PSYCHOSOCIAL SUPPORT SERVICES AND CHILD ABUSE REDUCTION IN REFUGEE SETTLEMENTS: A CASE STUDY OF PALABEK REFUGEE SETTLEMENT CAMP

BY

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DECLARATION

I, Amali Getrude Ruth**,** declare that this research dissertation is my original work and has never been submitted for an award to any other institution of learning.

Date 25/9/2026 Signature 

APPROVAL

This is to certify that this research dissertation titled “Psychosocial Support Services and Child Abuse Reduction in Refugee Settlements: A Case Study of Palabek Refugee Settlement Camp” has been submitted with our approval as supervisors.

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Supervisor

DEDICATION

I dedicate this dissertation to my daddy and mammy, Mr. and Mrs Okitela for always praying for me and wishing me well in life. To my beloved husband Mr. Kibwota Andew, to our four children Gabriel, Ian, Wendy and Caleb for allowing me to be absent in their lives to pursue an educational career. To myself Ruth for not giving up despite the challenges during these difficult times. I sacrificed financial options to build a career.

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ABBREVIATIONS AND ACRONYMS

FGDs	Focus Group Discussions
IDP	Internally Displaced Persons
KIIs	Key informant Interviews
MHPSS	Mental Health and Psychosocial Support
NGOs	Non-Governmental Organizations
PSS	Psychosocial Support Services
SPSS	Statistical Package for Social Sciences
TST	Trauma Systems Therapy
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

ABSTRACT

This study examined how psychosocial support services contribute to reducing child abuse in Palabek Refugee Settlement, with specific attention to the availability of services, the nature of abuse, the influence of social and cultural factors and the overall effectiveness of psychosocial interventions. A mixed-method research design was employed, combining structured questionnaires administered to caregivers with key informant interviews involving Non-Governmental Organization staff, community leaders, and government officials, as well as focus group discussions with caregivers, children and child protection committee members. This approach enabled the study to capture both measurable trends and rich lived experiences related to child protection in the settlement. The findings revealed that counselling services, family support programs, and peer support groups are widely implemented by humanitarian agencies and are generally well received by both children and caregivers. Among these, family support emerged as the strongest protective factor, helping caregivers adopt non-violent discipline methods and strengthening emotional bonds within households. Counselling services were particularly helpful for children experiencing trauma and stress, allowing them to regain emotional stability and confidence. Peer support groups provided safe spaces for children to share experiences, although their effectiveness depended greatly on the quality of facilitation and regularity of meetings. The study further established that emotional abuse remains highly prevalent, largely driven by household stress and economic hardship, while physical and sexual abuse, although less frequently reported, still affect many children. Deep-rooted cultural norms such as the acceptance of corporal punishment and silence surrounding sexual abuse continue to weaken child protection efforts. Overall, the study concludes that psychosocial support services are a critical strategy for reducing child abuse in refugee settings, especially when combined with family involvement, community awareness, and cultural transformation initiatives. It recommends expanding family-centered interventions, strengthening trauma-informed counselling, engaging community and cultural leaders, and investing in long-term behavior change programs to ensure safer environments for children in refugee settlements.

Keywords: *Psychosocial support services, Child abuse, Refugee settlement, Palabek, Northern Uganda*

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This study examined psychosocial support services as a strategy for reducing child abuse in the refugee settlement. Psychosocial support is the effort to meet the ongoing emotional, social, and spiritual needs of children as they face life's challenges. Child abuse on the other hand is any action by another person - adult or child that causes significant harm to a child, and this can be as a result of physical, emotional, or sexual harm. Child abuse in refugee settings is a critical issue that continues to affect thousands of vulnerable children worldwide. This study gave an insight into protection challenges by examining the prevalence and drivers of child abuse in refugee settings, with a focus on Palabek Refugee Settlement in Northern Uganda, where factors such as trauma, poverty, disrupted family structures, and limited protection services heighten children's vulnerability.

Despite the presence of various humanitarian organizations offering child protection programs, including psychosocial support services, many children still suffer in silence. This study explored how psychosocial support contributes to reducing abuse and supporting recovery among children in such high-risk environments. The motivation behind the study came from the visible gap between service provision and real child outcomes. Even though Non-Governmental Organisations implemented various psychosocial initiatives, cases of abuse remain high. This has indicated the need to assess the relevance, accessibility, and cultural responsiveness of these services in refugee contexts like Palabek. The study was structured into six chapters. Chapter one was to set the foundation, presenting the introduction, explaining the background, the problem being addressed, study objectives, research questions, justification, significance, and scope. It also includes operational definitions and the conceptual framework guiding the research. Chapter two reviewed the related literature, chapter three outlined the research methodology, chapter four presented the results, chapter five discussed the findings or results and chapter six presented conclusions, summary and recommendations.

1.1 Background to the Study

Psychosocial support is a crucial strategy for child protection in challenging circumstances. Globally, children constitute nearly 30% of the world's population, with over 2.2 billion individuals classified as minors (Sharrow et al., 2024). However, according to the World Health Organization (WHO), (2020) child abuse remains a pervasive challenge, with an estimated 1 billion children, nearly half of all children worldwide, experiencing some form of violence each year. The report from UNICEF (2024) highlight that an estimates of 300 million children aged 2–4 endure violent discipline, while 120 million girls and 73 million boys face sexual violence. Child abuse remains a pervasive global crisis, with 1 in 2 children aged 2–17 experiencing violence annually, including physical, sexual, or emotional abuse and neglect. According to Schweiger (2019), the causes of child abuse are multifaceted, including poverty, displacement, armed conflict, family breakdown, and entrenched social norms that tolerate violence. Forms of abuse range from physical, sexual, and emotional abuse to neglect and exploitation, with children in fragile or displaced settings facing heightened risks.

Psychosocial support services in African refugee settlements are increasingly recognized as essential but remain underdeveloped. Across the continent, refugees face compounded stressors, including displacement, trauma, poverty, and limited access to healthcare. While humanitarian agencies have introduced mental health and psychosocial support (MHPSS) programs, these services often struggle with inadequate funding, a shortage of trained personnel, and cultural barriers that discourage open discussion of psychological distress (United Nations Children's Fund (UNICEF), 2025). Studies highlight that psychosocial interventions in African refugee contexts tend to be fragmented, with services concentrated in larger settlements and urban areas, leaving rural camps underserved (United Nations Children's Fund (UNICEF), 2025). Meanwhile, World Health Organization (WHO), (2019) estimated that one in five people in conflict-affected settings suffer from mental health conditions such as depression, anxiety, or post-traumatic stress disorder, underscoring the urgent need for comprehensive psychosocial support frameworks.

Uganda, which hosts one of the largest refugee populations in Africa, has made notable strides in integrating psychosocial support into its refugee response, though challenges persist. Research shows that refugees in Uganda experience high levels of psychological distress, particularly in

semi-rural and rural settlements, where access to social support networks and professional services is limited (UNHCR, 2019). A 2022 study published in Conflict and Health found significant associations between psychological distress and weak social support systems among conflict refugees in Uganda, emphasizing the need for community-based psychosocial interventions (Seruwagi et al., 2022). Additionally, a needs assessment published in Afrika Focus revealed that while Uganda has established psychosocial support and protection programs for both refugees and host communities, gaps remain in scaling these services to meet the diverse needs of displaced populations (Kugonza & Mutsvara, 2022a). Overall, Uganda illustrates both progress and limitations: while psychosocial support is increasingly embedded in humanitarian programming, sustained investment and culturally sensitive approaches are required to ensure equitable access across all settlements. Stakeholders such as governments, humanitarian agencies, and community organizations have increasingly recognized the necessity of psychosocial support services as a strategy to address the trauma and long-term impacts of abuse, particularly among refugee and migrant children.

In Africa, abuse has been recorded in different parts of the continent. In West Africa, Nigeria has seen high rates of child abuse exacerbated by conflict and displacement in the northeast. Stakeholders such as UNICEF and local NGOs have established child-friendly spaces in refugee and internally displaced persons (IDP) camps, offering psychosocial support, education, and legal assistance to abused children (Okooboh, 2018). Sub-Saharan Africa has recorded the highest rates of child abuse, exploitation, and harmful traditional practices compared to other parts of the globe. Structural inequities magnify risks, in sub-Saharan Africa, 17.3% of children are exposed to physical domestic violence. According to the report by UNHCR (2025), Children are among the most at-risk members of society, often exposed to abuse, neglect, violence, and exploitation experiences that can leave deep and lasting scars on their physical and emotional well-being.

In East Africa, Kenya's refugee camps, such as Kakuma and Dadaab, children make up over 50% of the population and face alarming levels of abuse and neglect. These camps are home to hundreds of thousands of vulnerable minors exposed to a wide range of threats of child protection. Physical and sexual abuse is rampant, with frequent cases of defilement, rape, sodomy, and even criminal abortion reported in Kakuma (World Health Organization (WHO), 2020). Emotional abuse and

neglect, particularly by parents or caregivers, are also widespread, often compounding the trauma children bring from their countries of origin. Additionally, child labor (14.8%) and early marriage (12%) are common, largely driven by poverty, limited educational options, and the survival struggles of families. Vulnerable groups like unaccompanied children, adolescents, and those with disabilities, 20% of girls and 21% of boys in Dadaab report living with a disability, face greater risks due to limited access to protection services. Around 29% of girls and 25% of boys in Dadaab report experiencing abuse but underreporting due to stigma and poor referral systems suggests these figures are likely underestimated. Alarmingly, the majority of abuse comes from familiar sources family members (24.4%), neighbors (17.2%), friends (16.1%), and caregivers (14% mothers, 12.1% fathers), reflecting the deep-rooted challenges within community and family settings (Kenya Child Protection, 2017). In South Sudan, the situation is equally dire. Years of conflict and displacement have eroded social structures, leaving children severely exposed to violence and exploitation. Over 19,000 children have been recruited by armed groups since 2013, often subjected to physical abuse, abduction, sexual violence, and even death. Girls are particularly vulnerable to early marriage, unwanted pregnancies, and sexual exploitation, especially those out of school. Family separation is another critical issue, with 21% of South Sudanese children arriving in Ethiopia being unaccompanied or separated from caregivers (South Sudan Child Protection (SSCP), 2019). These children often face exploitation and deep psychological distress, exacerbated by limited access to mental health support. Despite the pressing need, only about 70% of children in alternative care settings receive regular monitoring. Meanwhile, protection and education gaps persist more than 54% of the 1.3 million South Sudanese refugee children were out of school in 2017, increasing their risk of abuse. Underfunding and ongoing insecurity continue to undermine efforts to provide essential services, including psychosocial support, to these vulnerable children (South Sudan Child Protection (SSCP), 2019).

In Uganda, refugee children represent 52% of the country's 1.89 million refugees, underscoring the critical need for robust and targeted child protection systems. Nearly 50% of refugee children in Uganda report physical abuse before the age of 18 (World Health Organization (WHO), 2020). These children, displaced by conflict or disaster, face immense uncertainty and trauma, making them especially vulnerable to harm. Their situation demands urgent attention to ensure their safety, dignity, and future potential are protected through holistic and responsive care. The recent survey

conducted by the Baobab Research Program Consortium (RPC) (2022) in Uganda refugee settlements revealed that almost 50% of young adults in Uganda's refugee settlements experienced violence before age 18, with 50% of boys and 43% of girls aged 13–17 reporting violence in the past year alone. Causes of abuse include poverty, overcrowding, family separation, and cultural practices that normalize violence. Forms of abuse documented include sexual, physical, and emotional abuse, as well as neglect. Kugonza & Mutsvara (2022) in their study suggested that Mental Health and Psychosocial Support (MHPSS) is essential for addressing the emotional and psychological needs of refugee children, many of whom have endured severe trauma, family separation, and the stress of displacement. Without this support, children often struggle with learning, forming relationships, and managing behavior, leaving them more exposed to exploitation, abuse, and neglect. Unfortunately, many of Uganda's child protection structures lack consistent, well-structured MHPSS services, making it harder for affected children to heal and grow. Strengthening these support systems is crucial to helping refugee children rebuild their lives and ensuring that protective interventions are truly effective. 1Stakeholders such as the Ugandan government, UNICEF, the Baobab Research Program Consortium, and international partners have responded by establishing multi-layered psychosocial support services. These include trauma counseling, safe spaces, child protection committees, and integration of mental health support within schools and community centers. In Central Uganda, urban refugee settlements have piloted school-based support and family counseling. Western and Southern Uganda host community-based child protection networks, while Northern Uganda with high concentrations of refugees in districts like Adjumani and Yumbe has implemented comprehensive psychosocial programs in partnership with local and international NGOs (UNHCR, 2025c).

The importance of psychosocial support services aligns closely with the United Nations Sustainable Development Goals (SDGs), particularly SDG 16 (ending all forms of violence against children) and Uganda's National Development Plan III, which prioritizes the protection of children and the creation of safe, nurturing environments as a foundation for national development. By strengthening child protection systems and ensuring access to quality psychosocial care, Uganda aims to break cycles of violence that undermine children's potential and societal progress. Furthermore, the World Health Organization (WHO), (2020) emphasize the need for multi-sectoral, rights-based approaches that integrate mental health and psychosocial support into

broader strategies for child welfare, education, and community development. As Uganda and the global community work toward the 2030 Agenda, scaling up and standardizing psychosocial support services is vital for protecting children from abuse, promoting their holistic development, and ensuring that every child can grow up in a safe and supportive environment.

1.2 Problem Statement

In Palabek Refugee Settlement, despite the presence of numerous local and international programs aimed at reducing child abuse, such as those led by UNHCR, UNICEF, and NGOs providing psychosocial support, case management, and child-friendly spaces, child abuse that undermines the healthy growth of children in the settlement remains a persistent problem. Forms of abuse reported include physical violence, sexual exploitation, emotional abuse, neglect, child labor, and early marriage, with girls and children with disabilities being particularly vulnerable (UNICEF, 2022). According to the OPM et al. (2024) Survey, nearly half of females (42.6%) and males (49.6%) in Uganda's refugee settlements experienced violence during childhood, with 19.4% of females suffering sexual violence, two-thirds of whom endured multiple incidents before age 18. Furthermore, Baobab Research Program Consortium (2024) observes that 73% of girls and 53% of boys aged 18–24 reported their first experience of sexual violence occurred after resettlement, and over a quarter of adolescent girls and more than half of boys who experienced sexual violence missed school as a result, severely disrupting their education and prospects. The magnitude of this problem is compounded by poverty, substance abuse, cultural norms, and the lingering trauma of displacement, which increase the risk of abuse and limit children's access to support services. The study by Adaku et al. (2016) psychosocial support services such as child-friendly spaces, trauma counseling, and community-based protection mechanisms have demonstrated effectiveness in reducing psychological distress and perceived protection risks among refugee children, significant gaps in coverage, coordination, and sustained funding persist (World Bank, 2020). This ongoing prevalence of child abuse in Palabek Settlement Camp, despite targeted interventions, highlights the urgent need for strengthened, context-specific psychosocial support strategies to protect vulnerable children and promote their healthy development. It is against this background that this study set out to examine how psychosocial support services offered by NGOs in Palabek Refugee Settlement contribute to reducing child abuse, and how social factors shape this relationship.

1.3 Purpose of the study

To examine the influence of psychosocial support services in reducing child abuse in the refugee settlement.

1.4 Objectives of the study

I. To assesss psychosocial support services offered by NGOs in the refugee settlement in Northern Uganda.
II. To examine the nature of child abuse in the refugee settlement in northern Uganda
III. To examine how psychosocial support services contribute to reducing child abuse in the refugee settlement.
IV. To determine the influence of social factors on the relationship between Psychosocial Support Services and child abuse in the refugee settlement in northern Uganda.

1.5 Research Questions

I. What is the nature of psychosocial support services offered by NGOs in the refugee settlement in Northern Uganda?
II. What is nature of child abuse in the refugee settlement in the refugee settlement in Northern Uganda?
III. How do psychosocial support services contribute to reducing child abuse in the refugee settlement?
IV. What are influence of social factors on the relationship between psychosocial support services and child abuse in the refugee settlement in northern Uganda?

1.6 Significance of the Study

This study, Psychosocial Support Services as a Strategy for Reducing Child Abuse in the Refugee Settlement: A Study of Palabek Settlement Camp, holds great importance for a wide range of stakeholders. For government bodies such as the Ministry of Gender, Labour and Social Development and the Office of the Prime Minister, it provides timely insights into how psychosocial support services (PSS) can be better integrated into national child protection efforts.

These findings will help them refine policies and improve the delivery of services that safeguard children, especially those in vulnerable refugee contexts.

For policymakers, the research offers much-needed data on how PSS interventions influence child abuse prevention in humanitarian settings. It will guide them in developing policies that are more practical, inclusive, and responsive to the lived realities of refugee children. NGOs working in Palabek, such as Save the Children and World Vision, will benefit from evidence that can help them strengthen their child protection programs, improve accountability, and make their services more community-centered and trauma-informed.

Researchers and academics will find this study useful in filling existing gaps in knowledge about child abuse and mental health support in refugee settlements. It contributes to the growing body of literature on child protection in low-resource, displacement settings, especially in Sub-Saharan Africa. The findings will not only enhance academic knowledge but also provide a foundation for future studies.

Importantly, this study gives a voice to refugee children and families, recognizing their experiences and perspectives in shaping better support systems. The host community and local leaders will also gain insights into how they can help reduce abuse by supporting existing psychosocial services. Ultimately, the study offers practical solutions and recommendations to build a safer, more nurturing environment for all children in Palabek and similar refugee settings.

1.7 Scope of the Study

1.7.1 Content Scope

This study focused on examining the role of psychosocial support services (PSS) in reducing child abuse in the refugee settlement, specifically analyzing the types of PSS interventions (e.g., trauma counseling, safe spaces, caregiver training) and their effectiveness in safeguarding children. The study assessed both the preventive and rehabilitative aspects of PSS, including how these services influence children's mental health, resilience, and abuse reporting mechanisms. The study also evaluated the integration of PSS with existing child protection systems, including government

policies and community-based initiatives. The content is limited to services provided by NGOs, particularly those directly linked to psychosocial support.

1.7.2 Geographical Scope

The geographical scope of this study was limited to Palabek Settlement Camp, which is in Lamwo District, Northern Uganda, near the border with South Sudan. Palabek Settlement was established in 2017 to provide shelter for South Sudanese refugees fleeing armed conflict and political instability. The settlement currently accommodates over 60,000 refugees, of whom more than half are children below 18 years (UNHCR, 2025).

1.7.3 Time Scope

The selected time scope for this study was from 2016 to 2025, and this was carefully justified by the period in which the camp was established particularly in response to the growing needs of refugee children. Palabek hosts thousands of South Sudanese refugees, the majority of whom are women and children. Displacement, exposure to violence, poverty, and disrupted family structures significantly increase the risk of Child abuse (physical, emotional, and sexual), Neglect and exploitation, Mental health and psychosocial distress. Studying these issues helps in understanding the unique challenges refugee children face.

The chosen period also ensures the availability of updated data, including monitoring and evaluation reports, case files, and first-hand experiences from beneficiaries and service providers. By focusing on the most recent years, the study was aimed to produce findings that are timely, practical, and useful to both policy and program planning. In essence, this time frame captures an important phase of child protection work, reflecting the current realities on the ground, the evolving nature of interventions, and offering a solid foundation for recommending improvements to protect refugee children more effectively.

1.8 Conceptual Framework

Psychosocial support services provided by NGOs are expected to lead to better child safeguarding outcomes. However, the effectiveness of these services may depend on how well communities

accept and engage with them, the capacity of implementing organizations, and the strength of the existing child protection systems. The framework assumes that where psychosocial support is adequately provided and accepted, children are more likely to be safeguarded from child abuse.

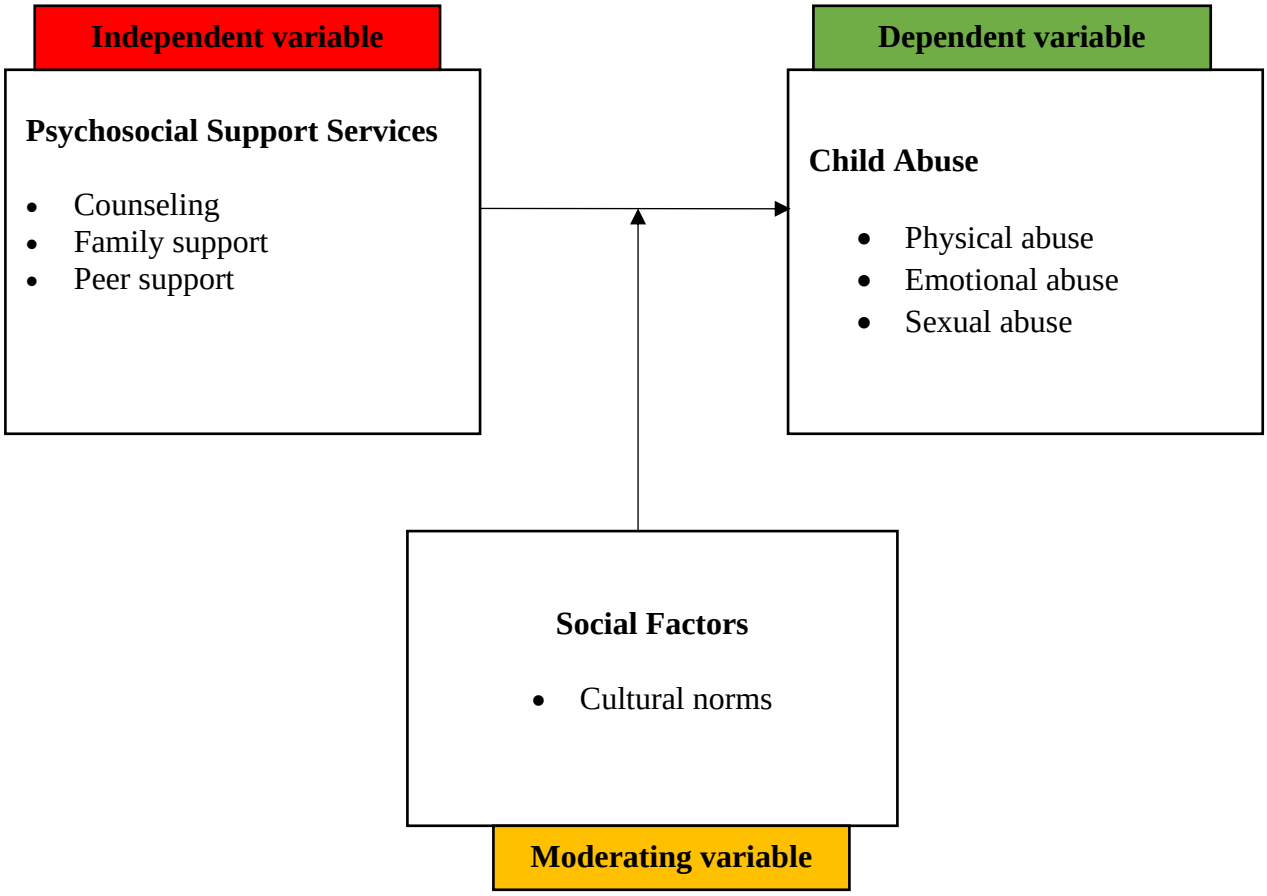


Figure 1: Conceptual Framework adopted from Derakhshanpour et al. (2017)

This study's conceptual framework explains how psychosocial support services influence the reduction of child abuse within the refugee settlement, while recognizing the important role of social factors. Counseling, family support, and peer support are viewed as key interventions that help children heal from trauma, build resilience, and develop positive coping skills, while also strengthening caregivers' ability to use non-violent parenting approaches. These psychosocial services are expected to directly reduce physical, emotional, and sexual abuse. However, their effectiveness does not operate in isolation. Social forces such as cultural norms, community

attitudes, and levels of economic hardship can either strengthen or weaken the impact of these services. This shows that a meaningful reduction in child abuse requires both strong psychosocial interventions and a supportive social environment that allows these interventions to work effectively.

1.9 Operational Definitions

Psychosocial Support

According to Nugent et al. (2016), Psychosocial support is the effort to meet the ongoing emotional, social, and spiritual needs of children as they face life's challenges. In this study, psychosocial support refers to structured programs and interventions provided by NGOs aimed at promoting the psychological, emotional, and social well-being of children. These services include counseling, trauma healing, the creation of safe spaces, family support systems, and school-based mental health initiatives intended to help children cope with adversity, trauma and promote resilience.

Child Abuse

Fayaz (2019) in each study defines child abuse as any action by another person, adult or child that causes significant harm to a child, and this can be as a result of physical, emotional, or sexual harm. According to this study, Child abuse is the wrongful treatment of a child. It may be in the form of physical, emotional, sexual abuse, and neglect.

Child Safeguarding

According to Foghlam Alba (2021), Child safeguarding is promoting the welfare of children, young people, and protected adults. It encompasses protection from maltreatment, preventing impairment of their health or development, ensuring that they are growing up in circumstances consistent with the provision of safe and effective care, and taking action to enable all children, young people, and protected adults to have the best outcomes. Child protection is part of this definition and refers to activities undertaken to prevent children suffering, or likely to suffer significant harm. In this study, child safeguarding refers to the policies, practices, and actions taken

to protect children from abuse, neglect, exploitation, and harm within homes, schools, communities, and institutional settings.

Child

Lansdown & Vaghri (2022), a child is every human being below the age of 18 years, unless, under the law applicable to the child, the majority is attained earlier.

Social Factors

Social factors, as applied in this study, describe the prevailing cultural norms, social values, perceptions, and collective behaviors within communities in Northern Uganda that influence the acceptance, support, or resistance towards psychosocial support services and child safeguarding practices. It includes factors like traditional views on child-rearing, cultural norms, and the level of community engagement in protecting children.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents a review of the existing literature relevant to the study. It begins with the theoretical framework, drawing on Trauma Systems Therapy and Bronfenbrenner's Ecological Systems Theory to explain how psychosocial support services relate to child protection outcomes. The chapter then reviews literature on the three components of psychosocial support services, namely counselling, family support, and peer support, before examining the different forms of child abuse, physical, emotional, and sexual abuse, that affect children in refugee settings. It further reviews literature on the social and cultural factors that shape the effectiveness of psychosocial interventions. The chapter closes with a summary that draws together empirical evidence and identifies the specific gaps in the literature that this study addresses.

2.1 Theoretical Framework

2.1.1 Trauma Systems Therapy (TST)

The Trauma Systems Therapy (TST) Theory, developed by Saxe, Ellis, and Kaplow in 2003, is a clinical and organizational model that integrates both the child's internal emotional regulation difficulties and the external environmental stressors that sustain trauma symptoms. The theory assumes that trauma is not only a psychological issue but also a systemic problem, meaning that a child's emotional dysregulation is strongly influenced by the environment they live in, such as family, community, or institutional settings. TST also assumes that effective trauma recovery requires both improving the child's capacity to regulate emotions and modifying the environment to reduce triggers and stressors. It emphasizes that trauma care must be multidisciplinary and phased, combining clinical interventions, family support, and community involvement (Ross et al., 2025).

The theory has been widely applied in studies related to psychosocial support services, especially in child welfare systems, foster care, and post-conflict environments. Research shows that TST-

based interventions improve emotional functioning, placement stability, and social integration for children affected by trauma (Brown et al., 2013; Murphy et al., 2017). It has been successfully used to guide programs for war-affected children, abused children, and those in institutional care, proving its effectiveness in addressing both emotional and environmental aspects of trauma recovery. TST is highly relevant to this study on psychosocial support services as a strategy for reducing child abuse in refugee settlements, as it highlights the dual role of counseling, family support, and community-based interventions in helping children recover from abuse while also strengthening the social systems around them. The theory explains key concepts such as emotional regulation, survival states, and environmental stabilization, which are central to psychosocial support services offered by those providing psychosocial support services in refugee settlements. By applying TST, this study gains a strong framework for analyzing how NGO interventions like counseling, family support, and peer networks work together to reduce child abuse and promote healing in refugee settlements.

However, TST is not without its challenges. It is resource-heavy, requiring well-trained multidisciplinary teams and ongoing coordination, which may be difficult for NGOs in low-income regions. Most of the supporting research is from high-income countries, so its relevance in rural or culturally different settings like Northern Uganda is less clear. Additionally, TST's clinical focus might not fully address broader structural issues like poverty or systemic violence that contribute to child abuse. Finally, assessing emotional and environmental changes through continuous monitoring tools can be difficult in under-resourced contexts. Despite these limitations, TST remains a valuable framework for understanding how psychosocial support can reduce child abuse (Chien & Lau, 2023). To overcome these challenges Bronfenbrenner's Ecological Systems Theory (1979) will be used

2.1.2 Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner's Ecological Systems Theory (1979) provides a valuable framework for examining how a child's development and protection are shaped by multiple, interconnected layers of their environment. The theory identifies key systems the microsystem (immediate settings such as family, peers, and schools), mesosystem (interactions between these immediate settings), exosystem (external environments that indirectly affect the child, such as NGOs and community

services), macrosystem (cultural norms, policies, and societal structures), and chronosystem (changes over time). This holistic perspective has been widely applied in child protection research to emphasize that safeguarding children requires interventions that engage all levels of their social ecology.

Studies such as Owens & Lloyd (2023) highlight how ecological approaches support multi-agency collaboration in child protection services, while Toros et al. (2021) applied the model to understand parenting and child development. Bird et al. (2025) used this approach to explore the design and impact of integrated health and social care services for children and young people living in underserved populations. This evidence underscores that effective psychosocial support services (PSS) in refugee settlements such as counseling, family support, and peer programs must engage not only the child but also caregivers, schools, NGOs, and community systems to create a safe and supportive environment.

While critics like Philippsen & Nagai (2020) argue that the theory pays limited attention to internal psychological processes and lacks predictive precision, its focus on environmental interactions makes it highly relevant to this study: "Psychosocial Support Services and Child Abuse Among Children in Palabek Refugee Settlement, Lamwo District, Northern Uganda." By applying this framework, the study situates PSS interventions within a broader socio-ecological context acknowledging how family, community awareness, cultural norms, and institutional policies collectively influence the effectiveness of strategies to reduce child abuse.

Taken together, TST and Bronfenbrenner's Ecological Systems Theory provide the theoretical foundation for the study's four objectives. TST informs the analysis of counseling and family support as mechanisms for emotional regulation and trauma recovery, which underpin objectives one and three, while the Ecological Systems Theory explains how peer support, community structures, and cultural norms operating at the meso-, exo-, and macro-system levels shape the relationship between psychosocial support services and child abuse, which underpins objectives two and four. Together, the two theories justify the study's conceptual framework, which links psychosocial support services to reduced child abuse through the moderating influence of social factors.

2.2 Psychosocial support services

2.2.1 Counseling

Counseling has been widely recognized as one of the most effective psychosocial interventions for children who have experienced abuse. Helmreich et al. (2017) argue that counseling helps children process traumatic experiences, build coping mechanisms, and enhance emotional well-being. Individual and group counseling sessions enable abused children to express their feelings, reduce anxiety, and develop resilience against the long-term effects of abuse. In refugee settings, counseling is particularly crucial due to the compounded trauma of displacement, loss, and exposure to violence (Berring et al., 2024). Sanchez et al. (2022) also note that culturally adapted counseling interventions improve children's engagement and outcomes, highlighting the importance of tailoring services to the local context.

However, some researchers question the practicality and long-term effectiveness of counseling interventions in low-resource settings. Edge & Lemetyinen, (2019) critiques that counseling models developed in Western countries may not fully resonate with cultural norms in African communities, where collective approaches to healing are more common. Additionally, logistical challenges such as a shortage of trained counselors and stigma around mental health hinder service delivery (Carbonell et al., 2020). Critics argue that without community involvement and systemic support, counseling alone may not significantly reduce abuse rates. This underscores the need for integrating counseling with other forms of support to achieve holistic child protection.

2.2.2 Peer Support

Peer support provides a safe environment for children to share experiences, build friendships, and develop coping skills after experiencing abuse. Butler et al. (2022) note that peer-based interventions foster social connectedness, which is crucial for recovery from trauma. Peer mentoring and support groups have been linked to reduced feelings of isolation and improved self-esteem among abused children (Hassani et al., 2023). In refugee settings, where children often lack stable family structures, peer support can play a vital role in emotional stability and resilience

(Schwartz et al., 2021). Peer-led approaches also empower children by giving them a sense of agency and belonging, which helps prevent further victimization.

Nevertheless, some scholars argue that peer support should not be relied upon as a primary intervention. Critics caution that without proper adult supervision and training, peer support groups may inadvertently reinforce negative behaviors or fail to provide adequate emotional guidance (Cooper et al., 2024). Additionally, peer support is less effective for children with severe trauma or mental health disorders who require professional counseling (Mikolajczak-Degrauwe et al., 2023). There are also concerns about peer dynamics, such as bullying or stigmatization, which can undermine the benefits of such programs. These critiques highlight that while peer support is a valuable supplement, it should be integrated with counseling and family support to create a comprehensive psychosocial support system.

2.2.3 Family Support

Family support interventions are widely regarded as essential for preventing and addressing child abuse. According to Frosch et al. (2021), strengthening parenting skills, improving caregiver-child relationships, and offering socio-economic support to families can significantly reduce the risk of abuse. Studies by Bosqui et al. (2024) demonstrate that family-based interventions reduce harsh parenting and improve child well-being, especially in low- and middle-income countries. Family support programs that combine parenting education with material assistance, such as cash transfers or livelihood support, have been shown to alleviate economic stressors that often lead to child neglect or violence (Lawson, 2015).

On the other hand, some scholars argue that family support interventions may be ineffective if implemented in isolation from broader community and policy efforts. Kumpfer et al. (2016) emphasize that family-based programs often fail when cultural beliefs normalize violent discipline. Moreover, limited follow-up and lack of systemic support reduce the sustainability of family interventions. Critics also highlight that family support programs tend to neglect the specific needs of children who have been severely abused and may require removal from unsafe households. These perspectives suggest that while family support is critical, it must be part of a multi-layered approach that addresses cultural norms, poverty, and legal enforcement.

2.3 Child abuse

Refugee children are exposed to multiple forms of abuse, including physical, emotional, and sexual violence, as well as neglect and exploitation. The prevalence of abuse is exacerbated by factors such as overcrowding, poverty, family separation, and weak protective systems. Humanitarian organizations report that nearly half of young adults in Ugandan refugee settlements experienced violence before age 18, with significant proportions suffering abuse in the past year. The consequences of abuse are profound, affecting children's emotional, physical, economic, and intellectual development.

2.3.1 Physical Abuse

Physical abuse remains one of the most reported forms of child maltreatment globally. Scholars such as Dewi & Kyranides (2022) indicate that physical abuse often includes actions such as hitting, beating, or inflicting bodily harm that can lead to long-term physical and psychological consequences. According to Mehta et al. (2023), children subjected to physical abuse are more likely to experience chronic health issues, poor academic performance, and behavioral problems later in life. In refugee contexts, physical abuse is exacerbated by poverty, stress, and lack of effective child protection systems (Logie et al., 2021). Proponents of strict legal frameworks argue that enforcement of child protection laws and positive parenting programs are key to reducing physical abuse (Wekerle, 2024).

Conversely, some researchers argue that interventions targeting physical abuse are often ineffective when they fail to address cultural norms that condone corporal punishment. Younas & Gutman (2024) highlight that in many societies, physical discipline is seen as a normal parenting practice, making it difficult to change behavior through legal measures alone. Critics emphasize that without integrating culturally sensitive education and community engagement, programs to reduce physical abuse may face resistance or fail to achieve lasting change. This debate underscores the need for multi-level approaches that combine legal enforcement, parental education, and psychosocial support.

2.3.2 Emotional Abuse

Emotional abuse, which includes behaviors such as humiliation, rejection, or verbal aggression, is increasingly recognized as equally damaging as physical abuse. Research by Radell et al. (2021) shows that emotional abuse is strongly linked to depression, anxiety, and low self-esteem in children. Dangmann et al. (2022) note that emotionally abused children in conflict-affected areas, such as refugee settlements, are more vulnerable to mental health issues due to compounded trauma. Supporters of psychosocial interventions argue that counseling, peer support, and positive parenting programs are effective in mitigating the impacts of emotional abuse (Hart et al., 2018).

However, some scholars contend that emotional abuse is more difficult to detect and address compared to physical or sexual abuse. According to (Rees, 2015), emotional abuse often occurs in private and lacks visible evidence, making it underreported and neglected in policy frameworks. Furthermore, cultural norms in some societies may normalize verbal aggression or emotional neglect, reducing the perceived urgency of intervention. Critics emphasize that while psychosocial support can help victims recover, addressing emotional abuse requires systemic changes in parenting practices, caregiver support, and societal attitudes toward child-rearing.

2.3.3 Sexual Abuse

Sexual abuse is one of the most severe forms of child maltreatment, encompassing rape, molestation, exploitation, and coercive sexual acts. Cagney et al. (2025) estimate that approximately 20% of women and 8% of men worldwide have experienced sexual abuse as children. In refugee settings, children face increased vulnerability due to displacement, lack of parental protection, and inadequate security systems (Rousou et al., 2025). Castillo et al. (2019) advocate for comprehensive interventions, including legal enforcement, community awareness, and psychosocial support, to prevent and address sexual abuse. Trauma-informed care models have been found effective in supporting survivors' recovery and reducing the risk of re-victimization (Lovell et al., 2022).

On the other hand, some critics argue that interventions often focus too heavily on legal measures and neglect prevention and rehabilitation aspects. According to Gautschi & Lätsch (2024),

programs in low-resource settings cannot often provide long-term psychological support for survivors. Additionally, cultural taboos around discussing sexual matters lead to underreporting, leaving many victims without assistance. This highlights the importance of combining psychosocial services with community-based awareness and culturally sensitive approaches to effectively reduce sexual abuse and support survivors' recovery.

2.4 Social Factors

2.4.1 Cultural Norms

Cultural norms play a significant role in shaping attitudes and behaviors related to child-rearing and discipline, and they can either perpetuate or prevent child abuse. Lefringhausen et al. (2019) argue that in many societies, physical punishment is seen as an acceptable form of discipline, making efforts to reduce child abuse more challenging. Similarly, Greene & Stiefvater (2019) highlight that cultural beliefs about gender roles often normalize practices such as early marriage, which is a form of child abuse. In refugee settlements, these norms may become even more entrenched due to poverty, displacement, and the breakdown of social structures (Spiegel & Mhlanga, 2022). Proponents of culturally sensitive interventions emphasize the need to work with community leaders and caregivers to challenge harmful practices while promoting positive parenting approaches (Braithwaite et al., 2019).

However, some scholars argue that interventions aiming to change cultural norms often face resistance when perceived as undermining traditional values. According to Perera et al. (2020), external programs that do not incorporate local cultural contexts risk alienating communities, reducing their effectiveness. Critics further note that top-down approaches, such as enforcing strict child protection laws without community engagement, may not lead to lasting behavioral change (Wessells, 2015). Additionally, in contexts where harmful practices are deeply embedded in social identity, efforts to change cultural norms must be gradual and participatory. This debate underscores the importance of combining psychosocial support services with culturally appropriate community education, fostering ownership of child protection initiatives among local stakeholders to achieve sustainable reductions in child abuse.

2.5 Summary of the literature

Emerging issues on psychosocial support services reveal that while counseling, family support, and peer support are recognized as essential interventions for children affected by abuse, their accessibility and cultural appropriateness remain limited in refugee settlements. Studies indicate that counseling can help children recover from trauma and improve emotional regulation (Berring et al., 2024), yet stigma, lack of trained personnel, and inadequate resources hinder its effectiveness in low-resource settings (Carbonell et al., 2020). Family support programs are seen as critical in reducing abuse recurrence by promoting positive parenting, but cultural norms that endorse harsh discipline limit their impact (Edge & Lemetyinen, 2019). Peer support interventions have shown promise in building resilience and reducing isolation among abused children, though they are rarely integrated systematically into NGO programs in refugee contexts.

Regarding the nature of child abuse, literature highlights that physical, emotional, and sexual abuse remain prevalent globally despite existing legal frameworks (Logie et al., 2021). Physical abuse, often normalized as discipline, is reported at high levels, while emotional abuse is underrecognized despite its long-term psychological effects (Wekerle, 2024). Sexual abuse remains widespread, especially in refugee settings where displacement heightens risks of exploitation (Younas & Gutman, 2024). However, gaps persist in evaluating how psychosocial interventions address the distinct forms of abuse and their combined effects on children's well-being.

On social factors, cultural norms strongly influence child-rearing practices and community responses to abuse. Harmful practices, such as early marriage and violent discipline, are often rooted in tradition and poverty (Braithwaite et al., 2019). While some studies advocate for culturally sensitive interventions to change these norms, others caution against imposing external values without community participation (Wessells, 2015). There is limited evidence on how economic hardships and community awareness interact with psychosocial services to reduce abuse in refugee settlements, highlighting the need for context-specific research that informs more effective policies and programs.

Overall, the reviewed literature is dominated by studies from high-income countries and from other refugee-hosting contexts such as Kenya, South Sudan, and West Africa, with comparatively few

studies examining how counseling, family support, and peer support jointly reduce child abuse within a single refugee settlement in Northern Uganda. Most available Uganda-based studies (e.g., Adaku et al., 2016; Kugonza & Mutsvara, 2022) focus broadly on mental health and psychosocial support needs rather than directly linking specific psychosocial interventions to measurable reductions in physical, emotional, and sexual abuse, and few incorporate the moderating role of social and cultural factors. This study addresses these gaps by empirically examining, in Palabek Refugee Settlement specifically, how the three components of psychosocial support services relate to the different forms of child abuse, while accounting for the influence of social factors, using a mixed-methods design that combines statistical evidence with the lived experiences of children, caregivers, and service providers.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter outlines the methodology that was adopted for the study on "Psychosocial Support Services as a Strategy for Reducing Child Abuse in the Refugee Settlement: A Study of Palabek Settlement Camp." It details the research design, study population, sampling procedures, data collection methods and instruments, data analysis and management, validity and reliability considerations, measurement of variables, as well as the limitations, delimitations, and ethical considerations of the study.

3.1 Research Design

The cross-sectional design was selected to allow the researcher to collect data from the study population at a single point in time, providing a snapshot of the existing conditions and relationships between psychosocial support services (counseling, family support, and peer support) and the reduction of child abuse (physical, emotional, and sexual abuse) within Palabek Settlement Camp. The descriptive aspect was adopted to enable the study to capture detailed information on how these services are delivered and perceived, as well as the extent and nature of child abuse in the settlement.

This method was suitable because it provides an efficient way to understand the current situation in a resource-limited setting without the need for prolonged follow-up. As noted by Sekaran (2003), cross-sectional studies are effective for examining current phenomena within a specific timeframe, making them ideal when time and resources are constrained. Furthermore, descriptive research, as emphasized by Creswell (2009), is valuable in exploring people's experiences and perceptions in depth, which is crucial for understanding how psychosocial support services influence child abuse reduction. Thomas (2011) also highlights that descriptive designs are useful in development research for identifying patterns and relationships that can inform practical interventions.

This study employed a mixed-methods research approach, integrating both quantitative and qualitative methods. This combination allowed the researcher to explore not only the measurable trends but also the deeper contextual realities surrounding psychosocial support services as a strategy for reducing child abuse in Palabek Settlement Camp (Plano Clark & Ivankova, 2018).

The quantitative component focused on collecting and analyzing numerical data to assess how psychosocial support services influence child abuse within the settlement. This involved administering structured questionnaires to a representative sample of children and caregivers. The questions were designed to capture the frequency, intensity, and reach of psychosocial services such as counseling, family support, and peer support, and to examine statistical relationships between these services and different forms of child abuse.

The qualitative component explored perceptions, experiences, and challenges that may not be evident from statistics alone. This was done through Key Informant Interviews (KIIs) with local leaders, child protection officers, and government representatives, as well as Focus Group Discussions (FGDs) with psychosocial support staff and community members in the settlement. These sessions encouraged open dialogue on the barriers, enablers, and cultural factors influencing the effectiveness of psychosocial interventions in preventing child abuse.

Using a mixed-methods approach ensures a holistic understanding of the problem. The quantitative data provided measurable evidence and identified general patterns, while the qualitative findings offered richer, context-specific insights into why these patterns exist (Plano Clark & Ivankova, 2018). This integration strengthens the study's validity, as combining statistical trends with personal narratives produces more credible, actionable recommendations for improving child protection strategies in refugee settings

3.2 Study Area

The study was conducted in Palabek Settlement Camp, located in Lamwo District in Northern Uganda. Established in 2017, the settlement was created to accommodate refugees escaping civil conflict and political instability in South Sudan. As of 2024, it hosts over 60,000 refugees, with children making up more than 55% of the total population (UNHCR, 2024). The settlement is

divided into multiple zones and villages, each with varying access to basic services such as food, healthcare, education, and psychosocial support.

The research was focused on engaging participants within selected zones of the settlement, particularly targeting households with children and key stakeholders such as NGO staff, community leaders, and child protection officers. Data was gathered from a range of participants to capture different perspectives on the availability, accessibility, and effectiveness of psychosocial support services in reducing child abuse. The choice of study locations within the settlement was to ensure representation of both densely populated and more remote areas, allowing the findings to reflect the diverse realities within the camp.

Palabek Settlement has provided a unique and relevant context for this research because it reflects the intersection of displacement, poverty, post-conflict trauma, and child protection concerns. With children forming most of the population, understanding the dynamics of child abuse and the role of psychosocial support is both urgent and essential. Conducting the study here has generated insights that are directly applicable to humanitarian programming in refugee contexts, while also contributing to academic knowledge on child protection strategies in fragile settings.

3.3 The Study Population

The target population for this study comprised of a diverse group of stakeholders who are directly or indirectly involved in psychosocial support programs for children in Palabek Refugee Settlement. This includes caregivers, children aged 10 to 17 years who benefit from psychosocial support services, local leaders, project implementation staff from NGOs, and government officials responsible for child protection programming in the settlement. By engaging both service providers and service recipients, the study ensures a balanced representation of perspectives.

Participants were purposively and randomly selected depending on their role and relevance to the study objectives. Children aged 10 to 17 are chosen because they are mature enough to articulate their experiences while still being within the vulnerable age range most affected by abuse in refugee settlements. Children and caregivers were selected through household visits and community mobilization in various zones of the settlement. Local leaders and NGO staff were

identified through organizational records and official referrals, while government officials were approached through the district and settlement-level child protection offices. This multi-level engagement facilitated the collection of both quantitative and qualitative data, enabling the study to examine psychosocial support services from operational, experiential, and policy viewpoints.

The diversity of the population ensured a comprehensive and multi-dimensional understanding of psychosocial support services and their role in reducing child abuse. This study incorporated the voices from children, caregivers, community leaders, and institutional actors, the research captures the lived realities, operational challenges, and policy-level influences affecting child protection in the refugee context. This inclusivity strengthens the study's validity and provides a richer evidence base for developing context-specific interventions to enhance children's well-being in Northern Uganda's refugee settlements.

3.4.0 Sample size determination and sampling procedure

3.4.1 Sample size determination

The sample size (n) of the study was determined using the Cochran formula in equation one (Cochran, 1977)

The use of Cochran's formula was preferable because it ensures that the selected sample is statistically representative of the larger refugee settlement population, thereby enhancing the reliability and validity of the findings. By factoring in a margin of error and confidence level, the method allows for robust estimates while maintaining feasibility in terms of time and resources. Including an attrition adjustment also safeguards the study's integrity by ensuring that the final sample remains adequate even if some participants withdraw.

$$n = \frac{Z^2 p(1-p)}{e^2} \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots Equation\ One$$

Where n = required sample size, Z is the confidence level of 95% (Standard value of 1.96), P = estimated percentage of households in refugee settlement, e = Margin of error (standard value 0.05)

Using the formula,

$$n = \frac{1.96^2 * 0.18(1 - 0.18)}{0.05^2} = 230\ respondents$$

To compensate for attrition, an additional 5% of the respondents were required. Therefore, a total of 240 respondents shall be selected for the study.

The caregivers and children who benefited from psychosocial support services and other key stakeholders were the study's intended population in the refugee settlement particularly Palabek Settlement Camp. The data was taken from the children who have been affected by child abuse, caregivers/parents, the community child protection committee members, and NGOs representatives.

3.4.2 Sampling Procedure

3.4.2 Sampling Procedure

A multi-stage sampling technique was employed, combining purposive, stratified, simple random, and snowball sampling at different stages, as recommended for studies involving hard-to-reach and vulnerable populations (Kothari, 2004; Etikan et al., 2016). Purposive sampling was used to select Palabek Settlement Camp due to its high concentration of refugee children and active psychosocial support programs. Stratified sampling was then used to divide the camp into zones or blocks to ensure representativeness across different sections, since stratification improves precision when a population is heterogeneous (Creswell & Plano Clark, 2018). Simple random sampling was applied within each stratum to select households with children, caregivers, and relevant stakeholders, giving each household an equal chance of selection and reducing selection bias (Kothari, 2004). Where applicable, snowball sampling was used for hard-to-reach participants, such as survivors of abuse and specialized support workers, consistent with its recommended use for populations that are difficult to identify through conventional sampling frames (Goodman, 1961; Etikan et al., 2016).

3.5 Data collection methods

This study utilized a mixed-methods data collection strategy, combining both quantitative and qualitative approaches to provide a well-rounded understanding of how psychosocial support services contribute to reducing child abuse in Palabek Settlement Camp.

Data was collected from a representative sample of refugees, NGO staff, and community leaders within Palabek Settlement. The study used structured questionnaires, key informant interviews, and focus group discussions to gather both quantitative and qualitative information. The cross-sectional element ensures that all information was collected during the defined research period, while the descriptive approach helped in summarizing and interpreting the experiences, views, and observed trends related to psychosocial support and child protection.

For the quantitative component, structured questionnaires were used to collect measurable data from children aged 10-17, their caregivers, and community members. These questionnaires captured numerical information on access to psychosocial services, the frequency of service use, and perceived outcomes in reducing abuse. The questionnaires were administered face-to-face by trained research assistants to ensure clarity, accuracy, and inclusion of respondents who may have limited literacy skills.

For the qualitative component, several complementary tools were applied. Key Informant Interviews (KIIs) were conducted with community leaders, NGO representatives, and government child protection officers to gather expert perspectives on service delivery and policy implications. Focus Group Discussions (FGDs) were held with caregivers, child protection committee members, and psychosocial support staff to encourage interactive dialogue and shared reflections. In addition, in-depth interviews were carried out with selected child beneficiaries to capture personal narratives, lived experiences, and contextual challenges that may not surface in group settings.

This combined approach was preferred because it allows for triangulation of data, ensuring that the findings are both valid and reliable. Quantitative data was to provide patterns and measurable trends, while qualitative insights were to uncover the underlying reasons, motivations, and barriers

influencing child safeguarding in the settlement. Together, these methods offered a comprehensive picture of the issue from multiple angles, making the conclusions more robust and actionable.

3.6 Data Collection Instruments

The study utilized several data collection instruments tailored to capture both quantitative and qualitative data effectively. Structured questionnaires were used to collect quantitative information from children, caregivers, and community members, focusing on their experiences with psychosocial support services and perceptions of child safeguarding. For qualitative data, interview guides were developed for conducting key informant interviews with community leaders, as well as for focus group discussions with caregivers and child protection committee members. These instruments were pre-tested to ensure clarity, reliability, and contextual relevance to the target population.

3.6.1 Questionnaire

The study employed a structured questionnaire as the primary instrument for collecting quantitative data. This tool consists mainly of closed-ended questions to ensure uniformity in responses and to facilitate straightforward coding and statistical analysis. The questionnaire was carefully designed to cover the core dimensions of psychosocial support services specifically counseling, family support, and peer support and their relationship to reduce child abuse.

Implementation involved administering 220 questionnaires to both caregivers and children aged 10-17 years, following ethical approval and informed consent from parents or caregivers. The data collection was conducted through face-to-face interviews by trained research assistants to ensure clarity and inclusiveness, particularly for respondents with varying literacy levels. Questions were tailored to capture respondents' experiences, access to services, and perceptions of their effectiveness in improving child safety and well-being.

The questionnaire method was preferred because it allows the researcher to collect standardized, comparable, and statistically analyzable data from a relatively large sample within a short timeframe. This approach not only facilitates the identification of measurable trends and correlations between psychosocial interventions and child abuse but also enhances the credibility

of the findings by ensuring that each respondent answers the same set of questions in a consistent manner (Creswell, 2014).

3.6.2 Interview guide

This study utilized an interview guide as a qualitative data collection instrument to conduct key informant interviews with 20 strategically selected individuals. These included community leaders, government officials, and NGO representatives directly involved in designing and implementing psychosocial support programs aimed at reducing child abuse in Palabek Settlement Camp. The interview guide was structured with open-ended questions to encourage respondents to share their experiences, perspectives, and professional insights in detail.

The tool was implemented through in-person interviews, allowing for flexibility in questioning and enabling the researcher to probe deeper based on the responses provided. This adaptability made it possible to explore critical themes such as institutional practices, program objectives, challenges faced in implementation, and the perceived effectiveness of psychosocial interventions in addressing child abuse.

The use of an interview guide was preferred because it allows the collection of rich, nuanced, and context-specific data that cannot be fully captured through structured questionnaires. It facilitates a deeper understanding of the strategic, operational, and policy-level factors that shape psychosocial support services, while also capturing the human and institutional dimensions of the issue. Such in-depth insights are essential for drawing conclusions that are both evidence-based and grounded in the lived realities of those implementing child protection measures in the settlement (Mumtaz et al., 2014).

3.6.3 Focus Group Discussion

This study also employed Focus Group Discussions (FGDs) as a participatory qualitative method to capture collective perspectives on child abuse and the role of psychosocial support services in Palabek Settlement Camp. A total of three FGDs were conducted, each bringing together 8–10 participants. The groups were stratified to include: (i) caregivers of children aged 10–17 years, (ii) members of community child protection committees, and (iii) local stakeholders such as cultural

leaders, teachers, and faith-based representatives. This stratification ensured that different community perspectives were represented while avoiding dominance of discussions by any single group.

The FGDs were guided by a structured discussion guide featuring thematic prompts and open-ended questions. These encouraged participants to share their lived experiences, perceptions of child abuse, community challenges, and practical suggestions for enhancing psychosocial support services. The sessions were facilitated in safe and neutral community meeting spaces within the settlement to ensure comfort, confidentiality, and accessibility for participants. Logistically, these venues are central to each selected group, minimizing travel constraints for participants and allowing for cost-effective coordination.

The use of FGDs was preferred because it captures socially constructed meanings, shared values, and cultural norms that influence child protection. It also facilitated group interaction, enabling participants to reflect, build on each other's responses, and collectively identify community-level strengths and gaps in tackling child abuse. The rich, contextual insights obtained through FGDs was to complement the quantitative data from questionnaires and the in-depth perspectives from key informant interviews, resulting in a more holistic understanding of the issue (Basnet, 2018).

3.7 Data analysis and management

Data analysis and management for this study followed a mixed-methods approach, aligning with the quantitative and qualitative nature of the data collected. Quantitative data from questionnaires were coded, entered, and analyzed using statistical software such as SPSS to generate descriptive statistics (e.g., frequencies, percentages, and means) and inferential statistics (e.g., correlation and regression analysis) to examine the relationships between psychosocial support services and child abuse. Qualitative data from key informant interviews and focus group discussions were transcribed, categorized into themes, and analyzed using thematic content analysis with the aid of NVivo. Data management involved secure storage of both hard and electronic copies, with strict confidentiality measures to protect the identities of participants. Triangulation of data from various sources was used to enhance the validity and reliability of the study findings.

3.7.1 Data Validity

To ensure the accuracy and truthfulness of findings, data validity in this study was addressed through careful development and alignment of research tools with the study objectives and conceptual framework. The questionnaire, interview, and FGD guides were developed based on existing literature and tested during a pilot phase to check for clarity, appropriateness, and cultural relevance. Expert reviews from professionals in child protection and psychosocial support were sought to validate the content of the tools. Triangulation was used to cross-verify information from multiple sources such as children, caregivers, program staff, and community members, thereby enhancing construct and internal validity. Validity checks ensured that the study truly measures the influence of psychosocial support services on child abuse.

3.7.2 Data Reliability

Reliability was ensured using standardized procedures and instruments during data collection to guarantee consistency and repeatability. All research assistants involved in the data collection underwent rigorous training to understand the tools and ethical considerations, ensuring uniform administration of the instruments. The pilot test was conducted before the actual data collection to identify and eliminate ambiguous or misleading questions. Additionally, internal consistency of the quantitative instruments was statistically tested using reliability coefficients such as Cronbach's alpha, with acceptable values above 0.70 indicating high reliability. This process was to ensure that the responses gathered are stable and dependable across different respondents and settings.

Table 1: Reliability (Cronbach's Alpha) Results

Construct	Number of Items	N	Cronbach's Alpha (α)
Counselling Services	8	220	0.81
Family Support Programs	8	220	0.84
Peer Support Services	8	220	0.79
Child Abuse (overall scale)	24	220	0.88

Source: Primary source, 2026

3.7.3 Measurement of Variables

The study also involved systematic measurement of key variables to allow meaningful analysis. The independent variables (psychosocial support services) were measured through indicators like access to counseling and trauma care, family support, and peer support. The dependent variable (child abuse) was measured by levels of child protection observed or reported, such as a reduction in abuse cases, neglect, or exploitation. Moderating variables such as institutional coordination, community attitudes, and policy frameworks were captured through qualitative assessments and perception-based Likert scale items in the questionnaire. Each variable was operationalized clearly, and where applicable, numerical codes were assigned for statistical analysis, ensuring robust measurement and interpretation of relationships within the study.

3.8 Limitations and Delimitations of the Study

This study faced several limitations, including potential response bias from participants, especially children and caregivers who withhold sensitive information due to fear or mistrust. Additionally, the cross-sectional design may restrict the ability to establish causal relationships between psychosocial support services and child abuse. The study also deliberately focuses on psychosocial support as a key intervention, excluding other forms of child protection services such as legal aid or livelihood programs. These boundaries are intended to ensure a manageable scope and in-depth analysis within the time and resource constraints of the research.

3.9 The ethical consideration

This study adhered to strict ethical standards to protect the rights and well-being of all participants, especially children, who are a vulnerable population. Before data collection, ethical clearance was obtained from the Gulu University, Faculty of Business and Development Studies. Informed consent was obtained from all adult participants, while assent and guardian consent was secured for child participants. Participants were informed of their right to withdraw at any time without any consequences. Confidentiality and anonymity were maintained by using coded identifiers instead of names and securely storing data. This study also ensured that no psychological harm comes to participants by providing referrals to counseling services in case sensitive issues trigger

distress during interviews or discussions. These measures were essential to uphold integrity and human dignity throughout the research process.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

4.0 Introduction

This chapter presents the results of the study based on the four key objectives. It begins by examining the nature of psychosocial support services offered by NGOs in the refugee settlement, followed by an analysis of the different forms and prevalence of child abuse within the community. The chapter further explores how psychosocial support services influence child abuse and concludes by assessing the role of social and cultural factors in shaping this relationship. The findings are presented using both quantitative and qualitative data to provide a comprehensive understanding of the study objectives.

4.1 Sociodemographic characteristics of the respondents

The socio-demographic results in Table 2 reveal a diverse composition of respondents. In terms of age, the majority were young adults, making up 50.9%, while 39.5% were adults. Children accounted for only 1.8%, and the elderly represented 7.7%, showing that the study largely captured views from individuals in their most active years of social and economic life. Gender distribution highlighted a stronger female representation, with 64.5% compared to 35.5% males. Education levels showed wide variation. A total of 30.0% of the respondents had completed primary education, while 21.8% had gone as far as secondary school. Vocational training was reported by 19.5%, while 13.6% had attained tertiary or university education. However, 15.0% indicated they had no formal schooling at all. Regarding occupation in Table 1, the majority identified as parents or caregivers 60.0%. Students followed at 21.8%, while teachers made up 13.2%, and community leaders accounted for just 5.0%. Marital status revealed that nearly half were married 45.5%, while 26.4% were single. Another 12.7% were divorced, and 15.5% reported being separated. These results highlight varied family structures within the community. In terms of exposure to psychosocial support services, most respondents 75.5% had experience of psychosocial support services between 0–4 years, while 24.1% reported 5–9 years of engagement.

Table 2: Sociodemographic characteristics of the respondents

Categorical variables		Frequency (N)	Percentage (%)
Age category	Child	4	1.8
	Young Adult	112	50.9
	Adult	87	39.5
	Elderly	17	7.7
Sex	Male	78	35.5
	Female	142	64.5
Education level	No formal Education	33	15.0
	Primary	66	30.0
	Secondary	48	21.8
	Vocational	43	19.5
	Tertiary/University	30	13.6
Occupation	Student	48	21.8
	Parent/Caregiver	132	60.0
	Teacher	29	13.2
	Community leader	11	5.0
Marital Status	Single	58	26.4
	Married	100	45.5
	Divorced	28	12.7
	Separated	34	15.5
PSS services Duration	0-4 years	166	75.5
	5-9 years	53	24.1
	10-14 years	1	0.5
Number of children	0-4	73	33.2
	5-9	131	59.5
	10-14	15	6.8
	15-18	1	0.5
Category of respondents	No	69	31.4
	Beneficiary	123	55.9
	Service provider	28	12.7
Religious affiliation	Catholic	131	59.5
	Protestant	59	26.8
	Muslim	10	4.5
	Pentecostal	20	9.1

Source: Primary source, 2026

Only 1 respondent had participated for more than 10 years. Household size was also notable, most respondents 59.5%, reported having children between 5-9, while 33.2% had 0-4 children. Larger families were rare, with 6.8% reporting 10-14 children and just only one respondent having more than 14 children. Regarding respondents' roles in relation to psychosocial support services, most were beneficiaries 55.9%, followed by non-beneficiaries 31.4% and service providers 12.7%. Religious affiliation also reflected the broader cultural landscape. The majority were Catholics 59.5%, while Protestants accounted for 26.8%. Pentecostals represented 9.1%, and Muslims 4.5%, highlighting Christianity as the dominant faith in the community.

4.2 Psychosocial Support Services Offered by NGOs in the Refugee Settlement in Northern Uganda.

4.2.1 Counseling Services

Table 3: Nature of counselling services offered in the refugee settlement

F	Statement	SD (%)	D (%)	N (%)	A (%)	SA (%)
Counseling	It is easy to get help from counselors provided by NGOs in this area.	10(4.5)	34(15.5)	32(14.5)	69(31.4)	75(34.1)
	What I share with the counselor stays private and is safe.	11(5.0)	11(5.0)	25(11.4)	90(40.9)	83(37.7)
	The counselors are kind and easy to talk to.	5(2.3)	7(3.2)	34(15.5)	93(42.3)	81(36.8)
	I get counseling as often as I need it.	23(10.5)	16(7.3)	38(17.3)	91(41.4)	52(23.6)
	The counselor checks on me after the first session to see how I am doing.	33(15.0)	25(11.4)	41(18.6)	63(28.6)	58(26.4)
	Counseling is available in the languages we speak here.	3(1.4)	6(2.7)	31(14.1)	62(28.2)	118(53.6)
	Special counseling is available for people who have been hurt by sexual violence.	3(1.4)	9(4.1)	43(19.5)	72(32.7)	93(42.3)
	Overall Counselling	0(0.0)	18(8.2)	31(14.1)	78(35.5)	93(42.3)

SA=Strongly Agree, A=Agree, NS=Not sure, D=Disagree and SD=Strongly Disagree, F= Indicators of Psychosocial support services, %= Percentage

Source: Primary source, 2026

The results in Table 3 indicate that most respondents reported that counseling is generally accessible. 65.5% felt it was easy to get help from counselors, though 20% found it difficult. Confidentiality was widely appreciated, with nearly 79% trusting that what they shared with counselors remained private. In terms of interpersonal relations, respondents overwhelmingly described counselors as kind and approachable, with 79% agreeing or strongly agreeing. The frequency of counseling shows 65% of the respondents agreed to receive counseling often, and only 18% disagreed. Follow-up after the first session emerged as a weaker area, with just over half (55%) saying counselors checked on them, while almost a quarter felt this did not happen. On a positive note, counseling was widely available in local languages, with 82% affirming this, and 75% noted that special counseling was offered for survivors of sexual violence. Overall, counseling services scored 77.8%, suggesting that while most aspects are effective, follow-up support could be improved.

Qualitatively, through interviews with teachers, NGO staff, child protection officers, and caregivers, they consistently emphasized that counseling services were a lifeline for children recovering from trauma and abuse. One teacher was quoted as saying that before counseling, *"some children could not even concentrate in class, but after receiving support, they slowly regained confidence, started participating, and even smiled again"*. Caregivers in FGDs echoed this, saying safe spaces and counselors helped children "*open up*" and release their fears. However, participants noted that follow-up was often weak because counselors were "*too few for the many cases*," leaving some children without sustained support. Cultural leaders and committee members also highlighted that although confidentiality is respected, stigma still prevents some families from seeking help, especially in cases of sexual abuse.

4.2.2 Family Support Programs

Table 4: Nature of Family Support programs offered in the refugee settlement

F	Statement	SD (%)	D (%)	N (%)	A (%)	SA (%)
Family Support	Family support programs help us become better parents.	1(0.5)	6(2.7)	21(9.5)	75(34.1)	117(53.2)
	Programs that give money or help are also meant to support family life.	10(4.5)	10(4.5)	29(13.2)	83(37.7)	88(40.0)
	Caregivers are taught how to see if a child is hurt inside (trauma).	9(4.1)	6(2.7)	32(14.5)	104(47.3)	69(31.4)
	Parenting programs teach us to discipline children without beating them.	10(4.5)	6(2.7)	28(12.7)	98(44.5)	78(35.5)
	People come to visit our homes to understand how we are doing.	23(10.5)	38(17.3)	42(19.1)	81(36.8)	36(16.4)
	Family support programs respect our culture and traditions.	9(4.1)	14(6.4)	35(15.9)	95(43.2)	67(30.5)
	Overall Family support	0(0.0)	8(3.6)	29(13.2)	113(51.4)	70(31.8)

SA=Strongly Agree, A=Agree, NS=Not sure, D=Disagree and SD=Strongly Disagree, F= *Indicators of Psychosocial support services, %= Percentage*

Source: Primary source, 2026

The results in Table 4 reveal that an overwhelming majority, 87% said these programs help them become better parents. Similarly, 77.7% agreed that financial or material assistance contributes positively to family life. Training for caregivers was also noted as valuable, with 79% acknowledging they had been taught how to recognize signs of trauma in children. Positive parenting approaches were widely emphasized; 80% said they had learned how to discipline children without resorting to physical punishment. However, fewer respondents reported regular home visits from program staff, with just over half 53% saying such visits were carried out and

nearly 28% disagreeing. In terms of cultural sensitivity, most respondents 74% felt that family support programs respected their traditions and ways of life. Overall, the family support component scored positively at 83.2%, though home visits appeared less consistent compared to other services.

When discussing family support programs qualitatively, caregivers highlighted how training changed their parenting practices. A mother was quoted confessing that *"We were used to beating children, but now we have learned other ways, like talking and guiding."* Many agreed in FGDs that material and financial assistance eased household stress, reducing neglect and preventing abuse linked to poverty. For instance, key informant was quoted as saying that *"empowering parents not only protected children but also strengthened family bonds"*. Yet, concerns were raised that home visits were inconsistent, as program staff could not reach every family regularly. Cultural and religious leaders in FGDs stressed that families must be directly involved in the healing process, and a caregiver was quoted as saying that *"You cannot heal the child and leave the parent behind. Families must walk with the child."*

4.2.3 Peer Support Services

Table 5: Nature of Peer Support Services offered in the Refugee Settlement

F	Statement	SD (%)	D (%)	N (%)	A (%)	SA (%)
Peer Support	There are safe places where children can play and talk with other children under guidance.	24(10.9)	7(3.2)	23(10.5)	100(45.5)	66(30.0)
	Children are grouped by age or gender when needed during peer activities.	10(4.5)	16(7.3)	28(12.7)	108(49.1)	58(26.4)
	Children feel accepted and supported by their friends in the group.	4(1.8)	8(3.6)	32(14.5)	115(52.3)	61(27.7)
	The people leading children's groups are well-trained.	6(2.7)	10(4.5)	41(18.6)	95(43.2)	68(30.9)
	Children's support groups continue even after the main program ends.	15(6.8)	22(10.0)	58(26.4)	76(34.5)	49(22.3)
	Overall Peer Support	1(0.5)	15(6.8)	49(22.3)	108(49.1)	47(21.4)

SA=Strongly Agree, A=Agree, NS=Not sure, D=Disagree and SD=Strongly Disagree, F= Indicators of Psychosocial support services, %= Percentage

Source: Primary source, 2026

In Table 5, safe spaces for children to play and interact were widely recognized, with 76% of respondents affirming their availability. Similarly, 76% agreed that children were grouped by age or gender when appropriate.

The strongest feedback was on children feeling accepted and supported by their peers; 80% of respondents endorsed this. In addition, nearly three-quarters agreed that the people leading children's groups were well trained. However, the sustainability of peer support programs appeared weaker. Only 57% confirmed that children's support groups continued after the main program ended, while 17% disagreed. Overall, peer support services scored 70.5%, though continuity after program closure remains an area of concern.

The role of peer support emerged strongly in qualitative findings. Several caregivers and parents in the FGDs noticed that children who joined peer groups were more cheerful and less aggressive than those left at home. One father was proudly quoted sharing that *"his once-withdrawn son had become sociable and even more helpful at home after engaging in a safe space with peers"*. On the other hand, one of the community leaders in the key informant interview was quoted saying that *"peer groups provided children with a place to belong and helped them recover from emotional wounds"*. However, the biggest concern was sustainability. As one NGO officer was quoted as lamenting, *"When projects end, the groups collapse. The children lose that support network."*

4.2.4 Overall Psychosocial Support Services

Table 6: The overall nature of psychosocial support services offered in the settlement

Statement	SD (%)	D (%)	N (%)	A (%)	SA (%)
Overall Counselling	0(0.0)	18(8.2)	31(14.1)	78(35.5)	93(42.3)
Overall Family support	0(0.0)	8(3.6)	29(13.2)	113(51.4)	70(31.8)
Overall Peer Support	1(0.5)	15(6.8)	49(22.3)	108(49.1)	47(21.4)
Overall Psychosocial support services	0(0.0)	6(2.7)	41(18.6)	83(37.7)	90(40.9)

SA=Strongly Agree, A=Agree, NS=Not sure, D=Disagree and SD=Strongly Disagree, %= Percentage

Source: Primary source, 2026

When asked to reflect on psychosocial support, most respondents 79% expressed satisfaction, agreeing that these services were helpful. The overall rating was strong, pointing to the effectiveness of psychosocial interventions in meeting community needs in the refugee settlement.

On the question of overall psychosocial support in Table 5, nearly all participants agreed that these interventions had reduced cases of child abuse in the settlement. A child protection officer summed it up best by saying, *"Psychosocial support has reduced abuse cases because children and parents are no longer suffering in silence. They have someone to listen and guide them."* However, participants also noted that certain groups of children remained underserved, particularly unaccompanied minors, adolescent girls, and children with disabilities, who faced more barriers in accessing services.

4.3 The nature of child abuse in the refugee settlement in northern Uganda

4.3.1 Cause of child abuse

Table 7: Cause of child abuse

Causes of Child Abuse		Frequency (N)	Percentage (%)
Armed conflicts	Yes	1	0.5
	No	219	99.5
Child Neglect	Yes	76	33.4
	No	144	65.5
Poverty	Yes	68	30.9
	No	152	69.1
Loss of parents	Yes	23	10.5
	No	197	89.5
Gender based violence	Yes	36	16.4
	No	184	83.6
Early marriages	Yes	24	10.9
	No	196	89.1

Source: Primary source, 2026

The results in Table 7 reveal that the most prominent perceived causes of child abuse are child neglect (33.4%) and poverty (30.9%), while armed conflict, parental loss, gender-based violence, and early marriage were cited by smaller proportions of respondents. This highlights the strong connection between socio-economic challenges and the risk of child abuse.

4.3.2 Forms of child abuse

Table 8: Forms of child abuse

Form of child abuse	Frequency (N)	Percentage (%)
Physical	37	16.8
Emotional	39	17.7
Sexual	28	12.7
Neglect	116	52.7

Source: Primary source, 2026

The overall findings in Table 8, pointed out neglect 52.7% as the most dominant form of child abuse in the Palabek refugee settlement, followed by emotional abuse 17.7%, physical abuse 16.8%, and sexual abuse 12.7%.

4.3.3 The nature of child Abuse in Palabek refugee settlement

4.3.3.1: Physical Abuse

Table 9 Nature of physical abuse in the refugee settlement

F	Statement	SD (%)	D (%)	N (%)	A (%)	SA (%)
Physical Abuse	Children in this area are often beaten, kicked, or hurt as punishment.	27(12.3)	33(15.0)	38(17.3)	79(35.9)	43(19.5)
	Some caregivers hit children to correct their behavior.	12(5.5)	23(10.5)	22(10.0)	100(45.5)	63(28.6)
	Some children have marks like bruises or cuts from being hurt.	18(8.2)	40(18.2)	43(19.5)	74(33.9)	45(20.5)
	Children are sometimes beaten by armed people or other community members.	49(22.3)	24(10.9)	54(24.5)	47(21.4)	46(20.9)
	Cases of physical abuse are reported to the local authorities.	6(2.7)	9(4.1)	24(10/9)	81(36.8)	100(45.5)
	Overall Physical Abuse	1(0.5)	37(16.8)	47(21.4)	95(43.2)	40(18.2)

SA=Strongly Agree, A=Agree, NS=Not sure, D=Disagree and SD=Strongly Disagree, F= *Indicators of Psychosocial support services, %= Percentage*

Source: Primary source, 2026

The study findings in Table 9 revealed that physical abuse remains common in the community. Over half of respondents, 55.4% reported that children are often beaten or kicked by their caregivers, while 54.4% noted that some children have sustained visible injuries such as bruises or cuts. Furthermore, 55.4% agreed that corporal punishment is frequently used as a disciplinary measure. Although 42.3% indicated that children are sometimes harmed by community members and armed individuals, these findings were less strongly agreed upon. Positively, 82.3% confirmed that cases of physical abuse are now being reported to local authorities, reflecting improved

accountability mechanisms. Overall, the results suggest that while physical abuse is widespread, there are encouraging signs that communities are beginning to take reporting seriously.

Qualitatively, physical abuse was described as deeply rooted in cultural beliefs about discipline. Many caregivers in FGDs admitted that beating children was once seen as a "normal" way to raise them. However, with ongoing awareness campaigns, some parents are beginning to recognize the harm. A mother in one discussion reflected, *"We used to think the stick made a child obedient, but now we see it leaves scars in their hearts and bodies."* In a key informant interview with a classroom teacher, he supported this view, explaining that they often see children arrive at school with visible injuries or a fearful attitude, clear signs of physical punishment at home. He quoted emphasizing that *"stress from poverty and conflict often fuels harsh discipline"*, but they also noted a positive trend, more cases are now reported to local authorities than before.

4.3.3.2 Emotional Abuse

Table 10: Nature of emotional abuse in the refugee settlement

F	Statement	SD (%)	D (%)	N (%)	A (%)	SA (%)
Emotional Abuse	Children are often shouted at, threatened, or insulted.	18(8.2)	24(10.9)	36(16.4)	79(35.9)	63(28.6)
	Some caregivers do not give emotional care to children because they are stressed or hurt themselves.	11(5.0)	29(13.2)	46(20.9)	67(30.5)	67(30.5)
	Some children are scared, quiet, or feel bad about themselves because of emotional abuse.	10(4.5)	13(5.9)	36(16.4)	85(38.6)	76(34.5)
	Emotional abuse is not taken seriously because it does not leave marks on the body.	31(14.1)	24(10.9)	30(13.6)	82(37.3)	53(24.1)
	Children who are kept away from family or friends feel lonely and sad.	6(2.7)	3(1.4)	8(3.6)	72(32.7)	131(59.5)
	Overall Emotional Abuse	2(0.9)	10(4.5)	51(23.2)	104(47.3)	53(24.1)

SA=Strongly Agree, A=Agree, NS=Not sure, D=Disagree and SD=Strongly Disagree, F= Indicators of Psychosocial support services, %= Percentage

Source: Primary source, 2026

The results in Table 10 indicate that emotional abuse emerged as one of the most pressing challenges for children. A large proportion of respondents, 64.5% stated that children are frequently shouted at or insulted, while 61.0% reported that threats are often used by caregivers. In addition, 61.4% indicated that emotional neglect occurs when caregivers fail to provide love

and support. The consequences of this were strongly noted, about 73.1% observed that emotionally abused children become fearful, withdrawn, or lose confidence in themselves. Similarly, 92.2% reported that children who are socially isolated suffer from sadness and loneliness. Overall, emotional abuse recorded a higher percentage (71.4%) compared to other forms, showing that although less visible, it is highly prevalent and harmful.

When it came to emotional abuse, participants across qualitative findings agreed that it is one of the most damaging yet invisible forms of harm. Caregivers in FGDs acknowledged that shouting at or insulting children happens frequently, often out of frustration. One father confessed, *"When I am angry, I tell my children that they are useless. Later, I see them avoid me."* A church leader in a key informant interview highlighted that children who lack parental love and encouragement tend to withdraw, perform poorly in school, or lose confidence. He quoted describing emotional neglect as *"the wound you cannot see,"* stressing that its effects are long-lasting. Several noted that children who are emotionally hurt often turn to peers for comfort, underscoring the importance of peer support networks in the settlement.

4.3.3.3 Sexual Abuse

Table 11: Nature of sexual abuse in the refugee settlement

F	Statement	SD (%)	D (%)	N (%)	A (%)	SA (%)
Sexual Abuse	Girls in this area are at high risk of being raped or sexually attacked.	38(17.3)	33(15.0)	45(20.5)	54(24.5)	50(22.7)
	Boys are also sometimes sexually abused, but people talk about it less.	48(20.9)	23(10.5)	57(25.9)	52(23.6)	42(19.1)
	Forcing children into early marriage puts them at risk of sexual abuse.	1(0.5)	10(4.5)	23(10.5)	70(31.8)	116(52.7)
	Some children are forced to do sexual things to get food or a place to stay.	37(16.8)	25(11.4)	56(25.5)	61(27.7)	41(18.6)
	Fear and shame stop many children from speaking out about sexual abuse.	14(6.4)	12(5.5)	20(9.1)	102(46.4)	72(32.7)
	Overall Sexual Abuse	8(3.6)	34(15.5)	52(23.6)	90(40.9)	36(16.4)

SA=Strongly Agree, A=Agree, NS=Not sure, D=Disagree and SD=Strongly Disagree, F= *Indicators of Psychosocial support services, %= Percentage*

Source: Primary source, 2026

The results in Table 11 show that sexual abuse was equally identified as a concern with 57.3% of the respondents. 47.2% of the respondents acknowledged that girls are at high risk of sexual assault. 42.7% of the respondents agreed that boys equally face sexual abuse, though such cases

are rarely discussed. The strongest finding was related to early marriage, which 84.5% of respondents considered a major form of sexual abuse. Additionally, 46.3% reported that some children are forced into sexual activities in exchange for food or shelter. However, under-reporting remains a challenge. 79.1% of respondents said children are not willing to disclose cases of sexual abuse due to fear, shame, or stigma.

Qualitatively, sexual abuse was spoken about with a heavy sense of shame and fear. During FGDs, community members openly acknowledged that girls are especially at risk of sexual exploitation, including early marriage, which some families resort to as a coping mechanism for poverty. One mother was quoted as saying, *"Parents say, let her marry, at least there will be food in that home."* Key informants also raised concerns that boys face sexual abuse, though these cases are rarely reported due to stigma. The key informants were quoted as highlighting that *"children are forced into sexual activity in exchange for food or shelter".* Across groups, there was agreement that under-reporting is a major barrier; children often remain silent out of fear of blame, shame, or rejection.

4.3.3.4 Overall Child Abuse

Table 12: The overall nature of Child Abuse in the Refugee Settlement

Statement	SD (%)	D (%)	N (%)	A (%)	SA (%)
Overall Physical Abuse	1(0.5)	37(16.8)	47(21.4)	95(43.2)	40(18.2)
Overall Emotional Abuse	2(0.9)	10(4.5)	51(23.2)	104(47.3)	53(24.1)
Overall Sexual Abuse	8(3.6)	34(15.5)	52(23.6)	90(40.9)	36(16.4)
Overall Child Abuse	2(0.9)	13(5.9)	73(33,2)	67(30.5)	65(29.5)

SA=Strongly Agree, A=Agree, NS=Not sure, D=Disagree and SD=Strongly Disagree, %= Percentage

Source: Primary source, 2026

When the three categories are considered together, the results in Table 12 confirm that child abuse is a significant problem in Palabek refugee settlement. A majority of 60.0% of respondents agreed that physical, emotional, and sexual abuse are present in different forms. Emotional abuse recorded the highest prevalence, followed by physical abuse, while sexual abuse, though acknowledged, remains under-reported due to stigma.

4.4 Contribution of Psychosocial Support Services in Reducing Child Abuse in the Refugee Settlement.

4.4.1 Correlation Analysis to establish the relationship between Psychosocial Support Services and Child Abuse

Table 13: Correlation Analysis between Psychosocial Support Services and Child Abuse

		Child Abuse	Counselling	Family Support	Peer Support
Child Abuse	**r**	1			
	p				
Counselling	**r**	.252**	1		
	p	0.000			
Family Support	**r**	0..294**	0.582**	1	
	p	0.000	0.000		
Peer Support	**r**	0..015	0.440**	0..526**	1
	p	0..825	0.000	0.000	

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).
r - Pearson correlation, p – significance

Source: Primary source, 2026

To better understand how different forms of psychosocial support relate to child abuse, a Pearson correlation analysis was carried out as shown in Table 13.

The analysis revealed that child abuse is significantly and positively associated with both counselling ($r = .252$, $p < 0.001$) and family support ($r = .294$, $p < 0.001$). In other words, in the refugee settlement, where cases of child abuse are more common, there is also a higher likelihood of children being linked to counselling and family support services. This highlights the importance of these two interventions in responding to abuse.

Upon closer examination, family support demonstrated a powerful connection with both counseling ($r = 0.582$, $p < 0.001$) and peer support ($r = 0.526$, $p < 0.001$). This finding suggests that family-centered programs often serve as a bridge, connecting children to professional counselling services as well as to peer-based support groups.

On the other hand, the relationship between child abuse and peer support was found to be very weak and not statistically significant ($r = .015$, $p < 0.825$). This suggests that while peer support may be useful for children's social well-being, it does not directly address abuse cases unless it is reinforced through family and counselling interventions.

4.4.2 Regression Analysis to determine the relationship between Psychosocial Support Services and Child Abuse

Table 14: Model summary and ANOVA estimate for individual form of child abuse.

Model	R	R^2	Adj R^2	SE
Physical Abuse	0.253	0.064	0.051	0.70402
Emotional Abuse	0.326	0.106	0.094	0.68319
Sexual Abuse	0.289	0.083	0.071	0.78046

		ANOVA				
Model		**Sum of squares**	**df**	**Mean squares**	**F**	**P-value.**
Physical Abuse	Regression	7.319	3	2.440	4.922	0.000
	Residuals	107.058	216	0.496		
	Total	114.377	219			
Emotional Abuse	Regression	12.012	3	4.004	8.578	0.000
	Residuals	100.817	216	0.467		
	Total	112.829	219			
Sexual Abuse	Regression	11.980	3	3.993	6.556	0.000
	Residuals	131.570	216	0.609		
	Total	143.550	219			

Source: Primary source, 2026

To further understand the influence of psychosocial support services (counselling, family support, and peer support) on different forms of child abuse, a regression analysis was conducted. The models were tested for physical abuse, emotional abuse, and sexual abuse separately. The results are summarized in Table 14.

For physical abuse, the regression model produced an R value of 0.253, indicating a weak positive relationship between psychosocial support services and physical abuse. The model explained 6.4% of the variance ($R^2 = 0.064$), while the adjusted R^2 was slightly lower at 0.051, suggesting that other factors not included in the model also contribute substantially to physical abuse.

However, on emotional abuse, the results showed a stronger relationship (R = 0.326) compared to physical abuse. The model accounted for 10.6% of the variance (R^2 = 0.106), with an adjusted R^2 of 0.094, meaning psychosocial support services had a more meaningful contribution in explaining emotional abuse.

For sexual abuse, the correlation was moderate (R = 0.289), with the model explaining 8.3% of the variance (R^2 = 0.083) and an adjusted R^2 of 0.071. The relatively higher standard error (0.78046)

ANOVA Results

The regression and ANOVA results in Table 13 reveal that psychosocial support services are significantly associated with all three forms of child abuse: physical, emotional, and sexual. Among the three, emotional abuse showed the strongest relationship (R^2 = 0.106), suggesting that psychosocial interventions such as counselling and family support are particularly effective in addressing emotional harm. However, the relatively low R^2 values across all models indicate that while psychosocial support is important, other contextual and structural factors also play a critical role in influencing child abuse outcomes.

4.4.3 Regression Analysis of Psychosocial Support Services on Overall Child Abuse

Table 15: Model summary and ANOVA estimate for Overall child abuse.

Model	**R**	**R^2**	**Adj R^2**	**SE**
Overall Child Abuse	0.362	0.131	0.119	0.71939

		ANOVA				
Model		**Sum of squares**	**df**	**Mean squares**	**F**	**P-value.**
Overall Child Abuse	Regression	16.874	3	5.625	10.869	0.000
	Residuals	111.784	216	0.518		
	Total	128.659	219			

Source: Primary source, 2026

To examine how psychosocial support services collectively influence overall child abuse, a multiple linear regression was conducted as shown in Table 15. The analysis assessed the combined effect of counselling, family support, and peer support on overall child abuse.

The regression model shows a moderate positive relationship between psychosocial support services and overall child abuse (R = 0.362). The predictors collectively explained 13.1% of the variance in overall child abuse ($R^2 = 0.131$), with an adjusted R^2 of 0.119. This indicates that while psychosocial support plays a significant role in reducing child abuse, other factors beyond counselling, family support, and peer support also influence overall abuse outcomes. The standard error of estimate (0.71939) reflects the level of variability around the predicted values.

ANOVA Results

The ANOVA results in Table 15 show that the regression model is statistically significant (F = 10.869, p = 0.000), confirming that psychosocial support services have a meaningful effect on overall child abuse. This indicates that interventions such as counselling, family support, and peer support collectively contribute to reducing abuse, even though other unmeasured factors also play a role.

4.4.4 Influence of Psychosocial Support Services on Child Abuse

Table 16: Regression Coefficient

PSS services	**Child Abuse**							
	Physical Abuse		**Emotional Abuse**		**Sexual Abuse**		**Overall Child Abuse**	
	β	**p-value**	**β**	**p-value**	**β**	**p-value**	**β**	**p-value**
Counselling	0.118	0.157	**0.065**	0.422	0.187	**0.044**	0.180	**0.036**
Family Support	-0.257	**0.018**	-0.403	**0.000**	-0.307	**0.011**	-0.412	**0.000**
Peer support	-0.297	**0.000**	-0.108	0.209	-0.212	**0.032**	-0.267	**0.000**
constant	3.076	**0.000**	2.410	**0.000**	2.425	**0.000**	2.368	**0.000**

Source: Primary source, 2026

A multiple regression analysis was conducted to examine how psychosocial support services, namely counselling, family support, and peer support, influence different forms of child abuse: physical, emotional, sexual, and overall abuse. The unstandardized coefficients (β) and significance levels (p-values) are presented in Table 16

Counselling

The analysis indicates that counselling plays a meaningful role in reducing certain forms of child abuse, though its impact varies across abuse types. For physical abuse and emotional abuse, counselling had a non-significant positive effect ($\beta = 0.118$, $p = 0.157$) and ($\beta = 0.065$, $p = 0.422$). This suggests that while counselling provides support to children, it may not directly prevent physical or emotional abuse in all cases.

However, counselling was found to be significantly effective in addressing sexual abuse ($\beta = -0.187$, $p = 0.044$) and overall child abuse ($\beta = -0.180$, $p = 0.036$). These findings imply that counselling interventions, such as individual sessions, trauma-informed care, and safe spaces for children to share experiences, are particularly valuable in helping children cope with sexual abuse and contribute meaningfully to reducing overall abuse in the community.

The qualitative findings highlighted the critical role of psychosocial support services in protecting children from abuse. Participants consistently emphasized that counselling provides children with a safe space to express their fears and experiences, particularly regarding sexual abuse. Counselors were described as approachable and empathetic, creating trust that encourages children to open up. In a key informant interview, a teacher was quoted as saying that *"Counselling is often the first step for children to share their experiences and start healing, especially those affected by sexual violence."* Caregivers in the FGDs were noted saying that *"counselling helped children manage trauma and regain confidence"*, though it alone was insufficient to prevent physical or emotional abuse in households where stress and harsh disciplinary practices persist.

Family Support

Family support emerged as the most influential psychosocial service across all forms of abuse. The regression analysis showed that family support had statistically significant negative effects on: Physical abuse ($\beta = -0.257$, $p < 0.001$), Emotional abuse ($\beta = -0.403$, $p < 0.001$), Sexual abuse ($\beta = -0.307$, $p < 0.011$), and Overall child abuse ($\beta = -0.412$, $p < 0.001$).

These results highlight that interventions aimed at strengthening family involvement and parenting practices play a crucial role in protecting children. Programs that educate caregivers on non-violent discipline, provide emotional and material support, and promote safe and nurturing home

environments directly reduce children's exposure to abuse. The strongest effect was observed for emotional abuse (β = -0.403, p = 0.000) and overall child abuse (β = -0.412, p <0.000), emphasizing that family-centered interventions are especially critical in addressing emotional harm and improving overall child well-being.

Qualitatively, family support emerged as a particularly powerful protective factor. Participants noted that programs offering parenting guidance, emotional support, and material assistance significantly reduced the likelihood of child abuse. In FGDs, caregivers shared that they learned non-violent discipline strategies and how to recognize signs of trauma, which improved both parent-child relationships and children's overall well-being. One caregiver was quoted reflecting that *"The support helped me understand my child better; I now guide them calmly instead of punishing harshly."* Teachers and child protection officers in KIIs also observed that children from families engaged in these programs displayed higher resilience, better school performance, and fewer instances of neglect or emotional harm.

Peer Support:

The role of peer support was more complex. It had negative associations with physical abuse (β = 0.297, p <0.000), sexual abuse (β = 0.212, p < 0.032), and overall child abuse (β = 0.267, p < 0.000), suggesting that peer interactions alone may not always reduce abuse unless well guided.

Peer support showed a small, non-significant negative effect on emotional abuse (β = 0.108, p < 0.209). This indicates that peer programs need to be integrated with family and counselling interventions to be effective.

Peer support, while valued for providing children with social interaction and companionship, was seen as less consistently protective unless well-structured. FGD participants noted that children often felt supported by friends and enjoyed safe spaces for play, but peer groups without proper guidance could expose them to risky behaviors. During the key informant interview, a community leader was quoted as saying that *"peer support works best when integrated with family involvement and counselling, reinforcing protective networks for children".*

4.5 The influence of Social Factors on Child Abuse in the Refugee Settlement in Northern Uganda

The findings in Table 17 indicate that a large portion of respondents agreed that beating children is a normal form of discipline, 75.4%, suggesting corporal punishment is still socially accepted. 52.3% of the respondents agreed that the practice of marrying off young girls remains an accepted cultural norm in the refugee settlement in northern Uganda.

The community in the refugee settlement 62.3% agreed that, because of fear and shame in the family, they are unable to discuss sexual abuse with any relevant authority. Gender expectations are evident, 43.6% agreed that boys are expected to be strong and not complain, which may prevent them from seeking help.

Table 17: Social Factors Influencing Child Abuse in Refugee Settlement in Northern Uganda

F	Statement	SD (%)	D (%)	N (%)	A (%)	SA (%)
Cultural Norms	In our community, beating children is seen as a normal way to discipline them.	9(4.1)	25(11.4)	20(9.1)	98(44.5)	68(30.9)
	Marrying off young girls is accepted in some situations because of our culture.	37(16.8)	28(12.7)	40(18.2)	71(32.3)	44(20.0)
	People don't like to talk about sexual abuse because it brings shame to the family.	18(8.2)	31(14.1)	34(15.5)	84(38.2)	53(24.1)
	Boys are expected to be strong and not complain, even when they suffer.	31(14.1)	44(20.0)	49(22.3)	53(24.1)	43(19.5)
	Some old customs (like female cutting) are harmful to children but are still practiced.	63(28.6)	26(11.8)	63(28.6)	43(19.5)	25(11.4)
	It is common for families to keep problems within the home and not seek outside help.	30(13.6)	36(16.4)	48(21.8)	74(33.6)	32(14.5)
	Many people trust traditional healers more than health clinics or counselors.	62(28.2)	16(7.3)	44(20.0)	62(28.2)	36(16.4)
	In some families, children are not allowed to speak openly in front of adults about their issues.	38(17.3)	33(15.0)	46(20.9)	55(25.0)	48(21.8)
Overall Cultural Norms		8(3.6)	48(21.8)	69(31.4)	68(30.9)	27(12.3)

SA=Strongly Agree, A=Agree, NS=Not sure, D=Disagree and SD=Strongly Disagree, F= Indicators of Psychosocial support services, %= Percentage

Source: Primary source, 2026

Harmful traditional practices, such as female cutting, are still present, though fewer respondents agreed with them (30.9%). 48.1% of the respondents agreed that Families often prefer to handle

problems internally rather than seek external support, limiting access to child psychosocial support services.

A considerable number of respondents, 44.6% trust traditional healers more than clinics or counsellors, reflecting the ongoing influence of traditional beliefs. Only 46.8% agreed that children are often not encouraged to speak openly about issues in front of adults, limiting their voice in matters affecting their safety and well-being.

The overall mean score of 43.2% indicates that cultural norms moderately support practices that may increase children's vulnerability to abuse.

4.5.1 The Effects of Moderating Variables on the relationship between psychosocial support services and Child Abuse

Table 18: The Effects of Moderating Variables on the Relationship between Psychosocial Support Services and Child Abuse

Model	R	R^2	Adj R^2	SE
Overall Child abuse WOM	0.362	0.131	0.119	0.71939
Overall Child abuse WM	0.664	0.441	0.431	0.57817

ANOVA

Model		Sum of squares	df	Mean squares	F	p-value
	Regression	56.789	4	14.197	42.472	0.000
	Residuals	71.869	215	0.334		
	Total	128.659	219			

Note: *WOM – Without moderating variables, WM - With moderating variables*

Source: Primary source, 2026

A regression analysis was conducted to assess the impact of psychosocial support services on overall child abuse and to examine how moderating factors influence this relationship. Two models were tested: one without moderating variables (WOM) and another with moderating variables (WM). The results are summarized in Table 18.

The model without moderating variables (WOM) shows a moderate positive association between psychosocial support services and overall child abuse (R = 0.362). In this model, psychosocial support alone explains 13.1% of the variance in overall child abuse (R^2 = 0.131, adjusted R^2 = 0.119), suggesting that while support services have a positive impact, other factors also influence child abuse outcomes. The standard error (0.719) indicates the average deviation between the observed and predicted values.

When moderating variables were included (WM), the relationship became much stronger (R = 0.664), with the model explaining 44.1% of the variance in overall child abuse (R^2 = 0.441, adjusted R^2 = 0.431). The reduction in the standard error to 0.578 reflects improved predictive accuracy, demonstrating that cultural norms enhance the effect of psychosocial support services.

ANOVA Results

The significance of the regression model with moderating variables was evaluated using ANOVA, as shown in Table 18.

The ANOVA results show that the regression model with moderating variables is highly significant (F = 42.472, p < 0.000), confirming that psychosocial support services, when combined with cultural norms, have a strong and statistically significant effect in reducing overall child abuse.

4.5.2 Influence of Psychosocial Support Services and Cultural Norms on Overall Child Abuse

Table 19: Coefficient table with the Moderating variable

Coefficients[a]					
Model		β	Std. Error	t	Sig.
1	Constant	0.524	0.338	1.549	0.123
	Counseling	0.120	0.069	1.747	0.082
	Family Support	0.354	0.089	3.980	0.000
	Peer Support	-0.115	0.074	-1.547	0.123
	Cultural Norms	0.533	0.049	10.927	0.000

Source: Primary source, 2026

A multiple regression analysis was conducted to explore how counselling, family support, peer support, and cultural norms influence overall child abuse in the community. The unstandardized coefficients (β), along with their significance levels, are presented in Table 19.

Counselling showed a positive effect on overall child abuse (β = 0.120), but this effect was not statistically significant (p = 0.082). While counselling can offer emotional and psychological support to children, its direct impact on reducing abuse appears limited unless combined with other interventions.

Counselling was widely recognized as helpful for emotional and psychological recovery, particularly for children affected by sexual abuse. However, many respondents noted that its impact on preventing abuse was limited when family or community support was absent. An NGO child protection officer reflected, *"Counselling gives children a safe space to express themselves, but if their home environment remains unsafe, the risk of continued abuse is high."*

Family support had a significant effect (β = 0.354, p < 0.000). This demonstrates that programs that strengthen family involvement, such as parenting education, emotional support, and safe home practices, are effective in mitigating child abuse.

Qualitatively, participants emphasized that family support is the most impactful protective factor. Caregivers, community leaders, and child protection officers consistently described programs that strengthen parenting skills, provide emotional guidance, and promote safe home environments as instrumental in reducing abuse. One community child protection officer explained, *"When parents understand non-violent ways to guide their children, cases of emotional and physical abuse decrease."* Similarly, caregivers in FGDs shared that the support they received helped them feel more confident in nurturing and protecting their children.

Peer support showed a negative but non-significant relationship with overall child abuse (β = -0.115, p = 0.123). This suggests that interactions with peers alone may not be enough to prevent abuse unless structured and complemented by family or community-based support.

Cultural norms had the strongest and most significant effect on overall child abuse (β = 0.533, p = 0.000). Deeply rooted cultural practices, such as acceptance of corporal punishment or silence

around abuse, play a critical role in shaping children's vulnerability to abuse. The constant term ($\beta = 0.524$, $p = 0.123$) was not statistically significant, representing the baseline level of child abuse when all predictors are absent.

Cultural norms emerged as the strongest factor influencing overall child abuse. The qualitative findings highlighted that entrenched practices, such as corporal punishment, early marriage, and reluctance to report abuse due to shame, continue to expose children to harm. One community leader remarked, saying that, *"Even with programs teaching alternatives, many families still believe that hitting children is normal, and discussing abuse brings dishonor to the household."* These norms often undermine the effectiveness of psychosocial interventions, making it clear that addressing harmful cultural practices is critical for meaningful child protection.

CHAPTER FIVE

DISCUSSIONS

5.0 Introduction

This chapter discusses the key findings of the study based on the four specific objectives. It brings together both quantitative and qualitative results to explain how psychosocial support services help reduce child abuse in refugee settlements in Northern Uganda. The discussion begins with an overview of the psychosocial support services provided by NGOs such as counseling, family, and peer support and how these contribute to children's emotional and social well-being. It then examines the nature and forms of child abuse affecting children in the settlements, as reported by participants. The third section focuses on how psychosocial support services influence child abuse, highlighting which interventions have been most effective. The final section explores the social and cultural factors that affect the success of these interventions, including norms and beliefs that shape community attitudes toward child protection. Together, these discussions provide a holistic understanding of how psychosocial interventions and community dynamics interact to promote or hinder child safety and well-being in refugee settings.

5.1 Psychosocial Support Services Offered by NGOs in Refugee Settlement

Taking all components together, the overall psychosocial support services were rated positively, with significant number of respondents expressing satisfaction. This indicates that many within the settlement believe these NGO-offered services are making a difference. Qualitative interviews echoed this as several key informants described how counselling, family support, and peer groups combined to form a protective network for children. This correlate with findings of Bangpan et al. (2023) whose their studies confirm that multi-layered interventions are more effective than single-focus efforts. On this note, combined intervention approach could reduce incidence of abuse (physical, emotional, sexual) by supporting children, caregivers, and peer networks.

5.1.1 Counselling Services

The findings revealed that counselling is one of the most accessible and trusted psychosocial services in the refugee settlement, with the majority of respondents agreeing that it was easy to access counselling. This high accessibility is due to several NGOs that have established child-friendly spaces and counselling units within the settlement. Qualitative findings from key informant interviews further reinforced this, as a psychosocial officer from one NGO explained that mobile counselling sessions and child-friendly tents have brought services closer to children who would otherwise not seek help. Indicating that children who have been subjected to neglect, emotional or physical harm may have a trusted outlet, reducing isolation and potentially interrupting abuse cycles. This accessibility is consistent with the findings of Pezerović and Babić (2017), who observed that the decentralization of psychosocial services in humanitarian contexts increases utilization among children and caregivers.

Confidentiality and trust emerged as critical aspects of effective counselling. The greater percentage of respondents agreed that what they share with counsellors remains private, and they described counsellors as kind and easy to talk to. These findings align with Kamali et al. (2020), who found that child survivors of trauma are more likely to engage with counselling when trust and empathy are prioritized. Qualitative feedback from focus group discussions supported this view, with caregivers noting that children open up easily to counsellors who listen without judging or blaming. Furthermore, this implies that children are more likely to seek help, which may reduce the duration and severity of abuse.

However, counselling frequency and follow-up were identified as weaker areas. While most of the respondents reported receiving counselling as often as needed, only a few said counsellors checked on them after the first session. Limited follow-up was attributed to heavy caseloads and resource constraints among NGOs. Therefore, this could allow abusive patterns (emotional, physical and sexual) to resume, limiting the protective impact of counselling alone. On the same note, sometimes counsellors move to other zones before completing follow-up visits, and children are left unsupported. This mirrors findings by Taylor and Kaplan, (2023), who noted that without sustained follow-up, the benefits of counselling are short-lived in displacement contexts.

Furthermore, a greater percentage of respondents confirmed that counselling services are available in local languages, and they also said special counselling was offered for survivors of sexual violence. This cultural and linguistic inclusiveness ensures that children can express trauma in a familiar context, reducing emotional barriers. The positive impact of such accessibility on child protection is significant. Therefore, the availability of specialized counselling for survivors of sexual violence is especially relevant as the victims are more likely to access help and begin recovery, thus reducing ongoing harm. Whitaker et al. (2021) supported these findings by asserting that following culturally acceptable services encourages community acceptance and adoption.

5.1.2 Family Support Programs

Family support programs emerged as the strongest psychosocial intervention in the settlement, with an impressive number of respondents agreeing that these initiatives help them become better parents. These programs, mainly implemented by NGOs through parenting workshops, home visits, and material aid, have strengthened parental capacity and improved child-care practices. This may suggest that caregivers feel empowered and improved by parenting and family-life interventions. On the same note, training caregivers on positive discipline and emotional bonding has reduced the use of violence at home. This further implies that improved parenting capacity would translate to fewer instances of physical or emotional abuse at home. This supports findings by Stark et al. (2024), who reported that caregiver education significantly decreases harsh punishment and improves parent-child relationships in displacement settings.

Furthermore, a large proportion of respondents acknowledged being trained to recognize signs of trauma in children, and most of them agreed that they learned how to discipline children without beating them. These findings demonstrate a gradual cultural shift away from corporal punishment toward positive parenting. This shift is consistent with Backhaus et al. (2025) who found that strengthening family resilience helps mitigate emotional abuse and neglect. Qualitative narratives revealed that caregivers who participated in training now encourage open communication and empathy in their households. This further indicates that increased caregiver awareness and alternative discipline practices reduce both physical and emotional abuse.

On the other hand, only a few of the respondents confirmed that home visits were regularly conducted, revealing gaps in follow-up support. Qualitative responses indicated that home visits are often scheduled but cut short due to staffing or logistical issues. This gap is notable because the home environment is where many abuses occur. Without consistent home visits, the support may not reach the highest-risk children. This shortfall may reduce the long-term impact of family support interventions, as continuous engagement is crucial for sustaining behavioral change. According to Chiumento et al. (2020), home-based interventions are harder to sustain in displacement settings, which is consistent with this study's findings. Meaning that even if caregiver training is strong, some children remain vulnerable if their families are not regularly monitored or supported.

5.1.3 Peer Support Services

These study findings also highlight the important role of peer support initiatives in creating safe social environments for children. A significant number of respondents agreed that safe spaces where children can play and interact exist, and a similar proportion confirmed that children are grouped by age or gender when necessary. These structured peer interactions promote inclusivity and emotional well-being among refugee children who often face isolation and stress. Furthermore, peer groups give children a sense of belonging and reduce loneliness. On the same vein, this may imply that children feel accepted and supported among peers, making emotional abuse and neglect less damaging. These study findings are supported by the findings of Denkinger et al. (2023) who highlighted that peer relationships strengthen resilience.

Moreover, a greater percentage of respondents stated that children feel accepted and supported by their peers, as well significant number of respondents agreed that group leaders are well trained. These outcomes reflect findings by Kamali et al. (2020), who emphasized that peer-based interventions enhance social connectedness and resilience among conflict-affected youth. However, sustainability remains a concern as only few reported that children's support groups continued after the main program ended. Participants noted that most groups dissolve when NGO projects phase out due to funding gaps. Therefore, this situation may result in weak resilience and low sustainability of peer support, leaving children vulnerable once programs close.

5.2 The Nature of Child Abuse in Refugee Settlements

When analyzed collectively, the findings paint a sobering picture of systemic child abuse across multiple dimensions physical, emotional, and sexual. This was represented by a significant number of respondents agreeing that child abuse exists in the refugee settlement. This indicates that abuse is not isolated but pervasive and interlinked within refugee households. The result of KIIs with community leaders and child protection officers revealed that structural factors such as poverty, overcrowding, and weakened social norms amplify the risks of abuse. Therefore, when people have lost everything and when frustration grows, children become the easiest targets. This observation aligns with Ilesanmi and Haynes (2024), who note that forced displacement erodes protective family structures, leaving children more vulnerable to exploitation and neglect. Moreover, the breakdown of community accountability systems in camps allows abuse to thrive unnoticed.

Both qualitative and quantitative evidence underscore that emotional abuse is the most prevalent form of maltreatment, yet it receives the least intervention. The combined trauma from exposure to violence, loss, and uncertainty leaves lasting scars on children's development and sense of safety. These study findings align with Kisaakye et al. (2024), whose findings suggest that child abuse in refugee settlements is both a symptom and a perpetuator of social distress. Addressing it requires a holistic and culturally grounded approach and strengthening family resilience, improving access to psychosocial care, and enforcing child protection laws. Investing in parenting education, safe spaces, and trauma-informed services will not only reduce the prevalence of abuse but also restore children's hope, dignity, and potential for recovery.

5.2.1 Physical Abuse

Quantitative findings revealed that physical abuse is alarmingly prevalent among children in refugee settlements. A significant number of the respondents agreed that beating and hitting children are common disciplinary practices, and many children show visible signs of injury, such as bruises and cuts. These patterns suggest that corporal punishment is still widely accepted as a form of child discipline within displaced communities. Several respondents justified such behavior as necessary correction, explaining that children only listen when beaten. This indicates that

persistent physical punishment may not only cause physical injury but also erode children's emotional security as well as aggressive behavior and anxiety. These study findings are consistent with Marlow et al. (2022), who found that displacement and poverty exacerbate stress, leading caregivers to express frustration through physical punishment rather than positive parenting. Such practices, however, risk inflicting long-term trauma, teaching children to associate love with violence, and reinforcing cycles of aggression.

On the same vein, only few of respondents agreed that cases of physical abuse are now reported to local authorities. Furthermore, the findings revealed that many reports go unresolved and people report when injuries are serious due to weak enforcement and fear of retaliation. This division between growing awareness and persistent silence reflects the transitional state of refugee protection systems. Studies by Kisaakye et al. (2025) highlight similar findings, emphasizing that in refugee settlements, social norms still discourage open discussions of domestic violence. The continued use of corporal punishment underscores the urgent need for culturally sensitive parenting programs that promote nonviolent discipline and emotional bonding, reducing children's exposure to harm and helping them rebuild trust in adults.

5.2.2 Emotional Abuse

Emotional abuse surfaced as one of the most widespread yet least recognized forms of child maltreatment in the study area. Quantitative results indicated that a greater percentage of respondents agreed that children are frequently shouted at, threatened, or insulted. Furthermore, a significant number of caregivers admitted to neglecting children emotionally, often due to personal stress or trauma. The study also revealed that many parents, overwhelmed by displacement and loss, tend to take out their pain on their children or withdraw emotionally. Therefore, this clearly points out the need for psychosocial interventions targeting caregiver mental health, emotional literacy, and positive communication. Addressing caregivers' stress and trauma is essential to breaking the silent transmission of emotional pain from adults to children. The findings of Khraisha et al. (2024), also observed that refugee caregivers under chronic stress often transmit emotional pain to their children, leading to a breakdown in parental warmth and security.

Qualitative evidence also revealed that emotional neglect leads to isolation and deep-seated sadness among children. Nearly all respondents expressed feelings that children are either unloved or ignored, especially when caregivers focus on survival needs over emotional care. Quantitatively, significant number of respondents agreed that children deprived of social interaction feel lonely and sad. Such emotional deprivation undermines children's resilience, self-esteem, and cognitive development. On the same note, according to Bangpan et al. (2024), the emotional abuse in humanitarian settings has long-term consequences, including depression and behavioral withdrawal. Addressing emotional abuse requires integrating psychosocial support, trauma counseling, and parent-child relationship strengthening within refugee assistance programs.

5.2.3 Sexual Abuse

Sexual abuse emerged as a deeply rooted yet underreported problem in the refugee settlements. Quantitative results showed that a significant number of respondents agreed that girls are at high risk of sexual assault compared to boys, though their cases are rarely discussed. The qualitative results revealed that incidents of sexual violence often occur during water collection, at night, or in overcrowded shelters, reflecting that intersection between economic vulnerability and sexual abuse. Key informants from NGOs confirmed that transactional sex among minors has become a survival strategy in some camps. These findings resonate with the findings of Fraser (2024) who highlighted that economic desperation and gender inequality remain strong predictors of sexual abuse in refugee settlement.

Furthermore, this study findings revealed that the greater percentage of respondents agreed that child marriage puts girls at risk of sexual exploitation, and they added that fear and shame hinder reporting this incident. On the same note, community stigma and victim-blaming discourage them from speaking out. Such silence perpetuates a lack of freedom and deepens trauma among survivors. According to Williams et al. (2018), sexual abuse in refugee camps remains underreported, primarily due to cultural taboos and lack of confidential reporting mechanisms. The cumulative effect is devastating psychological trauma, early pregnancies, and disruption of education. Strengthening child-friendly reporting systems and community awareness campaigns is critical to breaking this silence and safeguarding children's rights.

5.3 Influence of Psychosocial Support Services on Child Abuse

Taken together, the quantitative findings and the voices from the field tell the same story: no single psychosocial service can reduce child abuse. Family support shows the largest, most consistent protective effect across abuse types, counselling is essential for disclosure and healing (especially for sexual abuse), and peer support enhances resilience and early detection when properly organized. According to Nguyen et al. (2023), integrated, multi-layered programming (counselling, family support and peer support) produces the best child protection outcomes. Which is consistent with this study findings.

5.3.1 Counselling

The regression shows that counselling has a non-significant association with reductions in physical and emotional abuse, but a statistically significant effect on sexual abuse and on overall child abuse. Therefore, these study findings indicate that children who access counselling are particularly more likely to disclose and begin recovery from sexual harm. Furthermore, it also suggests that counselling contributes to lowering overall abuse, even if it does not eliminate physical or emotional harm in the home. Furthermore, this suggests that counselling can be a life-saving pathway out of secrecy and harm for sexual abuse survivors, improving mental health and access to protection, but its preventive reach for physical and emotional abuse depends on complementary supports. Qualitative interviews helped in explaining why counsellors create confidential, trustful spaces where survivors, especially girls can report sexual violence and receive targeted, trauma-informed care; however, counselling often cannot change caregiver behavior if family stress, poverty, or cultural norms remain unaddressed. This findings mirrors the findings of Tol et al. (2023) who argued that trauma-informed, child-centred counselling is critical for recovery and disclosure in humanitarian settings, but tends to be most effective when combined with family and community interventions.

5.3.2 Family support

Family support produced the strongest and most consistent protective signal across outcomes. According to these study findings, strengthening caregivers through parenting training, home

visits, and material assistance may translate into real reductions in abuse. This implies that empowered and supported parents are more emotionally stable, less likely to use violence, and better positioned to notice and refer abuse, producing safer homes, improved school engagement, and long-term resilience. On the same vein, Qualitative results explained that when caregivers learn positive discipline, how to recognize trauma, and when family economic pressure eases, neglectful behaviors fall away. These study findings align perfectly with the findings of Whitaker et al. (2021), who highlighted that parenting interventions and family-centred psychosocial programs reduce maltreatment and buffer children against toxic stress in displacement contexts.

5.3.3 Peer support

The regression shows a negative association for peer support with physical abuse, sexual abuse, and overall abuse, while the effect on emotional abuse is non-significant. This means that well-structured, supervised peer programmes integrated with family support and counselling can reduce abuse and accelerate reporting, but when left on their own, they are valuable for resilience but less reliable as a standalone prevention strategy. Therefore on this note, peer groups and safe spaces are clearly important for children's social recovery and disclosure (children confide in peers and get mutual support), but our qualitative data also warned that peer networks without strong adult facilitation and referral pathways can be inconsistent or even expose children to risks. Coleman et al. (2017) highlighted that peer interventions show strong benefits for connectedness and mental health, but they consistently stress that quality, supervision, and linkage to protection services determine whether peer work reduces harm or merely provides temporary relief.

5.4 The influence of Social Factors on Child Abuse in the Refugee settlement in Northern Uganda

Taken together, the findings illustrate that cultural norms, gender expectations, secrecy, and reliance on traditional systems significantly shape how psychosocial support services operate in the refugee settlements. These social factors either facilitate or obstruct the effectiveness of interventions aimed at reducing child abuse. Unless these deep-seated norms are addressed through culturally sensitive community dialogues, parent education, and integrated service delivery

models, psychosocial interventions will continue to have limited long-term impact on preventing child abuse in humanitarian contexts.

The findings revealed that cultural and social norms play a central role in influencing how psychosocial support services are received and how child abuse is perceived within refugee settlements in Northern Uganda. Quantitatively, this study showed that a greater percentage of respondents agreed that beating children is viewed as a normal way to discipline them. Qualitative insights from Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) supported this, as many community leaders and parents admitted that corporal punishment is still seen as a necessary corrective measure. This belief aligns with the observation of Osborne et al. (2018), who found that in post-conflict Northern Uganda, physical punishment is socially accepted as moral instruction rather than abuse. However, studies such as Heilmann et al. (2021) show that corporal punishment is associated with increased aggression, emotional instability, and anxiety among children, suggesting that these cultural justifications perpetuate cycles of violence and hinder psychosocial healing.

Another important social factor identified was the persistence of early marriage as a culturally allowed practice. A significant percentage of respondents agreed that marrying off young girls remains accepted in some situations. Qualitative data revealed that poverty, insecurity, and traditional beliefs about female honor drive this norm. These findings align with Elahi (2025), who observed that in rural and displaced communities, child marriage is often perceived as an economic strategy rather than a violation of rights. Kidman et al. (2024) warns that early marriage increases girls' vulnerability to sexual violence and truncates their access to education and psychosocial well-being. The combination of cultural acceptance and economic desperation thus perpetuates systemic abuse and undermines NGO efforts aimed at empowering and protecting young girls.

This study also found that silence and stigma significantly hinder efforts to address sexual abuse. A significant number of respondents agreed that families avoid discussing sexual abuse due to fear and shame. Qualitative narratives revealed that survivors and their families often conceal incidents to avoid community gossip or social exclusion. This culture of silence aligns with findings by Logie et al. (2023), who noted that in humanitarian settings, stigma and victim-blaming are major barriers to reporting abuse. Such attitudes limit the effectiveness of psychosocial interventions, as

disclosure is essential for counseling, healing, and justice. This demonstrates that without confronting social stigma, psychosocial services alone cannot significantly reduce the incidence of sexual abuse.

Gender expectations also emerged as a key social determinant influencing child abuse and access to psychosocial support. This study found that many respondents agreed that boys are expected to be strong and not complain, even when suffering. Some participants revealed that boys who express distress are often labeled as weak, which discourages emotional openness. This reinforces findings by Kavenagh et al. (2023), who observed that gendered socialization among displaced children creates barriers for boys in expressing trauma or accessing counseling. Such expectations silence male victims of abuse and reduce the inclusivity of psychosocial programs that often prioritize girls, leaving emotional wounds among boys unaddressed.

Furthermore, a greater percentage of respondents agreed that families tend to keep problems within the home instead of seeking outside help. From the KIIs, community leaders attributed this to fear of public embarrassment and mistrust of external institutions. Therefore, most families believe that home problems should stay at home. Reporting abuse makes people think you have failed as a parent. This finding aligns with Mulaudzi and Lebese (2022), who highlight that in patriarchal and conflict-affected societies, family honor often outweighs the safety of the child. Such secrecy not only protects perpetrators but also weakens community trust in child protection systems, undermining the preventive role of psychosocial programs.

Another salient social factor observed was the reliance on traditional healers. A significant number of the participants agreed that people trust traditional healers more than professional counselors. The qualitative findings from FGDs revealed that many families perceive psychosocial counseling as “foreign” and less effective than spiritual or herbal healing. They believed that when a child is mentally disturbed should be taken to the traditional healer first because they understand our spirits. These study findings correlate with the findings of Berhe et al. (2024) whose study on the cultural conceptualization of healing in African contexts found that emotional well-being is tied to spiritual harmony. Therefore, psychosocial services that fail to integrate culturally familiar practices may face low community acceptance, limiting their reach and sustainability.

Finally, both quantitative and qualitative results underscored that children are often discouraged from speaking openly about their experiences. Large number of respondents agreed that children are not allowed to speak freely in front of adults. The qualitative finding from FGDs confirmed that children's voices are frequently dismissed, reinforcing a power imbalance that perpetuates silence and fear. This corresponds with the findings of Boothby et al. (2017), who noted that hierarchical family structures in Northern Uganda often suppress children's expression of pain and opinion. When children are silenced in this way, psychosocial interventions cannot fully address trauma or encourage resilience.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATION

6.0 Introduction

This chapter presents the final part of the study, summarizing the key findings, conclusions, and recommendations drawn from the research. It highlights how psychosocial support services influence child abuse within the refugee settlement, reflecting the main study objectives. The chapter also provides practical policy recommendations aimed at strengthening child protection interventions and improving psychosocial support systems. Finally, it suggests areas for further research to deepen understanding and enhance future responses to child abuse in refugee contexts.

6.1 Summary of the Study Findings

This study was conducted to understand how psychosocial support services help reduce child abuse in refugee settlements in Northern Uganda, guided by four main objectives. The first objective looked at the nature of psychosocial support services provided by NGOs, which included counseling, family support, and peer support programs. The findings showed that these services play a vital role in helping children and families cope with trauma and rebuild trust after displacement. A significant percentage of respondents felt that counselors were approachable, confidential, and available in familiar languages, making it easier for children and parents to seek help. Family support initiatives encouraged better parenting practices, such as showing love and correcting children without violence, while peer groups created safe environments where children could talk, play, and heal together. These interventions are crucial in restoring emotional stability and promoting positive relationships. Highlighting the significance that community-based psychosocial care is essential for recovery and social healing in post-conflict settings.

The second objective focused on the nature and forms of child abuse affecting children in these refugee settlements. The study revealed that physical, emotional, and sexual abuse remain widespread and deeply rooted in everyday life. Many children are still beaten under the guise of discipline, emotionally mistreated through insults or neglect, and sexually exploited, especially girls who face early marriage or abuse in exchange for basic needs like food or shelter. Emotional

abuse often goes unnoticed because it leaves no visible marks, yet it leaves lasting scars on children's self-esteem and mental health. The persistence of this abuse highlights an urgent need for more targeted and community-driven interventions to break these harmful cycles.

The third objective examined the influence of psychosocial support services on reducing child abuse. The results showed that counseling and family support have a strong positive influence, significantly reducing emotional and sexual abuse by improving communication, parental awareness, and trauma recovery. Family programs helped caregivers adopt non-violent discipline methods, while counseling provided a safe space for victims to heal. Peer support, on the other hand, showed a negative relationship with child abuse, meaning that when children are engaged in peer groups, their chances of being abused decrease. However, the study also revealed some challenges, such as limited resources and the stigma attached to seeking help, which reduce the long-term effectiveness of these programs.

The fourth objective explored how social and cultural factors influence the relationship between psychosocial support and child abuse. The findings revealed that certain cultural beliefs like viewing corporal punishment as normal, marrying off young girls for dowry, and keeping family problems private make it difficult to fully protect children. A greater percentage of respondents prefer traditional healers over formal counselors, limiting the reach of psychosocial services. The qualitative findings from key informants and focus group discussions supported this, showing that fear, shame, and cultural silence prevent families from reporting abuse or seeking help. Overall, while psychosocial support services have made real progress in reducing child abuse, their success depends on changing the deep-seated social beliefs and traditions that allow abuse to persist in refugee communities.

6.2 Conclusion

Psychosocial support services offered by NGOs have become an essential lifeline for many children and families in the refugee settlement. Through counselling, family support, and peer group programs, NGOs have created spaces where children feel heard, comforted, and valued, helping them to rebuild confidence after experiences of trauma and displacement. Counselling services have made significant strides in providing safe, private, and compassionate care to

children, even though follow-up and consistency remain challenges. Family support programs have empowered caregivers to adopt non-violent approaches to discipline and improved their understanding of children's emotional needs. Similarly, peer support activities have fostered belonging and healing among children who often face neglect or isolation. However, this study also concludes that while these services are impactful, their reach and sustainability are limited by resource constraints, short project cycles, and weak integration into community systems. For psychosocial support to make a lasting difference, it must go beyond temporary relief and become a permanent part of child protection and community well-being.

The child abuse in refugee settlements remains a pressing humanitarian and social protection challenge, manifesting through physical, emotional, and sexual forms of violence. Many caregivers, shaped by cultural norms and the psychological trauma of displacement, continue to rely on corporal punishment and harsh discipline as expressions of care or control. Emotional abuse, often invisible, was found to erode children's confidence and sense of security, while sexual abuse especially among girls was perpetuated by poverty, early marriage, and fear of reporting. These highlight that child abuse is not only a result of individual behavior but also a symptom of broader social and economic stressors affecting displaced families. Unless families receive consistent psychosocial support, economic empowerment, and community education, the cycle of violence and silence will persist, undermining the protection and well-being of children who have already endured the pain of conflict and loss.

Furthermore, psychosocial support services play a crucial role in reducing child abuse among refugee children, though their impact differs from one intervention to another. Family support proved to be the strongest and most consistent factor, showing that when parents and caregivers receive the emotional, social, and even economic help they need, the overall risk of child abuse drops significantly. Counselling services also showed meaningful influence, particularly in reducing sexual abuse, by offering survivors a safe space to heal, regain confidence, and speak out. Peer support, when well-structured, provided children with a sense of belonging and mutual encouragement, helping them to share experiences and report abuse early. Together, these forms of psychosocial support create a protective environment around children, promoting trust, resilience, and hope in the face of trauma and displacement. The study therefore highlights that

strengthening psychosocial support systems is not just a response mechanism but a preventive strategy that can transform the lives of children in refugee settings.

The social factors particularly cultural norms, gender expectations, and community attitudes play a powerful role in shaping the relationship between psychosocial support services and child abuse in refugee settlements. Deep-rooted traditions such as corporal punishment, early marriage, and the silence of children have normalized abusive behavior and weakened the impact of psychosocial interventions. Many families continue to believe that physical punishment is a sign of good parenting, while issues like sexual abuse are kept secret to protect family honor. These beliefs have made it difficult for victims to seek help or access psychosocial support. Qualitative accounts from community leaders and caregivers further highlighted that some families prefer traditional healers over professional counselors, reflecting mistrust toward formal child protection systems. As a result, while psychosocial services exist within refugee settlements, their effectiveness is often limited by cultural resistance and the persistence of harmful practices that continue to put children at risk.

6.3 Recommendations

The government should institutionalize psychosocial support, including counselling, family support, and peer support, as a standard, funded component of the national refugee response framework rather than a donor-dependent add-on. This means setting minimum service standards for NGOs operating in settlements and allocating a specific budget line for child protection and psychosocial services within the refugee response plan, so that services do not collapse when individual projects end.

UNHCR and the Government of Uganda should strengthen coordination among the NGOs delivering psychosocial services in Palabek, so that counselling, family support, and peer support are delivered as a linked package rather than as separate, uncoordinated activities. UNHCR should also prioritize multi-year rather than short-cycle funding for these services, directly addressing the follow-up and sustainability gaps this study identified.

The implementing organizations should expand the pool of trained counsellors to reduce caseloads and enable consistent follow-up after the first counselling session and should schedule and track home visits under family support programs so that the most at-risk households are not missed. NGOs should also build referral pathways linking peer support groups to counselling and family support, so that peer groups do not operate in isolation.

6.4 Areas for Further Study

This study focused on the influence of psychosocial support services on child abuse in Palabek Refugee Settlement. During the research, the following areas were identified as worth pursuing in future studies:

1. A longitudinal study tracking children and families over several years to establish whether the reductions in child abuse associated with psychosocial support services are sustained after NGO projects end, since this study's cross-sectional design could not establish this.
2. A comparative study across multiple refugee settlements in Northern Uganda (such as Palabek, Bidi Bidi, and Rhino Camp) to determine whether the findings on family support as the strongest protective factor hold across different settlement contexts and refugee populations.
3. A study focusing specifically on boys' experiences of abuse and access to psychosocial support, given that this study found that gender expectations discourage boys from disclosing abuse, leaving a gap in understanding their specific needs.

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APPENDICES
QUESTIONNAIRE

I am Amali Gertrude Ruth, a student of Gulu University pursuing a master in Development studies, conducting a research study titled "**Psychosocial Support Services and Child abuse in the refugee settlement in Northern Uganda: A Case of Palabek Settlement Camp**" as part of the requirements for the Master's in Development Studies program. This questionnaire seeks your views and experiences on the types, effectiveness, challenges, and perceptions of psychosocial support services and their contribution to child safeguarding in your community. Your participation is voluntary, and all information will be treated with strict confidentiality and used solely for academic purposes. Your honest responses are highly appreciated and will significantly contribute to the success of this study.

Section A: Sociodemographic Information

2. Age of Respondent in years……

2. Sex: ☐ Male ☐ Female

3. Marital Status: ☐ Single ☐ Married ☐ Divorced/Separated ☐ Widowed

4. Educational Level:

☐ No formal education ☐ Primary education ☐ Secondary education

☐ Vocational training ☐ Tertiary/University

5. Occupation/Role:

☐ Student ☐ Parent/Caregiver

☐ Teacher ☐ Community leader

☐ Child protection worker (e.g., social worker) ☐ NGO staff

6. District of Residence/Work:……

7. Number of Children in Household (if applicable) …….

8. Are you a direct beneficiary or service provider of psychosocial support services?

☐ Yes, beneficiary ☐ Yes, service provider ☐ No

9. How long have you been involved in psychosocial support activities in years.....

10. Religious Affiliation (optional): ☐ Catholic ☐ Protestant ☐ Muslim ☐ Pentecostal

11. Tick the most common cause of child abuse in settlement camp?

☐ Armed Conflict ☐ Child Neglect

☐ Poverty ☐ Loss of Parents

☐ Gender-Based Violence ☐ Early marriages

12. Out of the four which ones are the most common form of child abuse in the settlement camp?

☐ Physical Abuse ☐ Emotional Abuse

☐ Sexual Abuse ☐ Neglect

Section B: Psychosocial Support Services in Refugee Settlements

Instructions: Rate your agreement with each statement (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree).

Indicator	Item Statement	1	2	3	4	5
Counseling	It is easy to get help from counselors provided by NGOs in this area.					
	What I share with the counselor stays private and is safe.					
	The counselors are kind and easy to talk to.					

	I get counseling as often as I need it.					
	The counselor checks on me after the first session to see how I am doing.					
	Counseling is available in the languages we speak here.					
	Special counseling is available for people who have been hurt by sexual violence.					
Family Support						
	Family support programs help us become better parents.					
	Programs that give money or help are also meant to support family life.					
	Caregivers are taught how to see if a child is hurt inside (trauma).					
	Parenting programs teach us to discipline children without beating them.					
	People come to visit our homes to understand how we are doing.					
	Family support programs respect our culture and traditions.					
Peer Support						
	There are safe places where children can play and talk with other children under guidance.					
	Children are grouped by age or gender when needed during peer activities.					
	Children feel accepted and supported by their friends in the group.					
	The people leading children's groups are well trained.					
	Children's support groups continue even after the main program ends.					

Section C: The Nature of Child Abuse in Northern Uganda's Refugee Settlements

Instructions**:** Please rate your level of agreement with each statement about Child Abuse in your area (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree).

Indicator	**Item Statement**	**1**	**2**	**3**	**4**	**5**
Physical abuse						
	Children in this area are often beaten, kicked, or hurt as punishment.					
	Some caregivers hit children to correct their behavior.					
	Some children have marks like bruises or cuts from being hurt.					
	Children are sometimes beaten by armed people or other community members.					
	Cases of physical abuse are reported to the local authorities.					
Emotional Abuse						
	Children are often shouted at, threatened, or insulted.					
	Some caregivers do not give emotional care to children because they are stressed or hurt themselves.					

	Some children are scared, quiet, or feel bad about themselves because of emotional abuse.					
	Emotional abuse is not taken seriously because it does not leave marks on the body.					
	Children who are kept away from family or friends feel lonely and sad.					
Sexual Abuse						
	Girls in this area are at high risk of being raped or sexually attacked.					
	Boys are also sometimes sexually abused, but people talk about it less.					
	Forcing children into early marriage puts them at risk of sexual abuse.					
	Some children are forced to do sexual things to get food or a place to stay.					
	Fear and shame stop many children from speaking out about sexual abuse.					

Section D: Social Factors Influencing Child Abuse in Northern Uganda's Refugee Settlements

Instructions: Please rate your agreement with each statement based on observed Social factors (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree).

Indicator	Item Statement	1	2	3	4	5
Cultural Norms						
	In our community, beating children is seen as a normal way to discipline them.					
	Marrying off young girls is accepted in some situations because of our culture.					
	People don't like to talk about sexual abuse because it brings shame to the family.					
	Boys are expected to be strong and not complain, even when they suffer.					
	Some old customs (like female cutting) are harmful to children but are still practiced.					
	It is common for families to keep problems within the home and not seek outside help.					
	Many people trust traditional healers more than health clinics or counselors.					
	In some families, children are not allowed to speak openly in front of adults about their issues.					

KEY INFORMANT INTERVIEW GUIDE

This interview should take approximately 30-45 minutes.

Section A: Background Information

Name of the respondent (optional): _____

Position/Role: _____

Name of Organization: _____

Number of years working in child protection or psychosocial services: ____

Section B: Psychosocial support services in reducing child abuse in the refugee settlement.

What types of psychosocial support services are currently offered to children in this refugee settlement?

How are children identified and referred for psychosocial support services?

In your opinion, how do these psychosocial support services help in reducing different forms of child abuse (physical, emotional, sexual)?

Can you share any examples or stories of children who have benefited from psychosocial support in terms of preventing or recovering from abuse?

How are families or caregivers involved in the psychosocial support processes?

What do you consider to be the most effective psychosocial interventions for protecting children from abuse in this setting?

What challenges do you encounter when implementing or accessing psychosocial support services in the settlement?

Are there specific groups of children (e.g., unaccompanied minors, children with disabilities, adolescent girls) who face greater challenges accessing these services?

In your view, what can be done to strengthen psychosocial support services for children in this settlement?

What role can the government, NGOs, and the host community play in enhancing the impact of psychosocial support on reducing child abuse?

C: The nature of child abuse in the refugee settlement in Northern Uganda

What forms of child abuse are most commonly reported in this refugee settlement?

What age groups or categories of children are most vulnerable to abuse?

Are there particular environments (e.g., schools, homes, public spaces) where abuse is more likely to occur?

How frequently do cases of physical, emotional, or sexual abuse occur in this settlement?

Have you observed any trends in child abuse cases over the past few years (increasing, decreasing, or changing in nature)?

Who are the common perpetrators of child abuse in this context (e.g., family members, caregivers, neighbors, strangers)?

What social or economic factors contribute to the high prevalence of child abuse in this refugee setting?

How do cultural norms or beliefs influence the way child abuse is perceived or addressed in the community?

How are child abuse cases usually reported and handled in this settlement?

What barriers prevent victims or caregivers from reporting child abuse?

How effective are the existing child protection systems in responding to abuse?
What interventions would you recommend to reduce or prevent child abuse in this refugee settlement?
What role do NGOs, the government, or local leaders play, or should play in addressing child abuse cases?

D: Social factors influencing child abuse in the refugee settlement in the settlement.

How do cultural beliefs or traditional practices in this community influence the way children are disciplined or treated?
Are there any harmful cultural practices that might be contributing to child abuse in this settlement?
How does the community perceive certain types of abuse, such as emotional or physical punishment?
How would you rate the community's awareness about child rights and child protection laws?
Do community members understand what constitutes child abuse? What are common misconceptions?
Are there any community-based programs aimed at raising awareness about child protection?
How does poverty or unemployment contribute to child abuse in this settlement?
In what ways do family stress, displacement, or lack of parental support influence the likelihood of abuse?
Are children more at risk in single-parent households or among families without stable income?
How strong are family and social support systems in the settlement?
What role do religious or traditional leaders play in protecting or unintentionally enabling child abuse?
Are there trusted structures (e.g., child protection committees) that address social issues affecting children?
What social changes or interventions would you recommend to reduce child abuse in this refugee community?
How can NGOs and the government strengthen the role of social support in child protection?

FOCUS GROUP DISCUSSION GUIDE

This interview should take approximately 30-45 minutes.

Section A: Background Information

Name of the respondent (optional): _____
Position/Role: _____
Name of Organization: _____
Number of years working in child protection or psychosocial services: ____

Section B: Psychosocial support services offered by NGOs in the refugee settlement

Sub-theme 1: Awareness and Access to Services

What types of psychosocial support services do you know of in this settlement?
Who provides these services?
How do children and families access these services?
Are these services adequate, accessible, and culturally appropriate?

Sub-theme 2: Effectiveness and Satisfaction

Have these services helped reduce trauma or support recovery among abused children?
Are caregivers, teachers, or peers involved in supporting children emotionally?
What challenges are faced in implementing or accessing these services?

Section C: The nature of child abuse in the refugee settlement

Sub-theme 1: Forms and Manifestations

What forms of child abuse are most common in this settlement?

Where does most abuse occur at home, school, or within the community?

What signs of abuse do you see among children?

Sub-theme 2: Reporting and Response

Do community members report child abuse cases? If not, why?

Who do children trust to report abuse to?

What support mechanisms are in place for abused children?

Section D: The social factors influencing child abuse in the refugee settlement

Sub-theme 1: Cultural Norms and Beliefs

How do traditional beliefs influence parenting and child discipline?

Are harmful practices (e.g., child marriage, beating) accepted as normal?

INTRODUCTION LETTER

GULU
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Gulu, Uganda

UNIVERSITY
Tel: 0471-42923
Fax: 256-471-42094

OFFICE OF THE DEAN FACULTY OF BUSINESS AND DEVELOPMENT STUDIES

Date: 8th August,2025

TO WHOM IT MAY CONCERN

RE: AMALI GETRUDE RUTH REG: NO: 23/U/0432/MDS/PS

The above-named person is a final year student pursuing Master of Development Studies (MDS) Degree of Gulu University.

In partial fulfillment of the requirements for the award of the Degree, she is carrying out research on the topic: **Psychosocial Support Services as a Strategy for Reducing Child Abuse in the Refugee Settlement: A Study of Palabek Settlement Camp.**

Due consideration accorded to her shall be highly appreciated.

Yours Faithfully

8/8/2025

GULU UNIVERSITY
08 AUG 2025
DEAN
FACULTY OF BUSINESS AND DEVELOPMENT STUDIES

Dr. Olanya David Ross (Ph.
Vice Chairperson Higher Degrees Committee
Faculty of Business and Development Studies
Tel: 0773-170-448
E-Mail: d.olanya@gu.ac.ug

Permission granted to to conduct her study research in Palabek Settlement Lamwo District.

Juma M
8/2025.

OFFICE OF THE PRIME MINISTER
13 AUG 2025
CAMP COMMANDANT
PALABEK REFUGEE SETTLEMENT

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Department:____ DEVELOPMENT STUDIES ___

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