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The AfriChild Centre is a multi and interdisciplinary research Centre based at Makerere University in Kampala-Uganda. Since its inception, The Centre has positioned itself as a frontier of innovative child-focused research, with the aim of catalysing relevant policy and practices, to improve the well-being of children in Uganda and the region. For more information about The AfriChild Centre and partners, visit www.africhild.or.ug

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Children's Exposure to Violence in Refugee Educational Settings: Mitigating the Effects on Education and Social Wellbeing in West Nile, Uganda, 2022

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**AFRICHILD CENTRE FOR THE STUDY OF THE AFRICAN CHILD
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**CHILDREN'S EXPOSURE TO VIOLENCE IN REFUGEE EDUCATIONAL SETTINGS:
MITIGATING THE EFFECTS ON EDUCATION AND SOCIAL WELLBEING IN WEST NILE,
UGANDA**

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Abstract

Child protection has received a lot of global attention so as to ensure that every child enjoys the right to fundamental freedom in every context as enshrined in relevant international and national legal regimes, yet global trends on violence against children (VAC) have continued to rise. The purpose of the study is to examine the perspectives of children on the forms, perpetrators, effects, and preventive strategies of VAC in refugee educational settings in West Nile, Uganda. The study was conducted with and by children in selected primary schools in three refugee settlements in West Nile region. The study employed a concurrent parallel mixed-method approach of both qualitative so as to get in-depth information using respondents' experiences on VAC, and quantitative methods so that the research findings could be generalized. Data was collected using surveys, semi-structured interviews, document analysis, and focus group discussions. Quantitative data analysis was conducted using Statistical Package for Social Sciences (SPSS) which involved descriptive and frequency counts represented on tables, graphs, and pie charts. The study applied thematic analysis of qualitative data from the key informant interviews and the focused group discussion. The proposal was approved by relevant authorities. Permission for entry into the settlements and selected primary schools was sought from appropriate agencies like refugee camp settlement authorities, Headteachers, among others. Research participants were requested to sign informed consent forms and ensuring that their names and the information given are treated confidentially. The common forms of violence against children were physical, sexual, and emotional/psychological violence. However, it was revealed that, the three forms of violence against children (sexual, physical, emotional/ psychological) in the studied settlement camps were experienced in almost the same proportion. The respondents and participants all agreed that children experience violence from various sources, including strangers, neighbors, school teachers, other caregivers, family members, NGO workers, and their biological parents. Participants VAC result to psychological torture, physical harm, accelerated role transition, school dropout, absenteeism, involvement in risk behaviours, death, poor academic performance and retarded growth and development. Common measures suggested were training on positive parenting, meetings with children, encouragement to go to school, home to home visit, training children on critical life skills, and establishment of community-based structures.

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
DV	Dependent Variable
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
HIV	Human Immunodeficiency Virus
IV	Independent Variable
MOES	Ministry of Education and Sports
SDG	Sustainable Development Goals
UN	United Nations
UNHCR	United Nations High Commission of Refugees
UNICEF	United Nations Children's Fund
UNSGR	United Nations Secretary General's Report
VAC	Violence Against Children
WHO	World Health Organisation

OPERATIONAL DEFINITIONS

Emotional/psychological violence: refers to the pattern of behaviour that is not appropriate for the child's social and mental development. This may be in form of threats, isolation and mockery.

Physical violence: refers to the intentional use of physical force such as beating, kicking, slapping, boxing, choking, or burning or using harmful objects with an intention to harm, injure or cause death of a child.

Sexual violence: this includes all forms of sexual abuse and exploitation of a child. This may be in form of abusive sexual touching, physically forced sex, pressured sex, and attempted forced sex.

Violence Against Children (VAC): refers to any form of physical, emotional or sexual abuse inflicted on any person below the age of 18 years.

2. INTRODUCTION AND BACKGROUND TO THE STUDY

2.1 Introduction

Child protection has received a lot of global attention so as to ensure that every child enjoys the right to fundamental freedom in every context as enshrined in relevant international and national legal regimes, yet global trends on violence against children have continued to rise (ACPF 2014). This has been aggravated by increasing trends of natural calamities and human induced displacements like war. During conflicts, families get separated, community-based protection mechanism get broken down and national protection framework is weakened thus exposing children to the worst forms of violence (UNHCR Situational Report 2017). In response, robust programs have been designed to address the matter, by a number of practitioners but with little results (Duuki, 2019). This section presents the background to the study and preliminary studies.

2.2 Background to the study

Historically, violence against children went unnoticed for centuries in both Western and African societies. Before the sixteenth century, there was no concept of child vulnerability. As noted by Bala (2014), until recently, few victims of violence reported cases of abuse to police or other authorities and sadly the few victims who dared to report received little attention from mental health professionals and law enforcers. Most cases were considered false and unreliable. Similarly, in the late 1890s, when Sigmund Freud commonly referred to as the father of modern psychiatry heard memories of childhood and adolescent sexual abuse from his female patients, his colleagues welcomed it with resistance and controversy. The rise of feminist and fathers' movements coupled with unprofessional prosecutors also orchestrated falsification and eventual prosecution of innocent persons as perpetrators of violence. In the 1980s and 1990s cases of false prosecution of innocent persons were highly publicized in Great Britain, Canada, and the United States (Bala, 2014). From 1980s, the world experienced fairly responsive justice systems in handling child violence due to many reforms in the justice systems globally.

Today, violence against children is recognised as a human right and a public health and child protection concern (WHO, 2016). State parties have been mandated by Article 19 of the Convention on the Right of the Children (CRC) to take all the necessary measures to protect the child against all forms of violence, exploitation and abuses such as sexual abuse and sexual exploitation (Nyanzi, 2012). The Article further directs state parties to pursue legislative, administrative, social and educational measures deemed appropriate, including the development of social programmes to support children and those who care for them. Finally, Article 19 calls for other forms of prevention as well as procedures for the "identification, reporting, referral, investigation, treatment and follow-up of instances of children maltreatment." (Wulczyn, Daro, Fluke, Feldman, Glodek & Lifanda, 2010).

2.3 Preliminary Studies

Several pieces of literature including the United Nation's Secretary General's (UNSG) report on Violence Against Children (VAC) indicate that children continue to be exposed to a high level of physical, emotional, and sexual violence across the globe. A survey data on the prevalence of violence against children in 96 countries showed that an estimated 1 billion children (over half of all children aged 2–17 years old globally) have experienced some form of emotional, physical or sexual violence in the past years (INSPIRE, 2016). Another study on prevalence and risk of violence against children with disabilities estimated 53000 children aged 0–17 years murdered in

2002 and about 150 million girls and 73 million boys were thought to have been sexually abused (Jones et al., 2012). Thus, violence against children is still a huge and serious problem worldwide.

In Africa, violence against children remains a significant problem. It occurs in the home, in the school, in the street, the workplace, in residential care homes and in penal institutions (ACPF 2014). The girl in school is sexually assaulted by her teacher or classmate; the child is abused because of a physical deformity; the girl is forced to submit to cutting of her genitals; the boy is scarred from beatings for misbehavior; siblings are afraid when they witness violence between their parents in a confined shanty dwelling. All these children experience the trauma of violence (ACPF 2014).

Uganda, as a country, is not an exception in perpetration of violence against children. It has many ethnic groups with unique cultural practices that either protect or expose children to violence and exploitation, for example, female genital mutilation (FGM), child marriages, and child sacrifice among others. This forms a critical societal concern because of a myriad of consequences, ranging from short to long term. The effect is both on individuals who are directly affected by the vice and the family or community at large. Thus, children's development, learning abilities, and school performance are hampered resulting to low self-esteem, risk-taking behaviour, self-harm, and aggressive behaviour. In addition, the vice creates a continuous vicious cycle of violence, where childhood survivors turn into adult perpetrators of the vice. They tend to repeat the same offences that were inflicted on them during their childhood (Esther & Monitor, 2018). This is anticipated to be worst in refugee settings with limited access to basic needs that exposes them to risk of exploitation and abuse, and yet children make up 30–34 million of the 79.5 million world's refugee population UNHCR (2019).

Various international organisations such as United Nations (UN), WHO have recommended that states should improve on their data collection strategies to identify vulnerable sub-groups, inform policy and should also be able to track progress towards the goal of preventing or reducing VAC. In addition, all countries experiencing VAC have been encouraged to develop national research agenda on VAC. Jones et al., (2012) concluded that expanded population-based surveillance of VAC is essential to target prevention and drive the urgent investment in action endorsed in the UN's 2030 Sustainable Development Agenda (SDA). In spite of the various efforts to reduce VAC, cases of VAC still exist in all parts of the country (August, 2018). Therefore, this study intends to explore perspectives of children on the forms, perpetrators, effects, and preventive strategies of VAC in refugee educational settings in West Nile, Uganda.

In this study VAC will refer to any form of physical, emotional or sexual abuse inflicted on any person below the age of 18 years. Physical violence will refer to the intentional use of physical force such as beating, kicking, slapping, boxing, choking or burning or using harmful objects with an intention to harm, cause injury or death of a child. Sexual violence will include all forms of sexual abuse and exploitation of a child. This may be in form of abusive sexual touching, physically forced sex, pressured sex and attempted forced sex. On the other hand, emotional/psychological violence refers to the pattern of behaviour that is not appropriate for the child's social and mental development. This may be in form of threats, isolation and mockery.

3. LITERATURE REVIEW

This section presents related literature on children's exposure to violence in refugee educational settings in West Nile, Uganda. Literature is divided into forms of VAC, common perpetrators of VAC, the effects of VAC, and the strategies for preventing VAC.

3.1 Forms of Violence Against Children

Globally, forcibly displaced children and adolescents represents almost half of the world's internally displaced and refugee populations (Reed et al., 2012). These children among the other refugees are exposed to various forms of abuses from the host countries, for example, sexual exploitation, physical harassment among others from the local population (Dolma et al., 2006). A study conducted by Stark et al. (2017) in refugee settlement camps in Ethiopia and Democratic Republic of Congo reported that over 50% of adolescent girls experienced at least one form of victimization due to violence in the preceding 12 months.

Ward et al. (2018) stated that the other forms of victimizations in children like emotional abuse, physical abuse, family violence and neglect, are all strongly associated with sexual victimization. A study conducted in South Africa using interviews and self-administered questionnaires by Ward et al. (2018) in households and schools, showed that sexual violence is prevalent amongst both boys and girls. This calls for multisectoral responses to prevent the vice and mitigate its consequences. In a cross-sectional survey study in five informal settlement (slum) communities across Kampala, among forcibly displaced adolescent girls and young women, aged 16–24 years, it was found out that above 50% of the respondents were exposed to various forms of violence including sexual, emotional violence among others (Logie et al., 2019).

Refugees experience all forms of violence like physical and emotional among others. Generally, in Bidibidi refugee settlement in West Nile region, there have been reported forms of violence against children including physical violence, forced marriage, school dropout and rape/defilement, sexual assault, emotional violence, neglect, recruitment into gangs and delinquency activities, survival sex, and child labour among others. The most common forms of child labour include; long hours of domestic work, farm work, and transporting people. (Bidibidi Child Protection Working Group, 2020). Unfortunately, most of these studies are conducted in homes but not in schools. As such, limited reports are on violence in refugee educational settings

The sex of a child may increase or reduce the vulnerability of a child to particular forms of violence. In majority of the countries across the world girls are at higher risk of sexual abuse, denial of opportunity to education, malnutrition and survival sex as compared to boys (Finkelhor, 1994). Global statistics by UNICEF indicate that 60% of the over 130 million children between the ages of 6 and 11 who are not in school are girls (UNICEF, 2000). In Uganda, this trend can be observed from the enrolment ratios across all education levels. While 68,225 boys in 2018 and 50,648 boys in 2019 were enrolled in primary, secondary and Early Childhood Education (ECD) levels, only 44,474 girls in 2018 and 43,432 girls in 2019 were enrolled in ECD, primary and secondary education levels. The number continues to dwindle in primary and secondary education levels. For instance, in 2019, 8,699 boys and 8,144 girls were enrolled in ECD across the Bidibidi refugee settlement while only 1,566 girls against 4,080 boys were enrolled in secondary education (Bidibidi Child Protection Working Group, 2020)

A study conducted by Nagai et al. (2008) using interviews among men and women in Arua district, Northern Uganda and Southern Sudan on violence against refugees, non-refugees and host populations showed that sexual violence was experienced by both men and women. In Bidibidi refugee settlements in West Nile region, more girls (72%) than boys (5%) are being affected by sexual violence. Of these, majority (70%) are children who are 14 years or older. The most common places where sexual violence occur include at home, while collecting firewood, at water collection points, and while playing around the settlement (Bidibidi Child Protection Working Group, 2020). Unfortunately, most of the sexual violence including gender-based violence among

refugee populations in schools remain underreported, thus a cause for great concern (Nkiriyehe et al., 2018).

Although many studies on violence against children have been conducted among refugees' population in home settings, including those in West Nile, no documented study has focused on refugees' educational settings in the West Nile region of Uganda. Besides, most studies used interviews. therefore, need to explore the other data collection approaches like surveys among others. Literature above showed that studies on VAC mostly focused on adult respondents and ignore the enormous potential of conducting research about children, with children, on children which could yield powerful research findings that could inform policy on VAC in refugee settings. There is need to fill these gaps for a holistic approach to violence against children.

3.2 Common perpetrators of Violence Against Children

Karen et al (2019) did a study on violence against children in Latin America and the Caribbean. The main objective of the study was to find out what the available data revealed about prevalence and perpetrators of violence against children in Latin America and the Caribbean. They conducted a systematic review and analysis of published literature and large international datasets. Seventy-two surveys (2 publications and 70 datasets) met inclusion criteria, representing 1449 estimates from 34 countries. Random effects meta-regressions were performed, adjusting for relevant quality covariates and differences in violence definitions. The study came up with the following findings that prevalence of physical and emotional violence by caregivers ranged from 30%–60%, and decreased with increasing age; prevalence of physical violence by students (17%–61%) declined with age, while emotional violence remained constant (60%–92%); prevalence of physical Intimate Partner Violence (IPV) ranged from 13%–18% for girls aged 15–19 years. Few or no eligible past-year estimates were available for any violence against children less than 9 years and boys 16–19 years of age; sexual violence against boys (any age) and girls (under 15 years); IPV except for girls aged 15–19 years; and violence by authority figures (e.g., teachers) or via gangs/organized crime.

In this study the researchers did not directly interact with the children and therefore did not get direct experiences from the affected persons. This study will directly involve children in order to get their direct view about the perpetrators. The study managed to view only two publications and 70 datasets for all the 34 countries. This is a small sample for a fair generalization. The intended study was carried out in educational institutions in refugee settlements. This will allow a greater number of children to be involved in the study.

Eddy et al. (2014) carried a study titled "*No Place is Safe: Violence against and among Children and Youth in Street Situations in Uganda.*" It was a mixed study which involved 668 children, who work and/or live on the street, aged 11–17 years. This sample was selected from 21 major towns in all the major regions in Uganda. Findings show that violence among Ugandan street children is endemic, perpetuated by both street children against each other and adults. Both male and female children suffer outright abuse from police, occasional strangers, and from each other. Street children risk violence at the hands of police and other adults. With regard to police, up to 24% of the children reported previous police arrests in the 12 months before the survey. Among those arrested, 59% reported police harassment. In particular, these children described being kicked, hit/whipped, caned and/or clubbed while in police custody. In addition, 7.4% reported that they were sexually assaulted during police detention. The study only considered street children. It was not representative enough to give perpetrators of violence among children in settlements. The conditions in the two environments may not be the same. This particular study was among

school-going children who lived in the refugee settlements. This would provide a wide range of experiences for better generalization.

3.3 The effects of Violence Against Children

Guedes et al. (2016) pointed out that many forms of VAC have widespread and compounding effects across the victims' lifetime. There is therefore need to conduct violence against children surveys so as to gather extensive range of indicators on violence against children and adolescents so as to put mitigating measures in place. This will help to reduce the costs of about 8% of global GDP resulting from sexual, physical and psychological violence (Perezniето et al., 2014). Shanaaz and Patrizia (2014) carried research on "Violence against children in South Africa." The main purpose of the study was to develop a prevention agenda against violence. In their study, they reviewed the latest research to address the issues of violence against children. The study found out that violence against children has major psycho-social and health consequences. The impact of violence goes beyond the physical injuries and visible scars, and evidence has shown lasting emotional and social consequences. Abuse and neglect in early childhood affect brain development and impact on cognitive and psycho-social adjustment, resulting in an increased risk of violent and anti-social behaviour.

Relatedly, Abrahams and Jewkes (2005) observed that exposure to childhood violence, including witnessing violence in the home, is consistently found to be associated with aggressive behaviour later in life, particularly rape and intimate partner violence. Vetter, et al. (2008), noted that psychological consequences such as depression, anxiety disorders, substance abuse, suicide as well as unwanted pregnancy and HIV are more common for girls who experienced physical and sexual abuse. According to Jewkes and Abrahams (2011) boys' exposure to adverse childhood experiences such as neglect, physical and sexual abuse, and harsh parenting is an important factor in shaping violent behaviour, including risk-taking such as truanting, gang involvement and crime later in childhood.

Violence is intergenerational, as children who were exposed to violence in their early years are at increased risk of revictimization. The INSPIRE (2016) reports that the immediate and long-term public health consequences and economic costs of violence against children undermine investments in education, health, and child well-being, and erode the productive capacity of future generations. Exposure to violence at an early age can impair brain development and damage other parts of the nervous system, as well as the endocrine, circulatory, musculoskeletal, reproductive, and respiratory and immune systems, with lifelong consequences (Felitti V et al, 1998). Hillis SD et al (2000) reported strong evidence shows that violence in childhood increases the risks of injury; HIV and other sexually transmitted infections; mental health problems; delayed cognitive development; poor school performance and dropout; early pregnancy; reproductive health problems; and communicable and non-communicable diseases.

Children who experience very low caregiver responsiveness experience a range of adverse physical, and mental health consequences including cognitive delays, stunting of physical growth, impairments in executive functions and self-regulation skills, and disruptions of the body's stress response. These produce more widespread developmental impairments than overt physical abuse (Bidibidi Child Protection Working Group, 2020). The economic impact of violence against children is also substantial, as shown by data from countries and regions where the financial toll of such violence has been estimated. In the USA alone, the total lifetime economic burden associated with new cases of child maltreatment occurring in one year was US\$ 124 billion in 2008, and costs increase if other types of violence, such as youth violence, are considered (Fang X et al, 2012). In the East Asia and Pacific region, it is estimated that the economic costs of just

a few of the health consequences of child maltreatment were equivalent to between 1.4% and 2.5% of the region's annual GDP (Fang X et al, 2015).

In 2021, the AfriChild Centre carried out a qualitative study of risks and protective factors for violence against children outside family care in Uganda. In that study participatory observational research was done. Thirty-five field diaries were used, 52 semi-structured, cartographic interviews were carried out and 31 auto-photography and place perception interviews were done. Among the findings were the effects of violence against children and they came up with the following effects: rupturing of children's private parts, unplanned/unwanted pregnancies, STDs, and HIV/AIDS. These occurred in sexually exploited children. Some of the children developed mental illness, lung infections and even died due to drug abuse.

In all these studies, less is known or reported about how widespread the effects of violence against children in West Nile and more so in the educational institutions among the refugees. The AfriChild Centre carried out a qualitative study, which was conducted within Kampala. However, this study was a mixed study and was conducted in educational institutions in refugee settlements in West Nile. In the available literature most studies were reviews and do not directly involve the victims themselves. This study intended to involve the children themselves through survey and focus group discussions in data collection process.

3.4 The strategies for preventing Violence Against Children

To mitigate the effects of violence against children on education and their social wellbeing, several interventions have been implemented by key stakeholders. However, there seems to be a rising trend of violence against children. In a UNICEF (2014) report, six strategies to prevent and respond to violence against children were proposed, and these included: supporting parents, caregivers and families; helping children and adolescents manage risks and challenges; changing attitudes and social norms; promoting and providing support services for children; implementing laws and policies that protect children and carrying out data collection and research.

Additionally, a significant body of evidence suggests that providing parents with child-rearing strategies and techniques as well as economic support can help address a range of individual and family risk factors. Engaging parents and caregivers early on through one-to-one parenting and parent-child programmes and providing education on good child-rearing practices and early child development significantly reduces the incidence of child physical abuse (although not necessarily sexual abuse) and the manifestation of aggressive behaviours in children as they grow into adolescence (WHO, 2006). Similarly, WHO (2016) documented and shared interventions that have been implemented and evaluated in low-resource settings, proposing the following measures to address violence against children including implementation and enforcement of laws; have strong societal norms and values; establish safe environments; parent and caregiver support; income and economic strengthening; response and support services; education and life skills.

According to Duuki (2019), school-based programmes to prevent child sexual abuse are one of the most widely applied preventive strategies and have been incorporated into the regular school curriculum in several countries. Widespread prevention and educational campaigns are also another approach to reducing child abuse and neglect. World Vision Uganda is running the Empowering Children as peace builders' program in Uganda, where children are trained in basic life skills, child rights and peace building. After the training, children are able to engage with the communities and families through awareness raising, dialogue meetings and other mechanisms.

Children also form peer to peer support groups to be able to identify and report on cases of child abuse. These programmes are generally designed to teach children how to recognize threatening situations and to provide them with skills to protect themselves against abuse. It is not clear if such school-based programmes are being adopted in refugee schools to address violence against children. This study investigated and proposed various forms of preventive and educational campaigns in preventing violence against children in refugee educational settings in West Nile region.

4. PROBLEM STATEMENT, JUSTIFICATION, CONCEPTUAL FRAMEWORK

4.1. Problem Statement

According to the UN Convention on Children's Rights, a child has a right to food, clothing, a safe place to live, access to education, and healthcare services among others. Refugee children are entitled to protection and should have the same rights as children of the host's communities. Several reports have suggested that children globally suffer from various forms of violence. It is also evident that there is a high prevalence of the commonly documented forms of VAC in Uganda such as physical, emotional, and sexual violence. Several studies have been conducted in Uganda on the prevalence and consequence of VAC in households in Uganda. For example Rights-based approach to HIV/AIDS prevention and utilization of services by adolescents in Iganga District (AfriChild, 2017) and prevalence of VAC among street-connected children (AfriChild, 2015). Sad to note is that most of the perpetrators may be neighbours, parents, and teachers and yet a majority of these perpetrators have not been brought to book. Reports also indicate that VAC has an adverse effect on the child's social, psychological, emotional, intellectual, and physical wellbeing. Several attempts have been made to end this vice but no success has yet been registered, yet the situation is escalating. If this trend continues, then the individuals will develop many complications such as mental distress, contemplation of suicide, sexually transmitted infections, injury, and low school attendance among others. Little is known about the nature of violence against children in refugee educational settings. This study therefore, intended to explore perspectives of children on the forms, perpetrators, effects, and preventive strategies of VAC in refugee educational settings in West Nile, Uganda.

4.2. Study Justification or Rationale

Several reports have suggested that children globally suffer from various forms of violence. It is also evident that there is high prevalence of violence against children in Uganda in many forms. The most common forms are physical, emotional and sexual violence against children. Sad to note is that most of the perpetrators are neighbours, parents and teachers and yet a majority of these perpetrators have not been brought to book. Reports also indicate that VAC has an adverse effect on the child's social, psychological, emotional, intellectual and physical wellbeing. Several attempts have been made to end this vice but no success has yet been registered but the situation is escalating. If this trend continues, then the individuals will develop many complications such as mental distress, contemplation of suicide, sexually transmitted infections, injury, self-harm, poor school attendance among others. Little is known about the nature of violence against children in refugee settings. This study therefore intended to explore the current various forms of VAC, the key perpetrators and strategies to mitigate this vice.

4.3 Conceptual framework

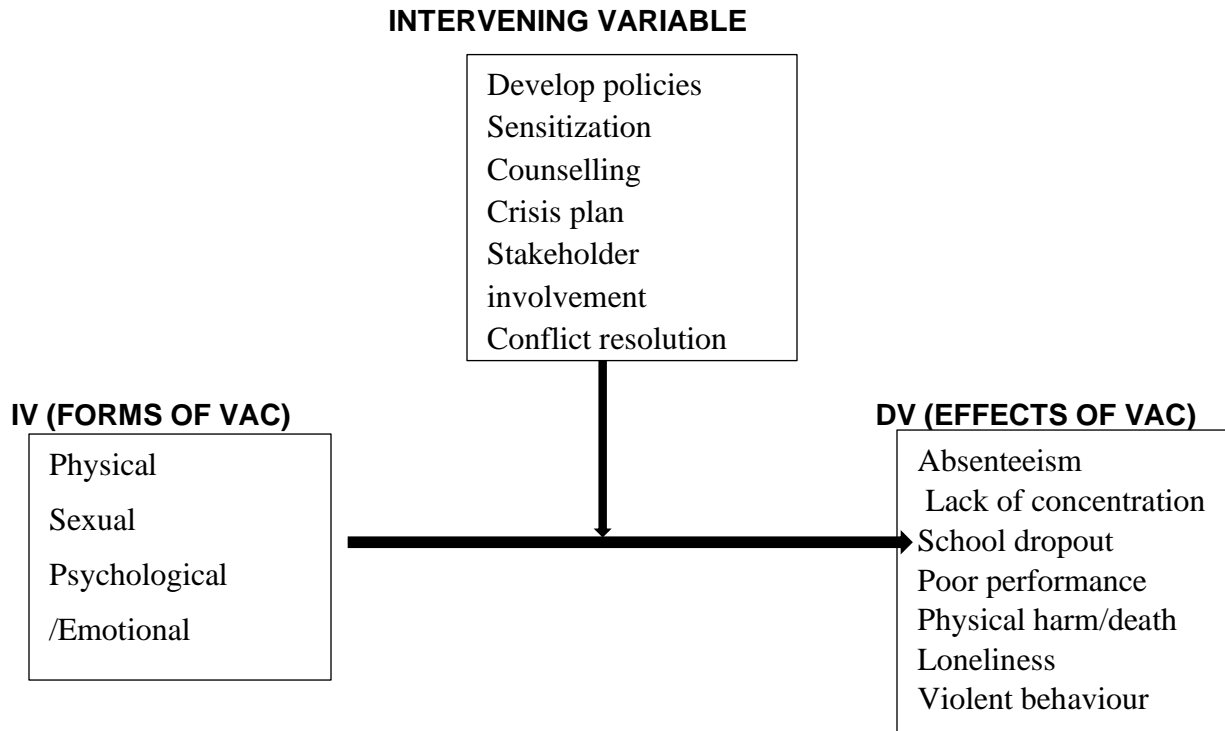


Fig.1: Conceptual framework on children’s exposure to violence in refugee educational setting

The framework postulates that children are exposed to various forms of violence in school including physical, sexual, psychological or emotional violence. Violence against children results in adverse effects on the child’s academic and social wellbeing. It can result in absenteeism, lack of concentration, school dropout and poor performance. VAC also can cause physical harm on a child, death, loneliness, and subsequent violent behaviour of the victim. However, the schools can use different strategies to mitigate the occurrence and effects of violence against children. These can be through developing policies, sensitization, counselling, developing crisis plan, stakeholder involvement and conflict resolution and management.

4.4 Research Questions

1. What are the various forms of VAC among the refugee children in refugee educational settings in West Nile?
2. Who are the common perpetrators of VAC in refugee education settings in West Nile?
3. What are the effects of VAC in refugee educational settings in West Nile?
4. What strategies can be used to prevent VAC in refugee education settings in West Nile?

5. GOALS AND OBJECTIVES

5.1. General Objective

To examine the perspectives of children on the forms, perpetrators, effects, and preventive strategies of VAC in refugee educational settings in West Nile, Uganda.

5.2 Specific objectives

1. To analyse the various forms of VAC among the refugee children in refugee educational settings in West Nile.

2. To establish the common perpetrators of VAC in refugee educational settings in West Nile.
3. To establish the effects of VAC in refugee educational settings in West Nile.
4. To propose the strategies for preventing VAC in refugee educational settings in West Nile.

6. METHODOLOGY OR APPROACH

6.1 Study site

The geographical scope of the study was the refugee settlements in West Nile region, Uganda. The study was conducted with and by children in selected primary schools in three refugee settlements in West Nile region. This is because there is limited empirical data on the status of violence against and how they can be mitigated in these refugee settlements. This study was carried out in selected primary schools in Bidibidi, Rhino Camp and Imvepi refugee settlements in West Nile region, Uganda.

Bidibidi refugee settlement is located in the central part of Yumbe district while Rhino camp and Imvepi refugee settlements are located in Madi-Okollo and Terego districts in West Nile region of Uganda respectively. The refugee settlements are administratively subdivided into units called zones. Bidibidi has five zones, Rhino Camp (seven zones) and Imvepi (four zones) (The Republic of Uganda, 2018). The zones are further subdivided into villages and blocks (Duuki, 2019). There is an administrative structure within the refugee population called a refugee welfare council; from council I at village level to council III which is at the zonal level. There are also committees within the refugee population that support in coordination of specific humanitarian sectors (Duuki, 2019). These include Child Protection Committees, Neighborhood Watch, Village Health Teams and Water User Committees among others. This study was carried out across the primary schools in the five zones of Bidibidi, seven zones of Rhino Camp and three zones of Imvepi refugee settlements.

6.2 Study population

According to UNHCR (2018), the total population of registered refugees in the refugee settlements are; 148,274 in Rhino Camp, 286,859 in Bidibidi and 123,381 in Imvepi (UNHCR, 2018).

Of the total population of the registered refugees, 39,752 refugees in Rhino Camp, 79,158 (Bidibidi) and 24,810 in Imvepi refugee settlements aged 3-17 years are attending pre-primary, primary and secondary schools in or around the settlements with gross enrolment rates (UNHCR, 2018). In Rhino Camp, the school enrolment per the various age categories is as follows; 3-5 years (9,221 refugees), 6-13 years (29,241 refugees), 14-17 years (1,290 refugees). For Bidibidi, 3-5 years (16,604 refugees), 6-13 years (56,144 refugees) and 14-17 years (6,410 refugees). While for Imvepi, 3-5 years (9,510 refugees), 6-13 years (14,558 refugees) and 14-17 years (662 refugees).

Assuming that children enrolled in primary schools in the refugee settlements are aged 6-17 years, the total population of refugees enrolled in primary schools in the refugee settlements is as follows; Rhino Camp (30,531), Bidibidi (62,554), and Imvepi (15,220) with 22 primary schools in Rhino Camp, 38 in Bidibidi and 12 in Imvepi refugee settlements (UNHCR, 2018). The ratio of refugee boys to girls attending primary schools is 53:47 (UNHCR, 2019). This total population of refugees enrolled in the primary schools and the number of the primary schools in the various refugee settlements will constitute the study population.

6.3 Study Design

The study employed a concurrent parallel mixed-method approach of both qualitative so as to get in-depth information using respondents' experiences on VAC, and quantitative methods so that the research findings can be generalized. The mixed method approach ensured a more complete understanding of the research problem than either approach alone. Through this, the researchers will also be able to triangulate the findings of the study. In-depth quantitative data on violence against children was collected using surveys (questionnaire) while qualitative data was gathered using key informant interviews and focus group discussions. Survey design allowed comparisons between respondents giving the right perspective on their opinion towards violence against children situation within the refugee settlement.

Qualitative data on VAC was collected from selected primary schools in refugee settlements in West Nile region, Uganda. Bidibidi, Rhino Camp and Imvepi refugee settlements in West Nile were purposively selected since they host high refugee settlements in the region. Three primary schools (one from each refugee settlement) were selected based on high pupil enrolment.

6.4 Sample size consideration

For survey method, stratified random sampling strategy was used to select respondents for the survey. Stratified random sampling is an unbiased sampling method of grouping heterogeneous populations into homogenous subsets thus making a selection within the individual subset to ensure representativeness. The strata were developed according to the geographical dispersion of the settlement that is, the zones within the refugee settlements, with each zone forming a stratum. For each stratum, a random sampling method was employed to choose the schools. From the schools a convenience random sampling was applied to get the pupil respondents as it would be impractical to generate a sample frame because of the large population from which a probability sampling technique can be applied. However, the sample represented both boys and girls. All registered schoolchildren aged 6 to 17 were eligible to participate in the study.

The researcher utilized purposive sampling technique for selecting participants for the qualitative study. This included 10 respondents for the Key Informant Interviews (KII) and 12 participants for each focus group discussions. For the KII, participants were targeted purposively basing on their particular expertise, knowledge and experience in child protection and child wellbeing that could aid the research. For the focus group discussion, the children were purposively targeted because of their direct experience of violence. Purposive sampling further enabled the researcher to focus on particular characteristics of the population that were of interest for the study to answer the research questions. The experience of the subject matter experts provided additional knowledge that explained the statistical information collected from the survey.

6.5 Sampling

Sampling is the process of selecting a number of individuals for a study in such a way that the individuals selected represent the large group from which they were selected (Duuki, 2019). Sample size from the overall pupil population in the selected schools was ascertained using a sample size determination table (Morgan & Krejcie, 1970). Samples were obtained using a simple random sampling technique generated using random table numbers to minimize bias since it's reliable, and secondly, convenience sampling techniques were used to cater for an equal number of both gender across all classes.

A total of 395 primary pupils in Rhino Camp, 397 in Bidibidi and 390 in Imvepi refugee settlements from 22 primary schools (Rhino Camp), 38 primary schools (Bidibidi) and 12 primary schools (Imvepi) were to be sampled for the study based on the study population presented above. These samples were generated basing on Sloven's formula as presented in Duuki (2019).

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

Where,

n- Sample Size

N- Population

1 is a constant

e is the margin of errors

Given the school enrolment ratio of boys to girls in section 6.2 above, the number of primary pupils who were to be sampled per school to be administered questionnaire were 18 (10 boys, 8 girls) in Rhino Camp, 10 (5 boys, 5 girls) in Bidibidi and 33 (17 boys, 16 girls) in Imvepi refugee settlements. However due to the numerous numbers of schools, 30% of the schools were to be sampled as recommended by Mugenda and Mugenda (2009), giving 7 schools in Rhino Camp, 11 schools in Bidibidi and 4 schools in Imvepi. Therefore, the number of respondents to be sampled from the selected primary schools in the refugee settlements were to be 126 (Rhino Camp), 110 (Bidibidi), 132 (Imvepi) totaling to 368 respondents. However, a total of 361 respondents (109 from Bidibidi, 128 from Imvepi, 124 from Rhino Camp) participated in the study giving a response rate of 98%.

Besides, another 10 persons directly working with children and child rights programming and 12 learners were sampled for key informant interviews and focus group discussions respectively. These included people working in child-friendly spaces, caseworkers and child protection programmers. These were selected from Operational Partners and Implementing Partner staff, the United Nations High Commission for Refugees (UNHCR), United Nations Children's Fund (UNICEF), Office of the Prime Minister (OPM), headteachers, senior teachers and the district education department basing on their varied expertise in social welfare and child protection.

6.6 Study Variables

A variable may be looked as a property that takes on different values as well as a logical grouping of attributes (Kaur, 2013). Variables come in many types such as dependent, independent, active and attribute variables. It may also be categorised as continuous, discrete, categorical variable, as well as extraneous variables and demographic variables. The variables for this study included independent variable, intervening and dependent variables. Independent variable was the forms of violence against children which included physical, sexual and psychological /emotional violence. Dependent variable was looked at in terms of the various effects of violence on academic and social aspect of a child such as absenteeism, lack of concentration, school dropout, poor performance, physical harm/death, loneliness, and violent behaviour. However, there were intervening variables that the schools could use to mitigate the occurrence and effects of violence against children. These could be through developing policies, sensitization, counselling, developing crisis plan, stakeholder involvement, and conflict resolution and management.

6.7 Methods of data collection

Using multiple methods, data were collected on the forms of violence experienced by school children, the perpetrators of violence, effects of violence and school authorities can use to reduce violence against children in refugee educational settings. Data were collected using questionnaire survey forms since it is a quick and efficient way of getting large amounts of information from large study subjects; interview guides were used to explore children's opinions and experiences on VAC. This was supplemented by the use of key informant interviews and focus group discussions to generate a rich understanding of children's collective views on their experiences on VACs. Additionally, FGD was used to get first-hand information of sensitive experiences on VAC, and document analysis so as to contextualize the research on VAC into refugee educational settings. The researchers adopted the validated instrument used by Duuki (2019).

6.7.1 Questionnaire: The researchers used questionnaires to collect the statistical data. The questionnaire was organized based on the objectives of the study. The questionnaire consisted of six parts: Part A sought for personal details of the respondents and Part B, C, and D sought for specific information related to the areas under study as brought out in the conceptual framework. The questionnaires had closed-ended questions where the respondents were provided with a range of alternatives from which to choose. This is to allow for effective statistical analysis of the information obtained.

Primary data was gathered directly from respondents by use of hard and soft copy questionnaires. A total of 199 hard copy questionnaires were issued out to respondents during the study. Soft copy questionnaires were uploaded on Kobo Collect and administered with the help of trained research assistants. The research assistants were trained for 3 hours on the main purpose of the study, data collection techniques, ethical considerations and the implications of unethical behavior on the quality and applicability of the data they will collect. After the training, the research assistants asked respondents questions that are on the tool and ticked their responses accordingly. This was done off line and later uploaded on the host website after review of the tools by the researcher. Hard copy questionnaires were delivered to respondents and later collected at convenience of both the researcher and respondent.

6.7.2 Key Informant Interview guide: The unstructured interview guide was developed to help direct the interview process and to ensure that important information to the study is not left out. The questions were of a wide range to seek for technical clarification and opinions from the key informants. The open-ended questions were used to understand the why and how of given phenomenon to the study. A total of 10 participants took part in the key informant interviews.

6.7.3 Focus group discussion guide: A guide with specific questions was developed to lead discussions with children's groups. The questions mainly provided a structure of what information was required from the participants. The researchers were encouraged to flexibly probe for further information as the interview progresses. A total of 36 participants in 3 groups were expected to participate in the discussions with average number of 12 participants per group discussion.

6.8 Validity

Validity refers to the degree to which a study accurately reflects or assesses the specific concept that the researcher is attempting to measure (Amin 2005). It is the degree to which results obtained from the analysis of data actually represent the phenomenon under study. The researcher will put due consideration for face, content, logical and criterion validity for all the instruments that was used. To enhance the instrument's validity, the researcher will seek for

expert opinion in respect to content validity. From this expert guidance, questions or items to the study were classified as either valid or invalid. From this feedback, the content validity index (CVI) would be calculated.

$$CVI = \frac{\text{Number of items rated as valid}}{\text{Total number of items in the questionnaire}}$$

6.9 Reliability

According to Shanghverzy (2003), reliability refers to the consistency of measurement and is frequently assessed using the test—retest reliability method. Reliability is increased by including many similar items on a measure, by testing a diverse sample of individuals and by using uniform testing procedures. Reliability is also concerned with the question of whether the results of a study are repeatable (Eriksson & Wiedersheim-Paul, 2001). Once validity is confirmed, a pilot was conducted by distributing the questionnaire among 10 respondents from 2 randomly selected zones in the settlement. The data was entered into Excel and analyzed for internal consistency using Cronbach's alpha consistency for internal consistency test. According to Hair et al., (1998), where the consistency exceeds 0.7, the questionnaire is acceptable for use. Thus, confirming internal consistency and reliability.

7.0 Plan for Data Management and Analysis

7.1 Quality control

Reconnaissance survey was carried out in Rhino Camp, Bidibidi and Imvepi refugee settlements in April 2022, to revise the data collection tools in English and also translate in a commonly spoken local language 'Arabic' so as to gather correct data from pupils in lower primary (i.e. primary 1 to primary 3). A three-phase review of the data collection tools was conducted first by the researchers, teachers, Windle International Uganda staff in the refugee settlements, followed by pre-testing of the instruments on a sample of about 30 children from primary schools in the settlements; finally, children were surveyed from the primary schools in the refugee settlements to assess item distribution and pilot study procedures.

Data was collected through private face-to-face interviews conducted by trained interviewers (research assistants). From the reconnaissance survey, it was established that the teaching assistants for pupils in lower primary schools in the refugee settlements are the most suitable research assistants as the schoolchildren freely divulge correct information to them rather than to strangers. The research assistants were also thoroughly trained on the main purpose of the study, ethical considerations and the implications of unethical behaviour on the quality and applicability of the data they would collect before they collect the data. The intensive training as well as debriefs and supervision that focused on data quality during the data collection will produce reliable data.

7.2 Data Analysis

7.2.1 Quantitative data analysis

Quantitative data analysis was conducted using Statistical Package for Social Sciences (SPSS) which will involve descriptive and frequency counts represented on tables, graphs, and pie charts. Inferential statistics was used to establish effects. After collecting data from the respondents, the researcher will start the process of data analysis by editing it and coding it along the main thematic areas to identify inconsistencies and establish uniformity. Data was compiled to facilitate entry of

the responses into the computer. Data was entered into Kobo Collect, an online survey application. The data will later be retrieved and analyzed using Excel application. From this, the researcher should be able to generate frequencies, percentages, means and standard deviations to explain the findings of the study.

7.2.2 Qualitative Data

Qualitative data analysis on the other hand was continuous and involved transcription of recorded data, coding, and getting key themes reported in form of narratives. The study applied thematic analysis to carry out the analysis of qualitative data from the key informant interviews and the focus group discussions. The themes were organized according to the objectives of the study into; forms, perpetrators, effects of violence against children, and effectiveness of existing mechanisms to prevent and respond to violence against children. All responses from participants were analyzed along those themes. The key aim of qualitative analysis was to provide or avail from the study, a complete, detailed description of the variables under study, as perceived by the study subjects so as to draw inference. The qualitative data was triangulated with the quantitative findings for detailed explanation of phenomenon.

The primary outcome variables were violence against children (perpetrators, forms/effects) and mitigation strategies. The confounding variables included respondent's socio-demographic characteristics including country of origin, child gender and age, refugee settlement and zone, and educational level. Descriptive statistics for respondents' socio-demographic characteristics, as well as prevalence statistics (frequencies, percentages) for different forms of VAC, perpetrators, effects of VAC and strategies to mitigate VAC at school was produced. Cross tabulations were performed to examine differences in the distribution of the outcome and confounding variables.

Bivariate logistic regression models were run where all the confounding variables was entered in a single block to control for possible confounding between these variables. Multivariate analyses using a series of logistic regression models was run iteratively using stepwise regression (backward method), with the variable having the least level of significance being removed at each step until only significant variables remain since the goal of this study is to derive a model with the best fit. The direction and magnitude of associations was expressed as odds ratios (ORs) and their 95 percent confident interval levels (95% CI). The data analyses were conducted using SPSS V.22, IBM Corp, Armonk, NY.³⁶ and STATA version 13.

8.0 Dissemination plan

The purpose of this study is to explore perspectives of children on the forms, perpetrators, effects, and preventive strategies of VAC in refugee educational settings in West Nile, Uganda. Findings of the study were disseminated to the key stakeholders such as settlement leaders, District Education Officers of Yumbe, Madi-Okolo and Terego. The comments from the dissemination workshops were incorporated in the study conclusion and recommendations, to inform policy and practice. Three workshops were organised in Bidibidi, Imvepi and Rhino Camp settlements. One-hundred and fifty (150) stakeholders were expected to attend the workshops. Fifty (50) participants were selected from each settlement. The workshops were funded by both Muni University and AfriChild Centre.

9.0 Limitations

The study included only children enrolled in primary schools in Bidibidi, Rhino Camp, and Imvepi refugee settlements who attend school during the survey. Results might not be generalisable to children who were absent or not enrolled, or to children in other refugee settlements in West Nile region and yet may represent a more vulnerable group. There is a possibility of children under-reporting sexual violence due to stigma and trauma. Analyses based on cross-sectional data made it difficult to infer the direction of causality between violence and associated risk factors.

10.0 Ethical considerations

Research ethics were observed. The study sought ethical approval from Gulu University Research Ethics Committee (GUREC). The proposal was approved by the Research Ethics Committee and National Council for Science and Technology. Permission was sought from the Prime Minister Office to access research sites in the refugee settlements. Permission for entry into the settlements and selected primary schools was sought from appropriate agencies like refugee settlement authorities, headteachers, among others. The research participants were requested to sign informed consent forms and ensuring that their names and the information given are treated confidentially. This is in line with Ingleby, Cohen Manion, and Morrison, (2012) who asserted that “participants should know that their involvement is voluntary at all times, and they should receive a thorough explanation beforehand of the benefits, rights, risks, and dangers involved as a consequence of their participation in the research project.” The researchers were trained in the professional handling of victims of VAC in order not to trigger their emotional responses. The researcher will recruit a professional counsellor as one of the research assistants to handle traumatic cases which may arise when interfacing with victims of VAC.

7) RESULTS

Introduction

This chapter presents findings from data collected using survey, interviews and focus group discussion from participants from Bidibidi, Imvepi and Rhino Camp refugee settlements in West Nile Region. In summary, the chapter presents the demographic information on the study respondents, empirical findings on the forms of violence against children (VAC), common perpetrators, effects of VAC and measures to mitigate VAC.

Demographic Information

This section represents demographic information on respondents as presented during data collection. It includes distribution of respondents by location, sex, age and nationality. Further the demographic data are presented per the method of data collection. Interview guides were used to explore children’s opinions and experiences on VAC.

A total of 38 children participated in the FGD out of which 18 (47.4%) were females while 20 (52.6%) were male participants i.e. 6 females, 7 males (Rhino Camp); 6 females, 7 males (Imvepi); 6 females, 6 males (Rhino Camp). This shows effective representation of both male and female children during the FGD. This allowed the views of both gender to be captured on forms of VAC, common perpetrators, effects and measures to reduce VAC.

Data were collected from Key Informants (KIs) using interview guides. This was intended to explore information on common forms of VAC, perpetrators, effect and key measures to reduce VAC. Data were collected from headteachers, Senior Woman Teachers (SWTs), Senior Male

Teachers (SMT), District Education Officers (DEOs) who oversee education service delivery in each of the settlements located in their districts, and Focal Point Person representing key education partner in each settlement. The following is the distribution of KI participants in the three settlements of Bidibidi, Imvepi and Rhino Camp in West Nile. Two participants each of the categories of headteachers, SWTs, SMTs in Bidibidi, Imvepi and Rhino Camp refugee settlements. Only one DEO and one education partner participated in Bidibidi and Rhino Camp respectively.

Hence, 30% of the participants of KIIs were headteachers, 30% Senior Woman Teachers (SWTs) and 30% were Senior Man Teachers (SMTs). On the other hand, 5% of the participants represented the DEOs and 5% represented the Education Partners. Data shows a fair representation of the key education stakeholders from the three settlements. This was vital to seek an in-depth and a variety of information from key informants.

Data were also collected using survey method. Questionnaires were distributed by research teams to various selected primary schools in Bidibidi, Imvepi and Rhino Camp refugee settlements. Translators were also deployed to help translate questions in Arabic for pupils who had challenges interpreting the questions. Of the 361 respondents who participated in the study, 30.2% (109) were from Bidibidi, 35.5% (128) from Imvepi while 34.3% (124) from Rhino Camp. The above data show that Imvepi had the greatest percentage of respondents while Rhino Camp had the least percentage of respondents. However, it shows a representative sample of respondents from all the three settlements.

Both male and female learners participated in filling the questionnaires in order to give information on the common forms of VAC, perpetrators and effects of VAC. About 50.4% of the respondents (182) were males while 49.6% (179) were females. This revealed that much as male respondents were more than females, there was a representation of both gender during data collection.

Data were collected from learners aged between 5 to 17 years. The purpose was to collect first-hand data on the forms of violence experienced by schoolchildren, the perpetrators of violence, effects of violence and school authorities can use to reduce violence against children in refugee educational settings. Of the learners who participated in the study, 51.7% (186) were aged 11-15 years, 46.4% (167) were 16-17 years while 1.9% (7) were between 5 to 10 years. More learners aged between 11-15 years were sampled because these are the age categories of children that are prone to violence because of the physical, biological and emotional changes they experience.

7.1 Background Findings

The researchers used questionnaires to collect the statistical data. The questionnaire was organized based on the objectives of the study. The questionnaire consisted of six parts: Part A sought for personal details of the respondents and Part B sought information on perpetrators of VAC, Part C was on the forms of VAC and D sought information on measures to mitigate VAC. The questionnaires will strictly have closed-ended questions where the respondents were provided with a range of alternatives from which to choose. This is to allow for effective statistical analysis of the information obtained. To supplement questionnaires, data were also collected using Key Informant interviews (KII) and Focus Group Discussions (FGD).

7.2 Forms of VAC among the refugee children in refugee educational settings in West Nile.

Data were collected using both quantitative and qualitative methods of data collection. Under quantitative method, the researchers used questionnaires as instruments for data collection.

The three forms of violence against children in the studied refugee settlements (Bidibidi, B; Imvepi, I; Rhino Camp, R) were experienced in almost the same proportion i.e. 34% sexual, 33% physical and 33% emotional/ psychological. Furthermore, the children reported almost the same magnitude of the three forms of VAC (Sexual, 56 B, 55 I, 39 R; Physical, 46 B, 55 I, 46 R and Emotional, 48 B, 58 I, 38 R) in the individual settlements ($\chi^2=2.022$, $df=4$, $p=0.732$). This shows that all the three forms of violence are being at almost the same magnitude.

7.2.1 Forms of Sexual VAC in refugee settlements in West Nile across children's socio-demographics

There is no significant difference in the reported cases of sexual violence against children across the three refugee settlements ($p>0.05$) (Table 1). However, children reported the highest number of forms of sexual violence in Bidibidi followed by Imvepi and lastly Rhino Camp. More than 50% of children in Bidibidi reported sexual motives, rape/defilement, child-to-child rape and forced marriage respectively as the leading forms of sexual VAC.

General analysis of reported cases of sexual violence showed no significant difference in the reported cases of sexual violence across children's sex, age and level of education ($p>0.05$) (Table 1). However, more forms of sexual violence ($\geq 50\%$) were reported by females with child-to-child rape, sexual motives and forced marriage respectively as the leading forms of sexual violence. The males stated survival sex as the main form of sexual violence. Children aged 16-17 years reported the highest number of forms of sexual VAC ($\geq 50\%$) in decreasing order starting with forced marriage, verbal sexual harassment, child to child rape and survival sex. This was followed by 11-15 year old children who cited rape/defilement as the main form of sexual violence against them. The highest cases of sexual VAC were reported by children in the upper primary (primary 6-primary 7) and they cited more than 50% of all forms of sexual VAC in a descending order of child-to-child rape, forced marriage, sexual motives, verbal sexual harassment and survival sex.

Table 1. Chi-square test of association of children's responses on forms of sexual violence against children and their socio-demographic characteristics

Forms	Settlement, % (Count)			Forms	Sex, % (Count)		Forms	Age category (years), % (Count)			Forms	Education level, % (Count)		
	Bidibidi	Imvepi	Rhino Camp		Male	Female		5-10	11-15	16-17		Lower Primary (P.1-P.3)	Middle Primary (P.4)	Upper Primary (P.5-P.7)
SM	56.9 (62)	39.1 (50)	30.6 (38)	SS	51.1 (72)	48.9 (69)	RD	1.3 (2)	51.0 (79)	47.7 (74)	CCR	12.7 (19)	8.7 (13)	78.7 (118)
RD	56.0 (61)	43.0 (55)	32.3 (40)	RD	48.7 (76)	51.3 (80)	SM	2.0 (3)	46.7 (70)	51.3 (77)	FM	6.9 (10)	14.5 (21)	78.6 (114)
CCR	51.4 (56)	44.5 (57)	29.6 (37)	VSH	48.4 (74)	51.6 (79)	SS	0.0 (0)	48.2 (68)	51.8 (73)	SM	10.0 (15)	13.3 (20)	76.7 (115)
FM	51.4 (56)	40.6 (52)	29.8 (37)	FM	47.6 (69)	52.4 (76)	CCR	1.3 (2)	46.3 (69)	52.3 (78)	VSH	10.5 (16)	13.1 (20)	76.5 (117)
SS	49.5 (54)	39.8 (51)	29.0 (36)	SM	46.7 (70)	53.3 (80)	VSH	0.7 (1)	47.1 (72)	52.3 (80)	SS	9.9 (14)	14.2 (20)	75.9 (107)
VSH	45.0 (49)	49.2 (63)	33.1 (41)	CCR	46.7 (70)	53.3 (80)	FM	1.4 (2)	45.5 (66)	53.1 (77)	RD	11.5 (18)	16.7 (26)	71.8 (112)
χ^2	3.598			χ^2	0.785		χ^2	4.247			χ^2	7.305		
df	10			df	5		df	10			df	10		
p	0.964			p	0.978		p	0.936			p	0.696		

SS – Survival sex; RD-Rape/defilement; VSH-Verbal sexual harassment; FM-Forced marriage; SM-Sexual motives; CCR-Child-to-child rape

Binary logistic regression analyses were performed to ascertain the association of sex, settlement, age, and education level of pupils with the various forms of sexual violence against children (Table 2).

Table 2. Binary Logistic Regression Model for predictors of forms of sexual violence against children in refugee settlements in Imvepi, Bidibidi and Rhino Camp

Forms of sexual VAC	Covariate	N	B	S.E.	Wald's χ^2	df	p-value	Odds ratio (OR)	OR 95% CI
Rape/defilement	Settlement				27.26	2	0.000*		
	Imvepi	116	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	83	1.23	0.32	14.76	1	0.000*	3.41	1.82-6.36
	Rhino Camp	109	-0.47	0.28	2.93	1	0.087	0.62	0.36-1.07
Child to child rape	Settlement				19.46	2	0.000*		
	Imvepi	103	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	88	0.47	0.31	2.31	1	0.128	1.60	0.87-2.95
	Rhino Camp	107	-0.87	0.29	8.91	1	0.003*	0.42	0.24-0.74
Sexual motives	Settlement				25.79	2	0.000*		
	Imvepi	108	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	88	1.10	0.31	12.24	1	0.000*	2.99	1.62-5.53
	Rhino Camp	113	-0.50	0.28	3.13	1	0.077	0.61	0.35-1.06
Survival sex	Settlement				18.87	2	0.000*		
	Imvepi	109	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	87	0.77	0.31	6.27	1	0.012*	2.16	1.18-3.95
	Rhino Camp	111	-0.59	0.28	4.35	1	0.037*	0.55	0.32-0.96
Verbal sexual harassment	Settlement				9.69	2	0.008*		
	Imvepi	106	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	91	-0.14	0.30	0.23	1	0.633	0.87	0.48-1.57
	Rhino Camp	108	-0.83	0.29	8.55	1	0.003*	0.43	0.25-0.76
Forced marriage	Settlement				20.77	2	0.000*		
	Imvepi	112	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	83	0.96	0.31	9.42	1	0.002*	2.60	1.41-4.79
	Rhino Camp	111	-0.48	0.28	2.97	1	0.085	0.62	0.36-1.07

ref – reference category

*p-value significant at 0.05

Rape / Defilement

There is a significant ($p < 0.05$) association of children reporting rape / defilement as form of sexual violence against children with settlement ($p = 0.000$). The odds of pupils in Bidibidi reporting rape / defilement as a form of sexual violence against children is 3.41 times more than those in Imvepi ($p = 0.000$) (Table 2). There is no significant association of sex, age and education level with rape / defilement ($p > 0.05$).

Child to child rape

There is a significant ($p < 0.05$) association of children reporting child to child rape as a form of sexual violence against children ($p = 0.000$) with settlement. The odds of pupils in Imvepi reporting child to child rape as a form of sexual violence against children is 0.42 times more than those in

Rhino Camp ($p=0.003$) (Table 2). There is no significant association of sex, age and education level with child to child rape ($p>0.05$).

Sexual motives

There is a significant association of children reporting sexual motives as a form of sexual violence against children with settlement ($p=0.000$). The odds of pupils in Bidibidi reporting sexual motives as a form of sexual violence against children is 2.99 times more than those in Imvepi ($p=0.000$) (Table 2). There is no significant association of sex, age and education level with sexual motives ($p>0.05$).

Survival sex

There is a significant association of children reporting survival sex as a form of sexual violence against children with settlement ($p=0.000$). The odds of pupils in Bidibidi reporting survival sex as a form of sexual violence against children is 2.16 times more than those in Imvepi ($p=0.012$) (Table 2). On the other hand, the odds of pupils in Imvepi reporting survival sex as a form of sexual violence against children is 0.55 times more than those in Rhino Camp ($p=0.037$). There is no significant association of sex, age and education level with survival sex ($p>0.05$).

Verbal sexual harassment

There is a significant association of children reporting verbal sexual harassment as a form of sexual violence against children with settlement ($p=0.008$). The odds of pupils in Imvepi reporting verbal sexual harassment as a form of sexual violence against children is 0.43 times more than those in Rhino Camp ($p=0.003$) (Table 2). There is no significant association of sex, age and education level with verbal sexual harassment ($p>0.05$).

Forced marriage

There is a significant association of children reporting forced marriage as a form of sexual VAC with the settlement ($p=0.000$). The odds of pupils in Bidibidi reporting forced marriage as a form of sexual violence against children is 2.60 times more than those in Imvepi ($p=0.002$) (Table 2). There is no significant association of sex, age and education level with forced marriage ($p>0.05$).

Forms of physical violence against children in refugee settlements in West Nile across their socio-demographics

There was no significant difference in the reported cases of physical violence against children across the three refugee settlements ($p>0.05$) (Table 3). However, beating and hitting were the main reported forms of physical violence in all the three settlements.

Overall, there was no significant difference in the reported incidences of physical violence against children across their sex, age and education level ($p>0.05$) (Table 3). Although insight of the findings showed that females reported more forms and cases of physical violence ($\geq 50\%$) than males. For girls, poisoning, bites and burns respectively were the main reported cases, while boys mainly reported suffocation, dropping and strangulation respectively as the major forms of physical violence they experienced. Children aged 11-15 years reported the highest number of forms of physical violence ($\geq 50\%$) in decreasing order of strangulation, kicking, beating and burns. This was followed by 16-17 year old who reported dropping and poisoning respectively as the leading forms of physical violence against them ($\geq 50\%$). Generally, children in upper primary (p.6-p.7) reported the highest cases of physical violence, with $>50\%$ of each incidence in the order of hitting, poisoning, bites, choking and burns respectively.

Table 3. Chi-square test of association of children’s responses on forms of physical violence against children and their socio-demographic characteristics

Forms	Settlement, % (Count)			Forms	Sex, % (Count)		Forms	Age category (years), % (Count)			Forms	Education level, % (Count)		
	Imvepi	Rhino Camp	Bidibidi		Male	Female		5-10	11-15	16-17		Lower Primary (P.1-P.3)	Middle Primary (P.4)	Upper Primary (P.5-P.7)
Be	64.1 (82)	54.8 (68)	78.0 (85)	Su	53.8 (35)	46.2 (30)	St	0.7 (1)	60.3 (82)	39.0 (53)	H	6.0 (11)	13.7 (25)	80.3 (147)
H	53.1 (68)	50.8 (63)	47.7 (52)	D	53.7 (79)	46.3 (68)	K	1.9 (3)	54.9 (89)	43.2 (70)	P	4.1 (5)	17.4 (21)	78.5 (95)
Bi	49.2 (62)	41.1 (51)	45.0 (49)	St	52.2 (71)	47.8 (65)	Be	1.7 (4)	54.3 (127)	44.0 (103)	Bi	8.0 (13)	16.0 (26)	76.1 (124)
D	48.4 (48)	37.1 (39)	35.8 (39)	K	50.3 (82)	49.7 (81)	Bu	0.0 (0)	50.9 (59)	49.1 (57)	C	7.5 (10)	17.3 (23)	75.2 (100)
K	45.3 (63)	44.4 (55)	45.9 (50)	H	49.7 (91)	50.3 (92)	Su	1.5 (1)	50.8 (33)	47.7 (31)	Bu	9.5 (11)	15.5 (18)	75.0 (87)
St	43.0 (58)	32.3 (46)	37.6 (41)	Be	48.9 (115)	51.1 (120)	Bi	1.2 (2)	50.6 (82)	48.1 (78)	Be	10.6 (25)	14.9 (35)	74.5 (175)
C	43.0 (55)	31.5 (40)	35.8 (39)	C	48.9 (65)	51.1 (68)	C	2.3 (3)	48.1 (64)	49.6 (66)	D	10.9 (16)	15.0 (22)	74.1 (109)
P	37.5 (55)	25.8 (40)	37.6 (41)	Bu	46.6 (54)	53.4 (62)	H	1.6 (3)	48.6 (89)	49.7 (91)	K	9.8 (16)	19.0 (31)	71.2 (116)
Bu	29.7 (38)	32.3 (32)	34.9 (38)	Bi	46.0 (75)	54.0 (88)	D	0.7 (1)	45.6 (67)	53.7 (79)	Su	9.2 (6)	20.0 (13)	70.8 (46)
Su	14.8 (19)	17.7 (22)	22.0 (24)	P	43.8 (53)	56.2 (68)	P	0.8 (1)	44.6 (54)	54.5 (66)	St	12.5 (17)	22.8 (31)	64.7 (88)
χ^2	12.078			χ^2	4.776		χ^2	11.578			χ^2	18.070		
df	18			df	9		df	9			df	18		
p	0.843			p	0.853		P	0.238 ^a			p	0.418		

Be – Beating; H - Hitting; K – Kicking; Bi – Bites; St - Strangulation; P-Poisoning; C-Choking; D-Dropping; Bu-Burns; Su-Suffocation

^achi-square excluding 5-10 years due to low counts of the age category which nullifies chi-square

Binary logistic regression analyses were performed to ascertain the association of sex, settlement, age and education level of pupils with the various forms of physical violence against children (Table 4).

Table 4. Binary Logistic Regression Model for Predictors of forms of physical violence against children in refugee settlements in Imvepi, Bidibidi and Rhino Camp

Forms of physical VAC	Covariate	N	B	S.E.	Wald's χ^2	df	p-value	Odds ratio (OR)	OR 95% CI
Beating	Settlement				21.97	2	0.000*		
	Imvepi	103	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	96	0.69	0.41	2.86	1	0.091	2.00	0.90-4.48
	Rhino Camp	111	-0.97	0.32	9.42	1	0.002*	0.38	0.20-0.70
Hitting	Education level				10.05	2	0.007*		
	Upper Primary (P.5-P.7)	220	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Middle Primary (P.4)	49	-0.74	0.36	4.17	1	0.041*	0.48	0.23-0.97
	Lower Primary (P.1-P.3)	30	-1.37	0.46	8.67	1	0.003*	0.25	0.10-0.63
Strangulation	Settlement				11.88	2	0.003*		
	Imvepi	100	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	73	0.12	0.32	0.14	1	0.712	1.13	0.60-2.12
	Rhino Camp	111	-0.84	0.29	8.25	1	0.004*	0.43	0.24-0.77
Dropping	Settlement				5.57	2	0.062		
	Imvepi	99	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	75	-0.42	0.32	1.73	1	0.188	0.65	0.35-1.23
	Rhino Camp	103	-0.69	0.29	5.53	1	0.019*	0.50	0.28-0.89
Poisoning	Settlement				7.91	2	0.019*		
	Imvepi	97	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	87	-0.11	0.31	0.12	1	0.731	0.90	0.49-1.65
	Rhino Camp	106	-0.79	0.30	6.76	1	0.009*	0.45	0.25-0.82
	Education level				6.18	2	0.045*		
	Upper Primary (P.5-P.7)	222	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Middle Primary (P.4)	42	0.60	0.39	2.43	1	0.119	1.83	0.86-3.89
Lower Primary (P.1-P.3)	26	-0.88	0.57	2.37	1	0.124	0.41	0.13-1.27	
Suffocation	Settlement				8.67	2	0.013*		
	Imvepi	55	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	49	0.81	0.43	3.59	1	0.058	2.26	0.61-2.17
	Rhino Camp	85	-0.36	0.39	0.85	1	0.356	0.70	

ref – reference category

*p-value significant at 0.05

Beating

There is a significant association between children reporting beating as a form of physical VAC with the settlements ($p=0.000$). The odds of pupils in Imvepi reporting beating as a form of physical violence against children is 0.38 times more than those in Rhino Camp ($p=0.002$). There is no significant association of sex, age and education level with beating ($p>0.05$).

Hitting

However, there is a significant association between children reporting hitting as a form of physical VAC with education level ($p=0.007$). The odds of pupils in the upper primary (p.5-p.7) reporting hitting as a form of physical violence against children is 0.48 and 0.26 times more than those in middle primary, p.4 ($p=0.041$) and lower primary, p1-p3 ($p=0.003$) respectively. There is no significant association of sex, age and settlement with hitting ($p>0.05$).

Strangulation

There is a significant association between children reporting strangulation as a form of physical VAC with settlement ($p=0.003$). The odds of pupils in Imvepi reporting strangulation as a form of physical violence against children is 0.43 times more than those in Rhino Camp ($p=0.004$). There is no significant association of children reporting strangulation as a form of physical VAC with their sex, age and education level ($p>0.05$).

Dropping

There is no significant association of children reporting dropping as a form of physical VAC with the settlement, sex, age, and education level ($p>0.05$). However, the odds of pupils in Imvepi reporting dropping as a form of physical violence against children is 0.50 times more than those in Rhino Camp ($p=0.019$).

Poisoning

There is a significant ($p<0.05$) association of children reporting poisoning as a form of physical VAC with settlement ($p=0.019$) and education level ($p=0.045$). The odds of pupils in Imvepi reporting poisoning as a form of physical violence against children is 0.46 times more than those in Rhino Camp ($p=0.009$). However, there was no significant association of children reporting poisoning as a form of physical VAC with each of the levels of education (upper, middle, lower primary), sex and age ($p>0.05$).

Suffocation

There is a significant ($p<0.05$) association of children reporting suffocation as a form of physical VAC and the settlement ($p=0.013$). However, there was no significant association of children reporting suffocation as a form of physical VAC with each of the settlements (Imvepi, Bidibidi, Rhino Camp), sex, age and education level ($p>0.05$).

Bites, burns, kicking and choking

There is no significant association of children reporting bites, burns, kicking and choking as a form of physical VAC with their sex, age, education level and settlement ($p>0.05$).

Forms of emotional / psychological violence against children across their socio demographics

The findings show no significant difference in the reported cases of emotional / psychological violence against children across the three refugee settlements ($p>0.05$) (Table 5). Although there were more reported cases of refusal to provide better shelter and withholding affection/ love in Imvepi, and denial of education in Bidibidi settlement ($\geq 50\%$).

Generally, girls reported more cases of emotional violence than boys. Refusal to register births (54.0%) and denial of education (53.7%) were the main reported forms of emotional violence among girls; while boys mostly experienced confinement (52.0%). Furthermore, the emotional violence are experienced by children aged 16-17 years with most of them reporting suffering from effect of withholding affection/ love (54.8%) and confinement (52.8 %) by the community members. Of interest is the equal number of reported cases of refusal to register births (49.6) by both children aged 11-15 years and 16-17 years. It is also noted that, children in upper primary reported the highest cases of emotional violence, with $>72\%$ of each incidence. Despite the above, the findings showed no significant difference in children's experiences to emotional violence across their socio-demographics ($p>0.05$).

There was no significant difference in the reported cases of emotional/ psychological violence across children's sex, age and education level ($p>0.05$) (Table 5). However, the females reported more forms of emotional/ psychological violence ($\geq 50\%$) with refusal to register births, denial of education and denial of food respectively as the leading forms. The males gave confining as the main form of emotional/ psychological violence ($\geq 50\%$). Children aged 16-17 years reported the highest number of forms of emotional/ psychological VAC ($\geq 50\%$) against them in decreasing order i.e. withholding affection/ love, confinement, denial of education and lack of protection from harm/ exploitation. Children in the age range (11-15 years) reported isolation and refusal to provide better shelter as the main form of emotional/ psychological violence ($\geq 50\%$). The highest cases of emotional/ psychological violence were reported by children in the upper primary (p.6-p.7). They cited more than 50% of all forms of emotional/ psychological violence with the main ones being confinement, lack of protection from harm/ exploitation, denial of education, isolation, and denial of food respectively.

Table 5. Chi-square test of association of children's responses on forms of emotional / psychological violence against children and their socio-demographic characteristics

Forms	Settlement, % (Count)			Forms	Sex, % (Count)		Forms	Age category (years), % (Count)			Forms	Education level, % (Count)		
	Imvepi	Bidibidi	Rhino Camp		Male	Female		5-10	11-15	16-17		Lower Primary (P.1-P.3)	Middle Primary (P.4)	Upper Primary (P.5-P.7)
RPBS	65.6 (46)	38.5 (42)	32.3 (37)	C	52.0 (64)	48.0 (59)	Is	0.8 (1)	51.9 (67)	47.3 (61)	C	5.7 (7)	17.1 (21)	77.2 (95)
WAL	54.7 (70)	49.5 (54)	43.5 (40)	LPHE	49.7 (74)	50.3 (75)	RPBS	1.8 (3)	50.0 (83)	48.2 (80)	LPHE	8.7 (13)	14.8 (22)	76.5 (114)
DE	47.7 (84)	56.0 (61)	32.3 (54)	WAL	48.3 (86)	51.7 (92)	RRB	0.9 (1)	49.6 (56)	49.6 (56)	DE	9.3 (15)	14.8 (24)	75.9 (123)
LPHE	46.1 (59)	46.8 (51)	31.5 (39)	RPBS	48.2 (80)	51.8 (86)	DF	0.8 (1)	48.8 (61)	50.4 (63)	Is	8.5 (11)	16.3 (21)	75.2 (97)
DF	39.8 (51)	42.2 (46)	22.6 (37)	Is	48.1 (62)	51.9 (67)	LPHE	1.3 (2)	47.0 (70)	51.7 (77)	DF	11.2 (14)	13.6 (17)	75.2 (94)
C	35.9 (46)	36.7 (40)	29.8 (28)	DF	46.4 (58)	53.6 (67)	DE	1.2 (2)	46.3 (75)	52.5 (85)	WAL	10.1 (18)	15.2 (27)	74.7 (133)
RRB	35.9 (41)	35.8 (39)	22.6 (28)	DE	46.3 (75)	53.7 (87)	C	0.0 (0)	47.2 (58)	52.8 (65)	RPBS	10.8 (18)	16.3 (27)	72.9 (121)
Is	32.0 (61)	46.8 (51)	29.8 (40)	RRB	46.0 (52)	54.0 (61)	WAL	3.4 (6)	41.8 (74)	54.8 (97)	RRB	8.8 (10)	18.6 (21)	72.6 (82)
χ^2	17.233			χ^2	1.464		χ^2	11.351			χ^2	4.620		
df	14			df	7		df	14			df	14		
P	0.244			p-value	0.984		p-value	0.658			p-value	0.990		

DE-Denial of education; WAL- Withholding affection/ love; Is – Isolating; LPHE- Lack of protection from harm/ exploitation; DF- Denying food; RPBS- Refusal to provide better shelter; C – Confining; RRB – Refusal to register births

Binary logistic regression analyses were performed to ascertain the association of sex, settlement, age, and education level of pupils with the various forms of emotional / psychological violence against children (Table 6).

Table 6. Binary Logistic Regression Model of Predictors of forms of emotional / psychological violence against children in Refugee settlements in Imvepi, Bidibidi and Rhino Camp

Forms of emotional/ psychological VAC	Covariate	N	B	S.E.	Wald's χ^2	df	p-value	Odds ratio (OR)	OR 95% CI
Withholding affection/ love	Settlement				6.48	2	0.039*		
	Imvepi	103	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	78	0.21	0.34	0.37	1	0.543	1.23	0.63-2.41
	Rhino Camp	102	-0.57	0.30	3.60	1	0.058	0.57	0.32-1.02
	Age				13.99	2	0.001*		
	16-17 Years	135	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	11-15 Years	141	-1.04	0.30	12.53	1	0.000*	0.35	0.20-0.63
5-10 Years	7	0.44	1.15	0.14	1	0.705	1.55	0.16-14.85	
Denial of education	Settlement				16.32	2	0.000*		
	Imvepi	121	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	93	0.65	0.29	4.96	1	0.026*	1.92	1.08-3.41
	Rhino Camp	112	-0.57	0.27	4.37	1	0.037*	0.57	0.33-0.97
Denial of food	Settlement				19.30	2	0.000*		
	Imvepi	105	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	83	0.37	0.31	1.43	1	0.232	1.44	0.79-2.63
	Rhino Camp	108	-0.98	0.30	10.83	1	0.001*	0.38	0.21-0.67
Refusal to register birth	Settlement				6.83	2	0.033*		
	Imvepi	100	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	89	-0.05	0.31	0.02	1	0.879	0.95	0.52-1.75
	Rhino Camp	99	-0.73	0.31	5.66	1	0.017*	0.48	0.26-0.88
Refusal to provide better shelter	Settlement				25.48	2	0.000*		
	Imvepi	115	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	82	-0.92	0.31	8.82	1	0.003*	0.40	0.22-0.73
	Rhino Camp	105	-1.47	0.29	25.02	1	0.000*	0.23	0.13-0.41
Isolating	Settlement				13.02	2	0.001*		
	Imvepi	100	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	82	0.93	0.31	8.83	1	0.003*	2.53	1.37-4.67
	Rhino Camp	99	-0.15	0.30	0.24	1	0.623	0.86	0.48-1.54
Lack of protection from harm or exploitation	Settlement				12.03	2	0.002*		
	Imvepi	103	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	82	0.33	0.31	1.10	1	0.294	1.39	0.75-2.57
	Rhino Camp	100	-0.71	0.29	6.11	1	0.013*	0.49	0.28-0.86

ref – reference category

*p-value significant at 0.05

Withholding affection/ love

There is a significant association of children reporting withholding affection/ love as a form of emotional/ physical VAC with settlement ($p=0.039$) and age category ($p=0.001$). The odds of pupils in the age category, 16-17 years reporting withholding affection/ love as a form of emotional/ psychological violence against children is 0.35 times more than those in age category, 11-15 years ($p=0.000$). However, there was no significant association of children reporting withholding affection/ love as a form of emotional/ psychological VAC with each of the settlements (Imvepi, Bidibidi, Rhino Camp), sex and education level ($p>0.05$).

Denial of education

There is a significant association of children reporting denial of education as a form of emotional/ psychological VAC with settlement ($p=0.000$). The odds of pupils in Bidibidi reporting denial of education as a form of emotional/ psychological violence against children is 1.920 times more than those in Imvepi ($p=0.026$). On the other hand, the odds of pupils in Imvepi reporting denial of education as a form of emotional/ psychological violence against children is 0.57 times more than those in Rhino Camp ($p=0.037$). There was no significant association of children reporting denial of education as a form of emotional / psychological with sex, age and education level ($p>0.05$).

Denial of food

There is a significant association of children reporting denial of food as a form of emotional/ psychological VAC with settlements ($p=0.000$). The odds of pupils in Imvepi reporting denial of food as a form of emotional/ psychological violence against children is 0.38 times more than those in Rhino Camp ($p=0.001$). There was no significant association of children reporting denial of food as a form of emotional/ psychological VAC with sex, age and education level ($p>0.05$).

Refusal to register birth

There is a significant association of children reporting refusal to register birth as a form of emotional/ psychological VAC with the settlement ($p=0.033$). The odds of pupils in Imvepi reporting refusal to register birth as a form of emotional/ psychological violence against children is 0.48 times more than those in Rhino Camp ($p=0.017$). There was no significant association of children reporting refusal to register birth as a form of VAC with sex, age and education level ($p>0.05$).

Refusal to provide better shelter

There is a significant association of children reporting refusal to provide better shelter as a form of emotional/ psychological VAC with the settlement ($p=0.000$). The odds of pupils in Imvepi reporting refusal to provide better shelter as a form of emotional/ psychological violence against children is 0.40 and 0.23 times more than those in Bidibidi ($p=0.003$) and Rhino Camp ($p=0.000$) respectively. There was no significant association of children reporting refusal to provide better shelter with sex, age and education level ($p>0.05$).

Isolating

There is a significant association of children reporting isolation as a form of emotional/ psychological VAC with the settlement ($p=0.001$). The odds of pupils in Bidibidi reporting isolation as a form of emotional/ psychological violence against children is 2.53 times more than those in

Imvepi ($p=0.003$). There was no significant association of children reporting isolation as a form of emotional/ psychological VAC with sex, age and education level ($p>0.05$).

Lack of protection from harm or exploitation

There is a significant association of children reporting lack of protection from harm or exploitation as a form of emotional/ psychological VAC with settlement ($p=0.002$). The odds of pupils in Imvepi reporting lack of protection from harm or exploitation as a form of emotional/ psychological violence against children is 0.49 times more than those in Rhino Camp ($p=0.013$). There was no significant association of children reporting lack of protection from harm or exploitation as a form of emotional/ psychological VAC with sex, age and education level ($p>0.05$).

Confining

There was no significant association of children reporting confinement as a form of emotional/ psychological VAC with settlement, sex, age and education level ($p>0.05$).

Qualitative data on forms of violence in Bidibidi, Imvepi and Rhino Camp settlements in West Nile

Data were also collected using KIIs and FGD. Major themes generated were sexual, physical and emotional/psychological abuses as major forms of VAC in the refugee educational settings in West Nile Uganda as shown in the table below. Examples of physical forms of violence include beating, hitting, bites, burns, strangulation, kicking, choking, dropping, poisoning, and suffocation. Sexual forms of violence include sexual exploitation and abuse, survival sex, verbal sexual harassment, forced marriage, child to child sex. Emotional/Psychological forms of violence include withholding affection/love, lack of protection from harm or exploitation, isolating, confining, denial of education, deprivation of food, refusal to register births, and refusal to provide better shelter.

A greater percentage of participants during focus group discussions and key informant interviews agreed that the most common forms of violence experienced by learners in primary schools in refugee settlements in West Nile are physical, sexual and emotional/psychological abuses. Most learners complained of beating, hitting, bites, burns, strangulation, kicking, choking, dropping, poisoning, and suffocation as major forms of physical violence. Common forms of sexual violence experienced according to the participants were sexual exploitation and abuse, survival sex, verbal sexual harassment, forced marriage and child to child sex. On the other hand, cases of emotional/psychological abuses included withholding affection/love, lack of protection from harm, isolating, confining, denial of education, deprivation of food, and refusal to provide better shelter.

7.3 Common Perpetrators of VAC in refugee educational settings in West Nile across children's socio-demographics

Data collected using survey (questionnaires), Focus Group Discussions (FGD) and Key Informant Interviews (KII) revealed that the common perpetrators of violence against children in primary schools in Bidibidi, Imvepi and Rhino Camp refugee settlements in West Nile, includes other caregivers, biological parents, strangers, neighbour, other family members, school teachers and NGO workers.

According to the findings (Table 7), there is a significant variation of the perpetrators of VAC across the refugee settlements ($p<0.05$). Children reported the highest number of perpetrators of

VAC in Imvepi settlement followed by Bidibidi and lastly Rhino Camp. More than 50% of children reported other caregivers, biological parents and strangers as the main perpetrators in Imvepi, and strangers in Bidibidi. Many children cited strangers as one of the main perpetrators of VAC in all the three refugee settlements.

There was no significant variation of reported cases of perpetrators of VAC across children's age, sex and education level. However, more perpetrators ($\geq 50\%$) were reported by females with the biological parents and NGO workers leading. The males mainly cited strangers and neighbours as the main perpetrators of VAC. Children aged 11-15 and 16-17 years reported similar number of perpetrators of VAC ($\geq 50\%$) against them with 11-15 years citing school teachers and NGOs as the main perpetrators, while 16-17 years stated other family members and biological parents as the major perpetrators. Overall, children in the upper primary reported the highest number of perpetrators of VAC with the main ones being other family members, strangers and neighbours respectively.

Table 7. Chi-square test of association of children's responses to perpetrators of violence against children and their socio-demographic characteristics

	Settlement, % (Count)			Perpe- trators	Sex, % (Count)		Perpe- trators	Age category (years), % (Count)			Perpe- trators	Education level, % (Count)		
	Imvepi	Bidibidi	Rhino Camp		Male	Female		5-10	11-15	16-17		Lower Primary (P.1-P.3)	Middle Primary (P.4)	Upper Primary (P.5-P.7)
OCG	59.4 (76)	38.5 (42)	32.3 (40)	S	53.3 (98)	46.7 (86)	ST	0.0 (0)	53.4 (55)	46.6 (48)	OFM	5.5 (7)	15.0 (19)	79.5 (101)
BP	57.0 (73)	32.1 (35)	36.3 (45)	N	51.3 (82)	48.8 (78)	NGO-W	1.1 (1)	52.8 (47)	46.1 (41)	S	7.6 (14)	14.1 (26)	78.3 (144)
S	55.5 (71)	52.3 (57)	45.2 (56)	ST	50.0 (52)	50.0 (52)	N	1.9 (3)	50.9 (81)	47.2 (75)	N	10.6 (17)	13.8 (22)	75.6 (121)
N	49.2 (63)	41.3 (45)	41.9 (52)	OCG	49.4 (78)	50.6 (80)	S	1.6 (3)	49.5 (91)	48.9 (90)	BP	9.8 (15)	15.7 (24)	74.5 (114)
OFM	39.1 (50)	31.2 (34)	34.7 (43)	OFM	48.8 (62)	51.2 (65)	OCG	0.6 (1)	49.4 (78)	50.0 (79)	OCG	12.7 (20)	15.2 (24)	72.2 (114)
ST	32.0 (41)	20.2 (22)	33.1 (41)	NGO-W	46.1 (41)	53.9 (48)	BP	0.7 (1)	48.0 (73)	51.3 (78)	NGO-W	12.4 (11)	15.7 (14)	71.9 (64)
NGO-W	16.4 (21)	32.1 (35)	26.6 (33)	BP	43.1 (66)	56.9 (87)	OFM	0.0 (0)	43.7 (55)	56.3 (71)	ST	15.4 (16)	14.4 (15)	70.2 (73)
χ^2	24.202			χ^2	4.117		χ^2	3.321			χ^2	9.599		
df	12			df	6		df	6			df	12		
p	0.019			p	0.661		p	0.768 ^a			p	0.651		

OCG - Other Care Givers; BP - Biological Parents; S- Strangers; N- Neighbour; OFM- Other Family Members; ST - School Teachers; NGO-W; NGO Workers

^achi-square excluding 5-10 years due to low counts of the age category which nullifies chi-square

Binary logistic regression analyses were performed to ascertain the association of sex, settlement, age, and education level of pupils with the various perpetrators of violence against children (Table 8).

Table 8. Binary Logistic Regression Model for Predictors of perpetrators of violence against children in Refugee settlements in Imvepi, Bidibidi and Rhino Camp

Perpetrator of VAC	Covariate	N	B	S.E.	Wald's χ^2	df	p-value	Odds ratio (OR)	OR 95% CI
Biological parents	Sex								
	Female	151	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Male	153	-0.61	0.24	6.24	1	0.012*	0.54	0.34-0.88
	Settlement				19.98	2	0.000*		
	Imvepi	109	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	
	Bidibidi	93	-1.33	0.31	18.32	1	0.000*	0.26	0.14-0.49
	Rhino Camp	102	-0.95	0.29	10.47	1	0.001*	0.39	0.22-0.69
Other care givers	Settlement				14.25	2	0.001*		
	Imvepi	102	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	67	-0.55	0.35	2.47	1	0.116	0.58	0.29-1.15
	Rhino Camp	84	-1.21	0.32	14.19	1	0.000*	0.30	0.16-0.56
Neighbours	Settlement				6.56	2	0.038*		
	Imvepi	92	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	81	-0.65	0.32	3.96	1	0.047*	0.52	0.28-0.99
	Rhino Camp	98	-0.74	0.31	5.82	1	0.016*	0.48	0.26-0.87
School teachers	Settlement				6.05	2	0.049*		
	Imvepi	96	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	93	-0.73	0.33	4.88	1	0.027*	0.48	0.25-0.92
	Rhino Camp	94	-0.02	0.30	0.00	1	0.960	0.98	0.55-1.77
NGO Workers	Settlement				10.98	2	0.004*		
	Imvepi	90	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	78	1.17	0.36	10.72	1	0.001*	3.21	1.60-6.47
	Rhino Camp	103	0.48	0.34	2.07	1	0.150	1.62	0.84-3.13
Other Family members (relatives)	Age				3.95	2	0.139		
	16-17 Years	117	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	11-15 Years	126	-0.60	0.30	3.95	1	0.047*	0.55	0.31-0.99
	5-10 Years	7	-	1497	0.00	1	0.999	0.00	0.00
			21.26	8.89					

ref – reference category

*p-value significant at 0.05

Biological parents

There is a significant association ($p < 0.05$) of children reporting biological parents as perpetrators of VAC with their sex and settlement. The odds of female pupils reporting biological parents as perpetrators of VAC is 0.54 times more than that of the male counterparts. Similarly, the odds of pupils in Imvepi reporting biological parents as perpetrators of VAC is 0.26 and 0.39 times more than those in Bidibidi and Rhino Camp respectively. There is no significant association of age and education level with biological parents as perpetrators of VAC.

Other caregivers

There is a significant association ($p < 0.01$) of children reporting other caregivers as perpetrators of VAC with the settlement ($p = 0.001$). The odds of pupils in Imvepi reporting other caregivers as perpetrators of VAC is 0.30 times more than those in Rhino Camp ($p = 0.000$). There is no significant association of sex, age and education level with other caregivers as perpetrators of VAC.

Neighbours

There is a significant association ($p < 0.05$) of children reporting neighbours as perpetrators of VAC with the settlement ($p = 0.038$). The odds of pupils in Imvepi reporting neighbours as perpetrators of VAC is 0.53 and 0.48 times more than those in Bidibidi ($p = 0.047$) and Rhino Camp ($p = 0.016$) respectively. There is no significant association of sex, age and education level with neighbours as perpetrators of VAC.

School teachers

There is a significant association ($p < 0.05$) of children reporting school teachers as perpetrators of VAC with perpetrators of VAC ($p = 0.049$). The odds of pupils in Imvepi reporting school teachers as perpetrators of VAC is 0.48 times more than those in Bidibidi ($p = 0.027$). There is no significant association of sex, age and education level with school teachers as perpetrators of VAC.

NGO workers

There is a significant association ($p < 0.05$) of children reporting NGO workers as perpetrators of VAC with settlement ($p = 0.004$). The odds of pupils in Bidibidi reporting NGO Workers as perpetrators of VAC is 3.22 times more than those in Imvepi ($p = 0.001$). There is no significant association of sex, age and education level with NGO Workers as perpetrators of VAC.

Other family members (relatives)

There is no significant association of children reporting other family members (relatives) as perpetrators of VAC with their sex, settlement, age and education level ($p > 0.05$). However, the odds of pupils in age category (16-17 years) reporting other family members (relatives) as perpetrators of VAC is 0.55 times more than those who are 11-15 years of age ($p = 0.047$).

Strangers

There is no significant association of children reporting strangers as perpetrators of VAC with their sex, settlement, age and education level ($p > 0.05$).

7.4 The effects of VAC in refugee educational settings in West Nile

Data collected through focus group discussion, key informant interviews revealed that children undergo violence which results to psychological torture, physical harm, accelerated role transition, school dropout, absenteeism, involvement in risk behaviours, death, poor academic performance and retarded growth and development as presented in the table 9 below.

Table 9. Effects of VAC in refugee education settings in West Nile

Effects of VAC	Examples
Psychological torture	Loneliness, trauma, stigmatisation, discrimination
Physical harm	Bruises/injuries/pain on body parts
Accelerated role transition	Teenage pregnancies, early marriages
School dropout	School dropout, low retention rate
Absenteeism	Late coming to school, skipping lessons
Risk behaviours	Smoking, alcoholism and drug abuse, high-risk sexual behaviour
Death	Loss of life of victim
Retarded growth and development	Stunted growth,
Poor performance	Low IQ, low attention and concentration rate

Qualitative data as presented in table 9 above exposed various effects of violence against children (VAC) in refugee educational settings in West Nile. The key informants such as headteachers, education officers, representatives of education partners and senior teachers, and learners who participated in FGD all agreed that VAC result to psychological torture, physical harm, accelerated role transition, school dropout, absenteeism, involvement in risk behaviours, death, poor academic performance and retarded growth and development.

7.5 Measures for preventing VACs in refugee educational settings in West Nile

Data were collected using questionnaires administered to learners and FGD for learners and key informant interviews. Results show that many forms of VAC exist and requires various measures to mitigate violence against children in refugee settlements in Imvepi, Bidibidi and Rhino Camp. Common measures suggested were training on positive parenting, meetings with children, encouragement to go to school, home to home visit, training children on critical life skills, and establishment of community-based structures.

Results analysed show that there was no significant difference in the reported measures to mitigate violence against children across the three refugee settlements ($p>0.05$) (Table 10). However, the children reported more than 50% of all forms of measures to mitigate violence against children in all settlements although the order varies across the settlements. Children in Bidibidi mainly reported training on positive parenting, meetings with children, encouragement to go to school, home to home visit, training children on critical life skills, and establishment of community-based structures respectively. In Imvepi, the major measures were meetings with children, training on positive parenting, training children on critical life skills and linking children/families to livelihood. Similarly, children in Rhino Camp mainly reported training children on critical life skills, meetings with children, training on positive parenting and awareness sessions as the major measures to mitigate violence against children. There was no significant difference in the reported measures to mitigate violence against children across the children's sex, age, and education level ($p>0.05$) (Table 10). However, more measure to mitigate VAC ($\geq 50\%$) were reported by males with strict legal action against perpetrators, encouragement to go to school, training on positive parenting respectively as the leading forms of sexual violence. The females stated linking children/families to livelihood, home to home visit and training children on critical life skills as the main measures to mitigate VAC. Children aged 11-15 and 16-17 years cited similar VAC mitigation measures ($\geq 50\%$) with training children on critical life skills, establishment

of community-based structures and establishment of child-friendly spaces respectively being prominent among 16-17 year olds while 11-15 year olds reported training on positive parenting, awareness sessions and meetings with children respectively. The highest measures to mitigate VAC were reported by children in the upper primary (p.6-p.7) and they cited more than 50% of all measures in a descending order of training children on critical life skills, establishing child-friendly spaces, establishing community-based structures, encouraging to go to school, awareness sessions etc.

Table 10. Chi-square test of association of children’s responses to measures to mitigate violence against children and their socio-demographic characteristics

Measures	Settlement, % (Count)			Measures	Sex, % (Count)		Measures	Age category (years), % (Count)			Measures	Education level, % (Count)		
	Bidibidi	Imvepi	Rhino Camp		Male	Female		5-10	11-15	16-17		Lower Primary (P.1-P.3)	Middle Primary (P.4)	Upper Primary (P.5-P.7)
TPP	88.1(96)	75.0(97)	69.4(92)	SLAAP	55.5 (127)	44.5 (102)	TPP	1.4 (4)	51.6 (143)	46.9 (130)	TCCLS	7.6 (21)	11.6 (32)	80.8 (223)
MWC	88.1(96)	75.8(96)	72.6(90)	EGS	51.3 (137)	48.7 (130)	AS	2.0 (5)	50.8 (127)	47.2 (118)	ECFS	9.8 (25)	11.4 (29)	78.8 (201)
EGS	85.3(93)	69.5(95)	68.5(86)	TPP	51.1 (142)	48.9 (136)	MWC	2.1 (6)	50.0 (141)	47.9 (135)	ECS	8.4 (22)	13.3 (35)	78.3 (206)
HHV	81.7(89)	70.3(94)	66.9(86)	ECS	50.6 (133)	49.4 (130)	EGS	1.1 (3)	49.6 (132)	49.2 (131)	EGS	10.5 (28)	11.2 (30)	78.3 (209)
TCCLS	81.7(89)	74.2(91)	74.2(85)	MWC	50.5 (143)	49.5 (140)	HHV	1.9 (5)	49.4 (129)	48.7 (127)	AS	9.6 (24)	13.1 (33)	77.3 (194)
ECS	80.7(88)	71.1(90)	67.7(84)	ECFS	50.2 (128)	49.8 (127)	SLAAP	1.8 (4)	49.1 (112)	49.1 (112)	LCFL	8.6 (22)	14.8 (38)	76.7 (197)
ECFS	78.0(85)	68.0(89)	66.9(83)	AS	49.4 (124)	50.6 (127)	LCFL	2.3 (6)	48.8 (125)	48.8 (125)	MWC	10.2 (29)	13.4 (38)	76.3 (216)
LCFL	76.1(83)	73.4(87)	64.5(83)	TCCLS	49.3 (136)	50.7 (140)	ECFS	1.6 (4)	48.4 (123)	50.0 (127)	HHV	11.1 (29)	13.0 (34)	76.0 (199)
AS	72.5(79)	67.2(86)	69.4(80)	HHV	49.2 (129)	50.8 (133)	ECS	1.1 (3)	48.9 (128)	50.0 (131)	SLAAP	11.4 (26)	12.7 (29)	76.0 (174)
SLAAP	67.0(73)	62.5(80)	61.3(76)	LCFL	49.0 (126)	51.0 (131)	TCCLS	1.5 (4)	47.6 (131)	50.9 (140)	TPP	10.4 (29)	13.7 (38)	75.9 (211)
χ^2	1.069			χ^2	3.044		χ^2	3.819			χ^2	6.789		
df	18			df	9		df	18			df	18		
p	1.00			p	0.963		p	1.000			p	0.992		

TPP- Training on positive parenting; MWC- Meetings with children; EGS- Encouraging to go to school; HHV- Home to home visit; TCCLS- Training children on critical life skills; ECS- Establishing community-based structures; ECFS- Establishing child-friendly spaces; LCFL - Linking children/families to livelihood; AS - Awareness sessions; SLAAP- Strict legal action against perpetrators

Binary logistic regression analyses were performed to ascertain the association of sex, settlement, age and education level of pupils with the various measures to mitigate violence against children (Table 11).

Table 11. Binary Logistic Regression Model for Predictors of measures to mitigate violence against children in Refugee settlements in Imvepi, Bidibidi and Rhino Camp

Measures to mitigate VAC	Covariate	N	B	S.E.	Wald's χ^2	df	p-value	Odds ratio (OR)	OR 95% CI
Training on positive parenting	Settlement				11.02	2	0.004*		
	Imvepi	121	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	103	1.22	0.46	7.12	1	0.008*	3.40	1.38-8.36
	Rhino Camp	113	-0.28	0.32	0.79	1	0.376	0.75	0.40-1.41
	Education level				4.28	2	0.118		
	Upper Primary (P.5-P.7)	250	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Middle Primary (P.4)	53	-0.81	0.41	3.87	1	0.049*	0.45	0.20-1.00
Lower Primary (P.1-P.3)	34	-0.01	0.54	0.00	1	0.986	0.99	0.35-2.84	
Home to home visit	Settlement				5.39	2	0.067		
	Imvepi	116	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	99	0.93	0.41	4.99	1	0.025*	2.52	1.12-5.68
	Rhino Camp	104	0.08	0.34	0.06	1	0.803	1.09	0.56-2.10
Establishing community-based structures	Settlement				6.69	2	0.035*		
	Imvepi	108	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	93	1.32	0.59	5.08	1	0.024*	3.75	1.19-11.87
	Rhino Camp	102	-0.17	0.37	0.22	1	0.643	0.84	0.40-1.75
Awareness sessions	Education level				8.96	2	0.011*		
	Upper Primary (P.5-P.7)	232	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Middle Primary (P.4)	51	-1.17	0.40	8.31	1	0.004*	0.31	0.14-0.69
	Lower Primary (P.1-P.3)	34	-0.88	0.47	3.53	1	0.060	0.41	0.16-1.04
Encouraging going to school	Settlement				11.97	2	0.003*		
	Imvepi	115	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	99	1.66	0.52	10.15	1	0.001*	5.28	1.90-14.68
	Rhino Camp	111	-0.09	0.33	0.08	1	0.783	0.91	0.48-1.73
	Education level				7.87	2	0.020*		
	Upper Primary (P.5-P.7)	244	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Middle Primary (P.4)	46	-1.15	0.42	7.49	1	0.006*	0.32	0.14-0.72
Lower Primary (P.1-P.3)	35	-0.19	0.51	0.14	1	0.708	0.83	0.30-2.24	
Establishing child-friendly spaces	Settlement				6.47	2	0.039*		
	Imvepi	112	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	95	0.99	0.43	5.34	1	0.021*	2.70	1.16-6.28
	Rhino Camp	108	-0.02	0.33	0.00	1	0.950	0.98	0.52-1.86
	Settlement				12.91	2	0.002*		

Measures to mitigate VAC	Covariate	N	B	S.E.	Wald's χ^2	df	p-value	Odds ratio (OR)	OR 95% CI
Meeting with children	Imvepi	117	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Bidibidi	99	1.90	0.64	8.74	1	0.003*	6.66	1.89-23.42
	Rhino Camp	115	-0.37	0.34	1.18	1	0.277	0.69	0.35-1.35
Training children on critical life skills	Education level				12.99	2	0.002*		
	Upper Primary (P.5-P.7)	251	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)	(ref)
	Middle Primary (P.4)	48	-1.32	0.42	9.94	1	0.002*	0.27	0.12-0.61
	Lower Primary (P.1-P.3)	32	-1.39	0.48	8.38	1	0.004*	0.25	0.10-0.64

ref – reference category

*p-value significant at 0.05

Training on positive parenting

There is a significant association of children reporting training on positive parenting with settlement of respondents ($p=0.004$). The odds of pupils in Bidibidi reporting training on positive parenting as a measure to mitigate violence against children is 3.40 times more than those in Imvepi ($p=0.008$). There was no significant association of children reporting training on positive parenting with age, sex and education level ($p>0.05$). However, the odds of pupils in age category, 16-17 years reporting training on positive parenting as a measure to mitigate violence against children is 0.45 times more than those in age category, 11-15 years ($p=0.049$).

Home to home visit

There was no significant association of children reporting home to home visit as a measure to mitigate VAC with settlement, age, sex and education level ($p>0.05$). However, the odds of pupils in Bidibidi reporting home to home visit as a measure to mitigate violence against children is 2.52 times more than those in Imvepi ($p=0.025$).

Establishing community-based structures

There is a significant association of children reporting establishment of community-based structures as a measure to mitigate VAC with settlement ($p=0.035$). The odds of pupils in Bidibidi reporting establishment of community-based structures as a measure to mitigate violence against children is 3.76 times more than those in Imvepi ($p=0.024$). There was no significant association of children reporting establishment of community-based structures as a measure to mitigate VAC with age, sex and education level ($p>0.05$).

Awareness sessions

There is a significant association of children reporting creation of awareness sessions as a measure to mitigate VAC with education level ($p=0.011$). The odds of pupils in the upper primary (p.5-p.7) reporting the creation of awareness sessions as a measure to mitigate violence against children is 0.31 times more than those in middle primary, p.4 ($p=0.004$). There was no significant association of children reporting creation of awareness sessions as a measure to mitigate VAC with age, sex and settlement ($p>0.05$).

Encouraging going to school

There is a significant association of children reporting encouragement of pupils to go to school as a measure to mitigate VAC with the settlement ($p=0.003$) and education level ($p=0.020$). The odds of pupils in Bidibidi reporting encouragement to go to school as a measure to mitigate violence against children is 5.28 times more than those in Imvepi ($p=0.001$). The odds of pupils in the upper primary (p.5-p.7) reporting encouragement to go to school as a measure to mitigate violence against children is 0.32 times more than those in middle primary, p.4 ($p=0.006$). There was no significant association of children reporting encouragement of pupils to go to school as a measure to mitigate VAC with age and sex ($p>0.05$).

Establishing child-friendly spaces

There is a significant association of children reporting establishment of child-friendly spaces as a measure to mitigate VAC with the settlement ($p=0.039$). The odds of pupils in Bidibidi reporting establishment of child-friendly spaces as a measure to mitigate violence against children is 2.70 times more than those in Imvepi ($p=0.021$). There was no significant association of children reporting establishment of child-friendly spaces as a measure to mitigate VAC with age, education level and sex ($p>0.05$).

Meetings with children

There is a significant ($p<0.05$) association of children reporting meetings with children as a measure to mitigate VAC with the settlement ($p=0.002$). The odds of pupils in Bidibidi reporting meetings with children as a measure to mitigate violence against children is 6.66 times more than those in Imvepi ($p=0.003$). There was no significant association of children reporting meetings with children as a measure to mitigate VAC with age and education level ($p>0.05$).

Training children on critical life skills

There is a significant association of children reporting training children on critical life skills as a measure to mitigate VAC with education level ($p=0.002$). The odds of pupils in the upper primary (p.5-p.7) reporting training children on critical life skills as a measure to mitigate violence against children is 0.27 and 0.25 times more than those in middle primary, p.4 ($p=0.002$) and lower primary, p.1-p.3 ($p=0.004$) respectively. There was no significant association of children reporting training children on critical life skills as a measure to mitigate VAC with settlement, age and sex ($p>0.05$).

Linking children at risk and their families to livelihood

There was no significant association of children reporting linking children at risk and their families to livelihood as a measure to mitigate VAC with settlement, age, sex and education level ($p>0.05$).

Strict legal action against the perpetrators

There was no significant association of children reporting strict legal action against the perpetrators as a measure to mitigate violence against children with the settlement, age, sex and education level ($p>0.05$).

7.6 Summary of Results

This section presents a summary of key findings from the study and draws inferences from these findings on children's exposure to violence in refugee educational settings in West Nile, Uganda. This includes findings on the forms VAC, common perpetrators of VAC and effects of VAC. The section also presents findings on the measures to mitigate VAC in refugee educational settings in West Nile, Uganda.

Data were collected using survey, key informant interviews and focus group discussions to ascertain the common forms of violence, perpetrators, effects and measures to mitigate violence against children in refugee educational settings in West Nile. Data were collected from the refugee settlements of Bidibidi, Imvepi and Rhino Camp.

The common forms of violence against children were physical, sexual and emotional/psychological violence. However, it was revealed that, the three forms of violence against children (sexual, physical, emotional/ psychological) in the studied refugee settlements were experienced in almost the same proportion. Children experienced physical violence characterised by suffocation, dropping, strangulation, kicking, hitting, beating, choking, burns, bites and poisoning. Sexual violence was characterised by sexual motives, rape/defilement, child-to-child rape, forced marriage, survival sex and verbal sexual harassment, among others. On the other hand, children and key informants reported denial of education, withholding affection/ love, isolating, lack of protection from harm/ exploitation, denying food, refusal to provide better shelter, confining, refusal to register births as the common forms of psychological/emotional violence in refugee educational settings in West Nile.

The respondents and participants also agreed that VAC is perpetrated by strangers, neighbours, school teachers, other caregivers, other family members, NGO workers and biological parents.

The key informants such as headteachers, education officers, representatives of education partners and senior teachers, and learners who participated in FGD all agreed that VAC result to psychological torture, physical harm, accelerated role transition, school dropout, absenteeism, involvement in risk behaviours, death, poor academic performance and retarded growth and development.

Common measures suggested were training on positive parenting, meetings with children, encouragement to go to school, home to home visits, training children on critical life skills, and establishment of community-based structures.

8) DISCUSSION

The study focused on children's exposure to violence in refugee educational settings. Participants were drawn from primary school children and key informant interviews who composed of headteachers, senior teacher, education officers and education partners supporting education in refugee settlements. The following section discusses the common forms of VAC, perpetrators of VAC, effects of VAC and measures to mitigate VAC in the refugee educational settings in West Nile.

Objective one: Common forms of violence against children in refugee educational settings

The children in refugee settlements are exposed to all forms of violence to almost the same magnitude possibly due to disordered community/ household structures and scarcity of resources. Ogata (2020) further noted that separated families and community structures due to emergencies exposes children of all ages to all forms of VAC. This is because parents tend

to transfer their aggression to the children in the form of various types of child abuse, such as refusal to provide education, abandonment, child marriage, among others. Research by Lünemann et al. (2019) showed that children exposed to VAC later become perpetrators of VAC, especially when they become mothers.

i) Forms of sexual VAC across the three refugee settlements

Sexual VAC is common in all refugee settlements. According to Tirado et al. (2021) children in refugee settings are the most prone populations to sexual VAC globally. This could be facilitated by refugee context which include the following: inadequate security like insecure latrines with no lighting, insecure shelters with limited privacy that facilitate advancement of sexual motives by onlookers, insufficient resources leading to forced marriage of children in exchange for goods or money, reduced parent protection of minors for unaccompanied children that exposes them to rape/defilement, and lack of awareness of sexual VAC by the community (2021). A recently conducted study by Krause ((2020) in refugee settlements in Uganda found out that parents force their girls to marry for economic reasons for family survival. He further noted that, other common form of sexual VAC is rape/ defilement, this normally happens in insecure places when children are from schools, fetching water among others.

During a focus group discussion and key informant interviews, participants acknowledged that sexual violence was rampant in the refugee settlement. One of the senior teachers had this to say:

“...sexual violence is rampant here in the settlements due to cultural backgrounds of the refugees. They participate in funeral dances called Lugala, where they believe that the dance is used to get a replacement for the deceased. These night dances put the girls at high risk of rape and defilement.” (KII, July 2022).

The children in their focus group discussions attest to the fact they experience sexual violence both at school and in the community as reflected in the following verbatim quote: *“I want to say that we are not safe in the hands of some teachers, boda boda and traders. Some girls are deceived with sweets, knickers by boda boda men who later use them for sex.”* (FGD, July 2022). *Here in our zone, some girls also go for funeral dances at night called locally Pelere where they are raped or defiled.* Added one of the children (FGD, July 2022).

This finding is in line with some previous studies that confirmed that sexual abuse was rampant among the refugee communities. A study conducted by Logie et al. (2021) reported the high cases of sexual VAC in Bidibidi settlement being linked to poverty, water scarcity and insecurity.

ii) Forms of sexual VAC across children’s socio-demographics

Sexual VAC is experienced by all children across their socio-demographics, although the vice is three times higher in females than in males (2018). Worldwide, 21.4% of females including girls in a disaster situation like in a refugee setting have ever been exposed to sexual VAC (Devries et al, 2018; Palermo et al.2019). A study conducted among adolescent girls in the Nakivale refugee settlement in Uganda, indicated that, 11 out of 30 girls, had forced sex (2020). A similar finding by Runarsdottir et al. (2008) stated that girls were two times more likely to experience sexual violence than boys. This could be due to socialized female gender roles of being more submissive and responsive to the society needs. Girl child in a humanitarian predicament is more exposed to sexual violence. Insecure shelter atmosphere of the camp settings like lack of sleeping spaces or if available are not enclosed, exposes girls to risks of sexual abuse, child-to-child sex, and sexual advancements among others (2019). Additionally, low socioeconomic status and poverty are great exposure factors for females to sexual exploitation like forced marriage among others (2008). Males especially those aged

16-17 years reported survival sex as the main sexual VAC in the settlement camps. These findings agreed with that of a study conducted among Congolese refugees in Tanzania by Tanaka et al. (2018) which revealed that more males practiced transactional/survival sex than females. Chandraratne et al. (2019) who found out that emotional distress was experienced among late adolescence. Both gender when exposed to sexual VAC suffer severe damage to their emotional/ social and physical wellbeing [6]. The high reported cases of sexual VAC among children in upper primary (primary 6-primary 7), mainly in the age category of 16-17 years was similar to the finding of Ferragut et al. (2021) who reported that this age group experience the highest incidence (46.7%) of first episode of penetrative sexual encounter that can lead to negative consequences like sexually transmitted infections and pregnancies.

i) Forms of physical VAC in refugee settlements

Children in refugee settings experiences physical violence by many perpetrators like their parents, peers among others. Beating and hitting were the main reported forms of physical violence. This agreed with a study by Meyer et al. (2017) which indicated that an average of 18.6% and 13.8% of adolescents in Rwanda and Uganda respectively were either hit or beaten. A study from three East African refugee camps by Hecker, et al, (2022) showed a higher severity of physical violence in form of beating and hitting the children by their parents. Fathers were the main perpetrators of physical violence, thus inflicting injuries and pain to the children (Seddighi, et al, 2021).

ii) Forms of physical VAC across children's socio-demographics

Quantitative findings revealed that physical violence in form of beating, suffocation and burning are common in the refugee primary schools. One teacher said: "*When these children came here, there were many forms of violence including beating and corporal punishment from some parents and also teachers.*" (KII July 2022). Although physical violence like beating and hitting are common among boys Kasaju et al. (2021), other forms of physical violence like poisoning, bites and burns respectively were found in this study to be more prevalent among the girls. A study by Kasaju et al. (2021) also found out that poisoning was the most common form of physical violence among younger age categories. Physical VAC inflicts a lot of pain, suffering and emotional trauma to the affected children (Durrant,2021).

iii) Forms of emotional/psychological VAC in refugee settlements

In addition to the several adversities of refugee settlement, children growing up in camps are prone to emotional VAC mainly by their parents (Hecker, et al, 2021). Mothers are known for mistreatment of the children, thus causing a lot of emotional agony (Seddighi et al, 2021). Denial of education and withholding affection/ love across was more prominently reported emotional VAC in this study, possibly due to parental misery and anxiety caused by disrupted economic, social and cultural atmosphere. Disruptions of normal human relationships can result into transfer of anger to innocent children, thus affecting their normal emotional development (Peterman et al., 2021). Further, Krause (2021) also cited that girls and women in refugee settlements are more victims of denial of resources like education among others.

Forms of emotional/psychological VAC across children's socio-demographics

Although children of all ages are prone to emotional violence, females generally reported more forms of emotional/ psychological violence with refusal to register births as the leading forms, while males reported majorly confinement. This according to Malhi et al. (2019); Rapee et al. (2019) is attributed to mood disorders which are more common in females than males, and it starts during adolescent stage when children become socially and emotionally very sensitive to many specific forms of mental disorders. According to Mkhwanazi et al. (2018) lack of birth certificates reduces children's likelihoods of belonging to a state and also enjoying permanent family-based care, since the identity of biological parents would not be known. According to

Pizarro-Ruiz and Ordóñez-Cambor (2019), confinement of male children within the camp environment and not allowing them to cross to their country of origin makes them prone to mental health conditions that could lead to insecure acts like child-to-child rape/ defilement among others. Mkhwanazi et al. (2018) emphasized the importance of families taking on the responsibility to protect their children by creating nurturing environments that promote emotional well-being in all aspects. Children aged 16-17 years in this study reported the highest number of forms of emotional/ psychological VAC. This is in agreement with a study conducted by Chandraratne et al. (2018) who found out that emotional distress was experienced among late adolescence. Repeated family adolescent violence reduces their self-control that can affect their school life, interaction with peers and later in their romantic relationships (Willems, 2018).

Objective two: Common perpetrators of violence against children in refugee educational settings

The study respondents agreed that violence against children is perpetrated by strangers, neighbours, school teachers, other caregivers, other family members, NGO workers and biological parents. Many children citing strangers as one of the main perpetrators of VAC in all the three refugee settlements was in agreement with a systematic review among children in migration by Jud et al. (2020) who also reported strangers as one of the main perpetrators of VAC. Many refugee females including girls testified to being sexually victimized by strangers along the way while from fetching water or during their routine work.

Children in Imvepi citing other caregivers and biological parents as the main perpetrators of VAC is in agreement with the report of Wessells and Kostelny (2021) who stated that, VAC is mainly committed by people who are well known and close to the children, like family members, caregivers and teachers. Further, Devries et al. (2018) found out that children experience more physical and emotional violence from other caregivers and parents. This makes the children to live in fear thus affecting their mental health, proper development and wellbeing (2021).

Females reporting more perpetrators of VAC is in agreement with Palermo et al. (2019), which stated that as females mature, they encounter increased risks of perpetrators of sexual violence. According to Mootz et al. (2019), continued exposure of females to perpetrators of VAC is due to certain gender norms, for example, restricted liberty to leave a relationship with intimate partner violence. Additionally, girls whose mothers were always violent and harsh suffer a lot of emotional traumas and are always withdrawn (Mootz et al. 2019). Children reporting NGO workers as one of the main perpetrators of VAC agreed with Tanaka et al. (2008), who reported 18.8% of females being involved in survival sex with humanitarian workers, which exposes the children to health-related risks like contracting HIV among others.

Children aged 11-15 years citing school teachers as the major perpetrators of VAC agreed with that of Devries and Naker (2020) where teachers widely abused their own pupils sexually, emotionally and through the use of corporal punishment that can cause pain and injuries to the victims. There is a significant variation in the perpetrators of VAC across the settlements since p -value < 0.05 . About 59.4% of the respondents in Imvepi reported to have been violated by other caregivers compared to 38.5% in Bidibidi and 32.3% in Rhino Camp. This means that almost six (6) children in every ten (10) go through violence in Imvepi compared to about 4 and 3 in Bidibidi and Rhino Camp respectively.

Fifty-seven percent (57%) of the respondents in Imvepi also reported that they experienced violence from biological parents which is relatively high compared to Bidibidi and Rhino Camp 41.3% and 36.3% respectively. These results show that children experience violence in the hands of the very individuals responsible for their protection and wellbeing; their biological

parents, other caregivers. These results agree with the findings of Karen Devries et al (2018) who reported that the most perpetrators of violence against children were household members with prevalence often surpassing 50%. This may be because of the proximity between the children and the household members. This may also be as a result of the importance many communities in Africa still attach to corporal punishment as disciplinary measure.

An estimated 55.5% and 49.2% of the children from Imvepi experience violence in the hands of strangers and neighbours respectively. Compared to 38.5% and 41.3% for Bidibidi, 45.2% and 41.9% for Rhino Camp respectively. In average about 40 children in 100 experience violence in the hands of strangers and neighbours in the educational settings in the refugee settlements in Uganda. This may be as a result of people from different societal backgrounds settling in one location. Some children are abandoned children and they lack vital protection.

The results show that the girls have experienced or witnessed violence in relatively large extent from more perpetrators than boys. More so among biological parents, 87 (56.9%) girls reported to have experienced violence compared to 66 (43.1%) of the boys. However, both girls and boys have had equal extent of exposure of violence from teachers. The girls may be experiencing more violence from biological parents because they are always available at home. May also be due to cultural practices like early and forced marriages and family chores which are usually associated with girls. Girls and boys may be experiencing violence in the hands of school teachers equally due to the fact that they both take the same time in school interacting with teachers.

There was no significant variation of reported cases of perpetrators of VAC across children's socio-demographics. However, more perpetrators ($\geq 50\%$) were reported by females with the biological parents and NGO workers leading. This is mainly due to the fact that the girls are always in constant contact with the parents at home compared to the boys who tend to move around more in the community. Most of the NGOs deal with issues which support the girl child and this brings the girl child close to them. This to some extent leads to the violation of girls in the hands of NGO workers. The males mainly cited strangers and neighbours as the main perpetrators of VAC. The male students are never at home. They are in the trading centres and in the places where there are functions and this brings them in contact with strangers and neighbours. In the process they get violated by these people.

The variation in the reported number of perpetrators of VAC across the refugee settlements could be related to the camp settings. A camp with more unsafe environment and risky sceneries may expose the children to more forms of VAC, for example, forested/ bushy road to water or firewood sources may favour hiding places for perpetrators of sexual violence (2020) A similar report was made by Bradley and Liakos (2019) which cited unsafe camp setting like poor lighting at night along the walkways and far/ isolated places for collecting firewood as providing hiding places for perpetrators of sexual VAC. Additional to the nature of camp setup, the more cases of VAC in Imvepi could additionally be due to households great dependence on firewood which they obtain from the rural areas that could expose the children to perpetrators of VAC.

Children aged 11-15 and 16-17 years reported similar number of perpetrators of VAC ($\geq 50\%$) against them with 11-15 years citing school teachers and NGOs as the main perpetrators, while 16-17 years stated other family members and biological parents as the major perpetrators. Overall, children in the upper primary reported the highest number of perpetrators of VAC with the main ones being other family members, strangers and neighbours respectively.

The normalization of violence as part of disciplinary measures used in parenting and thus forms part of the cultural fabric of many communities in Uganda. This may explain why the

biological parents, other caregivers or other family members, teachers account for large number of perpetrators of VAC.

The participants of KII and FGD also revealed that some teachers and parents also perpetrate violence against children. *“...some parents beat their children in the name of disciplining their children. They look at corporal punishment as a measure to instil discipline in their children (KII July 2022).* In the 2005 study by the Raising Voices and Save the Children, most adults (91.3%) reported using a combination of physical and emotional punishment to control children. In many communities the preferred mode of actions such as denial of food or basic needs is punishment rather than violence. This accounts for the VAC in the hands of household members since it is taken as a normal practice.

Objective three: Effects of violence against children

Qualitative data collected through focus group discussions, key informant interviews revealed that children undergo violence which result to psychological torture, physical harm, accelerated role transition, school dropout, absenteeism, involvement in risk behaviours, death, poor academic performance and retarded growth and development. *The most common effect of violence is school dropout. When a girl is raped or defiled, in most cases these children get pregnant and leave school or they may feel out place because of stigma.* (KII, July 2022). Another KI noted that violence causes psychological torture in these children who are abused (KII July 2022).

During FGD, children agreed that violence results to physical injury: *“when a child is beaten, it may cause injuries on the body parts such as arm, legs, back or buttocks”* (FGD, July 2022). Violence also results to death of the victim, *“...when a child is over beaten, he can even die. Some very young girls who are raped by big men also die because of injuries caused on them.”* (FGD, July 2022). AfriChild Centre investigated the effects of violence against children and revealed that sexual violence against children caused rupturing of children’s private parts, unplanned/unwanted pregnancies, STDs and HIV/AIDS. These occurred in sexually exploited children. Some of the children developed mental illness, lung infections and even died due to drug abuse (AfriChild, 2021).

Data from KII and FGD also revealed that excessive violence may cause brain damage and hinder development in young children. One of the Education Officers had this to say: *“...as a teacher I know that violence results into many bad conditions in our children. These may include retarded growth and low brain development in the affected children.”* (KII July, 2022) *“... violence affects the brain development and health of the children who are abused. When a young girl is abused, she will not concentrate in class.”* (FGD, July 2022) Previous studies found similar results. Shanaaz and Patrizia (2014) found out that abuse and neglect in early childhood affect brain development and impact on cognitive and psycho-social adjustment, resulting in an increased risk of violent and anti-social behaviour

Data also revealed that violence against children also results to risk behaviours among the victims. Children who experienced violence may portray anti-social behaviours such as smoking, alcoholism, and drug abuse, high-risk sexual behaviour. One of the KIs acknowledged that *“...some of the children who experienced some form of abuse tend to act aggressively, smoke weeds and generally are violent.”* (KII July, 2022). In one of the previous studies on violence against children, Abrahams and Jewkes (2005) observed that exposure to childhood violence, including witnessing violence in the home, is consistently found to be associated with aggressive behaviour later in life, particularly rape and intimate partner violence. Vetten, et al. (2008), noted that psychological consequences such as depression, anxiety disorders, substance abuse were experienced by the victims later in their lives.

Objective four: Measures to mitigate violence against children across children's social demographics

The findings revealed several measures to mitigate VAC such as training on positive parenting, meetings with children, encouragement to go to school, home to home visit, training children on critical life skills, and establishment of community-based structures.

Children in refugee settlements are aware of the measures that can be implemented to mitigate VAC, although the priorities vary from camp to camp. However, more than 50% of children in the three settlements consented on training parents on positive parenting, and training children on critical life skills to mitigate measures of VAC. The children's suggestion is in line with the findings of a systematic review in East and Southeast Asia by McCoy et al. (2020) who stated that positive child nurturing can lessen harsh parenting thus reducing on the incidences of VAC. The review further emphasized that effective parenting programs strengthens parents' knowledge on child development, equips parents with skills in managing children with emotional complications, child behaviour challenges and generally in overcoming child abuse. Moreover, when parents come together during the group sessions, they share ideas of common interest which not only expand on their social network, but decreases on their levels of social isolation and stress, thus improved parenting. Further, Ward et al. (2019) stated that parenting programs have been tested to be the sound key strategy for averting VAC. Thus, providing support to families in form of programs that target parenting practices hold the utmost potential in supporting children with experiences of violence-related distress (2021)

The practice of training refugee children on critical life skills and education as mitigation measures for violence against children (VAC) aligns with the World Health Organization's report to end violence against children (2020). The report emphasizes the importance of empowering children through quality education in a safe and supportive environment, providing them with knowledge, experiences, and life skills for self-reliance in order to reduce their vulnerability. Schools should provide training to children in managing various life challenges, including emotions, conflicts, relationships, and communication skills, among others. This can help children develop resilience and be better equipped to cope with and overcome violence against children (VAC). Similarly, the Global Status Report on Preventing Violence Against Children (2021) highlighted the following recommendations related to training critical life skills and education: parents and stakeholders ensuring that all children enroll in schools at all levels, school authorities providing a secure and enabling environment for children to learn, implementing programmes to empower children to protect themselves against sexual violence, and providing social and life skills training for children.

Meetings with children were one of the measures reported by children in Bidibidi and Rhino Camp settlements. This agrees with report by World Health Organisation Strategies for ending Violence against Children (2020), emphasized communication in mitigating VAC. This enables children to share their experiences and as well be guided on VAC. Males reported more measures to mitigate VAC with main measure being strict legal action against perpetrators. This aligns with one of the Global Status Report strategies on prevention of VAC (2021) through implementation and enforcement of law. The strategy highlights the following lawful approaches: prohibition of intense children punishment by their teachers, their parents, teachers or caregivers and interdiction of perpetrators who sexually abuse and/ or exploit children among others. The females on the other hand, stating the main measures to mitigate VAC being home to home visit and linking children/families to livelihood are also in agreement with the Global Status Report (2021) strategy on prevention of VAC. In this document, parents and caregivers are to be supported through home visits; additionally, income and economic strengthening can be achieved through microfinance/ group loan schemes, and gender equity and norm training.

Children aged 11-15 and 16-17 years citing establishment of community-based structures in this study is in line with Global Status Report (2021) strategy on prevention of VAC through fostering norms and values. Children's happiness and safety are dependent upon their families and subsequently the community where the children live, the community is thus a stronghold in preventing VAC (2018). Additionally, children in the upper primary emphasized establishment of child-friendly spaces and awareness sessions as measures to prevent VAC. This agrees with research done by Sserwanja et al. (2019) who stated that child-friendly spaces allow children to be fully aware of all forms of VAC so that they can seek for help, this creates children-centred measures to mitigate VAC which are more effective. Kadir et al. (2019) also reported the use of child-friendly spaces in provision of psychological and behavioral health needs thus mitigating children's traumatic experiences of VAC.

The involvement of children in mitigating VAC helps all stakeholders to make better selections of VAC mitigation measures because they are better informed of children's opinions, feelings and desires. When children are allowed to participate in decision making, it empowers their confidence in decision making skills that they later apply to solve societal problems (2018).

9) CONCLUSIONS ON THE CHILDREN'S EXPOSURE TO VIOLENCE IN REFUGEE EDUCATIONAL SETTINGS IN WEST NILE, UGANDA

This section presents conclusion on the study that investigated children's exposure to violence in refugee educational settings in West Nile, Uganda. It presents conclusion on the forms, common perpetrators, the effects of VAC and measures to mitigate violence against children in refugee educational settings in West Nile.

From the above findings, it can be concluded that children in refugee primary schools in West Nile experience three major forms of violence like physical, sexual and emotional/psychological violence. The common forms of physical violence included beating, choking, burning and kicking. On the other hand, children experience sexual violence characterised by sexual motives, rape/defilement, child to child rape, forced marriage, survival sex and verbal sexual harassment, among others. Conversely, children and key informants reported denial of education, withholding affection/love, isolating, lack of protection from harm/exploitation, denying food, refusal to provide better shelter, confining, refusal to register births as the common forms of psychological/emotional violence in refugee educational settings in West Nile. The major causes of violence against children reportedly are poverty caused by displacement, cultural beliefs and normalisation of violence.

The main perpetrators of violence report during the study were parents, teachers, strangers and neighbours. Parents and teachers believe it is normal to beat or hit a child as a measure to correct unwanted behaviour. Due to the poverty situation, strangers who may be businessmen and *boda boda* (motorcycle taxi) riders lure young girls into sexual relationships in exchange with materials such as sweets, sodas and scholastic materials.

It can also be concluded that violence against children results in adverse effects. These include psychological torture, physical harm, accelerated role transition, school dropout, absenteeism, involvement in risk behaviours, death, poor academic performance and retarded growth and development.

Finally, many development partners have devised many strategies to reduce violence against children. However, the study concludes that more strategies need to be put in place in order to strengthen the existing measures. These include training on positive parenting, meetings with children, encouragement to go to school, home to home visit, training children on critical life skills, and establishment of community-based structures.

10) RECOMMENDATIONS

Data revealed that violence exists in refugee primary schools in West Nile perpetrated by parents, teachers, strangers and neighbours. These abuses cause physical injuries, psychological trauma, retarded body and brain development and sometimes death of the victims. The study therefore proposes the following recommendations.

1. Enforcement of laws against perpetrators of violence against children
2. Emphasis on mindset change in order to alter norms that condone physical abuse and the sexual abuse of girls as normal in the society
3. Encourage schools and homes to create safe environments for children
4. Government agencies and development partners emphasize parenting education through workshops, seminars, radio talk shows and print media
5. Strengthen emergency response services right from the grassroots
6. Emphasis on life skills education in all schools using a wide school approach

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12) DECLARATIONS

The research team declares no conflict of interest in the research process.

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APPENDIX A: QUESTIONNAIRE FOR CHILDREN

Dear Respondent,

This study is conducted by the team from Muni University, Arua. The purpose of the study is to explore children’s perspectives on the forms, perpetrators, effects and measures to mitigate violence against children in refugee educational settings in West Nile Uganda. You have been selected as part of the respondents to this study. Kindly spare part of your time to respond to these questions. Consider that your responses in this study was treated confidential and only for the purpose of the study.

Part I: Information on respondent

School Name.....

Sex: Male Female

Country of origin: S. Sudan DRC Somalia Rwanda

Others Specify:.....

Settlement: Bidibidi Imvepi Omugo Rhino Camp

Zone: Zone I Zone II Zone III Zone IV Zone V

Age category

5-10 years 11-15 years 16-18 years

Educational level: Lower Primary (p.1-p.3) Middle Primary (P.4)
Upper Primary (P5- P7)

Part II: General information on violence against children

Indicate how the following who are the perpetrators of violence against children in refugee educational setting	Indicate 5 for strongly agree, 4 for agree, 3 for neutral, 2 for disagree and 1 for strongly disagree				
	5	4	3	2	1
Perpetrators of VAC					
Biological parents					
Other caregivers not necessary parents					
Neighbours					
Strangers					
School teachers					
NGO workers					
Other family members/relatives					
Forms/effects of violence against children					
Rape/defilement					
Beating					
Withholding affection/love					
Child to child sex					
Hitting					
Bites					
Burns					
Strangulation					
Denial of education					
Denying food					

Refusal to register births					
Refusal to provide better shelter					
Kicking					
Choking					
Dropping					
Poisoning					
Suffocation					
Sexual exploitation and abuse					
Survival sex					
Verbal sexual harassment					
Forced marriage					
Isolating					
Confining					
Lack of protection from harm or exploitation					

Mitigating the effects of violence against children

Describe how effective the following mechanisms are in preventing and responding to violence against children

Indicate how the following practices were effective in preventing and responding to violence against children	Indicate 5 for strongly agree, 4 for agree, 3 for neutral, 2 for disagree and 1 for strongly disagree				
	5	4	3	2	1
Training on positive parenting					
Home to home visit					
Establishing community-based structures					
Linking children at risk and their families to livelihood					
Awareness sessions					
Encouraging to go to school					
Establishing child-friendly spaces					
Meetings with children					
Training children on critical life skills					
Strict legal action on perpetrators					

APPENDIX B: KEY INFORMANT INTERVIEW GUIDE

Guiding questions for key informant interview

1. What are the common forms of violence against children that you encounter in the settlement?
2. Which category of children are at heightened risk of abuse and why?
3. Who are the main perpetrators of violence against children?
4. How has the displacement impacted on violence against children?
5. What mechanisms should be in place to prevent and respond to violence against children and how effective are they?
6. What is the role of your agency in the prevention and response to violence against children?
7. What are your recommendations to practitioners to enhance the prevention and response to violence against children?
8. What are the effects of violence against children on the physical, emotional and social wellbeing?

APPENDIX C: FOCUS GROUP DISCUSSION GUIDE FOR ADOLESCENTS

1. What do you understand by violence against children?
2. Does violence against children occur in your community?
3. Which category of children suffer most from violence?
4. Where does violence against children occur most times?
5. Who are the main perpetrators of violence against children?
6. Where do you report in case a friend or your self is being abused?
7. What are the effects of violence against children?
8. What is being done to stop violence against children?
9. What should be done to stop violence against children?

APPENDIX D: CHILD ASSENT FORM (ENGLISH VERSION)

Title of the study: Children's exposure to violence in refugee educational settings: Mitigating the effects on education and social wellbeing in West Nile, Uganda

Investigator(s): Polycarp Omara (PI), Betty Akwongo, Paul Ecuru, Denis Akwar and Morgan Andama

Institution(s): Muni University, Uganda.

Introduction

We are researchers from Muni University, Uganda conducting a study to examine the perspectives of children on the forms, perpetrators, effects, and preventive strategies of VACs in refugee educational settings in West Nile, Uganda. This study involves talking to children and getting their views on the violence they face while at school. You have been identified to participate in this study. If you agree, you were talked to. All the things we shall do together with you have been written down and reviewed by Gulu University Research Ethics Committee.

A brief description of the sponsors of the research project

AfriChild is sponsoring this study. It is interested in collecting data on the lived experiences of violence against children in educational settings.

Purpose

The study sought to establish the lived experiences of violence against children so that they can be helped to get solutions to those experiences. The findings of this study will help to inform you, your parents, leaders within your community and the government on what children go through so that they can get solutions to those problems.

Procedures

Your participation in this study is free and will involve participation in an interview. For that reason, I ask your permission to participate. If you decide to participate in the study, you were asked to sign a consent, which you were given a copy to keep.

Who will participate in the study?

Primary children, teachers and headteachers in refugee educational settings were selected to participate in the study. You are one of those identified to participate through an interview. Your role is to give permission to participate in the interview. The individual interview will last for approximately 20 to 30 minutes.

Risks/discomforts

There is no foreseeable risk of harm or discomfort that will arise from your participation in this study. The only risk or discomfort was the inconvenience in terms of time spent during the interview.

Benefits

Using data to make violence against children more visible will bring about a fuller understanding of its magnitude, nature and effects thus offering clues to its prevention (United Nations Committee on the Rights of the Child). It will give the opportunity to voice concerns on what you may not directly tell your parent or authority. You will receive feedback on the findings and progress of the study. Any new information that affects you during the study (including incidental findings) was made available to you.

Confidentiality

Information gathered from you was kept confidential and for the purpose of this study only. No name or any form of identification was included. To protect your identity and family information we shall only use codes to identify participants. Information obtained will only be accessible by the research team. Soft copies of the data were protected by password and hard copy files was kept under lock and key. Confidential information will only be accessed by the principal investigator.

Alternatives

You do not have to participate in this study if you are not interested. You will not lose any benefit in case of no participation.

Cost

There will not be any additional cost incurred or payment made as a result of participating in this study. However, you were provided with refreshments during the interview.

Questions

If you have any questions related to the study or your rights as a participant in this research, you can contact the Principal Investigator, **Polycarp Omara** on telephone number **0771088077** (call and SMS) or via email on polyomara@gmail.com

Statement of voluntariness

Participation in the research study is voluntary and you may join on your own free will. You have a right to withdraw from the study at any time without penalty.

If you have any issues pertaining to your rights and participation in the study, please contact the Chairperson, Gulu University Research Ethics Committee, Dr. Gerald Obai Tel: No., 0772305621; email: lekobai@yahoo.com/lekobai@gmail.com; or the Uganda National Council for Science and Technology, on plot 6 Kimera road, Ntinda, Kampala on Tel 0414705500.

Statement of Assent

..... has described to me what is going to be done, the risks, the benefits involved and my rights as a participant in this study. I understand that my decision to participate in this study will not affect me or my family in any way. In the use of this information, my identity and the identity of my family was concealed. I am aware that I may withdraw at any time. I understand that by signing this form, I do not waive any of my legal rights but merely indicate that I have been informed about the research study in which I am voluntarily agreeing to participate. A copy of this form was provided to me.

Name of child:.....Date:.....

Name of participant.....Signature/Thumbprint.....Date.....

Name of witness.....Signature.....Date.....

Name of interviewer.....Signature.....Date.....

APPENDIX E: TRANSLATED ASSENT FORM FOR MINORS

CHILD'S PARENT/GUARDIAN ASSENT (ENGLISH VERSION)

Title of the study: Children's exposure to violence in refugee educational settings: Mitigating the effects on education and social wellbeing in West Nile, Uganda

Investigator(s): Polycarp Omara (PI), Betty Akwongo, Paul Ecuru, Denis Akwar and Morgan Andama

Institution(s): Muni University, Uganda.

Introduction

We are researchers from Muni University, Uganda conducting a study to examine the perspectives of children on the forms, perpetrators, effects, and preventive strategies of VACs in refugee educational settings in West Nile, Uganda. This study involves talking to children and getting their views on the violence they face while at school. Your child has been identified to participate in this study. If you agree, you was talked to. All the things we shall do together with your child has been written down and reviewed by Gulu University Research Ethics Committee.

Anina jama ta bahithin min Jama'a Muni fi Uganda, Anina gi amulu bahath fi Fikira ta iyali fi rasu sikili, nasi al bi amulu lakabat, athari bita lakabat ma tariga ali bi abusu lakabat fi madarisi fi mu'askari(camp) fi Gharb nili fi Uganda. Bahath de bi amulu munakash ma iyali ta mederesasa asani bi ligo fikira/ara'a bita umoni fi rasu lakabat al umoni bi ligo fi mederesasa. Jena bita kun wahid min iyili ali bi sherik fi bahath de. Kan ita be rudu khali jene bitaki sherik anina be wonosu ma'ak/maita. Iya haja ali anina bi kelimu ma jena bitaki fi maktub wa mu'alak ma kismu Aadab bahath bita Jama'a Gulu.

A brief description of the sponsors of the research project

Africhild is sponsoring this study. It is interested in collecting data on the lived experiences of violence against children in refugee educational settings.

Kisimu bita Africhild wa bi sa'adu Bahath de. Umo bi der ligo ahsas/tajiraba bita iyali fi lakabat ali umo bi ligo fi mederesasa.

Purpose

The study sought to establish the lived experiences of violence against children so that they can be helped to get solutions to those experiences. The findings of this study will help to inform you, your children, leaders within your community and the government on what children go through so that they can get solutions to those problems.

Bahath de be der ligo ahsas/tajiraba bita iyali fi lakabat ali umo bi ligo fi mederesasa. Asan biligo tariga ali bi hali mauwo lakabat da. Bahath de be sa'adu ita, Jena bitaki ma ukuma fi fahim lakabat ali iyili bi ligo fi mederesasa asan bi liga teriga bete hali Mushkila de.

Procedures

Your participation in this study is free and will involve participation in an interview. For that reason, I ask your permission to participate. If you decide that your child participates in the study, you were asked to sign an assent form, which you was given a copy to keep.

Ita bi sherik fi bahath de khiyari, wa kamani bi kun mugabil/muwajah. Asan kida , Ana bi asadu izin/rukhsa bitaki fi sherik fi bahath de kani ita bi rudu gali jena bita bi sherik fi bahth de. Kan ita bi rude jena taki bi sherik, ita bi wakii/sini fi Waraga kabul. Baden bi wedi lek nuskha.

Who will participate in the study?

Primary children, teachers and head teachers in refugee educational settings was selected to participate in the study. Your child is one of those identified to participate through an interview. Your role is to give permission to participate in the interview. The individual interview will last for approximately 20 to 30 minutes.

Nasi ali bi sherik fi bahath de: iyali bita lbtidai/primary, muderesin, mudiru, fi mederise bita laji'ini. Jena bitaki wahidi min nasi ali bi sherik fi teriga bi ta mugabil/muwajaha. Masuliya bitaki ta wedi izin/rukusa le jena bitaki fi sherik fi mugabil/muwajaha. De bi akhir 20-30 dekada.

Risks/discomforts

There is no foreseeable risk of harm or discomfort that will arise from your participation in this study. The only risk or discomfort was the inconvenience in terms of time spent during the interview.

Kan ita bi sherik fi Bahath de, mafi mushkila, suuba wala khatar ali bikun ile, zamani ali ita bi istamal fi mugabil/ muwajaha da.

Benefits

Using data to make violence against children more visible will bring about a fuller understanding of its magnitude, nature and effects thus offering clues to its prevention (United Nations Committee on the Rights of the Child). It will give the opportunity to voice concerns on what you may not directly tell your parent or authority. You will receive feedback on the findings and progress of the study. Any new information that affects you during the study (including incidental findings) was made available to you.

Kutu malumat bita lakabat ali iyali bi ligo fi mederese zahir bi sadu fi arafu hadi wa agiga bitawo ma ajira bitawo Kaman. Asan bi weri teriga bita abus lakabat de. (umam al mutahida lajna hukuk bita iyal). De bi sa'adu iyil fi kalem kalam ali umo ma bi gul le aba'a wala sulta. Ita ligo jawab bita iktishaf ta bahath ma istimrar bitawo. Ayi khabar ali bi atheri ita awu bi kun ta sudfa biweri lek.

Confidentiality

Information gathered from you was kept confidential and for the purpose of this study only. No name or any form of identification was included. To protect your identity and family information we shall only use codes to identify participants. Information obtained will only be accessible by the research team. Soft copies of the data were protected by password and hard copy files was kept under lock and key. Confidential information will only be accessed by the principal investigator.

Maalumati ali mitala min ita bikun khasu ma siri bi isitamili fi bahath de. Ma bi istimili Ismak wa ayi hal/ teriga bit ita arufu ita. Asan mafi zol bi arufu ze maalumati de tal min ita wala min usura bitaki, anina bi istamili arkam bes le nasi ali sherik. Nasi ali bi suf maalumati de bahithina bes. Anina bi istamal teriga ali mafi zol ali bahith mabi ligo maalulati de.

Alternatives

Your child does not have to participate in this study if he/she is not interested. He/she will not lose any benefit in case of no participation.

Jena bitaki ma sherik fi bahath de kan uwo ma deri. Uwo be kun fi khasara kan uwo ma bi sherik.

Cost

There will not be any additional cost incurred or payment made as a result of participating in this study. However, your child was provided with refreshments during the interview.

Ma bi dafau le jena taki ujura tani , ile bi wedi lo uwo mashurubati fi zamani bi mugabila/ muwajaha.

Questions

If you have any questions related to the study or your rights as a participant in this research, you can contact the Principal Investigator, Polycarp Omara on telephone number 0771088077 (call and SMS) or via email on polyomara@gmail.com

Kan ita bi indu suali ali bi khusu bahath de awu hukuk bitaki ze mushtariki/azol al ishtariki fi bahath ita bi itasil ma kebir bita bahithin / bahith al Aamu Polycarp Omara fi rakam telefon 0771088077 amu bi wasita email polyomara@gmail.com

Statement of voluntariness

Participation in the research study is voluntary and you may join on your own free will. You have a right to withdraw from the study at any time without penalty.

Azole bi sherik fi bahath de khiyari/fi aju bitawo. Kan uwo ma bi der uwo bi sibu fi iya zamani bidun jerima/khasara.

If you have any issues pertaining to your rights and participation in the study, please contact the Chairperson, Gulu University Research Ethics Committee, Dr. Gerald Obai Tel: No., 0772305621; email: lekobai@yahoo.com/lekobai@gmail.com; or the Uganda National Council for Science and Technology, on plot 6 Kimera road, Ntinda, Kampala on Tel 0414705500.

Kan indaka mushkila ali bi khusu ita ze mushtariki fi bahath de ita bi tasil ma raisi majlis Aadab wal bahath Jama'a Gulu Dr. Gerald Obai fi rakam telefon 0772305621 email: lekobai@yahoo.com/lekobai@gmail.com; awu Majlis Dauli Uganda li ulum wa teknologiya fi taamur rakam 6 shari kimera, Ntinda , Kampala fi rakam telefon 0414705500.

Statement of Assent

..... has described to me what is going to be done, the risks, the benefits involved and my child's rights as a participant in this study. I understand

that my decision to participate in this study will not affect me or my family in any way. In the use of this information, my identity and the identity of my family was concealed. I am aware that I may withdraw at any time. I understand that by signing this form, I do not waive any of my child's legal rights but merely indicate that I have been informed about the research study in which I am voluntarily agreeing to participate. A copy of this form was provided to me.

Name of child:.....Date:.....

Name of participant.....Signature/Thumbprint.....Date.....

Name of witness.....Signature.....Date.....

Name of interviewer.....Signature.....Date.....

APPENDIX F: INFORMED CONSENT FORM FOR INTERVIEWS

Title of the study: Children's exposure to violence in refugee educational settings: Mitigating the effects on education and social wellbeing in West Nile, Uganda

Investigator(s): Polycarp Omara (PI), Betty Akwongo, Paul Ecuru, Denis Akwar and Morgan Andama

Institution(s): Muni University, Uganda.

Introduction

We are researchers from Muni University, Uganda conducting a study to examine the perspectives of children on the forms, perpetrators, effects, and preventive strategies of VACs in refugee educational settings in West Nile, Uganda. This study involves talking to children and getting their views on the violence they face while at school. You have been identified to participate in this study. If you agree, you were talked to. All the things we shall do together with you have been written down and reviewed by Gulu University Research Ethics Committee.

A brief description of the sponsors of the research project

Africhild is sponsoring this study. It is interested in collecting data on the lived experiences of violence against children in educational settings.

Purpose

The study sought to establish the lived experiences of violence against children so that they can be helped to get solutions to those experiences. The findings of this study will help to inform you, your parents, leaders within your community and the government on what children go through so that they can get solutions to those problems.

Procedures

Your participation in this study is free and will involve participation in an interview. For that reason, I ask your permission to participate. If you decide to participate in the study, you were asked to sign a consent, which you were given a copy to keep.

Who will participate in the study?

Primary children, teachers and head teachers in refugee educational settings was selected to participate in the study. You are one of those identified to participate through an interview. Your role is to give permission to participate in the interview. The individual interview will last for approximately 20 to 30 minutes.

Risks/discomforts

There is no foreseeable risk of harm or discomfort that will arise from your participation in this study. The only risk or discomfort was the inconvenience in terms of time spent during the interview.

Benefits

Using data to make violence against children more visible will bring about a fuller understanding of its magnitude, nature and effects thus offering clues to its prevention (United Nations Committee on the Rights of the Child). It will give the opportunity to voice concerns on what you may not directly tell your parent or authority. You will receive feedback on the findings and progress of the study. Any new information that affects you during the study (including incidental findings) was made available to you.

Confidentiality

Information gathered from you was kept confidential and for the purpose of this study only. No name or any form of identification was included. To protect your identity and family information we shall only use codes to identify participants. Information obtained will only be accessible by the research team. Soft copies of the data were protected by password and hard copy files was kept under lock and key. Confidential information will only be accessed by the principal investigator.

Alternatives

You do not have to participate in this study if you are not interested. You will not lose any benefit in case of no participation.

Cost

There will not be any additional cost incurred or payment made as a result of participating in this study. However, you were provided with refreshments during the interview.

Questions

If you have any questions related to the study or your rights as a participant in this research, you can contact the Principal Investigator, Polycarp Omara on telephone number 0771088077 (call and SMS) or via email on polyomara@gmail.com

Statement of voluntariness

Participation in the research study is voluntary and you may join on your own free will. You have a right to withdraw from the study at any time without penalty.

If you have any issues pertaining to your rights and participation in the study, please contact the Chairperson, Gulu University Research Ethics Committee, Dr. Gerald Obai Tel: No., 0772305621; email: lekobai@yahoo.com/lekobai@gmail.com; or the Uganda National Council for Science and Technology, on plot 6 Kimera road, Ntinda, Kampala on Tel 0414705500.

Statement of consent

..... has described to me what is going to be done, the risks, the benefits involved and my rights as a participant in this study. I understand that my decision to participate in this study will not affect me or my family in any way. In the use of this information, my identity and the identity of my family was concealed. I am aware that I may withdraw at any time. I understand that by signing this form, I do not waive any of my legal rights but merely indicate that I have been informed about the research study in which I am voluntarily agreeing to participate. A copy of this form was provided to me.

Signature of participant.....Date

Signature of interviewer.....Date.....

APPENDIX G: INFORMED CONSENT FORM FOR FOCUS GROUP DISCUSSION CHILD ASSENT (ENGLISH VERSION)

Title of the study: Children's exposure to violence in refugee educational settings: Mitigating the effects on education and social wellbeing in West Nile, Uganda

Investigator(s): Polycarp Omara (PI), Betty Akwongo, Paul Ecuru, Denis Akwar and Morgan Andama

Institution(s): Muni University, Uganda.

Introduction

We are researchers from Muni University, Uganda conducting a study to examine the perspectives of children on the forms, perpetrators, effects, and preventive strategies of VACs in refugee educational settings in West Nile, Uganda. This study involves talking to children and getting their views on the violence they face while at school. You have been identified to participate in this study. If you agree, you were talked to. All the things we shall do together with you have been written down and reviewed by Gulu University Research Ethics Committee.

A brief description of the sponsors of the research project

AfriChild is sponsoring this study. It is interested in collecting data on the lived experiences of violence against children in educational settings.

Purpose

The study sought to establish the lived experiences of violence against children so that they can be helped to get solutions to those experiences. The findings of this study will help to inform you, your parents, leaders within your community and the government on what children go through so that they can get solutions to those problems.

Procedures

Your participation in this study is free and will involve participation in an interview. For that reason, I ask your permission to participate. If you decide to participate in the study, you were asked to sign a consent, which you were given a copy to keep.

Who will participate in the study?

Primary children, teachers and head teachers in refugee educational settings was selected to participate in the study. You are one of those identified to participate through an interview. Your role is to give permission to participate in the interview. The individual interview will last for approximately 20 to 30 minutes.

Risks/discomforts

There is no foreseeable risk of harm or discomfort that will arise from your participation in this study. The only risk or discomfort was the inconvenience in terms of time spent during the interview.

Benefits

Using data to make violence against children more visible will bring about a fuller understanding of its magnitude, nature and effects thus offering clues to its prevention (United Nations Committee on the Rights of the Child). It will give the opportunity to voice concerns on what you may not directly tell your parent or authority. You will receive feedback on the findings and progress of the study. Any new information that affects you during the study (including incidental findings) was made available to you.

Confidentiality

Information gathered from you was kept confidential and for the purpose of this study only. No name or any form of identification was included. To protect your identity and family information we shall only use codes to identify participants. Information obtained will only be accessible by the research team. Soft copies of the data were protected by password and hard copy files were kept under lock and key. Confidential information will only be accessed by the principal investigator.

Alternatives

You do not have to participate in this study if you are not interested. You will not lose any benefit in case of no participation.

Cost

There will not be any additional cost incurred or payment made as a result of participating in this study. However, you were provided with refreshments during the interview.

Questions

If you have any questions related to the study or your rights as a participant in this research, you can contact the Principal Investigator, **Polycarp Omara** on telephone number **0771088077** (call and SMS) or via email on polyomara@gmail.com

Statement of voluntariness

Participation in the research study is voluntary and you may join on your own free will. You have a right to withdraw from the study at any time without penalty.

If you have any issues pertaining to your rights and participation in the study, please contact the Chairperson, Gulu University Research Ethics Committee, Dr. Gerald Obai Tel: No., 0772305621; email: lekobai@yahoo.com/lekobai@gmail.com; or the Uganda National Council for Science and Technology, on plot 6 Kimera road, Ntinda, Kampala on Tel 0414705500.

Statement of Assent

..... has described to me what is going to be done, the risks, the benefits involved and my rights as a participant in this study. I understand that my decision to participate in this study will not affect me or my family in any way. In the use of this information, my identity and the identity of my family was concealed. I am aware that I may withdraw at any time. I understand that by signing this form, I do not waive any of my legal rights but merely indicate that I have been informed about the research study in which I am voluntarily agreeing to participate. A copy of this form was provided to me.

Signature of participant.....Date

Signature of interviewer.....Date.....

APPENDIX H: Measures for the Prevention and control of risk of spread of COVID-19 during the implementation of research

Study Title: **CHILDREN'S EXPOSURE TO VIOLENCE IN REFUGEE EDUCATIONAL SETTINGS: MITIGATING THE EFFECTS ON EDUCATION AND SOCIAL WELLBEING IN WEST NILE, UGANDA**

Principal Investigator (s): Polycarp Omara

Introduction:

The novel Coronavirus is transmitted from human to human through droplets and direct or close personal contact with an infected individual

Novel Coronavirus signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death

Implementation of the prevention and control measures

In the implementation of the research activities, the investigators are committed to ensuring the safety of its research team, research participants and communities where the study was conducted. The study team undertakes to comply with the Standard Operating Procedures issued by the Ministry of Health, and presidential directives to mitigate against the risk of infection of COVID-19, rapidly detect and effectively respond to any COVID-19 case that may occur in the process of carrying out the study, screening, face covering, physical distancing, and good hand hygiene.

Procedures to be followed during the implementation of the research.

Prior to data collection and Training

1. **Health guidance:** There was training sessions dedicated for COVID-19 sensitization and awareness, to equip the research team with knowledge of signs and symptoms of the COVID-19, and preventive measures such as hand hygiene before placing and removing the mask, as well as storage of the mask, social distancing. The research team will circulate notices, posters, charts on common signs and symptoms of COVID-19 as provided by the Ministry of Health, and develop and/or use existing plan for the appropriate referral pathway for identified and/or suspected cases.
2. **Personal Screening:** All researchers, research assistants, research participants and any other individuals engaged in research activities will screen temperature daily for fever. Screening for temperature was carried out during planning meetings, trainings, community outreach. Any individual found with COVID 19 symptoms was withdrawn and referred to the COVID – 19 task force for further assessment and management. The withdrawn individual was allowed to return only if they present a valid certification of their COVID-19 status showing negative result
3. **Wearing face coverings:** All researchers and research assistants and any other individuals engaged in research activities that require interaction with fellow researchers or research participants or the community member will have to wear a

face mask that fully covers the mouth and nose at all times. The study will provide face masks for individuals who do not have.

4. **Physical Distancing:** There was social distancing during the training, meetings, community outreach of at minimum of 2 metres. During breaks, the team will not be allowed to congregate in common areas.
5. **Good hygiene:** All team members was required to wash their hands or use hand sanitizers before and after entering the training room, and other common areas. Hand washing equipment shall be supplied and made available at all times. All surfaces and equipment shall be sanitised frequently.

During data collection

1. **Personal Protective Equipment (PPE):** All research assistants involved in tracing of respondents and in in-person interviews and research participants will use PPE including a properly fitted face mask. Enumerators/Researchers and research participants will wash hands with soap and water or use hand sanitizer prior to the interview. Handshakes and hugging are prohibited. Physical distancing of at least 2 metres in all research related activities shall be observed.
2. **Focus group discussions:** The research team shall carry educational materials on prevention of COVID-19 in a language understood by the participants. These materials shall also have visual images to support understanding. Enumerators/Researchers and research participants will wash hands with soap and water or use hand sanitizer prior to the interview. Screening for temperature was carried out prior to conducting meetings
3. **Consent Process:** The Researcher /Research assistants will observe social distancing when taking consent (while 2 metres apart) upon arrival to the participant. Enumerators/Researchers and research participants will wash hands with soap and water or use hand sanitizer prior to the interview. Participant will then be sensitized on covid-19 and presented with preventive measures.
4. **Equipment sanitization:** shared devices used to record or capture data shall be sanitized regularly.

During Dissemination/Community engagement

1. **Community Engagement:** The research team shall carry educational materials on prevention of COVID-19 in a language understood by the participants. These materials shall also have visual images to support understanding. Enumerators/Researchers and research participants will wash hands with soap and water or use hand sanitizer prior to the interview. Screening for temperature was carried out prior to conducting community engagements.{Bibliography}
5. **Equipment sanitization:** shared devices used during community engagements to shall be sanitized regularly.

The preventive and control measures will continuously be reviewed based on new information and guidelines communicated by the Ministry of Health