SHELTER FUNDING AND SUSTAINABILITY ISSUES

Shelters face chronic financial instability:

• Almost all rely entirely on donor funding, with no government budget allocation.

• Operational costs, especially rent, strain resources as most shelters operate in leased facilities.

• Several shelters are at risk of closure due to funding shortages. One in Addis was in the closing process after USAID funds were withdrawn.

5.4.7. ROOT CAUSES OF TRAUMA AND MIGRATION

Economic hardship is a key driver of trauma and displacement:

• Survivors migrated in search of livelihood opportunities, often exposing themselves to further traumatic life events.

• Poverty is the primary cause of migration from rural to urban areas or abroad.

• Conflict-related violence, instability, and insecurity increased vulnerability to GBV.

5.4.8. LAND AND INFRASTRUCTURE CONSTRAINTS

Shelters face significant infrastructure limitations:

• Operating in rented facilities consumes a large portion of budgets.

• Lack of access to permanent shelter space diverts resources from direct survivor support.

5.4.9. CHILDCARE LIMITATIONS

Survivors often lack support in raising children:

• Many are single parents without access to childcare services.

• This limits their ability to manage businesses and achieve economic independence.

5.4.10. TAXATION CHALLENGES

Tax policies present additional barriers:

• Survivors operating small businesses face financial burdens due to local taxation.

• While exemptions exist in some areas, inconsistent application discourages entrepreneurship.

5.5. ENABLERS AND SUCCESS FACTORS

This section highlights the key drivers that contribute to the success and sustainability of trauma-informed economic empowerment initiatives for women survivors of violence, trafficking, and displacement.

5.5.1. TRAUMA-RESPONSIVE SYSTEM, TRAINING AND CAPACITY BUILDING

Programs are essential to equip stakeholders with the knowledge and sensitivity required to support survivors:

• One-stop centers in hospitals (e.g., Ghandi, Tirunesh Bejineg) and universities (e.g., Gondar) collaborate with police, prosecutors, and health professionals to support survivors of violence.

• Legal advisors and police assist shelter-based survivors in confronting abusers and preparing legal documentation.

• Trauma-responsive training is provided to shelter staff, law enforcement, and school personnel.

• School-based mini media teams, trained by counselors, promote GBV awareness and empower students to support survivors.

• TVET center staff and other sector professionals receive trauma-informed training to enhance service delivery.

5.5.2. COMMUNITY-BASED SHELTER SERVICES AND LOCAL ENGAGEMENT

Community involvement strengthens survivor support and promotes reintegration:

• Organizations like OPRIFS Bahirdar work with volunteer mothers from sub-cities, offering weekend shelter services and para-legal training.

• AWSAD collaborates with community leaders in Addis Ababa to combat sexual violence through local idirs.

• Idir regulations now include expulsion clauses for households involved in sexual harassment, reinforcing community accountability.

• Awareness-raising activities are conducted in churches, marketplaces, and public gatherings.

• Quarterly community dialogues organized by AWSAD foster open discussions and collective action against GBV.

5.5.3. SURVIVOR-LED ASSOCIATIONS PLAY A VITAL ROLE IN FOSTERING HEALING AND EMPOWERMENT

• Safe houses like Agar have facilitated the formation of legally recognized survivor groups that offer peer support and therapeutic engagement.

• These groups voluntarily assist shelter residents during holidays and provide emotional support through shared lived experiences.

• Survivor-led initiatives employ professionals and offer volunteer services across multiple shelters.

• AWSAD's Semun group, composed of ex-service men, raises awareness during reintegration by sharing real-world experiences.

• A survivor with a disability has become a vocal advocate on social media, amplifying the voices of other survivors.

• Formal referral mechanisms such as the national "7200" hotline connect survivors to legal, psychosocial, and protection services, complementing peer-led efforts.

5.5.4. GOVERNMENT COLLABORATION AND INFRASTRUCTURE SUPPORT

Government partnerships enhance the sustainability and reach of shelter services:

• OPRIFS Addis Ababa's garment production initiative could evolve into a social enterprise, creating market linkages among shelters.

• Government-provided shelter spaces reduce operational costs and allow organizations to focus on holistic survivor care.

• AWSAD Addis Ababa has successfully secured shelter space, and efforts are underway to obtain similar support in Kombolcha.

5.5.5. INNOVATIVE AND SUSTAINABLE ECONOMIC MODELS

Shelters are adopting creative approaches to ensure long-term viability:

• The Mother and Child Rehabilitation Center (MCRC) plans to establish a sewing and embroidery training center as a social enterprise.

• Despite frequent relocations, MCRC's vocational training programs remain highly sought after.

• The shelter aims to transform into a vocational training center that serves other shelters while generating income to sustain its services.

5.5.6. COMMUNITY AND INSTITUTIONAL RESPONSIVENESS

Institutional support continues to evolve in response to survivor needs:

• Community leaders and institutions are increasingly sensitized to the challenges faced by trauma-affected women.

• Shelters work with humanitarian and development actors to address issues such as trafficking, displacement, and harassment.

• Advocacy efforts within shelters promote the rights of children, women, and girls.

5.5.7. LEGAL AWARENESS AND JUSTICE SYSTEM STRENGTHENING

Efforts to improve legal support structures are gaining momentum:

• One-stop centers coordinate with law enforcement and legal professionals to assist survivors.

• Collaboration between shelters and police is improving, though continued reinforcement is needed.

• Shelters have initiated trauma-informed training for justice sector actors to enhance survivor-centered approaches. to improve coordination and survivor protection.

5.6. SUMMARY OF FINDINGS AND DISCUSSIONS

The Findings and discussion from the study of twelve shelters, organized into the four requested categories, are summarized below:

TRAUMA-INFORMED SHELTER PRACTICES

The shelters demonstrated varying levels of TIC. Most had foundational elements such as safety, privacy, and access to counseling, with a uniform SPSS median score indicating baseline adequacy. However, the analysis revealed limited depth in the delivery of therapy. Few shelters specified modalities like CBT, EMDR, or expressive therapies, and survivor choice in accessing these services was not consistently documented. Emotional safety protocols, such as grounding techniques, trauma de-escalation, and designated healing spaces, were present in some shelters but not embedded across daily routines. The lack of differentiation between shelters with professional mental health staff and those relying on volunteers obscured quality variations. Survivor voices were notably weak, leaving gaps in understanding how trust, connection, and emotional breakthroughs are experienced. Overall, while trauma-informed principles were acknowledged, their integration into shelter culture and vocational programming remains uneven.

ECONOMIC EMPOWERMENT PATHWAYS

Shelters offered a range of vocational training and IGAs, with strong performance in reintegration preparation and linkages to health, legal, and social services. However, mentorship and private-sector partnerships were inconsistent, with only 25% of shelters rated excellent in these areas. Survivor autonomy was moderately supported through co-designed services and decision-making boards, though governance structures were weak. Empowerment assessments and feedback tools were used in some shelters to track financial readiness, but not universally. Monitoring of IGA sustainability, such as survivor income tracking and market engagement, was present but not of high quality. The findings confirmed that psychosocial healing is essential for vocational success, yet the connection between trauma recovery and economic empowerment was not consistently operationalized. Shelters that embedded emotional regulation into IGA coaching and used trauma-sensitive mentorship models showed stronger outcomes.

GAPS, BARRIERS, AND CHALLENGES

Key gaps included limited availability of non-consumable tools for vocational training, uneven distribution of consumables, and weak SOPs for economic empowerment. Emotional safety protocols and trauma-specific therapies were inconsistently applied, and staff training in trauma literacy varied widely. Survivor-led governance structures were underdeveloped, with many shelters lacking decision-making boards or systems to track empowerment. Monitoring of IGA outcomes was fragmented, and mechanisms for survivor satisfaction were not uniformly reviewed. The absence of survivor narratives and feedback limited the ability to assess alignment with trauma-informed principles. Additionally, shelters that relied heavily on volunteers faced challenges in providing consistent mental health care and vocational coaching.

ENABLERS AND SUCCESS FACTORS

Shelters that demonstrated strong trauma literacy, embedded psychosocial care into daily routines, and offered survivor choice in therapy modalities showed higher engagement and retention in vocational programs. The presence of professional mental health staff, structured empowerment assessments, and trauma-sensitive mentorship were key enablers of success. Survivor-led committees and co-designed services fostered autonomy and peer leadership, thereby improving self-worth and reducing dependency. Cultural sensitivity of staff workers, enhanced emotional safety, and trust-building. Shelters with integrated trauma-informed and economic empowerment models were more likely to support sustainable recovery and reintegration.

6. CASE STUDIES

6.1. Introduction Ten case studies are collected, featuring Zehara, Fikir, Mihret, Sufa, Azeb, Hareg, Leila, Alem, Hamda, and Sara, offering a deeply human lens into the lived realities of women navigating trauma, survival, and transformation. Each story reflects not only the structural and interpersonal

violence these women have endured, but also the strength and ingenuity they bring to rebuilding their lives. The ten names are randomly assigned to disguise respondents' identities and are not their real names.

Grounded in trauma-informed principles, these narratives highlight how economic empowerment, when designed with safety, choice, and cultural relevance, can become a catalyst for healing and agency. Women's voices guide us through complex intersections of gender, poverty, disability, violence, displacement, and resilience, reminding us that empowerment is not a one-size-fits-all solution, but a process shaped by trust, dignity, and survivor leadership. These case studies are presented as examples of survivors who have engaged in income-generating activities or small businesses after completing psychotherapy to recover from trauma. They demonstrate not only their status but also the process they underwent, supported by trauma-informed approaches. The intention is not to highlight only success, but to show the progress each survivor has made, the referral paths they have undergone, how far they have come, and how they feel about their journey. The case studies also reveal both the anticipated and existing gaps in support services. These reflections highlight areas for improvement and identify practical solutions that can be strengthened to sustainably address survivors' needs and interests.

6.2. Zehara – Journey from Early Marriage to Empowerment
I was a survivor of early marriage. I was married at 15 and had my first child at 16. My sister was married even younger, at just 12. After I escaped my marriage, I worked as a domestic worker in Bahir Dar and lived in a rented house. I did not receive counseling or training at that time, but I learned through difficult experiences and personal struggles. While working informally, my wish was to sell small goods on the street. When I became pregnant again, I did not know where to go or how to give birth safely, so Women's Affairs referred me to Agar. I entered the shelter with uncertainty, but it proved to be a turning point. I received basic business and life skills training and was given 20,000 Birr to start a small business. Agar continues to follow up with us, the survivors, and we return monthly to save money. I have already saved 10,000 Birr.

I brought my first daughter from the countryside; she is the child I had during my early marriage. She's now in school. My second child is three years old and attends daycare at Grace188, which has been an enormous help. I want to be trained in sewing and work professionally. When I first arrived, there were 57 of us at the shelter, and we worked together on embroidery. Today, my life has changed. I make six handmade cotton hats per day,189 Handicrafts are more profitable than running a shop, which earns very little. Many of us now live in better conditions. Our savings group at Agar is voluntary and informal; we can stop at any time. Three signatories under Agar's supervision manage the group account. My request is simple: I need an organized workspace and additional training in skills so I can grow my business and work with dignity.

CASE ANALYSIS: KEY INSIGHTS AND RECOMMENDATIONS

Zehara's life was a powerful reflection of resilience in the face of systemic and personal trauma. When analyzed through the lens of a trauma-informed economic empowerment model, her journey reveals both the strengths of survivor-centered support and the structural gaps that still require attention.

Zehara's story highlights resilience, transformation, and the impact of survivor-centered support. Survivors like Zehara often endure long periods of instability before reaching shelter. Therefore, community-based identification and referral created through the women's affairs office could help.

Zehara's hat-making is viable, but she needs access to markets, branding, and formal recognition. The shelter provided clear support pathways: BBS training, regular follow-up, and monthly savings visits. However, her business is constrained by infrastructure, market access, and limited access to microfinance to grow. The economic empowerment model needs to expand on how to formalize informal work for sustainable results. Her request for an organized workspace and additional training is a call for dignity and sustainability, implying that investing in survivor-led spaces is essential.

A trauma-informed approach incorporates intergenerational healing, as Zehara's daughter's education and daycare access are critical for continued psychosocial support for both mother and child.

Early marriage and abandonment are deeply rooted in cultural norms. Zehara's story underscores the need for broader societal change and community education.

6.3. MIHRET – LIFE "FROM SILENCE TO STRENGTH"

I was raped while working as a domestic worker. I did not know where to turn, but after the assault, I was guided toward support services through the community hospital. I gave birth and entered the shelter, frightened, exhausted, and unsure of what lay ahead.

At the shelter, I received medical care and nutritional support and was informed of the services available, subject to the organization's capacity. Fifteen days later, I began counseling. I used to cry constantly, believing this had only happened to me. However, the staff reminded me: "Tomorrow is another day." That message stayed with me.

I began to heal through the process of counseling. I also learned new skills, primarily through the "Crochet" sessions. Given my age and circumstances, they asked what I wanted to pursue. I chose sewing and received training in life skills. Mothers like me were not trained outside the shelter, so we helped each other find ways to learn while caring for our children.

After completing my training, they asked how we could move forward together. They listened to our ideas and helped us plan. I was given a sewing machine and now earn 5,000 birr monthly by contracting my machine, while also being employed. My child attends daycare at Grace,190 which has made an enormous difference.

It is not easy, but I am managing. I saved 1,500 birr and an additional 500 birr, for a total of 2,000 birr. I pay rent and cover my household needs. Even when I earn more, it is never quite enough, so I have learned to limit unnecessary expenses. I used to be afraid to leave the shelter, but now I rent a place for 800 birr a month and budget carefully. The life skills training helped me communicate more effectively, manage my finances more efficiently, and plan.

I come from another city. I used to see my child as a curse, but now I see her as a blessing due to continuous counselling and guidance. I have learned to trust myself, even if I do not trust others easily. I am confident now. The staff understands our emotions deeply. Their counseling was more potent than any training. Their advice helped me understand how to start a business and take control of my life.

Time does not wait; it moves forward. So, do I. I also make handicrafts during the night to cover my daily expenses, such as oil and bread. I am building a life with dignity, one stitch at a time.

188 Grace, a local day care center partnering with Agar, provides daycare services for survivors' children 189 One hat is sold more than 100 birr.
190 As aforementioned Grace CSO/private sector that partners with Agar to provide daycare services

CASE ANALYSIS: KEY INSIGHTS AND RECOMMENDATIONS

Mihret's life story is a powerful narrative of trauma, resilience, and transformation, and a powerful illustration of how trauma-informed women's economic empowerment can restore dignity, agency, and hope. Through the five core pillars of the trauma-informed economic empowerment model, with emphasis on survivor voice, healing, and structural change.

Mihret entered the shelter in a state of acute vulnerability, physically exhausted, emotionally overwhelmed, and socially isolated. The shelter's immediate response (medical care, nutrition, and orientation to services) created a foundation of safety.

Since she came directly to the shelter referred by the hospital, after giving birth to her baby, she was given time to physically adjust to her baby. Mihret was given time to settle before engaging in deeper emotional work; counselling began after 15 days. Her grief, isolation, and shame were met with empathy and normalization. This demonstrates the program's embedded, culturally resonant psychosocial support and group healing spaces that honor survivors' emotional timelines. Rather than prescribing a path, staff asked Mihret what she wanted to pursue. She chose sewing, a livelihood that aligned with her reality as a newly delivered mother balancing caregiving responsibility. This illustrates the importance of designing economic programs that respond to survivor circumstances, including motherhood, trauma histories, and individual skill preferences. Economic empowerment was not just income; it was an identity reconstruction. Mihret transitioned from fear to confidence, from viewing her child as a curse to seeing her as a blessing, which explains how trauma-informed pathways bring dignity and relational healing. Pairing livelihood tools with life skills and BBS, along with financial coaching, and emotional scaffolding to ensure empowerment is sustainable and healing-centered. Shelter-based vocational training are essential components for some who cannot and are not ready to link with TVET and others.

6.4. FIKIR – A JOURNEY OF SURVIVAL AND STRENGTH

I was married, but left my husband in Raya. Later, I had a boyfriend, but the war separated us. When I realized I was pregnant, I came to Bahir Dar in search of work and safety. I found a job in baking injera, 300 pieces a day. I worked for one month and two weeks, but the pregnancy made it difficult. I pushed myself to bake 150 injera daily, but eventually, I was unable to continue.

I had no place to stay, so the people where I work gave me a space in a toilet. It was unbearable. I became sick and was taken to the hospital. That is when I shared my situation, and they referred me to the shelter.

I was desperate for a safe place. Upon arrival, I received counseling. I was not honest about my background; I told them I was displaced and raped. Still, they treated me with dignity and began medical follow-up at Felege Hiwot Hospital.

I gave birth, but my child was frequently ill. The shelter staff asked me what I wanted to do. They were genuinely concerned. I received a one-month training course and was then employed. When I left the shelter, they gave me some stock to start my work and 10,000 Birr in support.

Additionally, I work on crochets. My child stays with me, but it is hard to work while caring for her. I brought my sister from the rural area to support me. My daughter is now three years old. She has sinus issues, but her condition has improved.

I have learned that any work is possible with confidence, and confidence is everything. Life skills training and counseling taught me how to communicate and advocate for myself.

Machines empower us. They help us become self-reliant. Garment work requires capital, so gradual strengthening is key. We cannot get everything at once; our needs are endless. Previously, I needed money to pay my rent. My aspirations are growing, and I have also started saving voluntarily at Agar. However, growth must happen in the right way, step by step.

CASE ANALYSIS: KEY INSIGHTS AND RECOMMENDATIONS

Fikir's journey reflects the emotional, physical, and structural challenges many women face, and how dignity, choice, and gradual support can catalyze healing. Analyzing her experience through the five pillars of the trauma-informed women's economic empowerment model:

Fikir's vulnerability was addressed by restoring safety through medical care, shelter, and a nonjudgmental intake process, even when she withheld parts of her story. Healing began with acceptance, not interrogation, pacing the survivor's autonomy, and building trust. Fiker, in addition to the garment work, engages in Crochet work. Empowerment is not just economic; it is relational and strategic. The programs centered the survivor voice in planning and implementation. In addition, Fikir's transition from injera baking to garment work, supported by training and start-up capital, reflects a shift from survival to self-reliance. This experience shows that coupling livelihood counseling with confidence-building and life-skills training, including communication skills, while following a realistic pace, fosters sustainable empowerment.

6.5. SUFA – FROM VULNERABILITY TO VISION

I was a sixth-grade student when I was forced into early marriage. I left Wuchale with my four-month-old baby and came to Kombolcha. My family does not know where I am, and I have no relatives here. I rented a small house and began working as a domestic worker, but the conditions were difficult and unsafe.

To survive, I started baking injera and delivering it to local shops. One night, while making a delivery in the dark, I was raped by strangers. I did not know who they were. I was devastated and crying when the Women's Affairs office found me and referred me to AWSAD.

At AWSAD, I received medical care, and I was in good physical condition. They asked me what I wanted to do next.

Due to my work experience, I told them I wanted to continue baking injera. They supported me by purchasing materials and household goods and helped me start my own business.

Now, I have contracts with four teashops. I have rented a better house, and my neighbors are kind; they support me by caring for my child when I go out to deliver injera. I have also received training in handicrafts, which gives me another source of income.

I am deeply grateful. My daughter is now 2.5 years old. I have saved money for four months, and my capital is growing. When I feel stressed, I return to AWSAD for counseling and advice. Their support has helped me build confidence and emotional stability.

Since I studied only up to sixth grade, the BBS and financial training helped me learn to keep records and manage my business. AWSAD staff visit me monthly to follow up on my income-generating activities. My daughter is calm and doing well, and I am proud of how far we have come.

With God's will, I hope to expand my business by increasing the number of baking pans (mitad) I use and eventually hiring an assistant. I also have a dream of supporting other women who have experienced abuse, just as I was supported. Confidence, counseling, and practical skills have changed my life. At AWSAD, we have a weekly gathering to release emotions and share our progress. I believe these opportunities can change others' lives too.

CASE ANALYSIS: KEY INSIGHTS AND RECOMMENDATIONS

The story of Sufa, as reported by government women's affairs staff, demonstrates commendable awareness of the community and a referral to a safe place for service provision. AWSAD demonstrates sensitivity that fosters emotional safety, extending beyond physical care through trust-building, nonjudgmental listening, and peer support. AWSAD communicated expectations, timelines, or resources to build trust.

Sufa's story reflects gendered vulnerabilities (early marriage, sexual violence), and her response challenges those norms. After getting the necessary support, she was asked what she wanted to do next. This shows respect for her autonomy and transparent decision-making. AWSAD's follow-up visits show a growing support network. AWSAD's role was facilitative, and not directive. This is a good example of survivor-led empowerment, a story that beautifully transitions from trauma to purpose. Sufa's story lends itself beautifully to a timeline: early marriage migration violence shelter healing business growth aspiration. Her dream to support other women could be a call for investment in survivor-led models, positioning her not just as a beneficiary but as a future changemaker.

6.6. AZEB – FROM REJECTION TO RENEWAL

I was raped in my hometown, Geregera. After that, I fled to Addis Ababa and found work in Kotebe as a domestic worker. My employer discovered I was pregnant and offered me a job in her shop. But when my delivery time arrived, she expelled me. I had nowhere to go. I took a public bus to Kombolcha and was dropped off alone, pregnant, and on the street.

That is when I was referred to AWSAD by the women's affairs bureau. This organization became like a father and mother to me. I gave birth safely here.

"AWSAD BECAME LIKE A FATHER AND MOTHER TO ME. THEY REMIND ME THAT I AM WORTHY OF RESPECT AND A FUTURE."

I had never been to school, but at AWSAD I learned to sew, make handicrafts, and even read and write. I can now calculate my expenses and maintain financial records thanks to the financial literacy training. Based on my experience working in a shop in Addis Ababa, I decided to open my own. With AWSAD's startup capital of 40,000 birr, regular follow-up from IGA staff, and support from the government tax office, I was able to avoid the stress that could have retraumatized me and instead build my business with confidence.

Whenever I am worried or when my child is sick, I return to AWSAD for counseling and guidance. I have saved 10,000 Birr so far, excluding my business capital. I plan to expand my shop and sell coffee alongside my current products.

When the tax office visits, I tell them AWSAD supports me. Their logo is displayed in my shop, which provides me with protection and recognition.

My family knows who raped me; it was a soldier. However, instead of supporting me, they laughed. Even my mother called me "rude" (balege). Everyone mocked me. But I admire my former employer in Addis; she taught me how to run a shop and gave me a startup idea.

When I arrived at AWSAD, I was greeted warmly. In my hometown, no one ever greeted me. I have now been away from home for nine months, and no one knows my whereabouts.

I have learned how to calculate expenses and keep records. When I need emotional or practical support, I come here. They counsel me, guide me, and remind me that I am worthy of respect and a future.

CASE ANALYSIS: KEY INSIGHTS AND RECOMMENDATIONS

Azeb's story shows how trauma-informed economic empowerment can restore dignity, agency, and hope. AWSAD provided immediate physical safety during childbirth and continues to offer emotional refuge.

Her ability to reframe her experience, her appreciation for her former employer, and her continued visits to AWSAD shelters to join ex-survivor gatherings demonstrate that relational healing is underway. Finding self-worth despite rejection is a profound marker of recovery. For Azeb and many survivors with similar experiences, the rejection they face is rooted in deeply entrenched cultural norms. This demonstrates the need for trauma-informed community awareness to challenge harmful beliefs and prevent further stigmatization.

Azeb was supported in choosing her business path, and AWSAD's logo provides public recognition and protection, along with tax exemption, which is an exemplary way to build

a strong stakeholder task force that can be replicated in other shelters. This is a good example of rights-based support, which turns individual recovery into a lasting, collective support system.

She chose her business model based on lived experience and is managing finances, planning expansion, and navigating tax systems, which is enhancing her confidence. Azeb is a co-creator of her future, not just a recipient of aid. Her story shows strategic thinking and entrepreneurial vision.

6.7. HAREG – FROM WAR TRAUMA TO ENTREPRENEURIAL POWER

During the conflict, I was married to a soldier who had previously served under the Derg regime. We had a child together. One day, the opposing military force ordered me to bring my son, who was still in school. I sent him to my mother, who lives in a rural area. They beat me, broke my teeth, and raped me. They had heard about my husband from neighbors. At the time, I was working in tea and coffee service.

Eventually, I arrived at AWSAD and stayed for ten days, and got counselling service as an outpatient receiving weekly counseling. This is due to the shelters' capacity to assist CRSV survivors. They supported me emotionally and helped me reconnect with myself. Their care gave

me the strength to rebuild. It was like an outpatient. I did not live in the shelter, but would come to get the counseling support to stabilize myself and continue with my life without the stigma of rape.

Drawing on my previous experience, I returned to the tea and coffee selling business. Now, I run a catering business. I have hired an assistant to deliver food, purchase supplies, and manage multiple income streams. I also sell grain, wood, and charcoal in addition to my catering work.

I paid 20,000 Birr for my son to get a driving license so he can support me. I have saved 70,000 Birr so far. The shelter taught me how to do business record-keeping, and the government has supported me by issuing a TIN for my business. When officials ask, I proudly say AWSAD supports me.

I am receiving medical treatment and feeling well. I now advise other women, which shows that I am on the path to healing. I have made many sacrifices to protect my son. I currently employ three workers and plan to expand my team. I already serve fast food like shiro fises, and even when I am out delivering, my assistants keep the business running. In addition to the medical, physical, and emotional support that helped me recover from my life's tragedy, AWSAD connected me with organizations that host meetings and conferences for catering services, which have helped me gain recognition and expand my business.

CASE ANALYSIS: KEY INSIGHTS AND RECOMMENDATIONS

Hareg's story is a testament to resilience in the face of political violence, gendered trauma, and economic exclusion. AWSAD's immediate emotional and psychological safety and ongoing counseling through outpatient modality signaled sustained care. This helped her maintain autonomy while receiving care, showing flexibility in trauma-informed design.

She proudly links her business to financial literacy, which reinforces transparency and survivor agency through AWSAD, thereby signaling trust and public validation. Hareg advises women who flee conflict and face it again whenever she has the chance, which is a powerful indicator of her peer leadership and relational healing.

Hareg manages multiple income streams, employs others, and invests in her son's future, which are clear signs of economic empowerment. Thus, AWSAD's support in establishing market linkage in the catering business is enhancing her entrepreneurial skills. She is a survivor-entrepreneur and community contributor, not just a recipient of support. Her emotional recovery, business success, and mentorship of others show profound healing. Her sacrifices for her son and her pride in her work reflect a restored sense of dignity and purpose.

Hareg's journey demonstrates how trauma-informed support can help survivors become employers, mentors, and changemakers.

6.8. LEILA – RISING AFTER THE FALL

What I have learned from my life is this: human beings can rise after falling. For a long time, I thought pain and violence were my lot.

My husband was serving in the military, and we had three children. As the conflict continued, my mother urged me to leave the area for safety. She wanted to take the children and me, but at the time, I refused, hoping to keep our family together. My mother left with the children for a safer place.

Soon after, my husband was attacked, and I still do not know what happened to him or where he is. Armed men broke into my home, found my husband's military uniform, assaulted me, and during that incident, I was sexually violated by two attackers.

A friend took me to WCSA, who referred me to AWSAD. That is where I began to heal. I learned that tomorrow is another day, and that being a woman should never be a reason for violence.

I used to own a shop, but it was destroyed, and they even robbed my money. Five days after arriving, AWSAD asked about my experience running a shop. They searched for a way to help me get started again. Staff came to my house in disguise to avoid stigma, ensure safety, and assess the situation. Thus, based on my previous experience, they supported me in preparing and organizing a new shop.

I brought my children to live with me. I now bake 30 pieces of injera per day and earn 700 Birr. When customers ask for items I do not have, I say, "It just finished," and quickly restock. I am saving 100 Birr per day to purchase a refrigerator to store and sell water. I haven't joined a bank or taken out a loan yet, but I am building slowly and with care.

I feel like I have been born again. AWSAD staff visit me regularly. I live with my children, and I am deeply grateful. I continue to bake injera, and I am not shy about taking on any

kind of work. Someday, you'll see my shop grow. I plan to become a distributor.

"I FEEL LIKE I HAVE BEEN BORN AGAIN."

Customers have begun requesting ye jebena buna, and I am preparing to offer it. The organization continues to follow up with us monthly. Their support reminds me: I am capable, I am rebuilding, and I am not alone.

CASE ANALYSIS: KEY INSIGHTS AND RECOMMENDATIONS

Leila's life story depicts war-related trauma, maternal sacrifice, and economic rebirth. It is a powerful example of how trauma-informed economic empowerment can restore dignity, agency, and hope.

AWSAD provided immediate emotional refuge and physical safety after the assault. The monthly follow-ups and disguised home visits show a commitment to protecting her privacy and well-being, trauma-informed sensitivity to stigma and community dynamics.

In addition, AWSAD assessed her previous business experience and co-designed a recovery plan within five days, demonstrating rapid and respectful responsiveness. Her ability to save and plan renewed confidence in herself and in supportive systems. This asset-based approach, which builds on survivors' existing strengths and capacities, plays a critical role in helping individuals recover from sudden and life-altering crises.

AWSAD's support was responsive to her cultural and historical context, e.g., navigating war trauma, stigma, and local business norms. "She rebuilt her business, her family, and her sense of self, one injera at a time."

6.9. ALEM – REBUILDING AMIDST REJECTION

I was sexually abused and became pregnant. I gave birth to my child at the shelter. Afterward, I received training and was employed, but I was unable to continue working due to limited access to childcare. I left the job without receiving my salary.

Although I remained in the shelter for two years, rejoining the community has been painful. People judge me harshly. Though I was not emotionally ready, my case was closed. I left the safe house thinking of others who might need it more than me.

Now, I have rented a small space where I sell coffee and tea. I live with an elderly woman who lets me stay freely. But raising a child alone is extremely difficult. Outside of AWSAD, no one seems to care.

My daughter is 11 years old. The nature of my coffee business exposes her to the public, and people insult me with cruel words about her. They do not understand my situation. Society treats me as if I accepted what happened to me and as if I deserved it. I am experiencing a difficult time.

I worry constantly about my daughter's future. She's internalizing the pain. She has developed negative feelings toward men, even her male teachers. This breaks my heart.

Still, AWSAD is like family to me. Their advice gives me strength. Whenever something happens, I return to the shelter for counseling and support. It's the only place where I feel seen.

CASE ANALYSIS: KEY INSIGHTS AND RECOMMENDATIONS

AWSAD provided shelter during pregnancy and continues to offer counseling and emotional support. However, some gaps were observed in her account: her emotional readiness was not prioritized at the time of her case closure. Her child is exposed to public harassment due to the nature of her work. Lack of childcare made it impossible to retain employment. Alem trusts AWSAD and her returns for continued emotional support, suggesting a foundation for relational safety. Alem's experience underscores the need for clearer exit-planning and survivor-led timelines in shelter programming. Alem is isolated in her community and faces intense stigma. Her daughter is internalizing trauma without peer or psychosocial support and is exposed to verbal abuse. Alem's case highlights the importance of survivor networks, community sensitization, and child-focused trauma support, and calls for protecting children of survivors from stigma and secondary trauma. Alem established a culturally appropriate business despite limited resources, and she continues to seek assistance and advocate for herself and her daughter. A gap is evident: there is no formal reintegration plan or economic follow-up after exiting the shelter. Lack of childcare and financial literacy support undermined her employment. Alem's healing is hindered by societal rejection and lack of structural support. Her daughter's emotional response shows intergenerational trauma, which underscores the need for gender-transformative programming and community healing approaches.

"A mother rebuilding amidst rejection, her strength is undeniable, but systems must rise to meet her concern."

6.10. HAMDA – STRENGTH IN EVERY STEP

I have two children, and I am deeply grateful to AWSAD, not just for their support, but also for taking the time to speak with us and truly listen.

I entered the shelter in 2013 with a broken leg. I could only walk with the aid of a supportive stick. Because of my disability, I chose kacha work, a hand-based mat-making. It was the only option available to me. I completed my training and began working. AWSAD supported my living costs, which helped me pay rent.

Unfortunately, I had to leave my job without receiving my salary. Starting a tea shop was something I dreamed of, but my physical limitations made it impossible. I also hoped to open a small restaurant with 30,000 Birr in start-up capital, but the process is complex. I need to be formally organized and have an ID card.

Today, I work as a trainer at AWSAD, and I am doing well. I used to feel deep sorrow about my leg, but being trained in something I chose for myself has been empowering. My home is far away, but I am earning enough to cover my medical expenses and rent. My older child is 7 years and 6

months old, and my younger one is 2 years and 6 months old. I also have someone who cares for me.

If conditions improve, I hope to become self-employed and live closer to my children. My case was very serious; at one point, I avoided eating to avoid going to the toilet. The counseling I received was life-changing. I cried often, but my counselor used powerful symbols; she spoke of mountains and fields to help me see beyond my pain.

I am strong. However, adjusting to life outside the shelter remains a challenge. Having the opportunity to "reach the field," as the Counselor said, is everything. One day, I hope to open my own shop. The revenue potential is promising.

I am in good condition now. I have adapted to living in Yeka Abado; it is more culturally familiar to me. Still, my heart is set on becoming self-employed.

CASE ANALYSIS: KEY INSIGHTS AND RECOMMENDATIONS

Hamda's story is a profound illustration of resilience shaped by disability, trauma, and economic aspiration. Her journey offers rich insights into how trauma-informed women's economic empowerment must adapt to physical, emotional, and systemic realities.

Her physical disability limited her economic options, and her house is distant from her children, which affects her emotional well-being and caregiving. Safety must be holistic, covering mobility, proximity to children, and protection from exploitation. Her case calls for disability-inclusive economic planning. Hamda expresses deep gratitude to AWSAD for its consistent presence and respectful listening. Her role as a trainer suggests a relationship built on mutual trust and recognition. Her role as a trainer also positions her as a peer mentor, offering lived experience to others. She mentions having someone who cares for her, suggesting a relational healing approach. Hamda chose kacha work based on her physical capacity; this is a clear example of survivor-led decision-making. Her current employment and future aspirations show strong agency and economic vision.

"Strength in every step, Hamda turned pain into purpose, and now trains others to do the same."

Her disability and trauma history intersect with gendered expectations, limiting her mobility and economic options. Trauma-informed models must be intersectional, responsive to gender, disability, and cultural context simultaneously. Although Hamda "reached the field," a powerful symbol of hope and transformation, adjusting to life outside the shelter remains difficult, and her dream of self-employment remains unmet. Bureaucratic hurdles (e.g., ID card requirements, formal organizational constraints) impede her entrepreneurial goals. This implies advocating for disability-inclusive entrepreneurship programs, pushing for labor protections and enforcement mechanisms for survivors, and supporting simplified business registration and ID access for marginalized women.

6.11. SARA – A RETURNEE'S JOURNEY OF RESILIENCE AND REBUILDING

I returned to Ethiopia from Sudan in 2015. Life in Sudan had been stable. I had a good life there. However, coming back was a shock. Everything was different. My children struggled to adjust, especially with the language and the unfamiliar environment. It was painful to watch them feel displaced in their own country.

Thankfully, I was referred to Good Samaritan by the government and received psychosocial support and startup capital through a survivor support program. The training helped us learn to regulate our emotions and begin rebuilding our lives. The counselors from the shelter were supportive, and I am grateful to Allah for that.

Today, I am working hard to rebuild. My capital is tied up in materials and has reached 200,000 Birr. I was unable to get a loan, but I started my business with the support of Good Samaritan. If I had more financial resources, I could expand further.

Taxation has been a major challenge; my tax obligation is 35,000 Birr, which is difficult to manage. I also face two key barriers: a lack of working space and limited capital. Good Samaritan is following up with us; however, a proper workspace is critical.

I am raising three children and doing my best to educate them. Despite the challenges, I am moving forward. I am grateful for the support I have received, and I remain hopeful that, with the right conditions, I can grow my business and continue to support my family.

CASE ANALYSIS: KEY INSIGHTS AND RECOMMENDATIONS

Sara's story is a compelling example of post-return reintegration, layered with trauma, economic ambition, and maternal responsibility. Her journey reflects both the promise and the limitations of trauma-sensitive women's economic empowerment in contexts of displacement and return.

Sara received psychosocial support and training in the Gonder Good Samaritan shelter, which helped her stabilize emotionally after the shock of her return. In the Good Samaritan, counselling is provided for five days in a shelter, in groups, but stressed individuals receive individual counselling. She has secured cash startup capital and is actively rebuilding her life.

The emotional toll of watching her children struggle with reintegration suggests ongoing psychological vulnerability. In addition, lack of workspace and financial strain (e.g., taxation) threaten her financial safety. This implies that safety must extend beyond immediate shelter; it includes emotional stability for returnee families and economic infrastructure that protects survivors from collapse. The inability to access loans and the burden of taxation suggest systemic capacity and exclusion from formal financial systems. Trauma-sensitive models must advocate for transparent, accessible financial systems for returnees, particularly for women-led households. Sara is actively rebuilding her business and raising her children, a clear sign of her agency and determination. The fact that her capital grew to 200,000 Birr demonstrates entrepreneurial skill

despite her limited access to loans and workspace, which restricts her ability to scale her business. Structural barriers, not personal capacity, constrain her empowerment. Her ability to adapt and rebuild after displacement is a testament to her resilience. Healing is not just emotional; it is economic. Sustainable recovery requires structural support for survivor-led businesses.

From displacement to determination—Sara is rebuilding her life, one brick at a time."

6.12. CONCLUSION

The lived experiences of Zehara, Fikir, Mihret, Sufa, Azeb, Hareg, Leila, Alem, Hamda, and Sara reveal the urgent need for trauma-informed economic empowerment models that prioritize safety, agency, and cultural relevance. Their journeys demonstrate that healing and livelihood are deeply intertwined and that when survivors are supported with dignity and choice, they become architects of their own futures.

These case studies are not merely accounts of hardship; they are testimonies of resistance, adaptation, and hope. They challenge us to listen differently, design differently, and invest in models that honor both the scars and the strengths of those most impacted. The stories also illuminate not only the enduring impact of trauma but also the profound resilience and agency that emerge when women are met with compassion, choice, and opportunity. Shelters play an instrumental role in these women's experiences, underscoring that economic empowerment, when rooted in trauma-informed principles, becomes more than an escape from life; it becomes a pathway to healing, livelihood, dignity, and restored self-worth.

Across diverse contexts and challenges, these women have shown that survivor-led approaches are not just ethical but also practical. Their voices call on us to reimagine systems that prioritize safety, trust, and cultural relevance, and to invest in models that value lived experience as expertise. In their courage, we find a blueprint for change. Their lives demonstrate a need for structural and programmatic changes in childcare, legal reform, market linkages, trauma-informed training for TVET, for the private sector, etc., to achieve sustained results.

These cases also offer compelling evidence for investing in survivor-led, contextually grounded approaches with multiple entry points into trauma and recovery that move beyond economic inclusion toward humanity restoration and systemic change.

7. MONITORING AND EVALUATION OF TRAUMA-INFORMED WOMEN'S ECONOMIC EMPOWERMENT SERVICES

7.1. Monitoring and Evaluation Plan Trauma-informed approaches in the context of monitoring and evaluation activities lead with compassion and recognize the significant impact of trauma on individuals and communities. Facilitators using a trauma-informed approach aim to develop or restore a sense of safety, self-efficacy, connection, care, and empowerment with affected individuals. This care includes creating a physically and emotionally safe, comfortable space for participants, validating their feelings, helping them connect with others, and providing information on community services. Trauma-informed women's economic empowerment framework integrates core trauma-informed principles with practical components of economic empowerment, tailored for survivors of VAWG and CRSV. It is designed to honor survivor agency, cultural context, and healing while navigating the constraints and opportunities within shelters. To operationalize the Framework, measurement methods, do-not-harm safeguards, and the disaggregation dimension were included.

TABLE 30: TRAUMA-INFORMED ECONOMIC EMPOWERMENT MONITORING AND EVALUATION FRAMEWORK FOR SURVIVORS OF VAWG & CRSV IN SHELTERS

Domain	Empowerment Component	Trauma-Informed Practice	Shelter-Specific Adaptation	Indicators of Impact	Measurement Methods	Do-No-Harm Safeguards	Disaggregation Dimensions
1. Safety & Stabilization	Basic needs met before economic activities	Prioritize physical, emotional, and psychological safety, do no harm	Secure shelter, confidential intake, trauma screening	Survivors feel safe; reduced crisis responses	Case files, incident logs (monthly); safety perception scale (quarterly)	Avoid public exposure; protect CRSV identities	Age, region, disability, survivor type, urban/rural
2. Emotional Readiness	Psychosocial support integrated with livelihood planning	Use trauma-informed assessments to gauge readiness, do no harm	On-site counselors, phased entry into programs	Increased participation; improved emotional regulation	Readiness scale (quarterly); counselor logs (monthly)	No forced entry into IGAs; ongoing support	Age, survivor type, disability
3. Survivor Agency	Choice in livelihood pathways	Co-design options with survivors; avoid coercion, do no harm	Flexible modules (e.g., tailoring, cooking, digital skills	Survivors report feeling in control of decisions	Feedback forms (quarterly); module logs (monthly)	Avoid coercion; respect survivor preferences	Age, region, survivor type
4. Cultural Relevance	Locally grounded income-generating activities	Respect cultural norms, gender roles, and survivor identities, do no harm	Activities like injera baking, weaving, hairdressing, storytelling	High engagement; culturally resonant outputs	Participation logs (monthly); qualitative feedback (quarterly)	Avoid culturally inappropriate IGAs	Region, language, urban/rural
5. Peer Support & Solidarity	Survivor-led groups, cooperatives	Facilitate healing through shared experience and mutual aid, do no harm	Peer mentoring, survivor circles, cooperative enterprises	Reduced isolation; increased trust and collaboration	Attendance logs (monthly); trust scale (quarterly)	Voluntary participation; monitor group dynamics	Survivor type, disability, age

Domain	Empowerment Component	Trauma-Informed Practice	Shelter-Specific Adaptation	Indicators of Impact	Measurement Methods	Do-No-Harm Safeguards	Disaggregation Dimensions
6. Skills & Capacity Building	Vocational training, financial literacy	Use strengths-based approaches; adapt to literacy levels, do no harm	Visual tools, translated materials, trauma-sensitive trainers	Skills acquisition; increased confidence	Pre/post assessments (per cycle); trainer logs (monthly)	Adapt to literacy; trauma-sensitive trainers	Age, disability, region
7. Economic Inclusion	Access to savings, seed capital, and market linkages	Avoid retraumatizing financial systems; offer low-risk entry points, do no harm	Shelter-based savings groups, mobile banking, and local market days	Survivors earn income; begin saving	Savings records (monthly); income logs (quarterly)	Avoid high-risk financial schemes; Ensure CRSV survivors are not exposed to exploitative markets	Income and savings trends by survivor type and urban/rural context
8. Healing-Centered Workspaces	Safe, restorative environments for work	Design spaces that promote dignity, calm, and creativity, do no harm	Quiet zones, art therapy corners, flexible schedules	Survivors report reduced stress and increased productivity	Survivor stress and productivity scale (quarterly); Workspace usage logs (monthly); feedback on environmental design (annually)	Avoid overcrowded or triggering environments; offer flexible schedules to accommodate trauma recovery	Workspace preferences by disability status and region
9. Survivor Leadership	Roles in program design, facilitation, and advocacy	Elevate lived experience as expertise, do no harm	Survivor advisory boards, storytelling platforms, and co-facilitation roles	Survivors influence programming Increased visibility.	Roles held by survivors in programming (monthly), advocacy outputs (e.g., stories shared, events led) (quarterly), visibility and influence scale (annually)	Ensure leadership roles are empowering, not tokenistic, and protect CRSV survivors from public exposure if undesired	Leadership engagement by age, survivor type, and urban/rural

Domain	Empowerment Component	Trauma-Informed Practice	Shelter-Specific Adaptation	Indicators of Impact	Measurement Methods	Do-No-Harm Safeguards	Disaggregation Dimensions
10. Monitoring & Adaptation	Feedback loops, trauma-informed evaluation	Track both economic and emotional outcomes; adapt based on survivor input, do no harm	Regular check-ins, participatory evaluations, and anonymous feedback tools	Programs evolve; survivors feel heard and respected	Frequency of feedback loops (monthly) Changes made based on survivor input (quarterly) Survivor satisfaction scale (annually)	Use anonymous tools to reduce fear of reprisal Ensure feedback mechanisms are accessible to all survivors	Feedback trends by region, disability, and survivor type

Another M&E tool is a Survivor-Centered Checklist designed specifically for trauma-informed economic empowerment programs in shelters for survivors of VAWG and CRSV. It is built to guide shelter staff, program designers, and donors in ensuring that every step respects survivors' dignity, emotional readiness, and cultural context.

7.2.

SUPERVISION GUIDELINES FOR TRAUMA-INFORMED SHELTERS IMPLEMENTING WOMEN'S ECONOMIC EMPOWERMENT

Supervision in trauma-informed shelters that implement women's economic empowerment models must extend beyond administrative oversight. It should be a healing-centered, reflective, and empowering practice that supports both staff and survivors.

The guideline is based on the core principles of trauma-informed supervision.

a) Core Principles of Trauma-Informed Supervision

• Safety: Create emotionally safe spaces for staff to reflect, share challenges, and receive support.

• Trustworthiness and Transparency: Supervisors model clear communication, consistency, and accountability.

• Peer Support: Encourage team-based reflection and shared learning to reduce isolation and vicarious trauma.

• Empowerment and Voice: Staff are encouraged to co-create solutions, share insights, and shape program evolution.

• Cultural Humility: Supervision honors diverse identities, survivor realities, and local cultural contexts.

b) Supervision Structure and Frequency

• Regular Sessions: Minimum bi-weekly one-on-one supervision for frontline staff; monthly team supervision.

• Reflective Practice: Include space for emotional processing, ethical dilemmas, and survivor-centered decision-making.

• Documentation: Supervisors maintain confidential notes on staff development, challenges, and support needs.

TABLE 31: SUPERVISION PILLARS

PILLAR	FOCUS AREAS
Safety and Support	Emotional check-ins, vicarious trauma, and burnout prevention
Empowerment	Staff voice in decision-making, survivor-led program adjustments
Cultural Humility	Respect for diverse survivor realities and local context
Ethical Practice	Confidentiality, informed consent, and power dynamics
Economic Integration	Linking psychosocial support with livelihood goals
Learning and Growth	Identifying training needs, celebrating staff strengths.

c) Key Focus Areas in Supervision

• Staff Well-being and Vicarious Trauma

o Monitor signs of burnout, compassion fatigue, and secondary trauma.

o Offer access to mental health support, peer debriefing, and wellness resources.

• Survivor-Centered Practice

o Review case management through a trauma-informed lens.

o Ensure survivor agency, dignity, and cultural relevance are upheld in economic

empowerment activities.

• Economic Empowerment Integration

o Support staff in linking psychosocial support with livelihood goals.

o Troubleshoot challenges in IGA implementation, market access, and survivor

engagement.

• Ethical and Safety Considerations

o Address power dynamics, confidentiality, and informed consent.

o Navigate complex cases involving GBV, economic exploitation, or community

stigma.

TABLE 32: SUPERVISION COMPONENTS

Component	Description
Frequency	Bi-weekly 1:1 sessions; monthly team reflections
Format	Safe, confidential, and reflective space (not just administrative check-ins)
Facilitator	Supervisor trained in TIC, GBV, and economic empowerment
Documentation	Brief notes on staff well-being, survivor-centered practice, and action points

d) Supervisor Competencies

• Trained in TIC, gender-based violence, and economic empowerment principles.

• Skilled in active listening, emotional regulation, and culturally sensitive feedback.

• Able to model resilience, humility, and collaborative problem-solving.

e) Feedback and Continuous Learning

• Use supervision to identify training gaps and professional development needs.

• Encourage staff to bring survivor feedback into supervision for program refinement.

• Promote a culture of learning, adaptation, and shared accountability.

f) Sample Supervision Questions

• “What’s one moment this week that felt emotionally heavy?”

• “How are survivors responding to the IGA activities?”

• “Are there any ethical dilemmas or safety concerns we should unpack?”

• “What support do you need to feel more confident in your role?”

• “Have you noticed any patterns in survivor feedback or engagement?”

TABLE 33: SHELTER-BASED SURVIVOR-CENTERED ECONOMIC EMPOWERMENT CHECKLIST

SER. NO.	DOMAIN	DETAIL ACTIVITIES
1.	SAFETY AND STABILIZATION	
	[ ]	Have all basic needs (food, shelter, medical care) been met before introducing economic activities?
	[ ]	Is the physical space for training/work emotionally safe, private, and non-triggering?
	[ ]	Are confidentiality and consent protocols clearly explained and upheld?
2.	EMOTIONAL READINESS AND PSYCHOSOCIAL SUPPORT	
	[ ]	Has the survivor expressed interest and emotional readiness to engage in livelihood activities?
	[ ]	Is psychosocial support available throughout the program (not just at intake)?
	[ ]	Are trauma symptoms monitored and accommodated (e.g., flexible schedules, quiet spaces)?
3.	AGENCY AND CHOICE	
	[ ]	Are survivors given multiple livelihood options to choose from?
	[ ]	Is participation voluntary, with the option to pause or exit without penalty?
	[ ]	Are survivors involved in co-designing their economic pathways?
4.	CULTURAL AND GENDER RESPONSIVENESS	
	[ ]	Are livelihood activities culturally relevant and respectful of gender roles and survivor identities?
	[ ]	Are materials and methods adapted to local languages and literacy levels?
	[ ]	Are facilitators trained in cultural humility and trauma-informed care?

SER. NO.	DOMAIN	DETAIL ACTIVITIES
5.	PEER SUPPORT AND CONNECTION	
	[ ]	Are survivors encouraged to form peer support groups or cooperatives?
	[ ]	Is there space for shared storytelling, mentoring, and solidarity?
	[ ]	Are survivor voices elevated in group settings without pressure?
6.	SKILLS BUILDING AND ECONOMIC INCLUSION	
	[ ]	Are vocational training programs adapted to survivors' strengths and shelter constraints?
	[ ]	Is financial literacy taught in accessible, trauma-sensitive formats?
	[ ]	Are survivors supported to access savings, seed capital, or market linkages?
7.	HEALING-CENTERED WORKSPACES	
	[ ]	Are workspaces designed to promote calm, creativity, and dignity?
	[ ]	Are there options for expressive activities (e.g., art, journaling, storytelling)?
	[ ]	Is the pace of work flexible and responsive to emotional needs?
8.	SURVIVOR LEADERSHIP AND VISIBILITY	
	[ ]	Are survivors invited to co-facilitate, advise, or lead parts of the program?
	[ ]	Are survivor stories used ethically in advocacy—with full consent and control?
	[ ]	Are survivors recognized as experts in their own healing and empowerment?
9.	FEEDBACK AND ADAPTATION	
	[ ]	Is there a regular, confidential way for survivors to give feedback?
	[ ]	Are programs adapted based on survivor input and lived experience?
	[ ]	Are both emotional and economic outcomes tracked and shared transparently?

PARTICIPATORY MONITORING AND EVALUATION SYSTEMS

Community stakeholders, including government focal points, donors, and community leaders, should be engaged to provide feedback and verify the progress of recovery projects. This engagement may take the form of regular updates via forums and surveys, or a more structured

community-monitoring system can be established from the outset. Community dialogue, training, and awareness of rights should be integrated into an accountability framework, with particular attention to the protection of the rights and needs of survivors of VAW/G and CRVAW. For Measuring Impact: Key indicators may include

• Income growth and economic participation

• Improved psychological well-being

• Retention in employment or business activities

• Self-reported confidence and independence

7.3. SUSTAINABILITY PLAN FOR TRAUMA-INFORMED WOMEN'S ECONOMIC EMPOWERMENT SERVICES

In the context of a trauma-informed women's economic empowerment model, the sustainability plan comprises strategies and structures that ensure the model continues to benefit survivors well beyond the initial funding or pilot phase.

Core elements of a sustainability plan in the Trauma-Informed IGA Model include:

7.3.1. Financial Continuity • Diversifying funding sources (e.g., government grants, donor partnerships, social enterprise revenue) • Building cost-recovery mechanisms (e.g., reinvesting profits from survivor-led businesses) • Planning for a gradual reduction of external support while increasing local ownership 7.3.2. Survivor Leadership and Ownership • Training survivors not just in skills, but in leadership, governance, and business management • Creating cooperative or peer-led models that embed survivor agency into the structure 7.3.3. Institutional Integration • Embedding trauma-informed principles into shelter policies, staff training, and organizational culture • Aligning with national frameworks or local government initiatives to ensure policy support 7.3.4. Monitoring and Adaptation • Setting up systems to track outcomes (economic, psychosocial, empowerment)

• Using feedback loops to refine the model based on survivor input and contextual shifts 7.3.5. Community and Market Linkages • Building partnerships with local businesses, cooperatives, and vocational institutions • Ensuring that IGAs are market-relevant and culturally resonant

Implementing the Sustainability Plan will bridge the gap between short-term relief shelters and long-term transformation. It is what makes the model resilient, scalable, and survivor-led rather than merely a temporary intervention.

8. CONCLUSION AND RECOMMENDATIONS

8.1. Bridging Global Evidence with Local Realities: Trauma-Informed Economic Empowerment for Women Survivors • The survivors are pushed and exposed to harsh conditions, which leads them to different types of trauma. Thus, the shelters' setup, safety, and security should be prioritized to help alleviate the traumatic condition and to sustainably internalize the skill training. For this, the shelter should be located in a permanent, ideal place with sufficient accommodation space to support the standard shelter functions. As in the case of AWSAD Addis, the local governments provided the required space. Therefore, support access to land and infrastructure, and advocate that government and municipal authorities allocate land or buildings to shelters at minimal or no cost. Public–private partnerships (PPPs) could be explored to secure permanent housing (Agar AA), ensuring that operational funds are directed primarily to survivor rehabilitation rather than rent. • Working with viable trauma-informed TVET centers who have engaged in entrepreneurship development to support survivors engage in paths of employment readiness, as well as encouraging them to be self-employed. In addition to strengthening the capacity of shelters and vocational training centers, it is vital to engage and connect survivors with government TVET centers. • Based on international and local contexts, the following approaches can enhance trauma-informed empowerment for survivors of VAW/G and CRSV:

o Trauma-informed coaching: Train economic mentors to recognize

trauma responses and use regulation techniques (e.g., grounding, validation). o Peer-led healing circles: Survivors co-facilitate group sessions that

blend emotional support with financial literacy. o Flexible program design: Allow for pacing, choice, and breaks,

recognizing that trauma recovery is nonlinear and economic empowerment initiatives should be preceded by trauma healing to activate the learning brain. o Cultural adaptation: Use local idioms, metaphors, and healing practices

to make therapies resonate (e.g., integrating hope as a guiding principle). o Layered support model: Embed psychosocial support within economic

activities (e.g., savings groups, cooperatives) so survivors can access financial services without stigma.

o Facilitate access to legal identification: Establish collaboration between

shelters, local administrative bodies, and legal aid institutions to simplify and fast-track the process of obtaining ID cards and birth certificates. Providing legal awareness and documentation support during shelter stay can facilitate smoother reintegration for survivors.

8.2. Co-creating Transformative Care: Integrating Trauma Research and Practice-Based Knowledge for Survivors. • To strengthen trauma-informed economic empowerment programs and ensure survivor agency, this research shows that a holistic integration of empirical trauma research with practice-based knowledge rooted in lived experience. • Trauma survivors often face emotional and systemic barriers that hinder entrepreneurial success, yet their resilience and unique perspectives can drive impactful enterprises. Business incubators tailored for trauma survivors offer supportive environments that integrate healing with entrepreneurial development, promoting personal transformation and economic empowerment. • The major pushing factor to GBV is poverty and economic problems; thus, strengthening the capacity of the shelters and vocational training centers is vital, along with engaging and attaching the survivors with government TVET centers. • All the shelters provide TIC that emphasizes safety, empowerment, and trustworthiness. Capacity building, including staff training, the use of various types of IGA, and collaboration with vocational and training institutes, as well as SHGs and SACCOs, should be strengthened to facilitate holistic integration. • Strengthen economic reintegration and financial linkages: Facilitate survivors' access to MFIs191, cooperatives, and entrepreneurship development programs. Shelters can partner with financial institutions to develop survivor-friendly loan programs and to provide business management, savings, and financial literacy training, in addition to the BBS they already provide. • The family-based integration model is workable when the survivors' children are not of age to start their own business. As some organizations select family members and train them with IGA to support the sustained healing of the integrated child, the child returns to school. • Enhance integration support by strengthening post-shelter follow-up and reintegration programs by facilitating access to affordable working spaces and housing. Partnerships with local governments, private sectors, and community-based organizations could be developed to allocate shared workspaces or cooperative business sites for survivors

8.3. Toward Inclusive Recovery: Evaluating Economic Empowerment Models in Humanitarian and Community Settings

• Conducting regular assessments of shelter and public program effectiveness based on evidence-based practices and community needs is essential. • Replicating the Kombolcha experiences of initiating or strengthening task forces composed of relevant sectors at the woreda level is essential, for it has shown a relatively significant impact on identifying survivors, connecting with shelters, and liaising with the in-house and community-led economic empowerment. • The task force may be composed of the relevant sectors, community institutions consisting of women and children affairs, law enforcement agencies, NGOs, Idirs, religious leaders, and elders, to be accountable and support the reintegration, to facilitate the need for survival, and to strengthen their business need to have regular meetings and capacity building efforts to deal VAW/CRSV at the community level. • Develop standardized metrics and evaluation tools to track the progress of trauma-informed interventions and policies. Moreover, assist TIC initiatives in obtaining recognition, referrals, treatment, mitigation, and other supports across the lifespan.

8.4. Empowerment with Care: Developing a Trauma-Informed Model for Survivor-Led Economic Recovery

• Strengthening survival led associations to share their post-shelter survival mechanisms and livelihood experiences. Each shelter could consider this an essential activity to be linked to prior to reintegration. • Introduce and expand childcare services and integrate affordable or community-based childcare services within shelter programs or business centers. Collaboration with WAOs, women's associations, local NGOs (e.g., Grace in Bahir Dar), or youth groups could help establish small-scale childcare units, thereby enabling survivors to focus on income-generating activities. • Daycare centers are highly beneficial for survivors engaged in formal or informal business if there were accessible, affordable, and maintained high-quality infrastructure, qualified caregivers, and sufficient play materials. The expansion of public daycare should be enhanced to support survivors engaged in small businesses. • Promote the financial sustainability of shelters by encouraging them to diversify their funding sources through social enterprise models, income-

191 Agar BD has attached survivors with Kefeta MFI.

generating activities, and local partnerships. Capacity-building in resource mobilization, financial management, and cost-sharing mechanisms can help shelters reduce their reliance on donor funding. • Develop innovative financing mechanisms and workable mechanisms, such as public-private partnerships and social impact enterprises, to support the implementation of trauma-informed programs to enhance shelter self-financing capacity to minimize dependency to sustain their activities. Accordingly, facilitate qualified shelters' participation in social enterprises through vocational training, and provide similar shelters with skill training in a safe environment. • Advocate for tax exemptions and supportive policies by engaging with local and national authorities to develop survivor-sensitive tax policies, including temporary tax exemptions or reduced rates for start-up businesses run by survivors. Advocacy efforts should focus on recognizing survivors' businesses as integral to their social and economic reintegration. • To effectively support survivors of VAWG and CRSV, we recommend the adoption of a five-layered trauma-informed economic empowerment model. This model integrates crisis response, psychosocial stabilization, skill-building, community engagement, and leadership development, ensuring that survivors' transition from survival to agency and ultimately to systemic change (See Figure 12 and Table 33). • Implementing the sustainability plan as stipulated in Chapter 7.3. This ensures that the model remains viable, scalable, and locally owned beyond initial funding cycles.

8.5. From Survival to Self-Reliance: Strategies for Economic Empowerment and Social Reintegration • Strengthen the already commenced linkage with MFI, SACCOS, as well as SHG, based on the regional context, to ensure loan opportunities that support the sustainability of the survival business and alleviate the existing inflation outcome by efficiently using the allotted start-up capital. • Most of the survivors are displaced from their locality due to war and conflict, GBV, and harassment by their nearest family, etc. Thus, for reintegration and the start of a new life through IGA, ensuring that survivors' children have access to basic needs requires a personal identity card and birth certificate, among other documents, which necessitate special considerations or guidelines to facilitate these cases. • To strengthen the 'market linkage' component, programs must move beyond aspirational goals and implement concrete strategies for private-sector engagement that foster trauma-sensitive employment pathways. UN Women's

Economic Empowerment (WEE) Strategy192 and Private Sector Engagement Strategy (2023–2025)193 offer actionable mechanisms to do Trauma-Sensitive Market Linkage.

BUSINESS PARTNERSHIPS FOR MENTORSHIP AND JOB PLACEMENT

• Establish survivor-centered employment pathways by partnering with businesses to offer:

o Mentorship programs tailored to trauma survivors, focusing on

confidence-building and skill development.

o Internships and job placements with flexible hours and supportive

supervision.

• Use trauma-informed onboarding protocols to ensure psychological safety and dignity in the workplace.

GENDER-RESPONSIVE PROCUREMENT

• Promote procurement from women-owned enterprises, especially those led by GBV survivors.

• Advocate for procurement quotas with large employers and government contractors to ensure inclusion.

• Support women entrepreneurs with market access platforms, branding support, and digital tools.

TECHNICAL ASSISTANCE FOR PRIVATE SECTOR PARTNERS

• Provide training on trauma-informed workplace practices, including:

o Mental health awareness

o Safe reporting mechanisms

o Inclusive HR policies

• Offer guidance on care work policies, such as:

o On-site childcare

o Paid leave for survivors

o Flexible scheduling

• Develop accountability frameworks to monitor gender equity and survivor support in corporate settings.

192 UN Women's WEE Strategy (2024): Emphasizes structural reforms, inclusive partnerships, and survivor-centered programming 193 Private Sector Engagement Strategy (2023–2025): Calls for responsible business practices, gender-responsive procurement, and accountability mechanisms.

8.6. Healing Economies: Strategic Integration of Trauma-Informed Empowerment in VAW/CRSV Recovery Systems • Beyond training, trauma-responsive requires a commitment to systemic change, which includes the evaluation and reformation of existing policies and procedures through a trauma-informed lens. • It calls for the creation of new frameworks that prioritize psychological safety, community collaboration, and the restoration of dignity to those who have been disempowered and marginalized by systems and structures. This transformation must also be reflected in resource allocation, ensuring that funding is directed to initiatives that uphold trauma-informed principles, promote healing, and support community resilience. • Since this study was conducted on those who have successfully started their business and were employed after passing through the shelter's trauma healing interventions, it has a limited scope of what worked. Therefore, conducting a comprehensive study that includes those who have not been successfully integrated into the wider community is recommended to identify the shortcomings that hinder the scaling up of economic integration.

9.

THE MODEL: TRAUMA HEALING READINESS AND ENTRY INTO ECONOMIC EMPOWERMENT

9.1. FIVE LAYERS OF TRAUMA-INFORMED WOMEN'S ECONOMIC EMPOWERMENT MODEL

The model integrates trauma recovery with economic empowerment, ensuring survivors move from crisis response to leadership. It is progressive and layered. Survivors first regain safety stabilize emotionally build skills engage economically lead and advocate. Each stage builds on the previous, ensuring holistic empowerment rather than isolated interventions.

FIGURE 12: VISUAL FRAMEWORK FROM SURVIVING TO HEALING TO EARNING

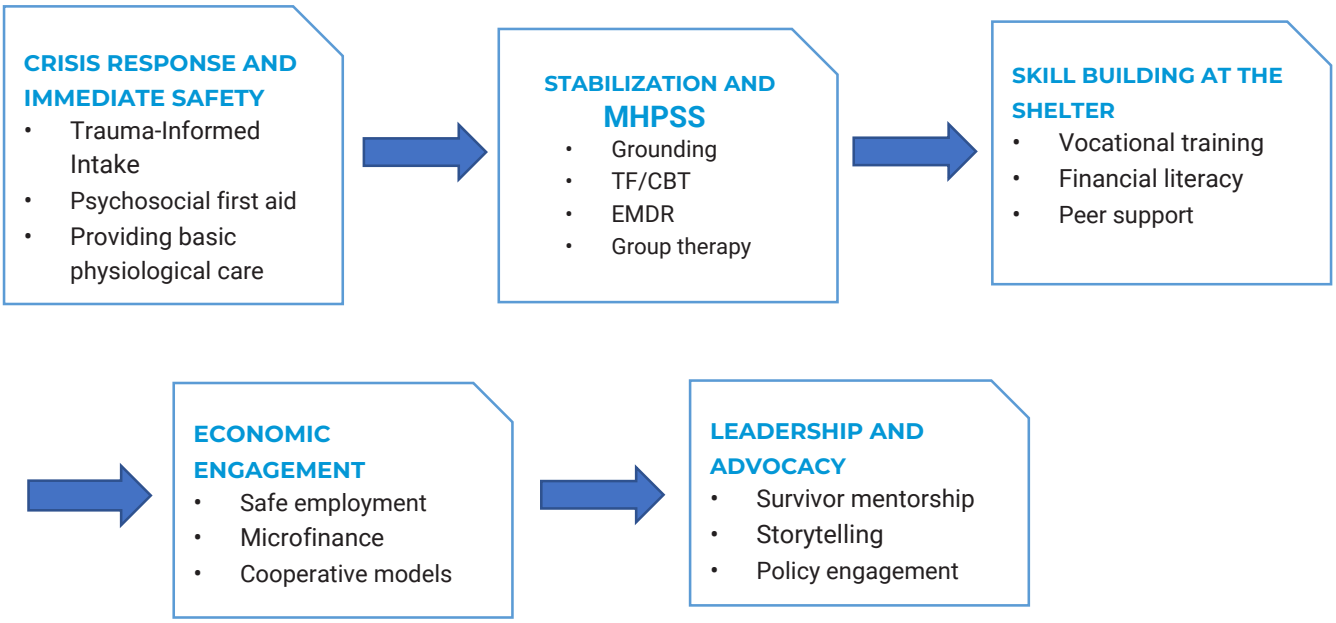

FIGURE 13: HOLISTIC TRAUMA-INFORMED WOMEN-ECONOMIC EMPOWERMENT MODEL FOR SURVIVORS OF VAW/G AND CRSV

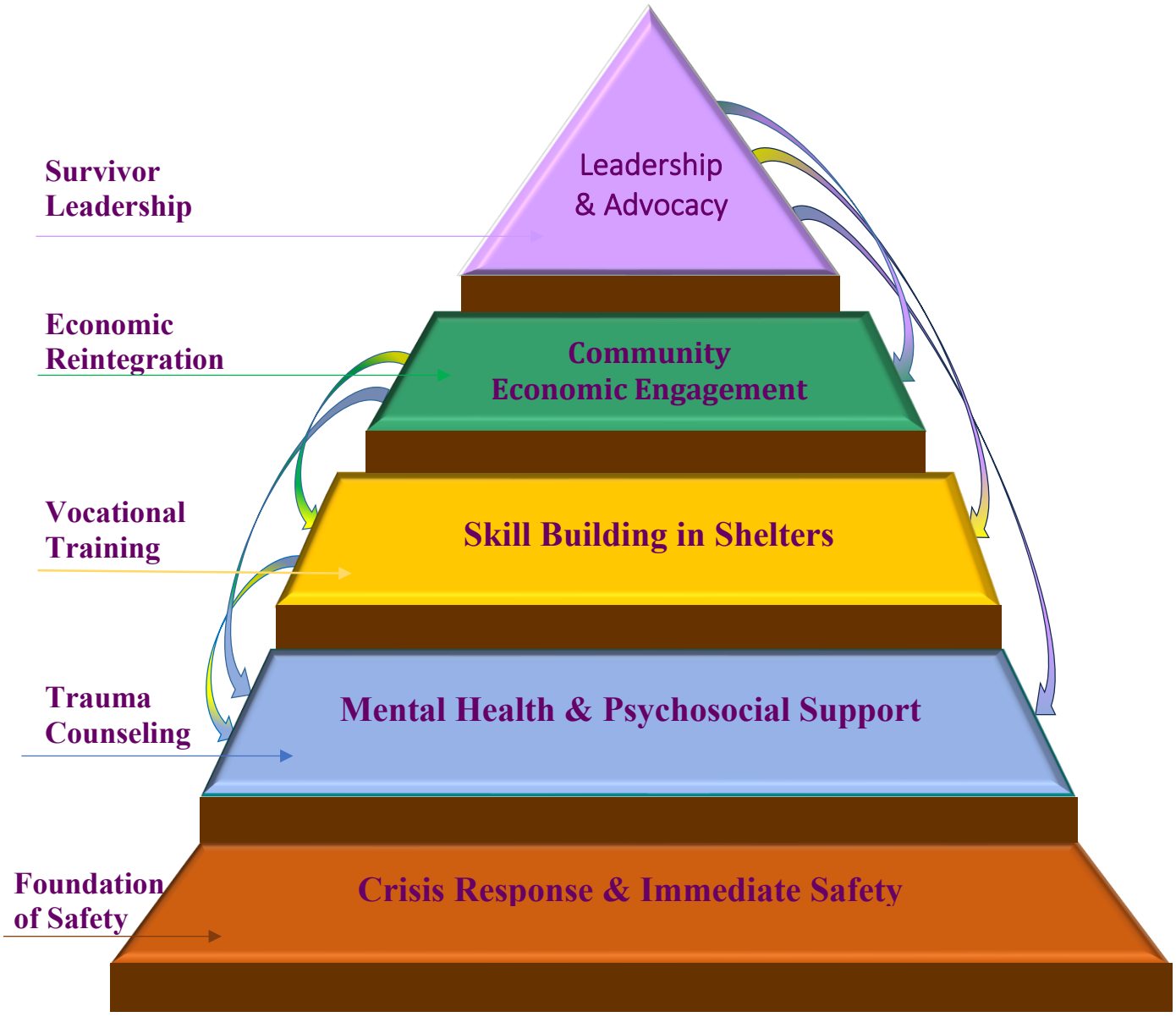

TABLE 34: FIVE LAYERS OF TRAUMA-INFORMED WOMEN'S ECONOMIC EMPOWERMENT MODEL FOR SURVIVORS OF VAW/G AND CRSA

LAYERS	SHELTERS PROVISION	OUTCOME
LAYER 1: Crisis Response and Immediate Safety	Survivors should be offered: • Psychological first aid to reduce distress and promote stabilization. • Access to basic physical needs (food, clothing, hygiene). • Medical care, including sexual and reproductive health services.	This layer prioritizes safety, dignity, and trust-building as the foundation for healing.
LAYER 2: Mental Health and Psychosocial Support	Survivors should be offered: • Somatic therapies, EMDR, flash techniques, and trauma-informed CBT. • Narrative approaches to reclaim voice and meaning. • Linkages to legal services for justice and protection. • Access to education for long-term empowerment.	This layer fosters emotional safety, promotes trauma recovery, and facilitates re-engagement with oneself and society.
LAYER 3: Shelter-Based Skill Building	Shelters become spaces of transformation through: • Basic business and entrepreneurship training. • Financial literacy to build autonomy. • Peer support groups to cultivate solidarity and shared resilience.	This layer equips survivors with practical tools and relational strength to envision economic futures.

LAYERS	SHELTERS PROVISION	OUTCOME
LAYER 4: Community-Based Economic Engagement	Survivors transition into community systems via: • Linkages to TVET programs for vocational training. • Access to microfinance, SACCOs, and self-help groups. • Ongoing mentorship to navigate economic reintegration.	This layer bridges institutional support with community inclusion, income generation, and the reduction of stigma and isolation.
LAYER 5: Leadership and Advocacy	Survivors evolve into changemakers through: • Mentorship and integration pathways into leadership roles. • Policy advocacy platforms to influence systems and amplify survivor voices. • Opportunities for storytelling and representation in national and global forums.	This layer affirms that survivors are not only beneficiaries but also architects of justice and reform.

9.2. READINESS TO LEARN INDEX

The Readiness to Learn Index is a conceptual tool that helps educators and program designers assess a learner's position on this continuum. It integrates trauma-informed principles with 'adult learning theory' and 'universal design for learning'. Because trauma impacts cognition, survivors may struggle with memory, attention, and executive functioning. Therefore, knowing how to assess readiness and moving accordingly is essential. Learning readiness is non-linear. A person may move back and forth between stages depending on stressors. Therefore, programs must adopt trauma-informed practices to avoid a "one-size-fits-all" approach and instead meet learners where they are. The Readiness to Learn Index is not about labeling survivors but about guiding educators to create environments where healing and learning can coexist. It ensures that programming respects the survivor's journey, prioritizing safety and emotional regulation before expecting academic achievement.

TABLE 35: READINESS TO LEARN INDEX LEVEL, NEEDS, AND PROGRAM RESPONSE

RESPONSE

INDEX LEVEL	LEARNER NEEDS	PROGRAM RESPONSE
Low Readiness	Safety, trust, emotional regulation	Trauma-sensitive environment, predictable routines
Moderate Readiness	Connection, relational support	Peer/community building, flexible pacing
High Readiness	Engagement, confidence	Active participation, skill-building
Full Readiness	Academic/skill focus	Structured learning, higher-level cognitive tasks

Trauma-informed programming is grounded in the principle that learning cannot occur until basic emotional and psychological needs are met. Survivors of trauma often move through stages of readiness, which educators and program designers must respect:

• Stage 1: Safety and Stabilization

• Survivors need to feel physically and emotionally safe. • Focus is on reducing triggers, building trust, and establishing predictable routines.

• Stage 2: Regulation and Connection

• Learners begin to manage stress responses and emotions. • Relationships with supportive adults and peers become central. • Programs emphasize relational trust, empathy, and belonging.

• Stage 3: Engagement and Confidence

• Survivors start to participate actively in learning. • They develop confidence in their ability to succeed. • Instruction is flexible, supportive, and paced to individual needs. • Stage 4: Readiness to Learn

• At this point, learners can focus on skill-building content. • Trauma-informed strategies (like universal design for learning and scaffolding) ensure accessibility and inclusivity. 9.3. Readiness Assessment by Layers

LAYER I - Crisis Response and Immediate Safety: This first layer prioritizes survival and stabilization. Survivors often arrive in acute distress, requiring immediate safety and care.

• Trauma-Informed Intake: Sensitive, non-judgmental intake processes that recognize trauma symptoms and avoid re-traumatization. Staff are trained to listen empathetically and respect survivor autonomy.

• Psychosocial First Aid: Immediate emotional support to reduce distress, restore a sense of safety, and connect survivors to resources.

• Providing Basic Physiological Care: Meeting urgent needs such as shelter, food, clothing, medical attention, and hygiene. This ensures survivors' basic dignity and physical stability before deeper interventions.

LAYER 1 LAYER 2: CRISIS RESPONSE EMOTIONAL STABILIZATION.

• Safety and Stability

• Survivor has consistent access to food, shelter, hygiene, and medical care. • Immediate threats (perpetrator, unsafe environment) are reduced or managed. • Psychological Indicators

• Distress symptoms are stabilized (e.g., reduced hyperarousal, panic). • Survivor expresses trust in shelter staff or peers. • Agency

• Willingness to engage in supportive conversations or basic psychosocial activities.

TABLE 36: READINESS ASSESSMENT CHECKLIST PARAMETERS FOR LAYER 1

LAYER 1	NOT MET (0)	PARTIALLY MET (1)	FULLY MET (2)
Survivor feels physically safe in the shelter. (safe housing, no immediate threats)			
Basic needs consistently met (food, hygiene, medical care)			
Medical care, including sexual and reproductive health services.			
Survivor shows reduced acute distress (panic, hyperarousal)			
Survivor expresses trust in staff/peers			
Willingness to engage in supportive activities			
Total Score			

SCORING EXAMPLE:

• Minimum score to progress to Layer 2 interventions: 11/12

LAYER II - MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT: ONCE IMMEDIATE NEEDS ARE MET,

survivors require psychological stabilization to begin healing.

• Grounding Techniques: Practical exercises to help survivors reconnect with the present moment and reduce anxiety.

• Trauma-Focused Cognitive Behavioral Therapy: Structured therapy addressing trauma-related thoughts and behaviors, building coping skills.

•

EYE MOVEMENT DESENSITIZATION AND REPROCESSING: EVIDENCE-BASED THERAPY TO

process traumatic memories and reduce their emotional impact.

• Group Therapy: Safe spaces for survivors to share experiences, reduce isolation, and build solidarity.

Individual therapy (e.g., TF-CBT, EMDR) targets trauma symptoms that block learning and motivation, while group therapy (e.g., art therapy, psychoeducation) fosters peer support and social confidence. Both formats help shift survivors from "survival brain" to "learning brain," enabling them to engage meaningfully in IGAs.

Each psychosocial service directly contributes to survivors' successful economic empowerment. The MHPSS helps survivors process trauma, regulate emotions, and rebuild self-worth. Without

this foundation, survivors may struggle with concentration, decision-making, and interpersonal trust, all of which are essential for vocational training and entrepreneurship.

The case management and individualized support plans are tailored plans that align vocational pathways with survivors' emotional readiness, strengths, and goals. This personalization increases retention and success in training programs by ensuring survivors aren't overwhelmed or misaligned with their chosen IGA.

LAYER 2 LAYER 3: EMOTIONAL STABILIZATION SKILL BUILDING

•

EMOTIONAL READINESS

• Survivor demonstrates ability to regulate emotions (through CBT, somatic therapy, etc.). • Reduced reliance on crisis interventions. •

SOCIAL ENGAGEMENT

• Participation in peer groups or community activities. • Expresses interest in education or vocational opportunities. •

COGNITIVE READINESS

• Ability to focus, retain information, and set small personal goals.

TABLE 37: READINESS ASSESSMENT CHECKLIST PARAMETERS FOR LAYER 2

LAYER 2	NOT MET (0)	PARTIALLY MET (1)	FULLY MET (2)
Attends counseling/support sessions regularly and demonstrates emotional regulation skills			
Demonstrates ability to manage stress responses (e.g., calming after triggers).			
Engages with staff or peers in supportive relationships			
Express interest in education or vocational opportunities			
Willingness to access MHPSS support outside the shelter, including legal services			
Ability to focus and set small personal goals			
Willingness to engage in collaborative activities			
Total			

Scoring Example: Minimum score to progress: 10/14

LAYER III - Skill Building at the Shelter: Economic empowerment begins while survivors are in safe housing.

• Vocational Training: Practical skills (e.g., tailoring, crafts, digital literacy) tailored to local market opportunities.

• Financial Literacy: Teaching budgeting, savings, and responsible borrowing to prepare survivors for independent living.

• Peer Support: Peer-support groups that foster encouragement, accountability, and shared learning.

The trauma-informed grounding techniques, including daily practices (e.g., breathing exercises, sensory prompts), help survivors regulate stress during training, interviews, or market engagement. These techniques build resilience and reduce the risk of emotional dysregulation that could derail economic activities.

The case management and individualized support plans are tailored plans that align vocational pathways with survivors' emotional readiness, strengths, and goals. This personalization increases retention and success in training programs by ensuring survivors aren't overwhelmed or misaligned with their chosen IGA.

Psychosocial services are a scaffolding that enables economic empowerment. Healing enables learning, and emotional regulation sustains vocational success.

LAYER 3 LAYER 4: SKILL BUILDING COMMUNITY ECONOMIC ENGAGEMENT

• PRACTICAL COMPETENCE

• Completion of basic financial literacy or entrepreneurship training. • Demonstrates ability to manage small resources (budgeting, savings). • Confidence and Autonomy

• Expresses readiness to engage outside the shelter. • Shows initiative in applying skills (e.g., mock business plans, group projects). • Support Systems

• Has peer or mentor support to buffer against stigma and isolation.

TABLE 38: READINESS ASSESSMENT CHECKLIST PARAMETERS FOR LAYER 3

LAYER 3	NOT MET (0)	PARTIALLY MET (1)	FULLY MET (2)
Completed vocational training, literacy, or financial literacy and entrepreneurial modules			
Demonstrates belief in ability to succeed and manage challenges.			
Understands basics of budgeting, saving, and money management			
Demonstrates ability to manage small resources (budgeting, savings)			
Confidence in applying skills (mock business plans, group projects)			
Confidence in applying life skills (communication, relationships)			
Expresses readiness to engage outside the shelter			
Peer/mentor support available			
Total			

Scoring Example: Minimum score to progress: 10/16

LAYER IV - Economic Engagement in Community: This layer transitions survivors from shelter-based training to community-level economic participation.

• Safe Employment: Partnerships with employers committed to survivor-friendly workplaces, ensuring dignity and protection.

• Microfinance: Access to small loans or savings groups to support entrepreneurship and financial independence.

• Cooperative Models: Survivor-led cooperatives that pool resources, reduce risk, and strengthen collective bargaining power.

Survivor-led decision-making and empowerment assessments show that when survivors co-design their IGA plans and assess their own readiness, they build autonomy and confidence, key drivers of entrepreneurial success. These tools also help staff tailor support to survivors' evolving needs.

However, survivors may also reconnect for additional psychosocial support. They can also serve as sources of support for survivors in shelters.

LAYER 4 LAYER 5: COMMUNITY ENGAGEMENT LEADERSHIP AND ADVOCACY

•

ECONOMIC STABILITY

• Survivor has a consistent income or livelihood activity. • Demonstrates resilience in navigating community systems (TVET, microfinance). •

LEADERSHIP INDICATORS

• Willingness to mentor peers or share experiences publicly. • Participation in advocacy platforms or survivor networks. •

VOICE & AGENCY

• Survivor articulates personal and collective goals. • Shows readiness to influence policy or community norms

TABLE 39: READINESS ASSESSMENT CHECKLIST PARAMETERS FOR LAYER 4

LAYER 4	NOT MET (0)	PARTIALLY MET (1)	FULLY MET (2)
Consistent income or livelihood activity established from employment or entrepreneurship			
Demonstrates ability to manage small resources (budgeting, savings) or ability to manage personal and household expenses			
Resilience in navigating community systems (TVET, microfinance, SACCOs).			
Has access to childcare, safe housing, and ongoing psychosocial support			
Confidence in applying skills (mock business plans, group projects)			
Maintains supportive relationships and networks			
Pursues further skill development or career advancement			
Has access to emergency support (legal, financial, psychosocial)			
Total			

Scoring Example: Minimum score to progress: 12/16

LAYER V - Leadership and Advocacy: The final layer emphasizes agency, visibility, and systemic change. Survivors move from recovery to leadership roles.

• Survivor Mentorship: Experienced survivors guide others, fostering resilience and hope.

• Storytelling: Platforms for survivors to share experiences, challenge stigma, and inspire change.

• Policy Engagement: Survivor voices inform laws, policies, and programs, ensuring systemic responses to VAW and CRSV are survivor-centered.

TABLE 40: READINESS ASSESSMENT CHECKLIST PARAMETERS FOR LAYER 5

LAYER 5	NOT MET (0)	PARTIALLY MET (1)	FULLY MET (2)
Willingness to mentor peers or share experiences publicly and in the shelter			
Participation in advocacy platforms or survivor networks			
Ability to articulate personal and collective goals			
Shows readiness to influence policy or community norms			
Total			

Scoring Example: Minimum score to progress: 3/6

CROSS-CUTTING PARAMETERS (APPLY AT EVERY TRANSITION)

– Safety: Physical, emotional, and social safety must be maintained.

– Consent and Choice: Survivor must voluntarily agree to move forward.

– Resilience Indicators: Ability to cope with setbacks without regressing into crisis.

– Support Availability: Access to mentors, legal aid, healthcare, and community allies.

– Survivors may move back and forth between layers depending on circumstances. The

parameters should be flexible, individualized, and culturally sensitive, ensuring empowerment without pressure

TABLE 41: SUMMARY OF READINESS TO LEARN INDEX LEVEL NEEDS AND PROGRAM RESPONSE

STAGE	CRITERIA TO PROGRESS	PROGRAM SUPPORTS
Healing (Layer 1 & 2)	Safety, emotional regulation, trust	Counseling, safe housing, and health care
Learning (Layer 3 & 4)	Motivation, skill acquisition, confidence	Vocational training, literacy, mentorship
Earning (Layer 4 & 5)	Financial literacy, resilience, support systems	Job placement, microfinance, cooperatives

HOW SHELTERS CAN USE IT

Shelters can use this tool in several interconnected ways to support survivors and strengthen their programs. Case managers can review indicators during regular check-ins, ensuring that progress is tracked thoughtfully and consistently. Team collaboration is enhanced by adhering to documentation guidelines, keeping therapists, case managers, and survivors aligned in their approach.

At the program level, aggregated data helps identify common barriers and refine empowerment pathways. Survivors remain central to decision-making, with agency emphasized to ensure empowerment is chosen rather than imposed. Staff are encouraged to review each stage sequentially, ensuring survivors meet most or all criteria before moving forward, while recognizing that progress is non-linear and setbacks may occur if stressors arise. The checklist serves as a flexible guide rather than a rigid test, with staff judgment and survivor input remaining essential.

In practice, this involves reviewing each stage with the survivor, checking off the criteria met and adding contextual notes, documenting decisions in case files and empowerment plans, and regularly revisiting progress to adapt to changing circumstances.

KEY CONSIDERATION IN APPLICATIONS

• Weekly check-ins: Staff review the Healing; Learning section with survivors to track progress.

• Transition planning: When most boxes are checked in one stage, staff discuss readiness to move forward.

• Case management: Notes capture barriers (e.g., childcare gaps, health needs) so supports can be aligned.

• Program evaluation: Aggregated checklists help shelters identify common challenges and improve services.

• Non-linear progress: Survivors may move back to earlier stages if new stressors arise.

• Individual pacing: Not all criteria need to be met at once; staff judgment and survivor input matter.

• Trauma-informed approach: The checklist is a guide, not a rigid test. It should empower survivors rather than pressure them.

9.4. READINESS ASSESSMENT IN TRAUMA THERAPY

• Clinical assessment tools: Therapists often use structured instruments (e.g., PTSD symptom scales, depression/anxiety inventories, resilience measures) to gauge emotional stability.

• Functional assessment: Beyond symptom reduction, readiness is judged by the survivor's ability to regulate emotions, maintain daily routines, and engage in relationships.

• Stage-based models: Many trauma therapies (e.g., Judith Herman's three-stage model: safety, remembrance/mourning, reconnection) emphasize that survivors must first achieve safety and stabilization before moving into growth activities like skill-building or economic empowerment.

• Collaborative evaluation: Readiness is not just clinical; it includes survivor self-assessment of confidence, motivation, and interest in learning or working.

WHAT INDICATORS SIGNAL READINESS OR NEED TO PAUSE?

INDICATORS OF READINESS

• Emotional regulation: Survivor can manage triggers without severe destabilization.

• Consistency: Regular attendance in therapy or support sessions.

• Motivation: Expresses interest in learning, training, or work.

• Stability: Basic needs (housing, food, childcare) are met.

• Confidence: Shows belief in the ability to succeed and cope with setbacks.

INDICATORS TO PAUSE:

• Acute trauma symptoms: Flashbacks, panic attacks, or dissociation interfering with daily functioning.

• Safety concerns: Ongoing threats from an abuser (imagined, dreamed), unstable housing concerns, or lack of legal protection.

• Overwhelm: Survivor expresses feeling pressured or unable to cope with additional responsibilities.

• Regression: Increased avoidance, withdrawal, or relapse into harmful coping strategies.

WHO DECIDES, AND HOW IS THIS DOCUMENTED?

• DECISION-MAKERS:

• Survivor-led: Survivors themselves should have agency in deciding readiness.

• Therapists/counselors: Provide professional input based on clinical observation and assessment tools.

• Case managers/shelter staff: Evaluate practical readiness (housing, childcare, financial literacy).

• Multidisciplinary teams: Ideally, decisions are collaborative, involving the survivor, therapist, and program staff.

• DOCUMENTATION:

• Case notes in therapy records (emotional and psychological readiness).

• Program checklists or readiness assessment forms.

• Survivor's own goals and self-reported confidence documented in empowerment plans.

• Regular review meetings where progress is tracked, and decisions are revisited.

POST-THERAPY READINESS CHECKS

• Healing Indicators: Emotional regulation, safety, trust, consistency.

• Learning Indicators: Skill acquisition, confidence, support systems, resilience.

• Earning Indicators: Financial literacy, stable income, supportive networks.

• Pause Indicators: Flashbacks, overwhelm, safety threats, regression in coping.

DECISION PATHWAYS

• Start Skills: Survivor meets most learning indicators, expresses motivation, and has support systems.

• Delay: Survivor shows interest but lacks stability or emotional regulation; continue healing supports.

• Step Back: Survivor in training faces setbacks; pause and reinforce counseling before resuming.

KEY LESSONS FOR SHELTERS

• Validation is scenario-based: Each survivor's journey is unique; readiness must be checked regularly.

• Post-therapy checks are critical: Emotional regulation and stability are prerequisites for moving forward.

• Decisions are flexible: Survivors may advance, delay, or step back depending on circumstances.

• Documentation ensures accountability: Case notes, checklists, and empowerment plans track progress transparently.

STAFF GUIDANCE

• Collaborative Decision-Making: Survivor, therapist, and case manager decide together.

• Documentation: Use readiness checklists, case notes, and empowerment plans.

• Language Use:

• Supportive: "Would you like to explore training opportunities?"

• Avoid directive: "You must start working now."

• Flexibility: Progress is non-linear; survivors may move forward, pause, or step back

SUMMARY

Readiness for economic empowerment after trauma is multi-dimensional: it requires emotional stability, practical supports, survivor motivation, and collaborative decision-making.

Indicators guide decisions to proceed or pause, and documentation ensures accountability and continuity of care.

9.5. READINESS PATHWAYS FOR SURVIVORS ENTERING THE PRIVATE SECTOR OR SELF-EMPLOYMENT

Survivor readiness for economic engagement can be understood as a pathway through stages of preparation, skill development, financial access, market integration, and, finally, self-employment, cooperative work, or formal employment. Readiness begins with health education, psychological

preparation, and trauma-centered support that help survivors regulate emotions and understand reintegration. When these elements are in place, survivors are more likely to succeed, but gaps such as safety concerns, lack of government documentation, trauma relapse, or short rehabilitation periods can undermine progress. Safeguards like monitoring and evaluation, sustainable therapy, and referral linkages are essential to ensure stability at this stage.

Skills development is another critical pathway. Survivors benefit from life skills training, soft skills training, and practical, market-based training, such as food preparation, hairdressing, or sewing certification. These skills open doors to economic opportunities, but failure occurs when training is imposed without survivor choice or when it is not aligned with market demand. Safeguards such as access to outsourcing opportunities, teacher mentorship, and safe transport arrangements help ensure that skill-building is both relevant and accessible.

Finance plays a pivotal role in enabling survivors to act on their readiness and skills. Market assessments, project funds, seed money, and donor interest can provide the necessary capital. However, inflation, limited survivor choice in financial planning, poor health considerations, childcare gaps, and staff turnover driven by limited budgets often undermine financial stability. Safeguards such as transparent fund management, non-discrimination in salaries, fair compensation, and prevention of unpaid labor are necessary to protect survivors from exploitation and financial insecurity.

Market integration is the next step, during which survivors must be psychologically and medically prepared to engage. Success comes from thorough market assessments, business planning, visibility checks, risk assessments, and access to microfinance, credit, savings, and mentoring. Failures arise when survivors lack readiness, skills, or interest; when donor priorities overshadow survivors' needs; or when peer pressure and market misunderstandings create barriers. Safeguards such as bank credit facilitation, linkages to savings organizations, legal frameworks, survivor self-help groups, and gender-responsive taxation ensure that survivors can compete fairly and sustainably.

Finally, economic engagement takes shape in three forms: self-employment, cooperative work, and formal employment. Self-employment works when survivors can manage their time, earn a daily income, make private decisions, and create work opportunities, but it fails when workspace is lacking, taxation is burdensome, or childcare is unavailable. Cooperatives succeed when survivors share experiences, access credit, integrate into markets, and secure workspace, but they fail when energy is unequal, conflicts arise, or structures are too time-bound. Employment works when guarantees, education opportunities, and job promotion exist, but fails when conflicts, instability, or limited opportunities persist. Safeguards across these pathways include community support, vocational guidance, counseling, fair compensation, and improved salary conditions.

In summary, survivor readiness for economic engagement is a multi-dimensional process that requires psychological stability, relevant skills, financial access, market integration, and supportive structures for self-employment, cooperative work, or employment. Success depends on survivor-centered approaches, while failure often stems from external pressures, systemic gaps, and insufficient safeguards.

Table 42 highlights the balance between readiness, skills, finance, market access, and engagement models. Survivors succeed when their choices, psychological needs, and market realities are respected. Failures often stem from external pressures, a lack of survivor-centered approaches, and systemic gaps. Safeguards ensure sustainability and fairness across all pathways.

TABLE 42: PATH WAYS: READINESS-------SKILLS--------FINANCE-------MARKET--------SELF-EMPLOYMENT /EMPLOYMENT/ COOPERATIVE

PATH WAYS	READINESS	SKILL	FINANCE	MARKET	ECONOMIC ENGAGEMENT		
					Self-employment	Cooperative	Employment
What works	• Health education • Psychological preparation-informed about reintegration and the whole process • Socio-economic status • Legal cases • survivor interest • Trauma-centered • Psychological support • Emotional regulation • Life skill training	• Soft skill-practical • Food preparation-Market-based • Hair dressing-Apparent • Sewing certificate	• Market Assessment and Demand • Project fund, seed money • donor interest in Economic empowerment	• BBS • Readiness(Psychological aspect ,medical) • Market assessment • Business plan • Visibility check • Risk Assessment-Re Plan • Microfinance & credit &saving, sustainability of business, • Follow-up and mentoring	• Self-time management • Gain daily profit • Private decision • Provide work opportunities	• Supports experience sharing from the groups • Access to credit due to organizing in COOPE • Existing market integration • Access to get workspace	• Existence of a guarantee • Opportunity for education and experience • Existence of work/job promotion
What fails	• Safety concerns • Issues with government documents • Trauma Relapse • Short rehabilitation time	• Skills building without their choice • No market-oriented skill training	• Inflation • Not considering survivor choice • Not considering how to stay healthy • Saving • Childcare/day care • Absence of market demand • Staff turnover due to limited budget	• Lack of readiness, skill, and interest • Donor interest • Lack of social responsibility • Disagreement between survivors SHG) • Peer pressure • Understanding of Market • What is needed from us • Requirement to safely compete in the market • Who is the shock observer if anything happens	• Lack of a conducive workspace • No special taxation consideration • Day care is not facilitated, which makes sustainability in question	• Lack of equal energy • Conflict existence	• Time-bound

PATH WAYS	READINESS	SKILL	FINANCE	MARKET	ECONOMIC ENGAGEMENT		
					Self-employment	Cooperative	Employment
Safeguard needed	M&E, Sustainable therapy &Referral linkage	• Outsourcing • Close attachments with teachers • Using a vehicle for transport •	• Code of conduct for the staff handling the fund • Nondiscriminations(Salary) • All expenditure vouchers • Fair compensation • Unpaid labor	• Bank credit Facilitating • Linkage to a credit & savings organization • Need-based self-help groups • Legal framework	• Grace period for taxation /gender responsive taxation • Community support •	• Public and community support •	• Improvement in salary based on the condition • Vocational guidance and counseling •

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11. ANNEX: DATA COLLECTION TOOLS

11.1. KEY INFORMANT INTERVIEW FOR TRAINING INSTITUTIONS THAT SUPPORT TRAUMA-AFFECTED WOMEN IN ENGAGING IN INCOME GENERATION

Name: _____, Organization _____,
Position_____,
Date_____

1. STABLE AND SAFE ENVIRONMENT

• Does your organization have a working relationship with safe housing and shelters supporting trauma-affected women? If yes, which organizations are working with your institution? • Do survivors of violence trainees feel free from immediate danger (e.g., violence, exploitation, or abuse? Do you support addressing trauma that affects women effectively? If not, why? • Does your institution provide awareness about GBV and trauma to reduce stigma or training inclusive of GBV?

2. PSYCHOSOCIAL SUPPORT

• Is there a unit providing psychosocial support under your institution? • What type of support is your organization providing to trauma-affected women? • If there are trauma-affected beneficiaries, do they have access to trauma-informed counseling or peer support groups for their target trainees/members? • Does your institution involve inclusion, community healing programs, or support networks? If yes, what types of support are you giving? • Are there mental health services and culturally sensitive care for trauma-affected women? • Are trainers trained in trauma-informed care to deliver trauma-sensitive skill training? • Availability of childcare or eldercare services to reduce care burden. • Inclusion in cash assistance or welfare programs during the transition phase, does the organization assist or pave the way to financial assistance?

3. SKILLS DEVELOPMENT OPPORTUNITIES

• What types of training are provided in your vocational training? • Is the training provided by your institution conducted in safe and inclusive spaces for literacy, numeracy, and vocational training? • Training adapted for trauma-affected individuals (e.g., flexible pace, small groups, empathetic facilitators). • Does the institution's training module encompass a trauma-sensitive approach? • Are the trainings hands-on and practical learning, especially in sectors like agriculture, textiles, and microbusiness? • Is the training provided by the institutions in line with the government training policy for marginalized targets? Is it applicable?

4. ACCESS TO FINANCIAL SERVICES

• What is the role of your institution in supporting trauma-affected women to access start-up capital, savings groups, or microcredit? • What about financial literacy training tailored for trauma-affected individuals, or are you using similar proceedings with others for the first time? • What is the role of your organization in the facilitation of entry into Saving and Credits Cooperatives (SACCOs), micro savings and loan associations, or cooperatives? Please explain by giving examples.

5. MENTORSHIP AND ONGOING SUPPORT

• Is there continuous coaching or mentoring by trained community workers or businesswomen to support the trauma-affected women? • Are there learning opportunities through peer-to-peer networks or survivor-led groups? • Are there role models who have overcome similar challenges from the target trauma-affected women with the support of your institution?

6. MARKET ACCESS AND LINKAGES

• Does your organization support the targets by connecting to buyers, cooperatives, local markets, or online platforms? • Does it support navigating local value chains (especially in agriculture or handicrafts)? • What institutions or shelters do you know that play roles in providing transportation support where needed?

7. LEGAL AND RIGHTS PROTECTION

• Does the institution's training module encompass knowledge of legal rights, land access (especially for agriculture), and business registration? • What type of orientation or awareness provision is provided to protect themselves from repeated exploitation, labor abuse, and fraud? • Have the trainees been informed on how to access legal aid /identity documents or safeguarding know-how?

8. COMMUNITY AND INSTITUTIONAL SUPPORT

• How do you describe the community leaders' and local institutions' support for trauma-affected women? Are they well sensitized to support the affected women? • Do gender-sensitive economic policies or programs exist at the local and national levels? • Which government structure is dealing with policy issues regarding trauma-affected women? • What is the importance of active partnerships with NGOs, women's associations, cooperatives, and local government to mitigate the problem of trauma-affected women?

11.2. TRAUMA-INFORMED ECONOMIC EMPOWERMENT CHECKLIST FOR WOREDA LEVEL STAKEHOLDERS, SHELTER COORDINATORS, LEGAL UNITS, PSYCHOSOCIAL SUPPORT OFFICERS, ETC.

This KII serves to gather data from stakeholders involved in coordinating, supporting, and facilitating economic empowerment interventions for women affected by trauma. Introduction Thank you for agreeing to participate in this interview. My name is _____, and I am working with a _____ research team to develop a trauma-responsive economic model for survivors under UNWOMEN. This interview is designed to understand how IGAs are delivered in relation to trauma-affected individuals. Your responses will be strictly confidential. Basic Information

• Federal/Region/Woreda _____ • Name of respondent _____ • Gender _____ • Educational Status _____ • Occupation _____

1. PSYCHOSOCIAL READINESS

• Do individuals receive basic trauma-informed counseling or mental health support in the shelters? • In your opinion, are the affected women emotionally stable enough to engage in economic activities (e.g., able to focus, make decisions)? • Have the affected women been informed about common trauma responses and coping mechanisms? • Do they have access to ongoing emotional support or peer networks during their stay?

2. SAFETY AND SECURITY

• Is the current living situation of the shelters safe (free from ongoing violence or abuse)? • Do they have access to legal support if needed (e.g., GBV survivors)? • Are there childcare or elder care responsibilities that need support?

3. BASIC NEEDS AND SUPPORT SERVICES

• Do they have stable access to basic needs such as convenient shelter, food, water, etc.? • Are they enrolled in any social protection or support programs (e.g., safety net cash transfers, shelter)? • Are there referral services available for urgent health or legal needs?

4. SKILLS AND CAPACITY

• Has a skills assessment been conducted (literacy, numeracy, vocational skills)? • Has she expressed or shown interest in specific income-generating activities or sectors (agriculture, textiles, microbusiness)? • Has she received or been offered basic training (e.g., business skills, digital literacy, bookkeeping)? • Are there trauma-sensitive learning environments available?

5. ACCESS TO RESOURCES

• Do the organizations and the shelter facilitate access to tools, inputs, or raw materials for the affected women? • Is there access to affordable credit or savings options (e.g., self-help group (SHG), seed money, microfinance)? • Can the affected women access markets/workplaces, or platforms to sell goods or services? • Are safe transport options available? • Do accountable stakeholders work together to alleviate the problem of trauma-affected women? If so, are there networks, task forces, or the like at different levels (name it)?

6. SOCIAL SUPPORT AND EMPOWERMENT

• Can the affected women be part of a women's group or support network? Do you notice any stigma associated with their participation? • Do they participate in community decision-making or leadership opportunities? • Do they receive training on human rights, gender equity, or advocacy?

7. FOLLOW-UP AND MONITORING

• Is there a case worker, mentor, or coach assigned to follow up? • Are there standard monitoring and evaluation (M&E) protocols for follow-up and evaluation? • Are regular follow-ups planned to assess progress and emotional well-being? • Are adjustments made based on feedback and needs?

Closing Thank you for your time and insights. Your contribution is valuable to designing a workable economic model in a trauma-responsive approach.

11.3. KII TO WOREDA ADMINISTRATION AND WOMEN'S AFFAIRS OFFICE TO ASSESS THE ENABLING ENVIRONMENT FOR TRAUMA-AFFECTED WOMEN TO ENGAGE IN INCOME-GENERATING ACTIVITIES IN RURAL AND URBAN SETTINGS

This KII aims to solicit information from stakeholders involved in coordinating, supporting, and facilitating economic empowerment for women affected by trauma in both rural and urban settings. Introduction Thank you for agreeing to participate in this interview. My name is _____ and I am working with a research team conducting a trauma-responsive economic model for survivors under UNWOMEN. This interview is designed to understand how IGAs are delivered in relation to trauma-affected individuals. Your responses will be strictly confidential. Basic Information

• Federal/Region/Woreda _____ • Name of respondent _____ • Gender _____ • Educational Status _____ • Occupation _____ 1. Rural Settings (e.g., small towns, farming communities)

A. SAFE AND STABLE LIVING CONDITIONS

• Is there access to safe shelter in the village or temporary settlements for displaced women in the area? If there is any who has established the center, i.e., (the government or a non-governmental organization) • Is there support from local elders or women's associations to ensure protection from GBV? • Is there conflict-sensitive community mediation to promote social cohesion between the survivors and the community? • Who finances and equips the center? Is it enough to run the day-to-day activity of the center stably? If not, what should be done and by whom?

B. TRAUMA-INFORMED SUPPORT SERVICES

• How do the shelters access community-based mental health and psychosocial support (MHPSS)? Is it through health posts or health clinics? • Do the centers provide community education to reduce stigma around trauma and women's economic participation?

• Is there regular, ongoing follow-up from case workers, mentors, or facilitators? Do you think the manpower at the center meets the standards? • Are there peer support groups facilitated by local women-led organizations or health extension workers to assist women in shelters? • To sustain and ensure voices are heard, is there an inclusion in policy advocacy or feedback forums considered by responsible bodies?

C. LIVELIHOOD AND SKILL SUPPORT

• Is there an assessment done to enhance the skills of the survivors, which enables them to be economically empowered? If yes, by whom? • Are there conducive Safe spaces for training and meeting, accommodating the specific needs of the affected women? • What type of support is provided for the survivors to be self-sustained after they leave the shelters? (agricultural value chains: poultry, dairy, vegetable farming, or beekeeping, etc.) • Are traditional skills training in weaving, basket-making, pottery, or local textile crafts initiated? • Are there Farmer Training Centers (FTCs) or cooperative-based learning tailored to women in the specific area? • Is there any other skill training that could be incorporated? _____

D. ACCESS TO FINANCIAL TOOLS

• Are there financial institutions in the area that are friendly to marginalized women? Like rural microfinance schemes, SHGs, SACCOs, etc.? • Are there services like Mobile banking or informal group lending when formal services are not accessible? • Do the shelters provide seed money, grants, toolkits for women returning to farming, etc.?

E. MARKET LINKAGES AND MOBILITY

• Are there institutions in rural areas working in facilitating working space, bazaars, market day stalls, or small cooperatives that aggregate and transport the surplus products? • Do safe transport organized by women's cooperatives or local NGO for transporting products for trauma-affected women? • Do the communities in rural areas have access to community radios or agricultural extension services for pricing and weather updates?

F. SOCIAL SUPPORT

• Are there women's self-help groups for solidarity, savings, and conflict resolution? • Do women who are involved in community events reduce stigma and build confidence?

2. URBAN AND PERI-URBAN SETTINGS (E.G., ADDIS ABABA, BAHIR DAR, MEKELLE)

A. SAFETY AND SHELTER

• By whom was the shelter established and financed? • Do people know there is access to safe housing shelters or hostels for GBV and conflict survivors? • Are there legal supports to report abuse and secure protection? • Ongoing follow-up from caseworkers, mentors, or facilitators. • Is there a community education program to reduce stigma around trauma and women's economic participation? • Is there a transparent inclusion policy, advocacy, or feedback forums to ensure voices are heard?

B. PSYCHOSOCIAL SERVICES

• How do survivors access trauma counselors, social workers, or survivor centers (possibly via NGOs or hospitals)? • Are there urban-based peer healing groups, especially for GBV and trafficking survivors? • Are there community education programs to reduce stigma around trauma and women's economic participation? • Are there ongoing follow-ups from caseworkers, mentors, or facilitators? • Is there inclusion in policy advocacy or feedback forums considered by responsible bodies to sustain and ensure voices are heard?

C. SKILLS AND ENTERPRISE TRAINING

• What type of skill training is provided, like business skills training: digital marketing, tailoring, baking, hairdressing, or retail? • Are there safe spaces for training and meeting? • Is the shelter linked to certification and apprenticeships through TVET (Technical Vocational Education and Training) centers? • Does the shelter with training centers facilitate

flexible schedules and trauma-informed trainers?

D. FINANCIAL ACCESS

• How do you see the linkage with urban microfinance institutions, mobile banking, or women's SACCOs accessing financial services? • Is there financial capital support for starting small shops, market stalls, or home-based businesses? • Are there other supports, such as rent subsidies or in-kind business startups (e.g., sewing machines, supplies)?

E. MARKET AND BUSINESS LINKAGES

• Is there access to local marketplaces, exhibitions, bazaars, and fairs that accommodate survivors' products during holidays and occasions? • Are there NGO or government-supported urban cooperatives for group sales? • Is there a possibility of support to enter online platforms or digital marketplaces?

F. SUPPORT NETWORKS

• Do urban women's associations offer networking, mentoring, and legal aid? • Are there community development programs or city-led gender initiatives in the settings? • What is the progress of participation of trauma survivors in local savings groups or community responsibilities?

CLOSING

Thank you for your time and insights. Your contribution is valuable to designing a workable economic model in a trauma-responsive approach.

11.4. KEY INFORMANT INTERVIEW GUIDE FOR TRAUMA-AFFECTED INDIVIDUALS CONCERNING ECONOMIC EMPOWERMENT IS TAILORED ESPECIALLY FOR WOMEN SURVIVORS IN CONFLICT, GBV, OR DISPLACEMENT CONTEXTS

Introduction Thank you for agreeing to participate in this interview. My name is _____, and I am working with a research team developing a trauma-responsive economic model for survivors in collaboration with UNWOMEN. This interview is designed to understand how IGAs are delivered in relation to trauma-affected women. Your responses will be strictly confidential. Basic Information

• Federal/Region/Woreda _____ • Name of respondent _____ • Gender _____ • Educational Status _____ • Occupation _____ 1. Psychosocial Readiness

• Have you received basic trauma-informed counseling or mental health support to heal from the trauma? • Are you emotionally stable enough to engage in economic activities (e.g., able to focus, make decisions)? • Have you been informed about common trauma responses and coping mechanisms? • Do you have access to ongoing emotional support or peer networks?

2. SAFETY AND SECURITY

• Is your current living situation safe (free from ongoing violence or abuse)? • Do you have access to legal support if needed (e.g., GBV survivors)? • Are there child care or elder care responsibilities that need support from you? If you are using them?

3. BASIC NEEDS AND SUPPORT SERVICES

• Do you have stable access to food, water, and shelter? • Are you enrolled in any social protection or support programs (e.g., safety net, shelter) previously? • In your situation, have you come across referral services available for urgent health or legal needs?

4. SKILLS AND CAPACITY

• Has a skills assessment been conducted (literacy, numeracy, vocational skills)? • Do you have an interest in specific income-generating activities or sectors (agriculture, textiles, microbusiness)? If not, what do you want to do for a living? • Have you received or been offered basic training (e.g., business skills, digital literacy, bookkeeping)? • Were the learning environments trauma-sensitive? • Are trainers trauma-sensitive?

5. ACCESS TO RESOURCES

• Do you have access to tools, inputs, or raw materials? • Is there access to affordable credit or savings options in your area (e.g., SHG, microfinance)? • Can you access markets or platforms to sell goods or services? • Are safe transport options available?

6. SOCIAL SUPPORT AND EMPOWERMENT

• Are you part of a women's group or support network? • Do you participate in community decision-making or leadership opportunities? • Have you received training in Human rights, gender equity, or advocacy?

7. FOLLOW-UP AND MONITORING

• Is there a caseworker, mentor, or coach assigned to you after you left the shelter? • Are regular follow-ups planned to assess your progress? If so, who is contacting you to assess your regular performance and improvement?

• Are adjustments made based on feedback and needs?

Closing Thank you for your time and insights. Your contribution is valuable to the design of a workable economic model within a trauma-responsive approach.

11.5. KEY INFORMANT INTERVIEW GUIDE – SURVIVORS OF VIOLENCE

Consent and Safety Script (Opening)

"Thank you for joining us today. This interview is voluntary and confidential. You do not have to answer anything that makes you uncomfortable. You can pause or stop at any time. Our goal is to learn how your training experiences supported your healing and financial journey safely and respectfully."

SECTION A: BASIC INFORMATION

(Can be anonymized)

QUESTION	TYPE
Age	
Location (Urban/Rural)	
Type of Training Received	
Shelter/Community-based	

SECTION B: TRAINING EXPERIENCE AND EMOTIONAL SAFETY

QUESTION	FORMAT	NOTES
How did you learn about the training program?	Open-ended	Let participants narrate freely
Did you feel safe during training sessions (emotionally and physically)?	Yes/No + Follow-up	Probe respectfully
Were the trainers respectful, patient, and understanding of your situation?	Scale (1–5)	1 = Not at all; 5 = Very much

SECTION C: TRAUMA SENSITIVITY AND SUPPORT SERVICES

QUESTION	FORMAT	NOTES
Were any counseling or peer support services offered?	Yes/No	If yes, ask: How helpful were they?
Were schedules flexible to accommodate your healing process?	Yes/No + Open-ended	Include probe: "Did it help reduce stress?"
Did staff recognize or respond to your trauma-related needs?	Open-ended	Allow space for emotions

SECTION D: ECONOMIC OUTCOMES AND SELF-EFFICACY

QUESTION	FORMAT	NOTES
Are you currently using the skills you learned to earn income?	Yes/No	Can ask for examples
Do you feel confident making financial decisions now?	Scale (1–5)	Add: What helped build your confidence?
What challenges did you face in applying your training?	Open-ended	Include probe: "Emotional, family, community-related?"

SECTION E: EMPOWERMENT AND SUGGESTIONS

QUESTION	FORMAT	NOTES
What does “empowerment” mean to you personally?	Open-ended	Encourage deeper reflection
If you could improve one thing about the training or support, what would it be?	Open-ended	Capture constructive feedback

CLOSING

Thank you for your time and insights. Your contribution is valuable to designing a workable economic model in a trauma-responsive approach.

11.6. FOCUS GROUP DISCUSSION GUIDE – SURVIVORS OF VIOLENCE

Focus Group Discussion (FGD) Guide for survivors of violence, formatted for ease of translation, trauma-sensitive facilitation, and flexible adaptation in shelters or communities. It is designed to foster a safe and inclusive space for women and girls to share their experiences related to training, healing, and empowerment.

Opening Script (Facilitator Reads Aloud)

"Thank you all for being here. This is a safe space for conversation. You are free to speak openly, skip any question, or stay quiet. Our goal is to learn from your experiences—what helped, what didn’t, and what healing and empowerment mean to you. We will not record your names, and this discussion is private. You may leave at any time."

Note for facilitator: Use warm body language and emphasize non-judgmental and confidential communication.

SECTION A: WARM-UP & TRUST BUILDING

PROMPT	FORMAT	NOTES
What does “trauma healing” mean to you personally?	Open sharing	Let responses flow naturally
What makes you feel safe in group spaces like this?	Open sharing	Helps reinforce safety culture
Can you describe one small success since joining a vocational program?	Storytelling	Builds confidence early in the discussion

SECTION B: EXPERIENCE WITH VOCATIONAL TRAINING

PROMPT	FORMAT	NOTES
What kinds of skills did you learn or practice during your training?	Open sharing	Encourage diversity of responses
Was the training flexible and respectful of your healing process?	Yes/No + Examples	Probe gently for challenges
Did staff or trainers help you feel understood?	Open-ended	The facilitator may prompt with "Did they ask how you were doing emotionally?"

SECTION C: SUPPORT SERVICES & EMOTIONAL SAFETY

PROMPT	FORMAT	NOTES
What kinds of support were available, like counseling, peer groups, or mentors?	List + Reflections	Let survivors name what helped
How did you cope with stress or trauma during the program?	Storytelling	May uncover cultural practices like coffee ceremonies
Did you ever feel unsafe, excluded, or misunderstood during the program?	Optional sharing	Handle with care and allow silence

SECTION D: FINANCIAL EMPOWERMENT

PROMPT	FORMAT	NOTES
Are you using your skills to earn money now?	Yes/No + Examples	Capture diverse economic outcomes
Has your confidence in managing money or starting a new job changed?	Scale (1–5) + Reflections	Build the link between healing and financial agency
What challenges made it hard to apply your skills?	Open sharing	Include social, emotional, and logistical barriers

SECTION E: EMPOWERMENT AND RECOMMENDATIONS

PROMPT	FORMAT	NOTES
What does "empowerment" mean to you now, compared to before?	Reflective	Explore change over time
What advice would you offer to other women embarking on this journey?	Peer wisdom	Valuable for program design
If you could change one thing in the training or support system, what would it be?	Open sharing	Invite collaborative solutions

CLOSING

Thank you for your time and insights. Your contribution is valuable to designing a workable economic model in a trauma-responsive approach.