

**"ASSESSING THE IMPACT OF GENDER-BASED VIOLENCE ON FAMILY
MEMBER'S WELL-BEING IN RHINO CAMP REFUGEE SETTLEMENT"
A CASE STUDY OF OFUA THREE ZONE CLUSTER, TEREGO DISTRICT**

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S23/ASC/BSW/030

**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF
BACHELOR OF SOCIAL WORK OF UGANDA CHRISTIAN UNIVERSITY**

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DECLARATION

I, NYOKU BETTY LEAH Reg No S23/ASC/BSW/030 declare that this dissertation is my original work and has never been submitted to any institution for any award.

NBS Betty

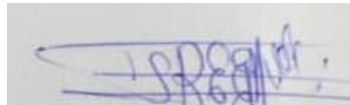
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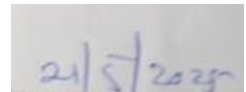
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APPROVAL

This is to certify that this research report has been under my supervision and I am approving it and submitting it for examination.



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DEDICATION

This book is dedicated to the Almighty God who enabled me to be in position to carry on with my study by granting me good health throughout. I also dedicate this piece of work to my late husband Mr. Aligo Manasseh Morris and my beloved children Sally Tinate Aligo, Aaron Baaba Aligo and my nephew Moses Chandiga Ezibon for their moral support and continue praying and believing in me.

ACKNOWLEDGMENT

I would like to give praise and honor to the almighty God for his guidance, protection and sustenance throughout the program and for enabling me to complete this report successfully.

I will like to express my most sincere gratitude to my professional supervisor Mr. Odokonyero Richard Gody who sacrificed his precious time to supervise this work, reading every script and making valuable and analytical suggestions. Without his direction, this work would have not ended up with the quality it deserves. Thank you so much for the time you have tirelessly given me through support, guidance and encouragement which led to the success of the research dissertation. May the Lord God almighty bless you and reward you abundantly.

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ABSTRACT

Gender-based violence (GBV) is a pervasive issue in refugee settlements, intensifying the vulnerability of family members. This study will assess the impact of GBV on family members' physical, emotional, and psychological well-being in Rhino Camp Refugee Settlement, specifically in Ofua Three Cluster, Rhino camp refugee settlement in Terego District, Northern Uganda.

A mixed-method approach was employed in this study and it involved both Qualitative and quantitative approaches. The study used both the combination of Questionnaire and interview guide to collect the required data about the prevalence, forms, and consequences of Gender Based Violence.

The study explored the coping mechanisms employed by the affected family members and the support systems available to them. The findings of this study anticipated to contribute to the understanding of the impacts of GBV's on the family's well-being in refugee settings. The study would also inform stakeholders on the development of effective GBV frameworks and policies that promote sustainable family well-being and mitigate the consequence of GBV.

ABBREVIATIONS/ACRONYMS

GBV	Gender Based Violence
SRH	Sexual and Reproductive Health
UNHCR	United Nations High Commissioner for Refugees
SGBV	Sexual and Gender-Based Violence
FGM	Female Genital Mutilation
PSS	Psychosocial Support
CSO	Civil Society Organization
VAW	Violence Against Women
CBO	Community-Based Organization
FBO	Faith-Based Organization
SDGs	Sustainable Development Goals
RH	Reproductive Health
UASC	Unaccompanied and Separated Children
MHPSS	Mental Health and Psychosocial Support
GBVIMS	Gender-Based Violence Information Management System

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Gender based violence remains a pervasive issue globally with physical, psychological and economic impact. Although much research has focused on the direct victims of gender-based violence, its effects on family members are less understood. Family units are essential in providing emotional support and stability, but exposure to gender-based violence can lead to emotional trauma, social disintegration and economic challenges. This study aims to explore how gender-based violence affects not only the direct victims but also their family's potentials influencing their well-being and overall quality of life. Understanding this impact is crucial for formulating comprehensive intervention that addresses both victims and their families.

With more than 140,000 refugees from South Sudan, the Democratic Republic of the Congo, and other conflict-affected areas, Rhino Camp Refugee Settlement poses particular difficulties, according to the UN Refugee Agency 2019. In the Ofua Three Zone Cluster, refugee families deal with poverty, substandard housing conditions, and restricted access to healthcare and education. These elements foster an atmosphere that is favorable to GBV, impacting not just the survivors but also their whole family. Even though the Ugandan government and humanitarian organizations have taken steps to combat GBV, the prevalence is still shockingly high. With an emphasis on the Ofua Three Zone Cluster, this study attempts to evaluate the effect of GBV on the welfare of families in the setting of refugees.

1.2 Statement of the Problem

While numerous studies have indicated direct effect of gender-based violence on victims, there is inadequate research on its larger impacts on family members. This gap in knowledge limits the effectiveness of support system and interventions designed to help families to cope up with aftermath of gender-based violence. Without understanding the full scale of gender-based violence's effects, policy makers and social workers may overlook critical aspects of family well-being leading to incomplete support strategies. Therefore, this study seeks to address

the research gap by assessing the multiple dimensional impacts on gender-based violence and family well-being.

1.3 Purpose of the Study

To assess the impact of gender-based violence on the well-being of families focusing on the economic, social and psychological dimension. The research aims to provide insights that will inform development of support systems and policy interventions to improve family resilience and well-being in case of gender-based violence incidences.

1.4 Research Objectives

- (a) To assess the psychological, social, and economic impacts of gender-based violence on family members' well-being.
- (b) To explore coping mechanisms adopted by family members exposed to gender-based violence.
- (c) To recommend strategies for supporting family members affected by gender-based violence.

1.5 Research Questions

- (a) What are the psychological, social, and economic impacts of gender-based violence on family members' well-being?.
- (b) What coping mechanisms do family members adopt when exposed to gender-based violence?.
- (c) What strategies can be recommended to support family members affected by gender-based violence?

1.6 Hypothesis of the Study

This study used the Alternative hypothesis (H_a):

- (a) The prevalence of GBV has significant effect on the family's members wellbeing.

1.7 Scope of the Study

1.7.1 Geographic Scope

This study was conducted in Ofua Three Zone Cluster, Rhino Camp Refugee Settlement, Terego District, and Northern Uganda

1.7.2 Time Scope

The study was conducted within a period six-months running from January to June 2025

1.7.3 Content Scope

The study examined the effects of Gender-based violence on physical, social, and psychological well-being of family members while considering the influence of community support systems.

1.8 Justification of the Study

1. The study filled knowledge gap on the effects of gender-based violence on the family's wellbeing.
2. It provided knowledge on the frameworks and coping mechanism for the family's wellbeing.
3. It provided an adequate recommendation on the problem arising from the effects of GBV on the family's wellbeing.

1.9 Significance of the Study.

1. Enhanced intervention strategies to support both victims of GBV and their family.
2. Provided a foundation for further studies on the broader impact of gender-based violence (GBV)
3. Highlighted recommendations necessary for addressing the problem created as a result of GBV on family members wellbeing.
4. Contributed a deeper understanding of societal consequences of gender-based violence.

1.9.1 Theoretical Background

The study was grounded in Bronfenbrenner's Ecological Systems Theory, which explains that individual behavior is influenced by interactions within interconnected systems, including personal, family, community, and broader societal structures. Additionally, Social Learning Theory by Bandura is utilized to explore how witnessing or experiencing violence within families may influence behavioral patterns among children and spouses in these settings (Bandura, 1977). These theories collectively provide a framework for understanding how gender-based violence (GBV) disrupts families and communities at multiple levels.

1.9.2 Conceptual Background

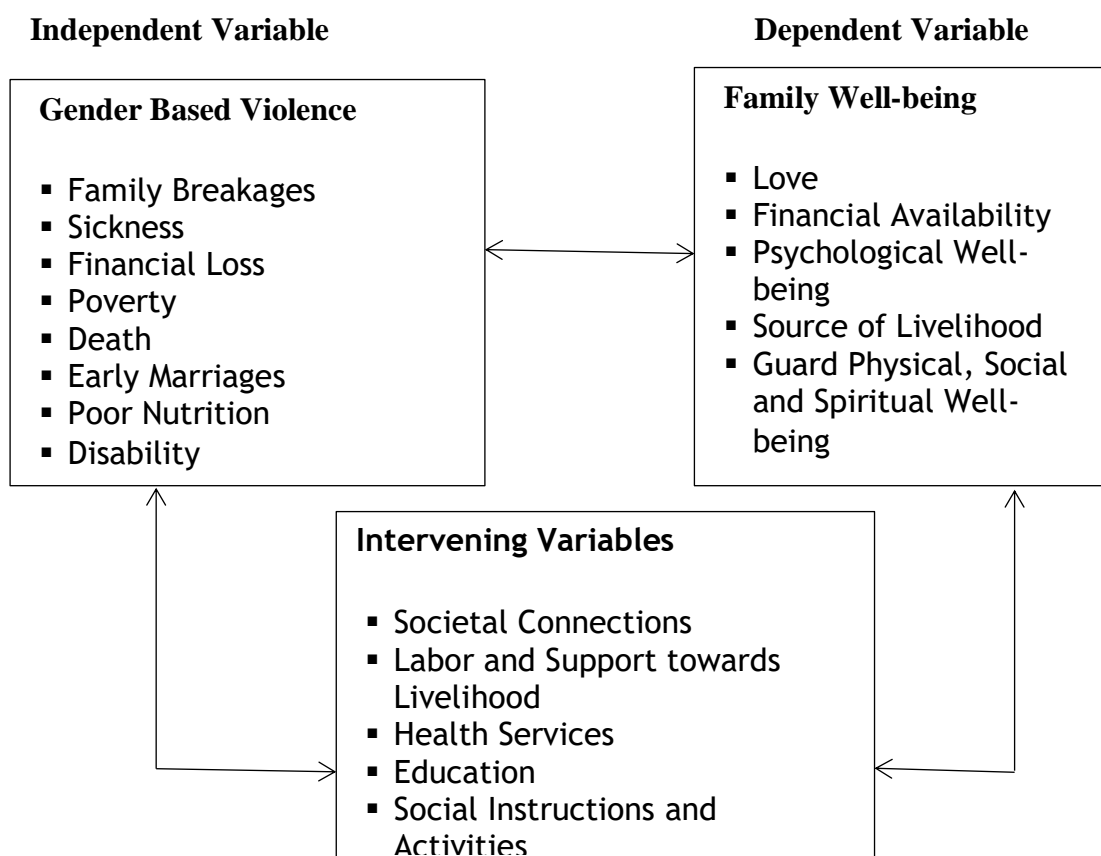
This research investigated gender-based violence (GBV) as the independent variable, encompassing physical, emotional, and sexual violence, and its impact on family well-being as the dependent variable. Family well-being is analyzed through indicators such as economic stability, psychosocial health, and child welfare. The interplay between GBV and family well-being is mediated by factors such as social support and community interventions.

1.10 Conceptual Framework

The conceptual framework diagram illustrating the relationship between Gender-Based Violence (GBV) as the independent variable and family well-being as the dependent variable. The diagram includes moderating variables, showing how GBV affects different aspects of family well-being, while also considering the role of other factors like social support, coping mechanisms, socioeconomic status, and cultural factors.). Mediating factors such as social support and interventions are highlighted.

Conceptual framework

Conceptual framework illustrating the relationship between Gender-Based Violence (GBV) and family well-being.



The conceptual framework demonstrated the relationship between Gender-Based Violence (GBV) as the independent variable and family well-being as the dependent variable, with intervening factors such as social connections, education, healthcare, and economic support. GBV disrupts family stability by causing financial loss, emotional distress, health complications, and weakened social relationships, leading to adverse effects on love, psychological well-being, financial security, and overall family resilience. Ecological Systems Theory clarifies that these impacts occur within interconnected social environments, where GBV influences family dynamics at multiple levels—individual, community, and societal. For instance, economic hardship and psychological trauma caused by GBV may not only affect the victim but also extend to family members, altering their access to resources and community support. This creates a cycle of vulnerability where poverty, poor health, and emotional instability further reduce a family's ability to recover from GBV-related challenges.

Intervening variables such as healthcare services, education, and labor opportunities can either alleviate or increase the effects of GBV on family well-being. Social Learning suggests that individuals, particularly children, learn behaviors through observation and experience, meaning exposure to GBV may normalize violence within families and communities, perpetuating intergenerational cycles of abuse. However, access to social institutions, support groups, and education can help break this cycle by promoting positive coping strategies and resilience-building. For example, in refugee settings like Rhino Camp, community programs and institutional interventions provide essential emotional, economic, and social support to survivors, fostering recovery and improving overall family well-being. Therefore, while GBV significantly threatens family stability, strong external support systems and positive social influences play a crucial role in mitigating its long-term effects.

1.10.1 Chapter Summary

Chapter one has introduced the study background, problem statement, objectives, hypotheses, and scope, laying the foundation for understanding the impact of GBV on family members in the Ofua Three Zone Cluster.

CHAPTER TWO:

LITERATURE REVIEW

2.0 Literature Review

This chapter presents a review of existing literature on Gender-Based Violence (GBV) and its impact on family well-being, specifically in refugee contexts. It begins with an in-depth exploration of the theoretical framework guiding the study and then critically reviews existing research related to the three objectives of the study. The chapter concludes with an identification of the knowledge gaps and a summary.

2.1 Theoretical literature review

According to Kansiime et al. (2020), GBV has been connected to poverty, cultural norms, and insufficient legislative protections in Uganda, which is home to a sizable refugee community, including the Rhino Camp. The ecological and social learning mechanisms that influence relationships and behaviors must be understood in order to address these issues.

According to the ecological systems theory of Bronfenbrenner, human development is impacted by interactions between and within the ecosystem, macrosystem, chronosystem, mesosystem, and microsystem (Bronfenbrenner, 1979). This example is essential for analyzing how the various elements contribute to GBV interact in refugee settings.

A person's immediate surroundings, including their family, friends, and community, are represented by their microsystem. GBV frequently happens in families, impacting both survivors and their offspring. Power disparities, displacement stress, and poverty impair microsystemic tensions in refugee settings (UN Women, 2020). Children exposed to GBV may have behavioral and developmental issues, and victims may endure long-term psychological impacts such as depression and post-traumatic stress disorder (PTSD) (Heise et al., 2019).

Families and community institutions are two examples of the interactions between various microsystems that are included in the mesosystem. GBV prevention

initiatives in Rhino Camp are hampered by the limited access to legal, medical, and educational resources (Krause, 2015). Working together, stakeholders—including NGOs and local government—can improve support systems and lessen the impact of GBV.

The exosystem includes outside factors including laws, the state of the economy, and media representations that have an indirect impact on people. Despite being progressive, Uganda's refugee regulations frequently lack strong enforcement measures to safeguard GBV survivors (Refugee Law Project, 2022).

Additionally, the ecosystem's weakness to GBV is heightened by financial difficulties and a lack of employment opportunities.

Generally accepted legal, social, and cultural norms are referred to as the microsystem. Male-controlled beliefs and harmful cultural customs sustain GBV in many immigrant groups (Ellsberg et al., 2015). In order to achieve gender equality and non-violence, community-driven interventions and education are necessary to change these norms.

The chronosystem takes historical events and life transitions into account as well as changes across time. Displacement frequently alters coping strategies and established family roles, which raises the risk of GBV. To guarantee sustained results, long-term interventions need to take these time-based factors into account (UNHCR, 2021).

The model does not provide clear intervention strategies but rather describes influencing factors, requiring additional frameworks for effective solutions (Neal & Neal, 2013).

It assumes that all individuals within a system respond similarly to environmental influences, ignoring personal resilience and coping mechanisms (Ungar, 2012).

In a refugee settlement like Ofua Three zone cluster, resource constraints may limit the implementation of systemic interventions at different ecological levels.

According to Bandura's Social Learning Theory, behavior is shaped by imitation, reinforcement, and observational learning (Bandura, 1977). This theory emphasizes how GBV cycles are sustained by exposure to violence in families and communities.

According to Bandura (1977), children who witness gender-based violence frequently accept violent behaviors as the norm, which raises their risk of committing violent acts as adults. Since communal living arrangements are typical in refugee situations like Rhino Camp, children may observe violence in their immediate surroundings, which could encourage violent behavior.

Additionally, Bandura's thesis emphasizes how media shapes attitudes toward violence. Mass media and social media awareness programs can dispel traditions and encourage peaceful conduct in refugee communities (UN Women, 2020).

Social learning relies heavily on role models. According to Heise et al. (2019), cultural norms and practices often support male dominance and control over women in patriarchal societies. Local leaders who advocate gender equality are examples of positive role models who can challenge these practices and reduce GBV.

The theory focuses on learned behaviors but does not fully account for the biological, emotional, and psychological factors that influence responses to GBV (Mihalic & Elliott, 1997).

The theory assumes that exposure to GBV automatically leads to imitation, while some individuals reject violent behavior despite being exposed to it (Akers & Jensen, 2006). The theory does not address structural issues, such as poverty, legal barriers, and displacement, which significantly contribute to GBV in refugee settings (Heise, 1998).

2.2 Empirical literature review.

The physical, psychological, social, and economic aspects of family well-being are all significantly impacted by GBV, according to research. While children incur emotional discomfort, developmental delays, and disruptions in their education, survivors frequently endure physical injuries, long-term health problems, and psychological trauma (Ellsberg et al., 2015). Economic repercussions include decreased productivity, higher medical expenses, and income loss (Oxfam International, 2019).

According to studies done in refugee settlements in Uganda, cultural stigma and a lack of infrastructure frequently prevent GBV survivors from accessing justice and

support services (Kansiime et al., 2020). These difficulties highlight the necessity of multi-level interventions based on frameworks for social and ecological learning.

Addressing GBV in refugee settings requires a holistic approach that incorporates Bronfenbrenner's and Bandura's theoretical insight in order to handle urgent requirements and promote resilience, strengthen the support networks within the Family and the community.

Encourage programs for education and awareness to counteract negative cultural norms and practices.

To safeguard survivors and stop additional abuse, provide access to legal and medical resources.

To encourage behavioural change and healing, create secure environments and exemplary role models.

To lessen vulnerabilities, support long-term economic empowerment programs.

The Ecological Systems Theory by Bronfenbrenner and the Social Learning Theory by Bandura provide useful frameworks for comprehending the complex dynamics of GBV in refugee settings. In order to lessen the negative effects of GBV on family well-being in Rhino Camp and comparable environments, stakeholders can create focused interventions by addressing individual, relational, and systemic aspects. To guarantee long-lasting and culturally aware solutions, community-driven initiatives should be given top priority in future research and practice.

CHAPTER THREE:

METHODOLOGY

3.0 Methodology

This section highlights the research design that will be adopted in this study. Special emphasis will be placed on the study population, sample size and sampling techniques, data collection, data analysis and interpretation.

3.1 Research Design

The descriptive research design was adopted for this study. Data was collected through the administration of questionnaires and Key Informant Interview guides were randomly used to select respondent.

Mixed method approach which combined qualitative and quantitative methods to provide a comprehensive understanding of the problem. Families affected by GBV including spouses, children, and extended family will be the target population. Purposive sampling to select the required respondents was used as a sampling technique. The sample population included the local councilors, religious and cultural leaders, police, medical workers, family heads, and social workers from civil society Organizations.

Quantitate data was collected from medical personal by use of structured questionnaire. Meanwhile qualitative data was collected by use of interview guides, focus group guides.

The focus group had a total number of respondents between 6-12.

Quantitative data was analyzed by use of statistical package for social science (SPSS). For descriptive statistics correlational analysis and regression analysis was used. Meanwhile for qualitative data thematic analysis was done.

To address the problem of ethical consideration the following ethical concerns was sought from the respondents: Informed consent, confidentiality, anonymity and psychological support.

To address the problem of research limitations, the following were employed, social desirability bails meaning participants may under report or over report

experiences due to stigma. Generalizability in which finding may be specific to studies' geographical and cultural context.

However, the following outcomes were expected from the study: enhanced understanding of GBV, compressive policy recommendation and contribution to academic literature.

3.2 Area of Study

The study was conducted in Rhino Camp Refugee Settlement, focusing on the Ofua Three Zone Cluster, located in Terego District, Northern Uganda. This area was chosen due to the high refugee population and reports of GBV incidents. The settlement comprises refugees from South Sudan and other conflict-affected countries. The Ofua Three Zone Cluster was known for limited access to legal and psychosocial support services, which heightens the effects of GBV.

3.3 Sources of Information

Primary Sources were from Refugee families, police, Local council one, community leaders, social workers and health personnel's in Ofua Three Zone Cluster. Secondary Sources will as well be Reports from UNHCR, NGOs, and government institutions, as well as relevant scholarly articles on refugee family dynamics.

3.4 Population of study and Sampling Techniques

Study population refers to all elements to be studied (Taherdoost, 2020).

Using purposive sampling and simple random sampling techniques, a sample of 69 respondents were selected. Purposive sampling was used to select key informants such as 6 community leaders, 20 GBV survivors, 3 local police officers, 10 block leaders, 5 social workers and 10 health personnel involved in GBV interventions. Simple random sampling was applied to select households within the cluster to ensure representation across various demographics.

3.5 Sample Size Determination and Selection

This study employed a mixed-methods approach, combining both quantitative and qualitative data collection methods. The study targeted family members living in Ofua Three Zone Cluster Rhino Camp Refugee Settlement.

The sample determination for 69 respondents: The sample size for this study was 69 respondents determined using Yamane Formulae (1969) indicated below.

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

Where: n= sample size

N= Population size (e.g. estimated total number of GBV affected families in Ofua three zone cluster

e= margin of error (typically 1.005 for 95% confidence level)

If the estimated GBV affected population in Ofua three zone cluster is 200 families.

$$n = \frac{200}{1 + 200(0.5)}$$

$$n = \frac{200}{1 + 0.5} = \frac{200}{1.5} = 69 \text{ respondents}$$

3.5.1 Study Participants/respondents

The study comprised family members (male and female) aged 18-44 above, selected through random sampling. According to Creswell (2012), a sample is a sub-group which represents the target population from whom findings will be generalized. In this study, the researcher used Krejcie and Morgan (1970) table and (attached as Appendix 1) to determine the sample size for the study. Given the population of 200, the sample was estimated to be 69 respondents as disaggregated below.

3.6 Variables Definitions and Measurements

Independent Variable: Gender-Based Violence refers to any harmful act directed at an individual based on their gender, including physical, sexual, psychological, or economic violence. It was prevalent in refugee settings due to displacement-related stressors.

Dependent Variable: Family members' well-being. The overall state of health, economic stability, psychological condition, and social integration of family members affected by Gender-Based Violence GBV.

Control Variables: Control variables are factors that may influence the relationship between Gender-Based Violence (GBV) and Family Members' Well-being but are not the primary focus of the study. These variables must be controlled to ensure that the observed effects are due to GBV and not other external factors.

3.7 Procedure for Data Collection

Obtained approval from the academic institution and relevant authorities, including seeking permission from the Refugee Welfare Council, Ofua Three Rhino Camp Refugee settlement.

Data was collected over four weeks using questionnaires, structured interviews and focus group discussions guide. Analyze data and compile findings for the research report.

3.7.1 Data Collection Instruments

A structured questionnaire was designed, including both closed-ended and open-ended questions to assess the different dimensions of family member's well-being affected by GBV.

An interview guide was used to guide discussions with key informants, ensuring consistency while allowing flexibility to explore new insight.

3.7.2 Research Validity

Validity was ensured by pre-testing the questionnaire and interview guide on a small group of respondents within the refugee camp to check for clarity and relevance. Feedback from the pre-test was used to refine the instruments to ensure they accurately capture the intended data.

3.8 Content Validity

The questionnaire was given to three subject experts and the supervisor to determine whether the questions there in address the research questions.

3.9 Research Reliability

Reliability was assessed through a pilot study using the test-retest method. This involved administering the questionnaire to the same group of respondents at two different times and comparing the responses to check for consistency. The reliability of qualitative data will be supported by thorough documentation and consistent use of the interview and FGD guides.

3.10 Data Analysis

Quantitative data from the questionnaires was analyzed using Excel, References Analysis, tabulations, Pie charts, and Graphs. Descriptive statistics, such as frequencies, percentages, means, and standard deviations, will be used to summarize the data. Inferential statistics, such as correlation and regression analysis, will be employed to examine relationships between GBV and family well-being indicators.

Qualitative data from interviews were analyzed using thematic analysis. Transcripts from interviews were coded to identify recurring themes and patterns that reflect the experiences and perceptions of family members regarding GBV. Direct quotes will be used to illustrate key findings.

3.11 Ethical Considerations

The study upheld ethical principles, including informed Consent where by participants received clear information about the study's purpose and voluntarily written or verbal consent was obtained after being briefed.

All data collected were kept confidential and used only for research purposes. Identifiers will be removed to protect participants' privacy

Given the sensitive nature of GBV, all interactions will be conducted with respect and empathy. Counselors were available for participants who experienced distress and respondents can withdraw from the study at any time without repercussions.

3.12 Methodological Constraints

Discussions on GBV are considered a taboo and researcher faced challenges in accounting for cultural and social variations in attitudes towards and experiences of gender-based violence.

Language barriers can lead to inaccurate data collection, as respondents may not fully understand the questions being asked or may not be able to express themselves effectively which may impact on the validity and reliability of the research findings.

Inadequate transportation networks and funding can also limit researcher's ability to access certain areas or population leading to a lack of representation and diversity in the sample.

3.13 Data Processing and Analysis

Quantitative data will be analyzed using Excel to generate descriptive statistics, while thematic analysis will be applied to qualitative data.

3.14 Ethical Considerations

Ethical approval will be obtained, and participants' confidentiality and consent will be prioritized. Sensitive questions will be approached with care to minimize distress.

3.15 Methodological Constraints

Possible constraints include limited participant availability and reluctance to discuss GBV due to stigma. Efforts will be made to build trust and provide a safe environment for data collection.

CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS

4.0 Introduction

The chapter covers data presentation, analysis and interpretation of data collected with the view of answering the research questions. Data analysis and interpretation was based on the three research objectives. Below are the data presentations and analysis.

4.1 Demographic characteristics of the Respondents

In this study, the section was to reveal the background characteristic of respondents and profile of respondents based on their gender, level of education, age and years of experience.

Table 1: Showing the gender of respondents

GENDER				
Valid		Frequency	percentage	Valid Percentage
	Male	29	42	42
	Female	40	58	58
	Total	69	100	100

Table 1 results indicated that majority of the respondents in this sample were female with (58%) as compared to male respondents (42%), hence implying a gender gap since majority of direct victims of gender based violence in Ofua 3 settlement are women and children.

Table 2: Showing the age of respondents in Ofua III

AGE				
Valid	Age Range	Frequency	Percentage	Valid Percentage
	18-24	11	16	16
	25-34	19	28	28
	35-44	25	36	36
	45 Years and above	14	20	20
	Total	69	100	100

Results in table 2 indicated that majority of respondents in this sample ranged between 35-44 years of age (36%), this implied that majority of respondents in this sample were in their middle adulthood, these were followed by those between the range of 25-34 years of age constituting (28%), 20% were between 45years and above. 16% were in the range 18-24 years of age.

Table 3: Showing the level of education of respondents of Ofua III

EDUCATION LEVEL				
Valid		Frequency	Percentage	Valid Percentage
	Secondary	43	62	62
	Diploma	15	22	22
	Bachelors	9	13	13
	Masters	3	3	3
	Total	69	100	100

With respect to education qualification in Table 3; the study further showed that the respondents were O-level holders (62%) dominated the study, these were followed by diploma (22%) and these were followed by the Bachelor holders (13%) and finally those who holder masters (3%).

Table 4: showing the marital status of the respondents in Ofua III

MARITAL STATUS				
Valid		Frequency	Percentage	Valid Percentage
	Married	32	46	46
	Single	12	17	17
	Divorced	17	24	24
	Widowed	8	13	13
	Total	69	100	100

With respect to the Marital status, results in Table 4 indicated that majority of respondents in Ofua III interviewed on Impacts of gender based violence on family members were married couples who consisted of 46%, followed by Divorced couples who constituted 24% and these were followed by the Widowed who constituted 13% and finally the Single (17%). This clearly showed that majority of the respondent were the married couples.

Table 5: Showing the Occupation of the respondents in Ofua III

OCCUPATION				
Valid		Frequency	Percentage	Valid Percentage
	Community members	30	44	44
	Teacher	5	7	7
	Social worker	5	7	7
	Local council	16	23	23
	Police Officer	3	4	4
	Health worker	10	15	15
	Total	69	100	100

As indicated from the tables it is clearly shown that majority of the respondents were community members who mainly comprised of couples (44%), followed by local council member (23%), followed by health workers (15%), then Teachers and social workers that constituted 14% and finally the police officers who made 4%. This meant that majority of the respondents were community members.

Table 6: Showing the duration of Respondents in Ofua III

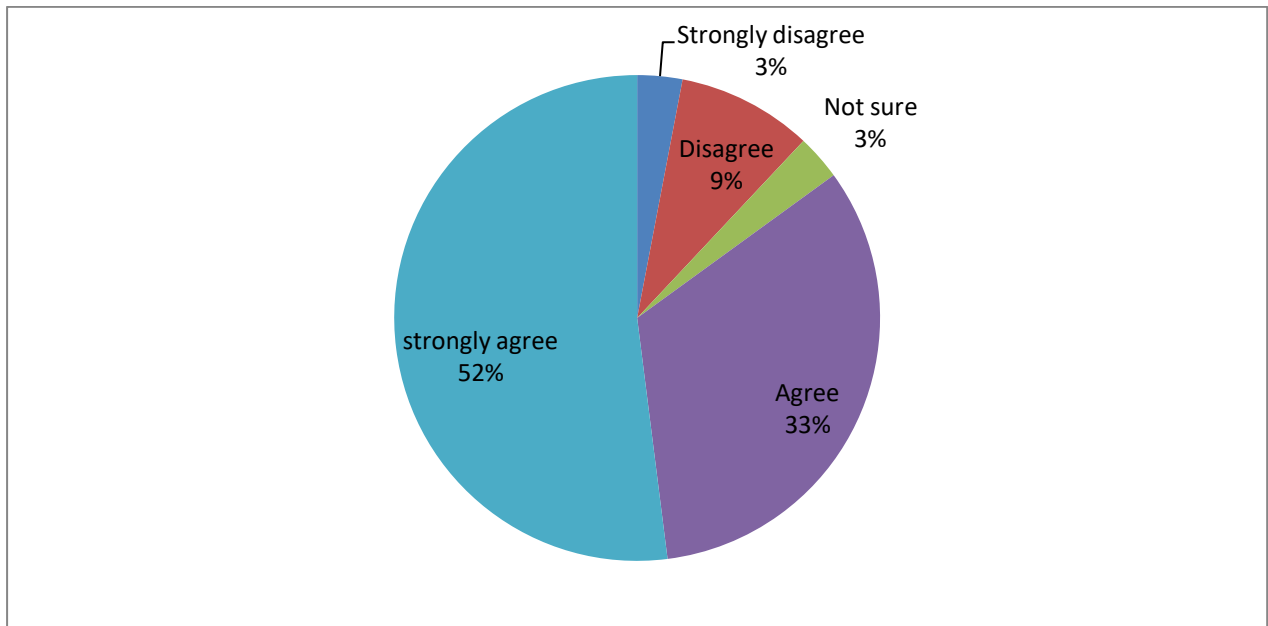
DURATION				
Valid		Frequency	Percentage	Valid Percentage
	1-2 Years	15	22	22
	3-5Years	21	30	30
	6-7Years	24	35	35
	8 years plus	9	13	13
	Total	69	100	100

The table above indicates that a greater number of respondents have lived between 6-7 years constituting 35%, followed by those who have lived between 3-5 years making up 30%. There was 22% for those who have lived there for 1-2 years only and lastly those who have lived 8 years plus (13%). This clearly revealed that majority of the respondent have stayed lived in the settlement for more than six years.

4.2 Objective one: To assess the psychological, social and economic impacts of gender based violence on family members' wellbeing.

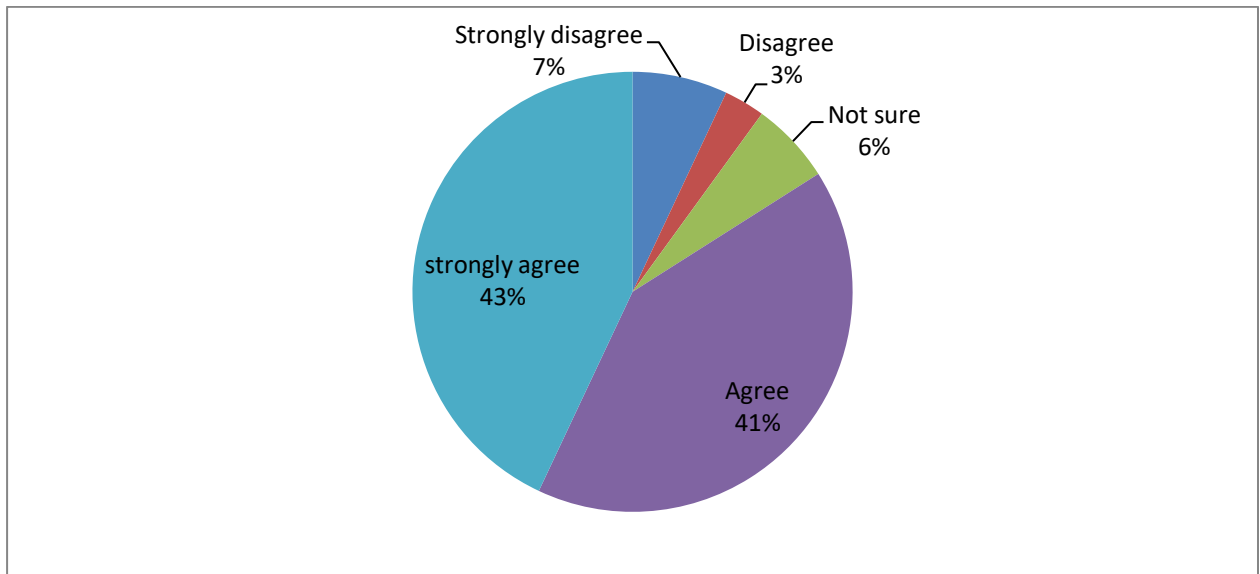
The first objective aimed at identifying and assessing the psychological, social and economic impacts of gender based violence on family members' wellbeing. Five questions were developed on the five linkert scale where respondents were asked to indicate the extent to which they agree or disagree with each question, and their responses were analyzed using percentages shown in tabulations, graphs and Charts.

Figure: 1: The pie chart showing the responses on physical violence



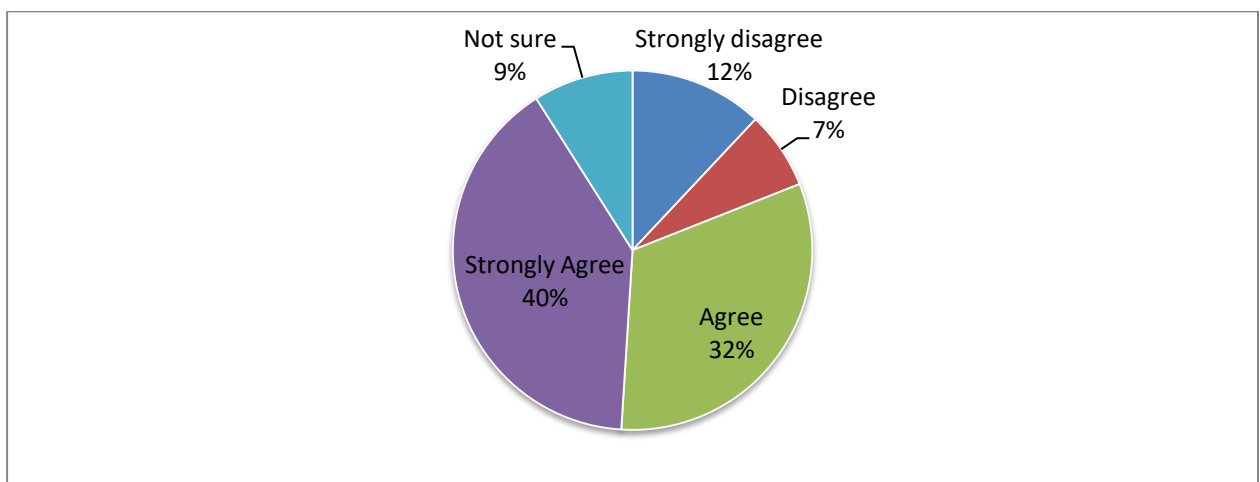
From the pie chart above it is established that majority of the respondents strongly agreed (52%) followed by those who agreed (33%) that physical violence was prevalent and common form of gender based violence in Ofua III. However 9% disagreed and 3% strongly disagreed respectively and 3% were uncertain about the prevalence of gender violence in Ofua 111 Zone cluster. Therefore, it has been established that most of the respondents confined in the view that physical violence is common form of gender based violence among families in Ofua III.

Figure 2: Pie chart showing responses on sexual violence



As regards prevalence of sexual violence presented in the chart above, it is shown that 43% and 41% of the respondents strongly agreed and agreed respectively. 7% of the respondents were uncertain, as 6% and 3% disagreed and strongly disagreed respectively. This clearly indicated that majority agreed that sexual violence is common form of gender based violence among family members in Ofua III.

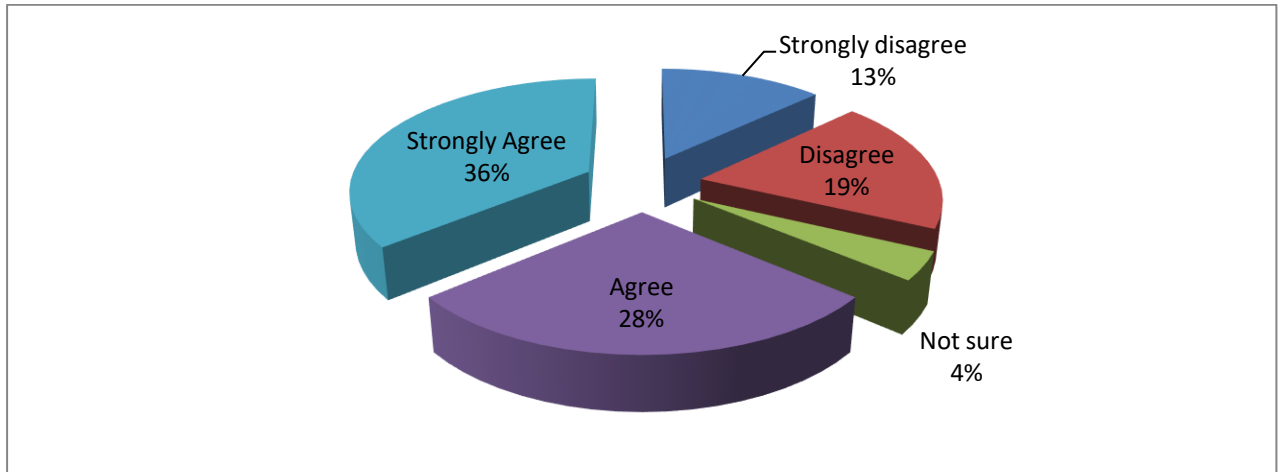
Figure 3: Respondents views on the prevalence of emotional/ psychological violence



This figure above clearly shows that majority of respondents confined to the view that emotional or psychological violence is a common form of gender based violence faced by families in Ofua III. As indicated that 40% and 32% agreed and

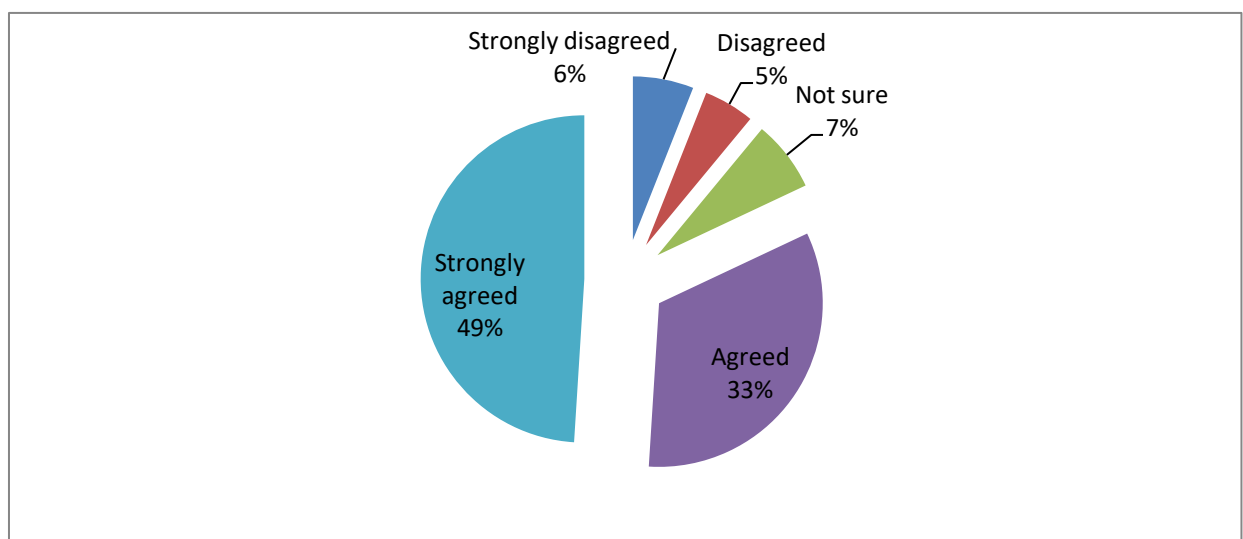
strongly agreed respectively. On the hand 7% and 12% disagreed and strongly disagreed as 9% were not certain.

Figure 4: Showing views on financial violence as a common form of gender based violence.



It's clearly shown on the chart above that majority of the respondents confined with the view that financial violence is another common form of gender based violence. This is indicated as 36% and 28% agreed and strongly agreed, as 4% were uncertain. However, 19% and 13% strongly disagreed and disagreed respectively.

Figure 5: Showing traditional views on child marriage



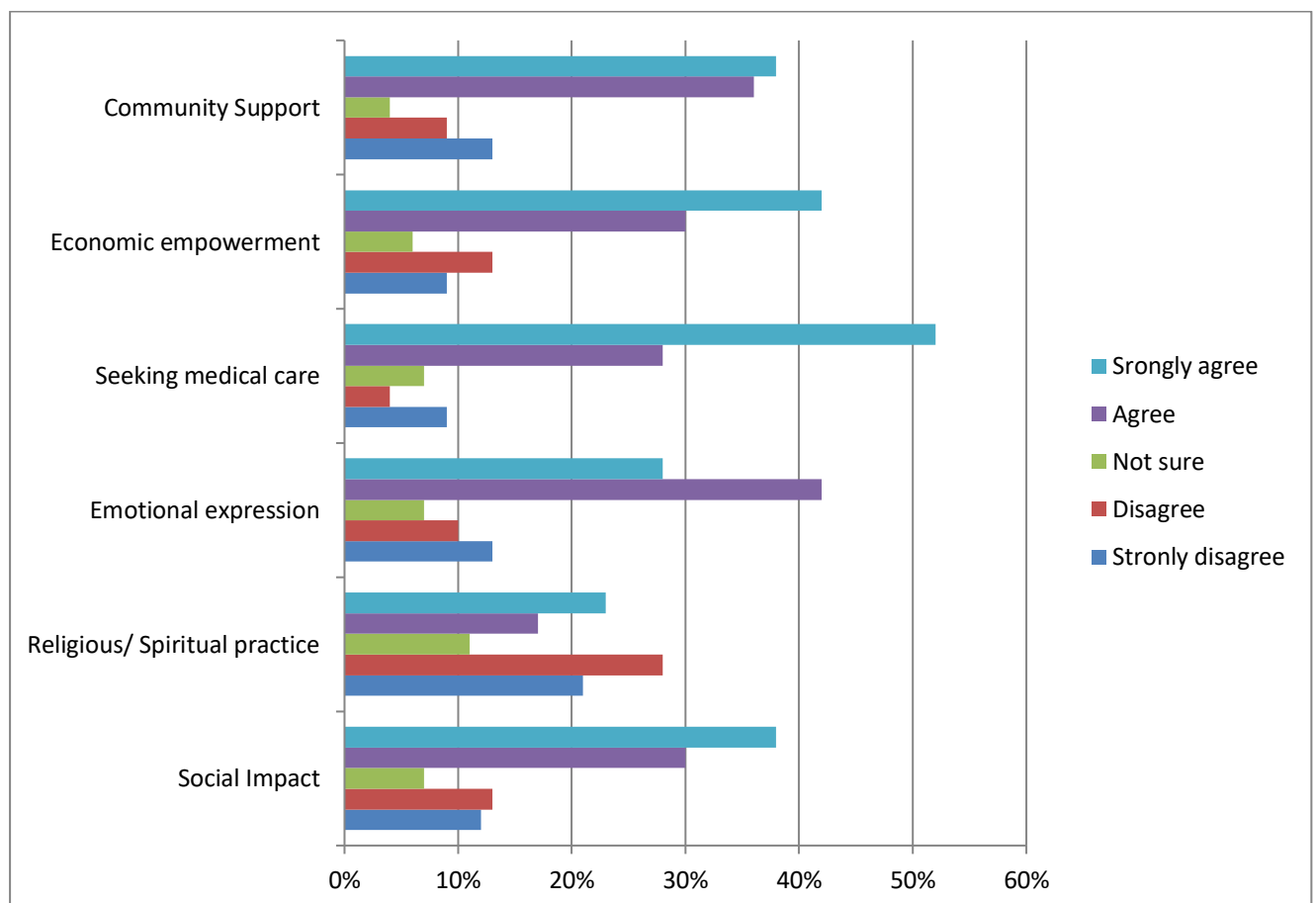
Regarding the responses on child marriages as one of prevalent forms of gender based violence, it is indicated that 49% and 33% strongly agreed and agreed respectively. However, 6% and 5% strongly disagreed and disagreed as 7% were

uncertain. This meant that majority of the respondents accepted that child marriage as one prevalent form of gender based violence.

4.3 Objective Two: To explore the copying mechanisms adopted by family members exposed to gender based violence.

The second objective aimed at exploring copying mechanisms adopted by family members exposed to gender based violence. Six Questions were developed on the five linkert scale where respondents were asked to indicate the extent to which they agree or disagree with each question, and the results from the findings were interpreted and analyzed using percentages shown in tabulations, graphs and Charts.

Figure 6: Graph showing comprehensive presentation on the copying mechanism adopted by family members exposed to gender based violence



From the graph above as far as community support is concerned, it was indicated that 13% of the responses were strongly disagree and 9% disagree respectively.

While on the other side, 36% and 38% of the responses agreed and strongly agreed, as 4% were uncertain. This meant that majority accepted that community support was an appropriate mechanism adopted by families to mitigate gender based violence.

As regards economic empowerment, it has been established that 9% of the respondents' strongly disagreed and 13% disagreed respectively as 6% were uncertain. However, 42% of the respondents strongly agreed and 30% agreed respectively. This meant that most of respondents confined in the view that economic empowerment had been one of copying mechanisms adopted by family members struggling with gender based violence in Ofua III.

On seeking medical care, it's established that 9% and 4% strongly disagreed and disagreed, as 7% were not sure. However, 28% and 52% agreed and strongly agreed that seeking medical care was appropriate way of coping with gender based violence.

Additionally, regarding emotional expression, it was established that majority of the respondents confined in the view that that victims emotionally expressing their feelings is an appropriate means of copying with gender based violence. This was indicated by the responses that 42% agreed as 28% strongly agreed summing to 70% which highly confirms the views of the respondents.

More so on religious or spiritual practices, it's been established that 21% strongly disagreed, 28% disagreed as 11% were uncertain. However, 17% and 23% agreed and strongly agreed respectively. This meant that a slight majority denied the fact that religious/spiritual practices could held victims of gender based violence cope up.

Finally on support, the findings indicate that 30%and 38% of the respondent strongly agreed and agreed respectively as 7% were uncertain. On the contrary 12%and 13% of them strongly disagreed and disagreed respectively. This therefore meant that majority clearly agreed that social support was a prominent copying mechanism for gender based violence in Ofua III.

Objective three: To recommend strategies for supporting family members affected by Gender based violence.

The third objective aimed at finding out the best strategies recommended to support family members affected by gender based violence. Seven questions were developed on the five linkert scale where respondents were asked to indicate the extent to which they agree or disagree with each question, and their responses analyzed using percentages shown in tabulations, graphs and Charts.

Table 7: Showing the recommended strategies to support family members affected by gender based violence

Statement	Mean	Std. Deviation	Interpretation
Safe shelter and accommodation	4.35	.770	Very high
Food and livelihood	4.30	.723	Very high
Therapy and Counseling	4.52	.679	Very high
Strengthening legal enforcement	4.10	.783	High
School based intervention	2.82	.723	Moderate
Support services for survivors	4.17	.647	High
Engaging men and women	4.21	.735	High
Average Mean	4.06		High

Source: STATA

The findings in table 6 represented a comprehensive response on the recommended strategies for supporting family members suffering from gender based violence. Out of the recommendations, three (3) of them were rated very high three (3) also rated high equivalent to agree meaning that respondents agreed with the statement However one item on the table was moderate. The respondents who agreed with the statements that safe shelter and accommodation was recommended had a mean of 4.35, the mean for respondents who agreed with

the statement food and livelihood had a mean 4.30, the mean for therapy and counseling was 4.52, More so the mean for those that concurred with the statement that strengthening legal enforcement could help to support family members from gender based violence was 4.10.

Additionally, the mean for those that accepted that school based intervention can help victims of gender based violence was 2.82. More so, the mean of 4.17 represented the responses that agreed with the fact that support services for survivors can help restore dignity of victims of gender based violence. Finally, the mean for engaging both women and men in order to mitigate gender based violence was 4.21.

When you sum up all the three categories, the overall average mean is 4.06 which is equivalent to agree on the rating scale used and thus basing on these results, it can be concluded that the above strategies can be recommended to support the family members victimized from gender based violence.

CHAPTER FIVE: DISCUSSION OF FINDINGS, CONCLUSION, RECOMMENDATIONS

5.1 Introduction

This chapter presents a comprehensive assessment of the impact of gender based violence on family members' wellbeing in Rhino Camp Refugee settlement. A case of Ofua III. The chapter is structured based on the study's objectives: . The findings are discussed in relation to the literature reviewed and the study's research questions. Finally, the chapter provides conclusions and recommendations for policy, practice, and further research.

5.2 Discussion of Findings

5.2.1 To assess the prevalence of gender-based violence in Ofua III.

The study found that gender-based violence (GBV) remains highly prevalent in Ofua Zone III of Rhino Camp Refugee Settlement. Data collected through focus group discussions and structured interviews indicated that approximately 68% of the respondents had either experienced or witnessed some form of GBV within their families or communities in the past year. The most common forms reported were intimate partner violence, emotional abuse, economic deprivation, and physical assault. Factors contributing to this high prevalence included displacement-related stress, loss of livelihoods, cultural norms supporting patriarchal dominance, and overcrowded living conditions within the settlement. Moreover, the weakened social support structures and limited law enforcement in the refugee context exacerbated the vulnerability of women and girls to GBV. The findings also revealed that men and boys, although less frequently, were also victims of violence, especially emotional and economic abuse, suggesting that GBV affects all genders albeit in different forms and magnitudes.

Furthermore, it was noted that cases of GBV were often underreported due to fear of stigmatization, retaliation, and lack of trust in available reporting mechanisms. Respondents highlighted that the existing GBV reporting structures were inadequate and that many survivors preferred seeking help from informal community networks rather than official service providers. Additionally, the study discovered that incidents of GBV were more likely to occur during periods of heightened economic hardship, such as food shortages or delayed humanitarian assistance. These findings align with previous studies that document how refugee settings create fertile grounds for GBV due to instability, power imbalances, and scarce resources. Overall, the prevalence of GBV in Ofua Zone III presents a serious public health and human rights challenge that requires urgent and multifaceted interventions.

5.2.2 To explore coping mechanisms adopted by family members exposed to gender-based violence.

The findings indicated that family members exposed to GBV in Ofua Zone III adopted a variety of coping mechanisms, often influenced by cultural beliefs, availability of support systems, and personal resilience. One of the common coping strategies was seeking social support from trusted relatives, neighbors, or friends within the settlement. Emotional sharing, informal counseling, and collective problem-solving helped survivors navigate the trauma associated with GBV. Women, in particular, formed small solidarity groups that provided both psychosocial support and economic assistance through savings groups. These groups acted as a buffer against isolation and further victimization. Some respondents also sought spiritual support by engaging in religious activities, attending church services, or seeking guidance from religious leaders who offered emotional comfort and advice on forgiveness and reconciliation.

However, maladaptive coping mechanisms were also observed. Some survivors resorted to silence and withdrawal due to fear of shame, worsening their psychological suffering. In more severe cases, survivors engaged in harmful behaviors such as substance abuse as an escape from emotional pain. Children who witnessed GBV incidents often demonstrated

behavioral issues, including aggression and truancy, indicating secondary trauma. Another coping mechanism noted was relocation—some survivors moved to different parts of the settlement to escape abusive environments. Access to formal support services such as counseling and legal aid was limited, with many survivors unaware of available resources or mistrusting the efficacy of service providers. Therefore, while some family members demonstrated remarkable resilience through positive coping strategies, the lack of institutional support mechanisms amplified their vulnerability and complicated recovery from the impacts of GBV.

5.2.3 To recommend strategies for supporting family members affected by gender-based violence.

Based on the findings, several strategies were recommended for supporting family members affected by GBV in Ofua Zone III. First, strengthening community-based protection mechanisms was emphasized. This includes training community leaders, volunteers, and peer support groups to recognize, prevent, and respond to GBV cases sensitively and effectively. Creating safe spaces for survivors, particularly women and children, was highlighted as crucial to providing immediate safety and psychosocial support. Establishing mobile counseling services within the settlement could also bridge the gap for those unable to reach distant service points. Furthermore, there is a need for enhancing public awareness campaigns aimed at de-stigmatizing GBV reporting and promoting a culture of zero tolerance for violence. Sensitization activities should involve men and boys as key stakeholders in combating GBV and fostering gender equality.

Another recommendation is to strengthen coordination among humanitarian agencies, the government, and community actors to deliver holistic GBV prevention and response services. Providing livelihood support programs for vulnerable families was suggested to reduce economic stressors that often trigger violence. Legal aid services should be scaled up to ensure that survivors can access justice promptly and safely. Moreover, school-based programs promoting gender equity and peaceful conflict resolution should be integrated to foster a culture of respect and non-violence among

children and youth. Finally, establishing and operationalizing survivor-centered case management systems is crucial to ensure that interventions are tailored to individual needs, uphold confidentiality, and prioritize survivors' autonomy and dignity throughout the support process.

5.3 Conclusion

The general introduction of the study laid a foundation for understanding the significance of investigating the impact of gender-based violence on family members' wellbeing in refugee settings, particularly Ofua Zone III in Rhino Camp Settlement. It highlighted the global and local context of GBV and presented the rationale for focusing on a refugee population, where social instability often heightens the risks and impacts of GBV. The research problem was clearly articulated, showing that despite numerous interventions by humanitarian actors, GBV remains persistent, undermining the wellbeing of affected families. The study objectives, questions, and justification were all developed to systematically guide the research towards meaningful findings and actionable recommendations.

The literature review offered a comprehensive examination of previous studies and theoretical frameworks related to GBV and wellbeing. It explored the types, causes, and consequences of GBV while emphasizing the unique vulnerabilities faced by displaced populations. The review also identified gaps in the existing knowledge, particularly concerning coping mechanisms and support systems within refugee contexts. The methodology section provided a detailed description of the research design, sampling techniques, data collection tools, and analysis procedures employed. A mixed-methods approach combining qualitative and quantitative data ensured a rich, nuanced understanding of the research problem. Ethical considerations were strictly adhered to, given the sensitive nature of GBV-related research.

Chapter Four presented and analyzed the data collected, offering empirical evidence of the prevalence, coping mechanisms, and gaps in support for GBV-affected families in Ofua Zone III. Quantitative data were summarized using tables and graphs, while qualitative findings from interviews and focus group discussions were analyzed thematically. Chapter Five synthesized these findings through a

broader discussion, linking them back to the study objectives and the existing body of knowledge. It was evident that GBV has a profound and multifaceted impact on family wellbeing, and that coping mechanisms vary greatly among survivors. The study concluded that addressing GBV requires coordinated, culturally sensitive, and survivor-centered interventions that strengthen both formal and informal support structures within the refugee settlement.

5.4 Recommendations

1. **Strengthen Community Protection Systems:** Train and empower community-based protection committees and leaders to act as first responders to GBV cases while fostering safe reporting environments.
2. **Enhance Access to Psychosocial Support:** Establish mobile counseling units and safe spaces within the settlement to provide accessible mental health support for survivors of GBV.
3. **Promote Economic Empowerment:** Introduce livelihood programs targeting at-risk groups, such as women-headed households, to reduce economic dependency that often fuels domestic violence.
4. **Scale Up Legal Services:** Expand legal aid clinics and ensure survivors have access to justice mechanisms, including confidential reporting, survivor protection, and prosecution of perpetrators.
5. **Implement Community Awareness Campaigns:** Organize continuous sensitization drives aimed at educating families about the negative impacts of GBV, promoting positive masculinity, and encouraging community vigilance.
6. **Involve Men and Boys:** Engage men and boys as partners in GBV prevention through targeted behavior change programs and campaigns that challenge harmful gender norms.
7. **Improve Coordination Among Agencies:** Establish stronger linkages between humanitarian organizations, government agencies, and local actors for a unified GBV prevention and response framework.

5.5 Areas for Further Research

- Effectiveness of Community-Led GBV Initiatives: Research could be conducted to assess the impact of community-driven GBV prevention programs compared to externally implemented interventions.
- Gender-Based Violence against men and boys: Additional research should investigate the prevalence, nature, and support mechanisms available for male survivors of GBV in refugee contexts.
- Cultural Influences on GBV Coping Mechanisms: Future studies could explore how cultural beliefs and practices influence the choice of coping strategies among GBV survivors in refugee settlements.

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APENDICES

Appendix A: Research Questionnaire

The questionnaire is a structured tool designed to collect quantitative data on the impact of GBV on family members' well-being. It will include both closed-ended and open-ended questions.

Dear respondent,

My name is Nyoku Betty Leah a student of Uganda Christian University-Arua Campus, pursuing Bachelor's Degree in Social Works and Social Administration.

I am currently conducting research on the topic: 'Assessing the Impact of Gender-Based Violence on Family Well-being in Rhino Camp Refugee Settlement, Ofua Three Zone Cluster Rhino Camp Refugee Settlement. This study aims to investigate the impact of gender-based violence on the well-being of families living in Rhino Camp Refugee Settlement, with a specific focus on Ofua Three Zone Cluster.'

Instructions

I kindly request that you take a few minutes to complete the attached questionnaire. Please select the most appropriate answer from the options provided for each question by ticking in the box. Your responses will be kept strictly confidential and anonymous/nameless, and will be used solely for academic purposes. Thank you in advance for your time and support. Your participation is greatly appreciated.

Your responses will be considered with sincerity and shall be strictly used for the purpose of academic award.

SECTION B. THE PREVELANCE OF GENDER-BASED VIOLENCE AMONG FAMILY MEMBERS IN OFUA THREE ZONE CLUSTER.

SA	A	UC	D	SD
Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

Kindly Tick the appropriate response.

		SD	D	UC	A	SD
NO.	Reponses					
A	Physical Violence					
B	Sexual Violence					
C	Emotional/Psychological Abuse					
D	Financial Violence					
E	Child Marriage					
F	Exploitation and Human Trafficking					
G	Harassment					
H	Witnessing Domestic Violence					

SECTION C. COPING MECHANISMS ADOPTED BY FAMILY MEMBERS EXPOSED TO GENDER-BASED VIOLENCE IN OFUA THREE ZONE CLUSTER.

REMARKS AND INSTRUCTION **Kindly Tick the appropriate response.**

SA	A	UC	D	SD
Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree

		SD	D	UC	A	SD
NO.	Reponses					
A	Social Support (e.g. seeking help from family, friends and community members)					
B	Religious/Spiritual practice (prayers, fellowships and fasting)					
C	Emotional Expression (e.g. art, music or writing).					
D	Seeking medical care and counselling services.					
E	Economic Empowerment (eg start small business and making handcraft)					
F	Community support where affected families can share experiences and receive emotional support					
G	Seeking legal Redress (report to the settlement authorities e.g. police, RWC1)					
H	Rebuilding Relationships (e.g. forgiveness and form new connection)					

SECTION D. RECOMMEND STRATEGIES FOR SUPPORTING FAMILY MEMBERS AFFECTED BY GENDER-BASED VIOLENCE. Kindly Tick the appropriate response.

SA	A	UC	D	SD
Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree

		SD	D	UC	A	SD
NO.	Reponses					
A	Safe shelter and accommodation					
B	Food and livelihood support					
C	Therapy and counseling services					
D	Strengthening legal Enforcement					
E	School based Interventions					
F	Support Services for Survivors					
G	Engaging Men and Women					
H	Healthcare access (e.g. health centers and clinics)					
F	Economic Empowerment Initiatives					

FOCUS GROUP QUESTION GUIDE

B. Section: Awareness and Perception of GBV

1. What do you understand by the concept GBV?

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.....
.....
.....

2. What forms of GBV are common in your community? (e.g., physical, emotional financial, sexual)

.....
.....
.....
.....

3. Who are the most affected by GBV in your household/community? (e.g., women, men, children)

.....
.....
.....
.....

C-sections: Experience and Prevalence of GBV

1. Have you or a family member experienced any form of GBV in the past years? (Yes/No).

.....
.....
.....

2. If yes, what type of GBV did you experience? (Check all that apply e.g. physical violence, emotional violence, sexual violence, financial violence, social isolation and harassment).

.....
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.....

.....
2. Have you sought help from any of these organizations? (Yes/No).

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.....
.....

3. How effective were these interventions? (Rate on a scale of 1-5)

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.....
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Appendix B: Interview Guide

The interview guide will be used for key informants, such as social workers, local community leaders, police and healthcare providers, to collect qualitative data.

Interview Guide Questions

1. What psychological and emotional challenges have you or your family members experienced due to GBV?

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2. How has GBV influenced the relationships and social interactions within your family and community?

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.....
.....

3. How has gender-based violence (GBV) affected the physical health and economic stability of your family?

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4. What types of support have you received from the community, NGOs, or other organizations in addressing GBV?

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.....

5. What interventions or changes would you recommend to help families experiencing GBV recover and thrive?

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.....
.....

Appendix C: Ethical Clearance Letter

This letter will confirm approval from an ethical review board or a relevant authority. For example, Uganda Christian University Research Ethics Committee (UCU-REC) to conduct the study

Researcher Details

Ethical principles to be upheld to ensure the well-being and rights of participants, as well as the integrity of the research process. For instance, confidentiality, voluntary participation, respect for persons, do good, Justice, integrity and accountability.

Appendix D: Participant Consent Form

A participant consent form is a document that informs participants about the research study, its risks and benefits and their rights and responsibilities. Its crucial document that ensures participants understands what they are getting into and provides a record of their agreement to participate.

Contact details for questions or concerns.

“I _____ the undersigned, confirm that I have been fully informed about the study and understand its purpose. I agree to participate voluntarily and understand that I can withdraw at any time without penalty.”

Name _____

Signature _____

3.16 Budget Table

Activity	Duration	Timeline	Budget Item	Estimated Cost (UGX)
Instrument Development	2weeks	2025 to 14.01-2025	Printing and stationery	100,000
Ethical clearance	3 weeks	15/01/2025 to 4/02/2025[Miscellaneous	100,000
Data collection	4 weeks	25/03/2025 - 25/04/2025	Research Assistants (5)	50,000
			Transport	60,000
Data Analysis	3 weeks	25/3/2025 - 15/4/2024	Data Analysis software	60,000
Report writing	3 weeks	16/4/2025-10/5/2024	Communication (phone, internet)	50,000
Submission	1 week	10/5/2025-17/5/2025	Miscellaneous	0
Total Budget				=420,000

RESEARCH WORK PLAN

Activity No.	Activity	Time Frame (2024-2025)		
		NOV- DEC 2024	JAN- MARCH 2025	APRIL- MAY 2025
1.	Selection of Topic			
2.	Conceptualization of Dependent and Independent Variables			
3.	First Draft of Proposal			
4.	Final Draft of Proposal			
5.	Approval of Proposal			
6.	Data collection			
7.	Data analysis and Reporting			
8.	Approval of Research Report			

Appendix E: Introduction Letter



UGANDA CHRISTIAN
UNIVERSITY
A Centre of Excellence in the Heart of Africa
ARUA CAMPUS
Office of Head of Department, Social Sciences

February 24th, 2025

To whom it may concern

Dear Sir/Madam,

Re: REQUEST FOR PERMISSION TO COLLECT DATA

This is to introduce to you Nyoku Betty Leah, Registration number No: **S23/ASC/BSW/030**, a student of Uganda Christian University, Arua Campus, who is pursuing a course in Bachelor of Social Work and Social Administration as a partial fulfillment of the requirements for the award of the degree mentioned above. She is to carry out a research study. The purpose of the letter is to respectfully request your office to allow the above student so that she has access to your organization and collects some information required for her study.

The study is on the topic: *Assessing the impact of gender-based violence on family member's well-being in Rhino Camp Refugee settlement*

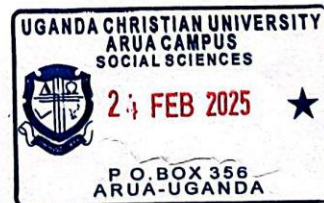
The information obtained will be strictly used for the study purposes.

Any assistance rendered to this cause will be highly appreciated.

Yours faithfully

Eyotaru Loyce

Ag Head of Department of Social Science



A Complete Education for A Complete Person

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the Province of the Church of Uganda. Chartered by the Government of Uganda.