

## Examine The Role Played by International Actors in Providing Psycho-Social Support to GBV Survivors in Nakivale Refugee Settlement.



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**ABSTRACT:** This study examines the role of international actors in providing psychosocial support to survivors of gender-based violence (GBV) in the Nakivale Refugee Settlement. Employing a pragmatic research philosophy, a mixed-methods approach was utilized, integrating both qualitative and quantitative data to gain a comprehensive understanding of the psychosocial challenges faced by refugees. A cross-sectional survey was conducted involving 166 participants, including 151 household heads and key informants such as local leaders and NGO representatives. Results revealed that an overwhelming 87% of respondents reported being psychologically affected by GBV, underscoring the urgent need for effective psychosocial interventions. The data indicated that 45.2% of survivors benefited from psychosocial support, enabling them to resume normal lives after experiencing depression. However, significant gaps remain, including economic instability and limited access to legal services, which hinder recovery and reintegration efforts. The findings highlight the critical importance of coordinated efforts among international actors, local governments, and community organizations to enhance the effectiveness of psychosocial support for GBV survivors. Recommendations include strengthening multi-sectoral collaboration, improving access to legal services, and addressing underlying socio-economic factors contributing to GBV in refugee contexts. This study contributes to the discourse on GBV in humanitarian settings and emphasizes the need for sustained investment in mental health and psychosocial services.

**KEYWORDS:** Gender-based violence, psychosocial support, refugees, international actors, Nakivale, mental health, humanitarian settings, community organizations, legal services, mixed-methods research.

### INTRODUCTION

Gender-based violence (GBV) is a global epidemic that affects millions of individuals, particularly women and girls. According to the World Health Organization (2021), approximately one in three women worldwide has experienced physical or sexual violence in their lifetime, often at the hands of an intimate partner. This pervasive issue not only violates human rights but also has profound implications for public health, economic stability, and social cohesion (UN Women, 2020). The global response to GBV has evolved over the years, with international frameworks such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Sustainable Development Goals (SDGs) emphasizing the need for comprehensive strategies to combat this violence (United Nations, 2015).

In Europe, GBV remains a significant concern, with various countries implementing policies and programs aimed at prevention and support for survivors. The European Union has recognized GBV as a critical issue, leading to initiatives such as the Istanbul Convention, which aims to prevent and combat violence against women and domestic violence (Council of Europe, 2011). Despite these efforts, challenges persist, including underreporting of incidents and varying levels of support services across member states (European Institute for Gender Equality, 2020).

The African continent faces unique challenges regarding GBV, influenced by socio-cultural norms, economic instability, and armed conflicts. According to the African Union (2018), GBV is prevalent in many African countries, exacerbated by factors such as poverty, lack of education, and inadequate legal frameworks. Efforts to address GBV in Africa have included regional policies and frameworks, such as the African Charter on Human and Peoples' Rights, which calls for the protection of women's rights and the elimination of all forms of discrimination (African Union, 1986).

In East Africa, GBV is a pressing issue, with high rates reported in countries such as Uganda, Kenya, and Tanzania. The region has witnessed various initiatives aimed at addressing GBV, including community-based programs and partnerships with international organizations. However, cultural attitudes towards gender roles and violence often hinder progress, leading to a need for more effective interventions (UN Women, 2019).

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Uganda has made strides in addressing GBV through legislative frameworks and national policies. The Domestic Violence Act of 2010 and the Prevention of Trafficking in Persons Act of 2009 are examples of legal measures aimed at protecting individuals from violence (Government of Uganda, 2010). Despite these efforts, GBV remains prevalent, with reports indicating that one in three women in Uganda has experienced physical violence (Uganda Bureau of Statistics, 2017). The intersection of poverty, cultural norms, and limited access to support services continues to pose significant challenges for survivors.

The Nakivale Refugee Settlement, located in southwestern Uganda, is home to thousands of refugees from various countries, including Rwanda, Burundi, and the Democratic Republic of Congo. The settlement's diverse population and the socio-economic challenges faced by refugees create an environment where GBV can thrive. Reports indicate that refugees in Nakivale experience high rates of GBV, exacerbated by factors such as displacement, poverty, and cultural stigma (UNHCR, 2020). International actors, including NGOs and humanitarian organizations, have established programs to provide psychosocial support to GBV survivors in Nakivale. However, the effectiveness of these interventions remains under-explored, highlighting the need for comprehensive research to understand the role of international actors in addressing GBV in this context.

### **PROBLEM STATEMENT**

The issue of gender-based violence (GBV) is a significant global concern, with profound implications for public health and human rights. According to the World Health Organization (2021), approximately one in three women worldwide has experienced physical or sexual violence in their lifetime, highlighting the pervasive nature of this problem. In Europe, the European Union Agency for Fundamental Rights (2014) reported that 10% of women have experienced sexual violence since the age of 15, indicating a substantial prevalence of GBV in this region.

The magnitude of GBV is particularly alarming in conflict-affected areas, where the risk of violence escalates due to societal disruptions and weakened legal protections. For instance, the Inter-Agency Standing Committee (2017) notes that women and girls in refugee settings are at heightened risk of GBV, with factors such as displacement and economic instability exacerbating their vulnerability. In Uganda, the Nakivale Refugee Settlement, one of the largest in the country, faces significant challenges related to GBV, including sexual violence and domestic abuse, as reported by Mastorillo et al. (2016).

Statistical evidence underscores the urgency of addressing GBV in refugee contexts. The United Nations High Commissioner for Refugees (2020) emphasizes that GBV remains a critical barrier to achieving gender equality and women's empowerment, particularly in humanitarian settings. Furthermore, the African Union (2018) highlights that GBV is a significant impediment to the realization of women's rights across the continent.

The consequences of GBV extend beyond individual survivors, impacting families and communities. Low levels of well-being among survivors can lead to increased healthcare costs, loss of productivity, and long-term psychological effects (Peterman et al., 2020). The economic burden of GBV is substantial, with estimates suggesting that it costs countries billions of dollars annually in healthcare, legal services, and lost productivity (World Bank, 2020).

In summary, the problem of GBV is characterized by its widespread prevalence, particularly in conflict and refugee settings, and its significant negative implications for individuals and society. Addressing this issue requires a comprehensive understanding of its magnitude and the development of effective interventions to support survivors and prevent future violence.

### **THEORETICAL PERSPECTIVE**

The Theory of Change (TOC) by Moosa Zohhra, published in 2012, served as the foundation for this study. This draws on the expertise of a variety of actors, including donor agencies, women human rights defenders, women's rights organizations, and other civil society organizations, who implement programs and services addressing domestic abuse (Sennesie, 2012). The following seven core elements serve as the foundation for the Theory of Change: (1) The importance of context: In accordance with this principle, effective interventions are those that are individualized and founded on a careful examination of the specific elements affecting GBV in a given situation, such as the setting, the type of violence, and the people targeted by the violence. (2) The state has the primary responsibility for addressing violence against women and girls: According to this concept, national governments are ultimately responsible for putting GBV laws, policies, and programs into effect and have the power to effect change. This demonstrates that coordinated interventions operating at multiple levels, across sectors, and over multiple timeframes are more likely to address the various aspects of, and therefore have greater impact on, tackling GBV. (3) Holistic and multi-sectoral approaches are more likely to have an impact. (4) The impact of social change: This concept states that processes of considerable societal change, including in social norms at all levels, are necessary for a sustained decrease in GBV.

(5) Backlash is unavoidable but controllable: This Theory of Change concept states that if root causes are being addressed, opposition to addressing GBV is inevitable but can, and should, be controlled. This pushback may entail an increased risk of more violence against women and girls. (6) Women's rights organizations work to enact and maintain change. According to this premise, the best way to ensure that changes in the lives of women and girls are permanent is to assist women's rights organizations, particularly those that fight gender-based violence. (7) Empowering women serves as both the means and the end: According to this

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final tenet of the Theory of Change, addressing gender inequality as the main driver of violence against women and girls can be accomplished most successfully by concentrating on the rights of, and being accountable to, women and girls (Sennesie, 2012). Based on the information above, international actors can develop effective ways to deal with the problem of gender-based violence at the Nakivale Refugee Settlement.

### **REVIEW OF RELATED LITERATURE**

#### **International actors and provision of Psycho-social support to survivors of GBV**

The United Nations Population fund provides a full package of interventions in countries with the highest needs and lowest ability to finance their own interventions – including in all four areas of engagement: advocacy and policy dialogue and advice, capacity development, knowledge management and service delivery. UNFPA focuses mainly on advocacy and policy in upper-middle income countries with low needs and high ability to finance their own programs. There are, therefore, large differences between countries in terms of support for delivering services to survivors and survivors of gender-based violence, with more support going to those most in need (UNICEF, 2005). Some 76 per cent of UNFPA Country Offices support the Ministry of Health and actors in other sectors to deliver health services for survivors and survivors of gender-based violence.

Women and girls affected by violence face many barriers that prevent them from getting help. Globally, less than 40 per cent of women who experience violence seek help of any sort. However, those who experience violence or are at risk are likely to seek out health services at some point in their lives, making the health sector a key entry point for survivors and survivors. This is particularly true for sexual and reproductive health services, which is why UNFPA advocates for and works towards developing capacities that integrate gender-based violence measures into national sexual and reproductive health programs (WHO, 2012). Some 64 per cent of UNFPA Country Offices report that GBV prevention, protection and response is integrated into national sexual and reproductive health programs. UNFPA is uniquely positioned to promote an integrated approach to providing sexual and reproductive health services and gender-based violence response in both development and emergency settings, including through ensuring implementation of the Essential Services Standards and the Minimum Initial Services Package (MISP), the set of actions required in responding to victims and survivors need. The access of survivors and survivors of rape to health services is a major gap and there is a critical need to ensure that established protocols are carried out for the clinical management of rape (Middleton, 2011). UNFPA builds the capacity of national authorities and health providers in the clinical management of rape and facilitates distribution of reproductive health kits, including medical supplies for post-rape treatment, such as post exposure prophylaxis (PEP) to reduce HIV transmission.

International actors play a crucial role in providing psychosocial support to survivors of gender-based violence (GBV), particularly in humanitarian settings. The Inter-Agency Standing Committee (IASC) has established guidelines that emphasize the importance of integrating mental health and psychosocial support (MHPSS) into GBV response strategies. These guidelines advocate for a multi-sectoral approach that includes health, protection, and community services to ensure comprehensive support for survivors (IASC, 2007). Research indicates that effective psychosocial interventions can significantly improve the mental health outcomes of survivors, reducing symptoms of anxiety, depression, and post-traumatic stress disorder (PTSD) (Tol et al., 2011).

Empirical studies have demonstrated the effectiveness of various psychosocial support interventions implemented by international organizations. For instance, a systematic review conducted by Tol et al. (2011) highlighted the positive impact of group counseling and community-based interventions on the psychological well-being of GBV survivors in conflict-affected areas. The review found that survivors who participated in these interventions reported improved coping mechanisms and a greater sense of community support. Additionally, the study emphasized the need for culturally sensitive approaches that consider the unique experiences and needs of survivors in different contexts (Tol et al., 2011).

In the context of refugee settlements, international actors have developed targeted programs to address the psychosocial needs of GBV survivors. For example, the United Nations High Commissioner for Refugees (UNHCR) has implemented initiatives that provide psychosocial support through trained community volunteers and mental health professionals. These programs aim to create safe spaces for survivors to share their experiences and access necessary resources (UNHCR, 2020). A study by Moganedi and Mohlatlole (2023) found that such community-based approaches not only empower survivors but also foster resilience and social cohesion within refugee communities.

Despite the progress made, challenges remain in the provision of psychosocial support to GBV survivors. A systematic review by Palermo and Peterman (2011) identified gaps in the availability and accessibility of mental health services in many humanitarian settings. The review highlighted that while international actors have made significant efforts to address GBV, the lack of coordination among agencies and insufficient funding often hinder the effectiveness of interventions. Furthermore, cultural stigma surrounding GBV can prevent survivors from seeking help, underscoring the need for ongoing advocacy and awareness-raising efforts (Palermo & Peterman, 2011).

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### **METHODOLOGY**

#### **Research Philosophy**

The research philosophy that guided this study was pragmatic, emphasizing the use of multiple methods to effectively address the research questions. This approach allowed for the integration of both qualitative and quantitative data, providing a comprehensive understanding of gender-based violence (GBV) in Nakivale Refugee Settlement. By adopting a pragmatic philosophy, the study sought to explore the lived experiences of refugees while also quantifying the extent of GBV, thereby enabling a richer and more nuanced analysis of the problem.

#### **Research Design and Paradigm**

A cross-sectional study design was utilized for this research, which allowed for the collection of data at a single point in time. This design facilitated the examination of existing differences between various groups, including refugees, local leaders, and international actors within the Nakivale Refugee Settlement. By employing both qualitative and quantitative research methods, the study gathered comprehensive data, drawing on the strengths of each approach to provide a fuller picture of the challenges related to GBV.

#### **Study Population**

The study population consisted of refugees residing in Nakivale Refugee Settlement, alongside managers and leaders involved in the settlement administration. This included OPM settlement commanders, local leaders, international actors, and representatives from various non-governmental organizations (NGOs). Based on estimates by the UNHCR (2018), the population comprised 4,313 refugee households, with the heads of these households forming the primary focus for data collection.

#### **Sample Size**

The total sample size for the study was 166 participants, which included 151 household heads and 15 qualitative respondents comprising OPM settlement commanders, local leaders, international actors, and NGO representatives. The quantitative sample size was determined using a formula by Miller and Brewer (2003), ensuring a representative sample that could adequately reflect the experiences of the broader refugee population while allowing for in-depth qualitative insights from key stakeholders.

#### **Quantitative Sample**

For the quantitative aspect of the study, simple random sampling was employed to select household heads from the Nakivale Refugee Settlement. This method ensured that each member of the population had an equal chance of being selected, thereby enhancing the representativeness of the sample. The 151 household heads surveyed provided valuable statistical data on the prevalence and nature of GBV, contributing to a robust understanding of the issue within the settlement.

#### **Data Collection Instruments**

The data collection instruments included both questionnaires and a Key Informant Interview Guide. The questionnaire was designed to gather quantitative data from household heads, comprising both open and closed-ended questions to facilitate comprehensive responses. The Key Informant Interview Guide was used for qualitative interviews with selected stakeholders, allowing for in-depth exploration of their insights and experiences regarding GBV in the refugee context.

#### **Surveys**

Surveys were administered to the household heads in Nakivale Refugee Settlement as the primary method of data collection. This approach enabled the researcher to gather standardized information from a large number of participants efficiently. The structured questionnaire facilitated the collection of quantitative data, which could be analyzed statistically to identify trends and patterns related to GBV.

#### **Interviews**

Interviews were conducted with key stakeholders, including OPM settlement commanders, local leaders, international actors, and NGO representatives. This qualitative data collection method allowed the researcher to delve deeper into the experiences and perspectives of those directly involved in GBV prevention and response. The insights gained from these interviews complemented the quantitative findings, enriching the overall analysis.

#### **Ethical Considerations**

Ethical considerations were paramount throughout the research process. The researcher obtained an introductory letter from the Doctorate of Higher Degree of Kampala International University to facilitate access to the Nakivale Settlement. Participants were informed about the purpose of the study and assured that their participation was voluntary, thus safeguarding their autonomy and rights.

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### Informed Consent

Informed consent was obtained from all participants prior to data collection. The researcher ensured that each participant understood the study's objectives and the nature of their involvement. This process included providing detailed explanations and allowing participants to ask questions, thereby ensuring they were fully comfortable with their decision to participate.

### Confidentiality

Confidentiality of participants was strictly maintained throughout the study. Personal identifiers were removed from data collected, and responses were aggregated to ensure that individual contributions could not be traced back to specific participants. This commitment to confidentiality was essential in fostering trust and encouraging honest responses from participants.

### Data Usage and Reporting

The data collected during the study was used solely for research purposes, with findings presented in a manner that respected participant confidentiality. Reporting included both quantitative and qualitative results, providing a comprehensive overview of the findings while ensuring that no individual's identity was revealed. The intention was to contribute to the existing body of knowledge on GBV in refugee settings and to inform future interventions.

## RESULTS

### Role of international actors in providing psycho-social support to GBV survivors

Victims of GBV are always in dire need of psychosocial support given the far-reaching and debilitating effects of scourge caused to them (ICRW, 2009). In the study, the respondents were asked if GBV or their effects thereof have an effect on them psychologically and socially. And overwhelming majority, 87%, indicated that that due to GBV, they have been affected psycho-socially. That is a pointer to the fact that the international actors and other partner have got a great role to play in ensuring that the persons in the settlements are rehabilitated.

**Table 1: International players in preventing GBV in the refugee settlements**

Aspect	Category	Frequency (HH's)	Percentage
Does GBV have negative psycho-social effects?	Yes	113	68.1%
	No	53	31.9%
What are some of the effects of GBV?	Divorce	68	50%
	Mental illness	36	21.7%
	Death	21	12.7%
	Bruises	14	8.4%
	Limits women from protecting themselves against HIV	18	10.8%
	Early pregnancy	9	5.4%
Impacts of psycho-social support provided by international actors?	Prevent distress and suffering developing into something more severe	41	24.7%
	Help people cope better and become reconciled to everyday life	34	20.5%
	Help beneficiaries to resume their normal lives	75	45.2%
	Meet community-identified needs	16	9.6%
Importance of having psycho-social support	Healthy family and community relationships	44	26.5%
	Engagement in meaningful roles and religious or spiritual practices	35	21.1%
	Having basic needs met	21	12.7%
	Physical security	24	14.5%
	A sense of identity, dignity, and positive self-esteem	30	18.1%
	Physical wellbeing (good health)	12	7.2%

The study further probed the respondents for the major effects of GBV in the settlements. The study results indicate that majority, 50%, of the respondents believed that GBV leads to divorce and break-up of relationships. The respondents also attribute the rising cases of mental health especially amongst couples to instances of GBV in their homes. Extreme instances of GBV are not properly checked and/or arrested are likely to lead to death of victims. The perpetrators of domestic violence may also be subjected to mob justice and could lead to their death if no proper interventions are taken for them to meet proper justice. Women seem to be the major victims of GBV and in this study, it was established that it limits them from protecting themselves against HIV and is likely to lead to early or unwanted pregnancies.

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The psychosocial challenges that are faced by persons living in Nakivale with a focus on women was investigated in the study. The study broadly considered psychosocial issues as affecting people right from economic, social, psychological and gender-related issues. The psychosocial support provided by the international actors has been impactful to the persons in the refugee settlements and host communities in a number of ways. 45.2% of the surveyed respondents indicated such support has help the beneficiaries resume their normal lives following long spells of depression caused by GBV.

*“Despite the significant efforts by the international organizations working closely with Government, the women and girls in Nakivale are still continuously facing economic, physical and other psychological difficulties that need psychosocial support. A closer scrutiny of the lives of the refugees depicts frustration and misery and their circumstances are worsening day-by-day”*

### **NGO REPRESENTATIVE**

Some of the instances of GBV are too great that they cause the victims to contemplate about incidences like killing themselves. Such deprives them of living a normal life. With adequate GBV counselling offered by the international actors, the victims are offered another chance to live a better life. The study also reveals that 24.7% of the respondents agree that the psychosocial support offered by the international actors goes a very long way towards preventing distress and suffering amongst the victims into developing into something more severe. Such is indicated as crucial by the respondents because it prevents the victims from suffering adverse effects of GBV.

One of the major ways of dealing with domestic violence between the victims and perpetrators is by fostering an environment that allows these two to reconcile through appropriate arbitration. With adequate psycho-social support from the international actors in Nakivale, 20.5% of the respondents indicated that they have been able to reconcile and live better lives as it fosters a spirit of brotherhood. The legal system has got ways of dealing with GBV instances in Nakivale. However, many of the victims do not have access and means to the legal services even given the presence of pro-bono services from a number or actors in the settlement. Consequently, the psychosocial support by international actors fosters forgiveness between victims and perpetrators which improves harmony.

### **CONCLUSION**

The study highlights the critical role of international actors in providing psychosocial support to survivors of gender-based violence (GBV) in Nakivale Refugee Settlement. With 87% of respondents indicating that they have been affected psychosocially by GBV, the need for effective interventions is evident. The findings show that GBV has far-reaching effects, including mental health issues, relationship breakdowns, and increased vulnerability to other forms of violence. Importantly, the psychosocial support provided by international organizations has been impactful, with 45.2% of participants reporting that such support has helped them resume normal lives after experiencing depression caused by GBV. This underscores the necessity of continued investment in mental health and psychosocial services in refugee contexts, where individuals face compounded challenges.

The results also reveal that while international actors have made significant strides in addressing the psychosocial needs of GBV survivors, substantial gaps remain. Although many survivors benefit from the support provided, issues such as economic instability, lack of access to legal services, and ongoing social stigma continue to hinder recovery and reintegration. The perspectives shared by respondents, including NGO representatives, indicate a sense of frustration among survivors, with many feeling that their circumstances are worsening despite available support. This highlights the urgent need for a more comprehensive and coordinated response that not only addresses immediate psychosocial needs but also tackles the underlying socio-economic factors contributing to GBV.

### **RECOMMENDATIONS**

Based on the findings of this study, several recommendations are proposed to enhance the effectiveness of psychosocial support for GBV survivors in Nakivale Refugee Settlement: **Strengthening Multi-Sectoral Collaboration:** International actors should work closely with local governments, NGOs, and community leaders to create a coordinated approach that integrates psychosocial support with legal, economic, and health services. This collaboration can ensure that survivors have comprehensive access to the resources they need for recovery.

**Increasing Accessibility of Legal Services:** Efforts should be made to improve access to legal services for GBV survivors, particularly in refugee settlements. This could involve expanding pro-bono legal aid services and providing legal education to empower survivors to seek justice and protection from further violence.

**Enhancing Community Awareness and Engagement:** Community-based programs aimed at raising awareness about GBV and its effects are essential. Engaging community members in discussions can help reduce stigma, promote understanding, and foster a supportive environment for survivors, enabling them to seek help without fear of reprisal or shame.

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Providing Comprehensive Economic Support: Addressing the economic vulnerabilities faced by survivors is crucial for their long-term recovery. International actors should consider implementing vocational training and income-generating activities to empower survivors financially, thus reducing their dependence on potentially harmful relationships.

Monitoring and Evaluation: Continuous monitoring and evaluation of psychosocial support programs should be established to assess their effectiveness and adapt interventions based on feedback from survivors. This will ensure that the services provided are responsive to the evolving needs of the community.

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