

**GENDER-BASED VIOLENCE PRACTICES, IMPLEMENTATION
AND CHALLENGES IN CONFLICT AFFECTED AREAS IN
DEBATIE WOREDA, BENISHANGUL-GUMUZ, ETHIOPIA**

MA THESIS

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**Gender-Based Violence Practices, Implementation and Challenges in
Conflict Affected Areas in Debatie Woreda, Benishangul-Gumuz,
Ethiopia**

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OF ARTS IN SOCIAL PSYCHOLOGY**

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DEDICATION

Dedicated to my parents, Fatuma Hussein and Mohammedhussein Beriso, whose love and guidance inspired me to explore Gender-Based Violence Practices, Implementation and Challenges in Conflict Affected Areas in Debatie Woreda, Benishangul-Gumuz, Ethiopia


STATEMENT OF THE AUTHOR

This is to certify that this thesis is my original work and that all sources of materials used have been duly acknowledged. It has been submitted in partial fulfillment of the requirements for the Master of Arts (MA) Degree at Haramaya University and is deposited in the university library to be made available to borrowers under library rules.

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BIOGRAPHICAL SKETCH

The author, Abdurahman Mohammedhussein, was born on January 3, 1991, in Soof Umer town, East Bale Zone, Oromia Region, Ethiopia. He completed his elementary and high school education in Soof Umer and later attended Mio Preparatory School for his grades 11 and 12. In July 2021, he graduated with a Bachelor of Arts (BA) in Psychology from Injibara University. Following his graduation, he worked as a Graduate Assistant I at Oda Bultum University. In 2022, he enrolled at Haramaya University to pursue a Master of Arts (MA) degree in Social Psychology.

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ABBREVIATIONS AND ACRONYMS

AU	African Union
BGRS	Benishangul Gumuz Regional State
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
FGDs	Focus Group Discussions
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
IASC	Inter-Agency Standing Committee
IDPs	Internally Displaced Persons
IPV	Intimate Partner Violence
NGO	Nongovernmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization

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Gender-Based Violence Practices, Implementation and Challenges in Conflict Affected Areas in Debatie Woreda, Benishangul-Gumuz, Ethiopia

Abdurahman Mohammedhussein

ABSTRACT

This qualitative study explored gender-based violence (GBV) practices, implementation, and challenges in Debatie Woreda conflict-affected areas of Benishangul-Gumuz, Ethiopia. The study employed a descriptive case study design and employed purposive and snowball sampling to recruit 15 participants, including GBV survivors, program implementers (governmental and NGO), health providers, and social workers. Purposive sampling ensured that all the key stakeholders were represented, and snowball sampling assisted in reaching hard-to-reach populations, which enriched the perspectives. Data collection was done through semi-structured interviews and focus group discussions (FGDs), and the data were subsequently analyzed thematically. The results illustrated that GBV prevention interventions such as community awareness sessions, safe spaces, and education that was culturally adapted were obstructed by a lack of resources, societal stigma, and logistics. Cultural norms like victim-blaming and child marriage severely compromised reporting and response. Survivors were undermined from accessing services by confidentiality issues as well as infrastructure. The study underlines the need for sustained funding, leadership involvement of the community, and culturally sensitive methods to enhance program performance. Recommendations also include mainstreaming GBV prevention into humanitarian response, expansion of mobile services, and enhancing legal frameworks to facilitate survivor-led response. These results guide context-specific interventions for GBV prevention in conflict-affected settings through the realization of the importance of multi-sectoral partnerships and long-term support systems.

Keywords: *Gender-Based Violence, Internally Displaced Persons, GBV Prevention Practices*

1. INTRODUCTION

This chapter presents an overview of the research, covering the background of the study, problem statement, research questions, objectives, significance, scope, and operational definitions.

1.1. Background of the Study

Gender-based violence (GBV) has long been recognized as a grave human rights violation that disproportionately affects women and girls worldwide (Yadav, 2023). Defined by the United Nations as "violence directed against a person because of their gender," GBV encompasses physical, sexual, psychological, and economic harm (Ali, 2023). These acts are deeply rooted in entrenched societal perceptions of gender roles (Mustafa, 2023). GBV has manifested in various forms throughout history, undermining the dignity, health, and security of its victims, particularly in conflict-affected regions (Tewabe et al., 2024a).

Gender-based violence (GBV) in conflict zones is a global crisis, more widespread and severe during such crises, according to the World Health Organization (2024), almost 38% of women across the globe experience physical or sexual violence, with a much larger percentage in conflict zones.

Conflicts disintegrate social institutions, erode legal protection, and increase risks for women and girls, including sexual violence, exploitation, and forced marriage (Gupta et al., 2007). Such collapse often leads to enormous violence, with women and girls facing a higher threat of sexual violence, forced marriage, trafficking in persons, and exploitation. The destabilization caused by war and displacement makes GBV one of the most enduring and damaging consequences of armed conflict, where Internally displaced persons face compounded risks (Yusuf, 2022).

On the African continent, GBV has remained a persistent challenge, varying in prevalence and intensity across different regions. For instance, countries such as South Sudan, Somalia, and the Democratic Republic of Congo have consistently registered high rates of Gender-Based Violence (GBV), which are largely driven by armed conflicts and socio-political instability (Selebogo, 2018). Research indicates that up to 65% of women in conflict areas of Africa experience gender-based violence at some point in their lifetime (Bruey, 2024).

Armed groups and other forces often use sexual violence as a weapon of war, creating severe physical, psychological, and social impacts on survivors (Gebrekristos, 2023). Addressing GBV in such contexts requires coordinated efforts to strengthen legal systems, provide psychosocial support, and ensure access to essential services for survivors (Roucaayrol, 2020).

Ethiopia, a nation with diverse ethnic groups and a history of recurring conflicts, has witnessed significant levels of GBV, particularly in areas affected by violence. While poverty, weak legal systems, and entrenched patriarchal norms contribute to GBV across Africa, conflict-prone regions such as Tigray, Oromia, Benishangul-Gumuz and Amhara Region present unique challenges (Tewabe,et al., 2024). The country has approximately 4.2 million internally displaced persons, with an estimated 45% of women in these communities' reporting experiences of GBV (Admasu et al., 2022).

The Benishangul-Gumuz Region in western Ethiopia has experienced periodic ethnic conflicts caused by resource competition and political tensions(Beyene, 2024). Ethnic groups, including the Berta, Gumuz, Shinasha, Oromo, Amhara, and Agaw, have clashed frequently, leading to displacement and heightened vulnerabilities for women and girls (Tsegay, 2022). In Benishangul-Gumuz, 15,462 households, equating to 77,215 individuals, have been displaced due to conflict (IOM, 2023). Within this region, the Matakkel Zone stands out as a rural area where socio-economic challenges, including limited access to education, healthcare, and infrastructure, compound the risks of Gender Based Violence (Etafa, 2021). Approximately 10,779 households comprising 49,391 internally displaced persons (IDPs) were identified in 46 accessible sites in the Matakkel Zone between November 2022 and June 2023 (IOM, 2023).

The Internally Displaced Persons (IDPs) in the Matakkel Zone, particularly in Debatie Woreda, exemplifies the vulnerabilities faced by conflict-affected populations. Survivors of gender-based violence (GBV) often face many challenges in accessing health care, psychosocial support, and remedies according to the law. The lack of basic infrastructure, including water, sanitation, and shelter, creates environments that normalize and perpetuate violence (Hawkins, 2020).

This study, titled Gender-Based Violence Practices, Implementation, and Challenges in Conflict-Affected Areas in Debatie Woreda, Benishangul-Gumuz, Ethiopia, aims to better understand the realities faced by these communities.

1.2. Statement of the Problem

Gender-based violence (GBV) is a global human rights crisis that disproportionately affects women and girls, particularly in conflict-affected regions (Hazel Malapit & Lynn Brown, 2023). Globally, almost one in three women (approximately 736 million) have experienced physical or sexual violence at least once in their lifetime, often perpetrated by intimate partners (Benagiano et al., 2023).

In times of war, displacement, and political instability, the risk of GBV increases due to weakened social structures, lack of protection, and limited access to justice (De la Parra-Guerra et al., 2025). Despite international efforts to prevent GBV through legal frameworks and humanitarian programs, challenges remain in effectively addressing the issue, particularly in low-resource and conflict-affected settings (Stark et al., 2021).

In Africa, conflict-induced displacement has exacerbated GBV, with internally displaced persons (IDPs) facing heightened risks due to inadequate shelter, limited security, and restricted access to support services. As of March 2023, there were approximately 11.71 million IDPs in the region, primarily in countries like Ethiopia, Somalia, South Sudan, and Sudan (Aliga, 2023). Research across the continent highlights that IDP communities often experience structural barriers that prevent effective GBV prevention and response, including cultural stigmatization, weak institutional capacity, and logistical constraints in delivering services to remote areas (Wordu & Ogbozor, 2019).

In Ethiopia, prolonged conflicts have led to large-scale internal displacement, significantly increasing the vulnerability of women and girls to GBV. The country has approximately 35% of women have experienced gender-based violence, with prevalence rates soaring to over 50% in conflict-affected regions (World Bank, 2022).

The Benishangul-Gumuz region, particularly Debatie Woreda, has been heavily affected by conflict, forcing many into displacement camps where GBV remains a pervasive issue. Despite efforts by the government, NGOs, and humanitarian agencies, major gaps persist in GBV prevention, leaving survivors without adequate legal, medical, and psychosocial

support. The remote and rural nature of Debatie Woreda further hinders intervention efforts, making it difficult for survivors to report abuse and access essential services.

Previous studies conducted in the Benishangul region examined various aspects of conflict, displacement, and violence. The study conducted in the Matakel zone examined displacement dynamics but did not focus on the gendered aspects of violence or prevention practices (Tsegay, 2022). Similarly, a study conducted in the Bambasi woreda of the Benishangul region studied violence among Sudanese refugee women but did not consider the unique challenges faced by IDPs (Belay, 2022). Another study conducted in the Metekel zone analyzed conflict and displacement but lacked a survivor-centered approach to GBV prevention (Adugna et al., 2019).

This study addresses those critical gaps by exploring Gender-Based Violence Practices, Implementation and Challenges in Conflict Affected Areas in Debatie Woreda, Benishangul-Gumuz, Ethiopia. By providing a context-specific analysis, the study aims to inform policymakers, humanitarian actors, and community-based organizations on effective interventions tailored to the needs of displaced populations. This study contributes both to academic knowledge and to practical efforts to strengthening GBV implementation frameworks in conflict-affected region

1.3. Research Questions

1. How was gender-based violence (GBV) practices implemented in conflict-affected areas, specifically among the internally displaced persons in Debatie Woreda, Benishangul-Gumuz, Ethiopia?
2. What challenges faced in implementing GBV practices in Debatie Woreda, particularly among the internally displaced persons?
3. How effective were the current GBV Practices in reducing incidents of violence in Debatie Woreda?
4. How did cultural norms in Debatie Woreda shape the reporting of GBV incidents among the internally displaced persons?

1.4. Objectives of the Study

1.4.1. General objective

The General Objectivity of this study was to explore Gender-Based Violence Practices, Implementation and Challenges in Conflict Affected Areas in Debatie Woreda, Benishangul-Gumuz, Ethiopia.

1.4.2. Specific Objectives

1. To explore the gender-based violence (GBV) practices in conflict-affected areas in Debatie Woreda, Benishangul-Gumuz, Ethiopia.
2. To identify the key challenges faced in implementing GBV practice in Debatie Woreda.
3. To describe the effectiveness of GBV practices in reducing violence among internally displaced persons in Debatie Woreda.
4. To investigate the role of cultural norms and practices in shaping the reporting of GBV incidents within the internally displaced persons in Debatie Woreda.

1.5. Significance of the Study

This study addresses a critical gap in evidence-based approaches to mitigating gender-based violence (GBV) in conflict-affected settings, focusing on internally displaced persons (IDPs) in Debatie Woreda, Ethiopia. Its significance lies in informing context-specific practices for stakeholders addressing GBV risks in humanitarian crises.

For instance, the research addresses critical needs of protection of IDPs especially women and girls whose vulnerability to GBV is enhanced due to displacement, lack of resources, and disruption of social functioning. By calling attention to the shortcomings of existing prevention mechanisms, the study proposes recommendations to foster safety, reporting channels and psychosocial support mechanisms.

Second, the findings offer evidence for policy makers, which are often more critical of systemic barriers to GBV like fragmented legal regimes, inadequate funding for CBI services and weak institutional coordination. These can be used to inform policy formulation in relation to Ethiopia's commitment to gender equality, such as improving survivor-centered justice regimes, or ensuring that GBV is integrated into conflict mitigation strategies.

Thirdly, these measures will provide a further incentive for humanitarian professionals and organizations in Debatie Woreda to take inventory of the operational problems that exist in the context of Debatie Woreda: cultural resistance, logistical constraints and community distrust, and propose feasible measures to enhance performance through capacity-building of local volunteers, or social networks for awareness campaigns.

Fourthly, the Debatie Woreda Office for Women and Youth Affairs will collect local empirical data to test and refine interventions. The recommendations - for instance building communities' safety committees or strengthening cooperation in health care - are intended to promote culturally relevant interventions and partnerships with NGOs.

5th Government and international agencies can apply the results to build scalable models of GBV prevention. Practical measures such as including GBV risk assessments into displacement protocols or establishing survivor service budgets could help institutionalize equitable humanitarian practice.

Finally, the study provides empirical evidence on displacement, conflict and GBV intersectivity in an unexplored setting that may inform future research on intervention effectiveness, intersectional vulnerabilities or comparative studies; it may also inform paraprofessional training programs and culturally adaptive strategies in fragile environments.

1.6. Scope of the Study

This study examined the prevention strategies for gender-based violence (GBV) among internally displaced people (IDPs) in Debatie Woreda, Benishangul-Gumuz, Ethiopia, during the time of severe conflict-driven relocation that lasted from 2023 to 2024. In order to gather a variety of viewpoints, the study used a descriptive case study methodology to examine techniques used by governmental and non-governmental stakeholders. Semi-structured interviews (15 purposively and snowball sampled individuals) and focus group discussions (FGDs) were used. Recurring themes in preventative initiatives, obstacles, and perceived efficacy were found through thematic analysis. Although the findings are unique to the Debatie Woreda context, they provide useful information for conflict-affected areas in Ethiopia and sub-Saharan Africa that are dealing with displacement and GBV.

1.7. Limitation of the study

This study has some important findings for GBV prevention, but it also has limitations and considerations. One of the potential limitations that may affect the outcome of the study is social desirability bias: that was the participants were afraid to report any sensitive issues because they feel ashamed, or that they would be punished if they did so. This could have contributed to a confounding effect on our statistical statistics: the data could have been incomplete because of social desirability bias. Another confounding factor that might have played a role was recall bias: those involved in the study may have had difficulties remembering and reporting events associated with GBV in an accurate manner. Because GBV is a very traumatic experience for the participants, it is difficult to report it accurately in this setting. We have found some good practices to reduce these limitations: We trained the interviewees not only to be confidential and anonymized, but also to undertake the interview in a private and safe environment to enable participants to be honest. We used neutral and non-judgmental language to decrease responses and used probing methods to increase the accuracy of people's recollections. The results of this research were important, and another excellent example of these would be a longer-term follow-up with mixed-methods, and to cover a wider geographic area in the future.

1.8. Operational Definitions

Gender-Based Violence (GBV) is any form of violence aimed at individuals, in particular women and girls, in a gender discriminatory context or due to power imbalance between men and women. It includes physical, sexual, psychological, and economic violence; as well as harmful traditional practices like early marriage and Exchange marriage.

Internally Displaced Persons (IDPs) are persons who, in response to a period of conflict or violence, have fled from their homes but remain within the borders of Ethiopia. The vulnerabilities of IDPs include; exploitation, abuse and deterioration of social support systems.

GBV Prevention Practices: actions, strategies or interventions in the fight against or prevention of gender-based violence (GBV), particularly in conflict-affected settings; this may include community awareness campaigns, educational activities, creating safe spaces, legal reforms, and advocacy, management and support services for survivors.

2. REVIEW OF RELATED LITERATURE

This literature review examined GBV in conflict-affected areas, emphasizing global and local frameworks. It explored Social Learning Theory for prevention and analyzed policies from IASC, WHO, UNHCR, and regional bodies. Additionally, it discussed prevention practices, implementation challenges, and community responses.

2.1. Overview of gender-based violence as a Global and Regional Issue

Gender-based violence (GBV) is a significant global issue, disproportionately affecting millions of women and girls. According to the World Health Organization (WHO, 2021), one in three women globally has experienced physical or sexual violence in her lifetime. Moreover, GBV manifests in various forms, including intimate partner violence, sexual violence, and harmful traditional practices, each leaving devastating physical and psychological impacts on survivors (Mary, 2019).

In addition, conflict zones are particularly prone to heightened rates of GBV due to the breakdown of societal structures, weak governance, and the displacement of populations (Davies & True, 2015). Sub-Saharan Africa, including Ethiopia, faces particularly high prevalence rates, fueled by entrenched patriarchal norms and systemic gender inequalities (Woldearegay et al., 2021). In Ethiopia, harmful practices such as child marriage and female genital mutilation remain persistent, further compounding the challenges of addressing GBV effectively (Africa, 2024). Therefore, understanding GBV at the global and regional levels is crucial for contextualizing its prevalence in conflict-affected areas like the Benishangul-Gumuz region.

2.2. Focus on Conflict-Affected Areas and Displaced Populations

Moreover, GBV takes on unique dimensions in conflict-affected areas and displaced populations. In conflict-affected areas like Ethiopia, displacement caused by armed conflict disrupts traditional community protections, heightening the vulnerability of women and girls to sexual violence, exploitation, and abuse (Patrick, 2018). For instance, internally displaced persons (IDPs) in camps like Debatie in Ethiopia face multiple challenges, including

overcrowding, insufficient resources, and inadequate security measures. These conditions significantly heighten the risk of GBV (Desalegn et al., 2023).

Additionally, the socio-economic instability associated with displacement exacerbates these vulnerabilities. Women in such settings often lack access to economic opportunities, healthcare services, and legal protections, making it even harder to escape cycles of abuse (Wessells & Kostelny, 2022). As a result, addressing GBV within displaced populations requires not only immediate interventions but also systemic approaches to rebuilding protective mechanisms and ensuring access to essential services (Raftery, 2023)

2.3. Importance of Aligning the Research with Global and Local Frameworks

To address these multifaceted challenges, it is essential to align GBV prevention and response efforts with established global and local frameworks. Internationally, the Inter-Agency Standing Committee (IASC) Guidelines on Gender-Based Violence emphasize integrating GBV prevention into all humanitarian actions, advocating for survivor-centered approaches that prioritize dignity, safety, and respect (Fawzi El-Solh, 2015). Similarly, the WHO Guidelines on GBV Response highlight evidence-based practices, such as clinical care for survivors and psychosocial support, as critical components of effective GBV interventions (WHO, 2014).

On the other hand, national frameworks also play a crucial role in shaping GBV prevention efforts. In Ethiopia, the National Strategy on Harmful Traditional Practices and the National Action Plan on Women, Peace, and Security provide a comprehensive framework for addressing GBV at the policy level (Addis Ababa, 2013). However, the implementation of these policies remains inconsistent, particularly in conflict-affected regions such as Benishangul-Gumuz, where institutional capacity is limited (Mulugeta et al., 2024)

In conclusion, aligning GBV prevention efforts with global and local frameworks ensures that interventions are both evidence-based and contextually relevant. By focusing on the unique challenges faced by displaced populations in conflict-affected areas, this research aims to contribute to the broader body of knowledge on GBV prevention practices while addressing gaps in policy and implementation.

2.4. Theoretical Framework for GBV Prevention

This section applies Social Learning Theory (Bandura, 1977) to understanding and preventing GBV, emphasizing observation, reinforcement, and imitation in shaping behaviors. It explores how GBV is learned and perpetuated in conflict-affected settings like Debatie Woreda and highlights the theory's role in designing effective interventions.

2.4.1. Social Learning Theory and Its Application to GBV

Social learning theory posits that individuals acquire behaviors through observing others and imitating their actions, particularly when those behaviors are perceived as effective or are reinforced (Petersen, 2009). In the context of GBV, this theory provides insights into how violence becomes normalized and perpetuated within families, communities, and societies. Furthermore, it emphasizes the interplay between personal experiences and environmental factors in shaping violent behaviors.

At the individual level, exposure to violence within families or communities plays a critical role in shaping behaviors. Displaced individuals in the Debatie Woreda, for instance, often witness or experience violence in their immediate surroundings. When such violence is not met with consequences, it signals to observers that it is an acceptable way to exert control or resolve conflicts (Petersen, 2009). This normalization of violence through observation contributes significantly to its persistence.

Additionally, the stress and trauma associated with displacement exacerbate the risk of individuals adopting violent behaviors. For example, individuals who experience or witness violence during childhood may learn and replicate these behaviors in adulthood, perpetuating cycles of violence (Siegel, 2013). Therefore, addressing these individual vulnerabilities requires providing psychosocial support and teaching alternative, non-violent coping mechanisms. Without such interventions, the learned patterns of violence are likely to persist and escalate.

At the relational level, intimate partner violence and family dynamics are significant contributors to GBV. In displaced contexts, such as the Debatie woreda, stressors like economic instability, overcrowding, and disrupted family roles increase the likelihood of violence within households. Social learning theory explains how these dynamics are observed and modeled within families, leading to the perpetuation of harmful behaviors across generations (Heise, 1998).

For instance, children who grow up in environments where violence is used as a means of resolving conflicts may imitate these behaviors in their future relationships. Moreover, relational tensions exacerbated by the challenges of displacement can create environments where violence becomes a normalized response to stress. Consequently, programs that provide positive role models and teach conflict resolution skills can disrupt these cycles and promote healthier relationship dynamics (Petersen, 2009). By breaking these relational cycles of violence, interventions can have a lasting impact on family systems.

At the community level, social learning theory highlights how collective norms and behaviors influence attitudes toward GBV. In the fragmented social structures of the Debatie woreda, weakened community networks and a lack of accountability mechanisms can reinforce the normalization of violence. This is particularly concerning because communities often serve as primary sources of social learning and normative reinforcement.

For example, if perpetrators of GBV face no consequences and survivors receive little support, these responses may signal to the community that violence is acceptable or inevitable. Over time, these observations reinforce harmful behaviors and discourage community members from challenging them. However, community-based interventions can address these issues by promoting positive role modeling and collective action. Engaging respected community members to model non-violent behaviors and challenge harmful norms can foster an environment that discourages violence and supports survivors (Garnier, 2023). Therefore, strengthening community responses is pivotal for changing entrenched norms and fostering protective environments.

Social learning theory also extends to societal influences, emphasizing the role of cultural norms, policies, and media in shaping individual and collective behaviors. In Ethiopia, entrenched gender norms and systemic inequalities contribute to the normalization of violence against women (Tamunomiegbam & Arinze, 2024). Observing these societal messages reinforces harmful behaviors and attitudes that perpetuate GBV, creating a broader context where violence becomes culturally embedded.

To counter these influences, interventions should focus on reshaping societal norms through advocacy, media campaigns, and educational programs. Highlighting stories of gender equality and justice provides positive models for behavior and challenges existing narratives that legitimize violence. Additionally, integrating GBV prevention into national policies and

educational curricula can further disrupt the transmission of harmful norms (Marcus, 2014). By addressing systemic factors, these efforts can create a supportive framework for individual, relational, and community-level changes.

In conclusion, social learning theory provides a comprehensive framework for understanding how GBV is learned and perpetuated across individual, relational, community, and societal levels. By addressing the mechanisms of observational learning, reinforcement, and imitation, interventions can break cycles of violence and promote positive behavioral change. In the Debatie Woreda, applying social learning theory emphasizes the need for targeted interventions that address the root causes of GBV while fostering supportive environments for survivors. Through a holistic approach, this theory offers practical pathways for sustainable GBV prevention and response.

2.5. Global Guidelines and Policies for GBV Prevention

GBV prevention and response follow global, regional, and national frameworks, providing standards for humanitarian actors and policymakers. This section reviews key guidelines, including the IASC (2015), WHO (2013), UNHCR (2020), the African Union Gender Policy, and Ethiopia's National Action Plan on Women, Peace, and Security.

2.5.1. Inter-Agency Standing Committee (IASC) Guidelines (2015)

The IASC Guidelines on Gender-Based Violence Interventions in Humanitarian Settings (2015) provide essential direction for addressing GBV in conflict and post-conflict contexts, emphasizing the importance of a coordinated and survivor-centered approach. These guidelines position GBV as a multifaceted issue encompassing protection, human rights, and development concerns, advocating for integrated, multi-sectoral interventions (Unicef, 2020).

They highlight the need to embed GBV prevention across all humanitarian programming phases, ensuring it is prioritized in sectors such as health, shelter, and education. A community-based approach, with the inclusion of women and girls in decision-making processes, is central to creating responsive and effective programs (Marshall, 2022).

The guidelines outline four critical pillars for intervention: prevention, risk mitigation, response, and coordination. Key recommendations include the development of survivor-centered referral mechanisms that prioritize the dignity, autonomy, and safety of survivors, as well as ensuring strong inter sectoral coordination for effective service delivery (IASC, 2015). Additionally, the IASC underscores the importance of collecting disaggregated data to monitor interventions and improve program efficacy while safeguarding the confidentiality of survivors. By promoting these strategies, the guidelines aim to enhance the humanitarian response to GBV and reduce associated risks in emergencies.

2.5.2. WHO Guidelines on GBV Response (2013)

The WHO Guidelines on Responding to Intimate Partner Violence and Sexual Violence against Women (2013) emphasize the critical role of healthcare providers in offering comprehensive, evidence-based care to survivors. These guidelines advocate for immediate medical attention, psychological support, and access to legal and social services tailored to the needs of survivors. Central to this framework is a survivor-centered approach that prioritizes confidentiality, informed consent, and non-judgmental care by healthcare providers, ensuring that survivors feel safe and respected during treatment (WHO, 2013).. The guidelines also address the necessity for healthcare workers to be trained in handling the physical and psychological effects of violence, such as injuries, sexually transmitted infections, and mental health issues, providing both immediate and long-term support (WHO, 2013).

Moreover, the WHO Guidelines highlight the importance of integrating GBV care into routine healthcare systems to improve accessibility and ensure timely intervention. They advocate for a coordinated, multi-sectoral response that links healthcare with psychosocial support, legal aid, and safe shelter services. This approach ensures that survivors receive comprehensive assistance to recover from the impacts of violence and rebuild their lives effectively (WHO, 2013).. By addressing both the health and social dimensions of GBV, the guidelines aim to strengthen the capacity of healthcare systems to respond holistically to survivors' needs.

2.5.3. UNHCR Policy on Gender Equality (2020)

The UNHCR Policy on Gender Equality (2020) serves as a critical framework for protecting the rights of women and girls in displacement settings, emphasizing GBV as a severe violation of human rights. The policy underscores the integration of gender considerations into all phases of humanitarian operations, advocating for women's leadership in decision-making, equitable access to services, and addressing the structural causes of gender inequality, such as harmful cultural norms and violence. It promotes comprehensive approaches to GBV prevention and response, including healthcare, legal assistance, and psychosocial support, ensuring survivors receive holistic care (Division of International Protection, 2021).

The policy also highlights the importance of community engagement, particularly involving men and boys, in preventing GBV and fostering gender equality. By challenging traditional gender norms and promoting inclusive participation, the framework aims to reduce violence and build safer environments in displacement settings. This community-centered approach is key to promoting sustainable change and ensuring the success of GBV prevention programs in humanitarian contexts (Division of International Protection, 2021).

2.6. Regional and National Frameworks

2.6.1. African Union Gender Policy

The African Union (AU) Gender Policy (2009) serves as a vital regional framework for promoting gender equality and addressing GBV in Africa. It emphasizes aligning with international standards, such as the Maputo Protocol, to combat all forms of violence against women through legal reforms, public education, and protective mechanisms (African Union, 2009). The policy acknowledges the heightened risks of GBV in conflict and post-conflict settings, advocating for a rights-based approach to prevention and for ensuring women's active participation in peacebuilding and decision-making processes. It underscores the importance of providing survivors with comprehensive services, including access to healthcare, legal aid, and economic empowerment programs.

In addition, the AU Gender Policy highlights the critical role of men and boys in preventing GBV, emphasizing the need to transform harmful gender norms and dismantle patriarchal systems to create sustainable change (African Union, 2009). By integrating gender considerations into regional strategies and ensuring accountability among member states, the

policy provides a roadmap for tackling the structural and cultural factors that perpetuate GBV in Africa. Its focus on multi-sectoral and inclusive approaches underscores the AU's commitment to addressing the complex dynamics of GBV in a holistic and transformative manner.

2.6.2. Ethiopian National Action Plan on Women, Peace, and Security

Ethiopia's National Action Plan on Women, Peace, and Security (2018) reflects the country's commitment to the UN Security Council Resolution 1325, which emphasizes the inclusion of women in peace and security processes. The plan identifies GBV as a critical issue within the broader peace and security framework, focusing on protecting women and girls in conflict and post-conflict settings. Key strategies include strengthening the legal framework, promoting women's participation in peace negotiations, and establishing safe spaces for survivors. The plan also underscores the importance of integrating gender-sensitive services such as medical care, legal aid, and psychosocial support into humanitarian responses, especially in regions affected by conflict, like Benishangul-Gumuz (UNICEF, 2020).

By aligning with international initiatives such as the UN Women Peace and Security Agenda, the Ethiopian National Action Plan enhances efforts to address GBV and foster gender equality in conflict-affected areas. It highlights a multi-sectoral approach, combining legal, health, and psychosocial interventions, to protect and empower women and girls. This framework not only aims to combat GBV but also supports the active role of women in building sustainable peace and security in Ethiopia (Lemlemu, 2024).

2.7. Types of GBV Prevention Practices in Conflict Contexts

In conflict-affected areas like Benishangul-Gumuz, Matakel Zone, Debatie Woreda, GBV prevention requires a multi-tiered approach, including primary, secondary, and tertiary strategies. Primary prevention focuses on addressing root causes through awareness campaigns and behavior change initiatives that challenge harmful norms. Secondary prevention involves early detection, survivor-centered support, and accessible reporting mechanisms to minimize harm. Tertiary prevention emphasizes long-term rehabilitation, including economic empowerment, psychosocial support, and social reintegration. These

tailored strategies aim to mitigate the heightened risks of GBV in displaced communities by addressing their unique vulnerabilities.

2.7.1. Primary Prevention: Awareness and Behavior Change

Primary prevention addresses the root causes of GBV by promoting gender equality, raising awareness, and challenging harmful cultural practices. In the context of the internally displaced people of Debatie Woreda, community-level interventions engage both men and women in campaigns targeting issues like early marriage and female genital mutilation (FGM), which are prevalent in parts of Benishangul-Gumuz (Africa, 2024). These interventions often involve local leaders, such as religious figures and elders, to influence societal attitudes and foster behavioral change. Programs led by NGOs and UN agencies work to shift norms that condone violence and discrimination.

Community-based education and training are central to primary prevention efforts. These include outreach programs that emphasize human rights, the consequences of GBV, and equitable relationships. Youth empowerment and peer education initiatives equip young people with knowledge about consent, gender equality, and healthy relationships, enabling them to challenge traditional gender roles and prevent GBV among the internally displaced people of Debatie Woreda

2.7.2. Secondary Prevention: Early Detection and Survivor Support

Secondary prevention focuses on early identification and intervention to support GBV survivors as soon as violence occurs. In conflict settings like the internally displaced people of Debatie Woreda, survivors often face challenges in seeking help, such as fear of stigma, lack of services, and unsafe reporting mechanisms. To address these issues, secondary prevention strategies ensure that services are accessible, responsive, and survivor-centered, prioritizing safety, dignity, and confidentiality. Healthcare workers, social workers, and community members are trained to recognize the signs of GBV and provide immediate support, including medical care and referrals to other services (Birhanu Enyew et al., 2022)

Another critical aspect of secondary prevention is providing psychosocial support to survivors, which helps them process trauma and rebuild their lives. In the Debatie IDP camp, survivor-centered approaches include safe reporting mechanisms, such as hotlines, mobile clinics, and community-based safe spaces (IASC, 2005). Additionally, Ethiopia's coordinated referral systems between healthcare, legal aid, and social services ensure survivors receive comprehensive care in a timely manner(L. S. Mengistu, 2017). Programs offering counseling, group therapy, and trauma-informed care have proven effective in supporting survivors and preventing long-term psychological harm (Alghazo & Premuda-Conti, 2024).

2.7.3. Tertiary Prevention: Long-Term Rehabilitation and Reintegration

Tertiary prevention focuses on the long-term recovery and reintegration of GBV survivors into society. This phase is particularly important in conflict settings, such as the internally displaced people of Debatie Woreda, where survivors face compounded challenges, including displacement, loss of livelihood, and lack of social support. Long-term rehabilitation programs are essential to help survivors rebuild their lives, regain economic independence, and reintegrate into their communities. These programs often include vocational training, livelihood support, and educational opportunities, which reduce economic vulnerabilities (United Nations Population Fund UNFPA], (2015).

Social reintegration is another critical component of tertiary prevention, as survivors frequently face stigma and rejection, leading to isolation. Community sensitization campaigns are vital to reducing stigma and fostering social cohesion, thereby supporting survivors' reintegration. The Ethiopian National Action Plan on Women, Peace, and Security emphasizes the role of community-based support networks in creating safe spaces where survivors are welcomed and supported by peers and local leaders (Mifetu, 2022).

Access to long-term mental health care is crucial for survivors of GBV, as the psychological impact can be severe. In the Benishangul-Gumuz region, efforts have been made to establish psychosocial support services, including counseling, therapy, and peer support groups, to aid survivors in their emotional recovery (World Health Organization [WHO], 2013) Legal support is also integral to tertiary prevention, as it ensures survivors can access justice and hold perpetrators accountable. In conflict settings, providing legal aid and upholding

survivors' rights is essential to empowering them and fostering long-term recovery (UN Women, 2020).

2.8. Challenges in Implementing GBV Prevention Programs

The implementation of Gender-Based Violence (GBV) prevention programs in conflict-affected regions such as Benishangul-Gumuz, Matakel Zone, Debatie Woreda's internally displaced peoples (IDPs) involves numerous challenges that hinder both the immediate effectiveness and long-term sustainability of such efforts like limited resources, cultural resistance, societal stigma, confidentiality concerns, and logistical issues. These barriers hinder program effectiveness and sustainability, requiring tailored strategies and collaboration among local, humanitarian, and international organizations to support survivors and ensure success.

2.8.1. Resource and Funding Constraints

A major challenge in implementing effective gender-based violence (GBV) prevention programs in conflict settings, such as Debatie Woreda, is the persistent lack of resources and funding. Humanitarian organizations operating in Ethiopia often face competing priorities, including the provision of food, shelter, and essential health services, which leaves limited resources for GBV interventions (Birhanu Enyew et al., 2022). In Benishangul-Gumuz, financial limitations significantly hinder the capacity to implement comprehensive GBV prevention initiatives, such as community education campaigns, survivor-centered services, and training programs for frontline responders.

The lack of sufficient infrastructure in remote areas, including Debatie Woreda, further exacerbates these challenges by restricting the delivery of critical services to survivors. Poor road networks, limited healthcare facilities, and inadequate communication systems delay the response and support needed for survivors. Furthermore, inconsistent and insufficient funding threatens the sustainability of interventions, as continuous financial resources are necessary to maintain support and avoid service interruptions (Ministry of Finance and Economic Development, 2020) Addressing these funding and resource gaps is critical to ensuring effective and sustainable GBV prevention initiatives in conflict-affected regions

2.8.2. Cultural Resistance and Societal Stigma

Cultural resistance and societal stigma present significant challenges to gender-based violence (GBV) prevention efforts in Debatie Woreda. In many conflict-affected regions, including Benishangul-Gumuz, entrenched patriarchal norms and traditional gender roles perpetuate violence against women and girls. These cultural practices, such as early marriage and bride price, directly conflict with the goals of GBV prevention programs (Ministry of Women, Children, and Youth, 2018). In internally displaced persons (IDP) settings like Debatie Woreda, where displaced populations from various ethnic backgrounds converge, there is additional resistance to change. Many view GBV prevention programs as external interventions that threaten traditional values (Amahazion, 2023). Societal stigma surrounding GBV further complicates matters, as survivors often fear blame, social ostracism, and retaliation, which discourages them from reporting incidents or seeking support. This cultural resistance and stigma impede the success of GBV prevention programs and limit their reach (Taye et al., 2024).

2.8.3. Confidentiality and Reporting Barriers

Confidentiality and reporting barriers are major obstacles to the effective implementation of GBV prevention programs in Debatie Woreda, where social ties are strong and information spreads quickly. Survivors often fear that disclosing their experiences will lead to victimization or retaliation. Additionally, many survivors face practical barriers to reporting, such as a lack of trust in local law enforcement, fear of retribution, and insufficient knowledge of available reporting mechanisms (Mifetu, 2022). These issues make it difficult to establish safe spaces where survivors feel they can report GBV without further harm. Effective reporting mechanisms, which include clear pathways for survivors to report and access support services, require substantial resources, sensitivity training for service providers, and strong coordination between local authorities and humanitarian organizations (K. Mulugeta, 2020).

2.8.4. Logistical and Security Challenges

Logistical and security challenges significantly affect the delivery of GBV prevention services in conflict zones like Debatie Woreda. Poor infrastructure, limited access to transportation, and ongoing security risks, such as armed conflict and militia activity, make it difficult for humanitarian organizations to reach vulnerable populations (Seyoum, 2024).

These conditions not only delay service delivery but also threaten the safety of both service providers and survivors. In volatile environments like Debatie, humanitarian workers face direct threats of violence, which can discourage them from engaging with survivors or delivering essential services (Veronique De Clerck, Robina Shaheen, Arikew Gashaw & I, 2023). The transient nature of displaced populations further complicates the establishment of long-term support networks, making it challenging to ensure consistent and sustained service provision (World Health Organization, 2018).

By addressing these challenges through targeted strategies and multi-sectoral collaboration, it is possible to improve the effectiveness of GBV prevention programs in Debatie Woreda and similar conflict-affected areas.

2.9. Effectiveness of GBV Prevention Strategies

The effectiveness of GBV prevention in conflict-affected areas like Debatie Woreda is assessed through survivor perspectives, evaluation metrics, and service provider experiences. Key factors include addressing survivor needs, community engagement, and overcoming resource and cultural challenges.

2.9.1. Survivor Perspectives on Program Effectiveness

Survivor perspectives are crucial in evaluating the effectiveness of GBV prevention programs, as they provide direct insight into the strengths and weaknesses of interventions. Survivors' narratives often reveal their level of satisfaction with available services, highlighting both positive experiences and areas requiring improvement. For instance, survivors in the Benishangul-Gumuz, Matakel Zone, and the internally displaced community of Debatie Woreda have reported varied access to essential services such as medical care, psychosocial support, and legal assistance, with some praising the availability of mobile clinics and community-based counseling services, while others have faced barriers related to service accessibility, confidentiality concerns, and long waiting times (Ranganathan, 2023). Moreover, survivor satisfaction with GBV prevention programs often depends on the inclusivity of the interventions. Survivors from marginalized groups, including those with disabilities or from minority ethnic backgrounds, have frequently highlighted the lack of

tailored services that consider their unique needs (World Health Organization, 2024). Survivors have recommended more inclusive programs that provide culturally sensitive care, address intersectional forms of violence, and ensure the active participation of all community members in decision-making processes. This would involve training service providers to understand the diverse needs of survivors and creating community-led initiatives that empower individuals to support one another and identify barriers to accessing services (MOWCY et al., 2019)

2.9.2. Evaluation Metrics and Success Indicators

To assess the effectiveness of GBV prevention strategies, both quantitative and qualitative metrics are essential. Quantitative metrics often include the number of reported GBV cases, response times, service uptake, and the availability of resources. For instance, tracking the number of GBV cases reported and the time taken for survivors to receive medical care and legal assistance can offer insights into the efficiency and responsiveness of existing interventions (Sharma et al., 2022). These numbers also help identify trends and patterns, such as an increase in cases during periods of heightened conflict or displacement, which can inform future planning. However, relying solely on quantitative data may not fully capture the impact of GBV prevention strategies on survivors. Qualitative metrics, such as survivor satisfaction surveys, community engagement levels, and the perceived effectiveness of interventions, offer valuable context to the numerical data. Survivor satisfaction, in particular, reflects not only the availability of services but also the quality and cultural appropriateness of the support provided. For example, survivors' perceptions of their interactions with healthcare providers, social workers, and legal aid officers can offer insights into the effectiveness of training and capacity-building efforts aimed at improving the survivor experience (Abreham, 2021).

2.9.3. Healthcare and Social Work Perspectives

Healthcare providers and social workers are integral to the response to GBV in conflict-affected areas, such as the Benishangul-Gumuz region and Debatie Woreda. Their perspectives are critical in understanding the challenges of providing services in resource-constrained environments. Healthcare providers in these areas face significant challenges due to limited medical supplies, understaffing, and inadequate access to specialized care for

GBV survivors. This shortage of resources often compromises the quality and timeliness of service delivery. In the Benishangul-Gumuz region, where healthcare infrastructure is weak, the availability of crucial resources like post-rape care kits is limited, hampering survivors' access to immediate medical attention (Luebke, 2019). Social workers, on the other hand, play a vital role in offering psychosocial support to survivors. However, they face the challenge of working with survivors who often experience complex trauma, including sexual violence and displacement. The scarcity of trained mental health professionals and the overwhelming caseloads make it difficult for social workers to provide sustained psychological care (UNICEF, 2020). Additionally, cultural stigma, confidentiality concerns, and community resistance can hinder social workers' ability to engage effectively with survivors and encourage them to seek support. Despite these obstacles, best practices have emerged that can improve GBV prevention efforts. These include adopting a survivor-centered approach, ensuring services prioritize the safety and dignity of survivors, and establishing integrated care pathways that address survivors' physical, emotional, and legal needs. Collaborative approaches, such as forming referral networks between health services, social support, and legal assistance, have proven effective in improving service delivery and ensuring comprehensive support for survivors (Mballa et al., 2020).

2.9.4. Recommendations for Improving Strategies.

To improve the effectiveness of GBV prevention strategies, several recommendations have been made by survivors, healthcare providers, and humanitarian organizations. One key recommendation is to strengthen multi-sectoral collaboration. GBV prevention requires a coordinated response from healthcare providers, social workers, legal aid providers, and community organizations. Such collaboration ensures that survivors receive comprehensive, timely, and accessible services, ultimately improving the quality and reach of interventions. This collaboration should be supported by regular training and capacity-building for all involved stakeholders, including healthcare workers, social workers, and community leaders, to ensure that interventions are culturally appropriate and survivor-centered. Another important recommendation is to engage in advocacy efforts that challenge harmful gender norms, promote gender equality, and raise awareness about the legal frameworks that protect survivors of GBV. This can help foster a community environment where GBV is not tolerated, and survivors feel supported and empowered to seek help. Effective advocacy also includes informing the public about available services and rights under national and

international law (Shah, 2024). Additionally, it is crucial to empower local communities to take ownership of GBV prevention programs. By involving local leaders, both formal and informal, in program design and implementation, GBV prevention initiatives can become more culturally relevant and sustainable. Community-led programs that involve men and boys in discussions about respectful relationships and gender equality have shown to be particularly effective in challenging harmful cultural norms and promoting long-term behavioral change (Tefera, 2022).

2.9.5. Influence of Cultural Norms on GBV Reporting and Intervention

In the Benishangul-Gumuz region and Debatie Woreda, cultural beliefs and social norms heavily influence the reporting of GBV and the effectiveness of interventions. Traditional gender roles and patriarchal structures often create barriers for survivors seeking help. In many communities, there is a belief that violence within the home is a private matter, and therefore, it should not be reported to external authorities. This societal norm discourages survivors, particularly women and girls, from disclosing their experiences due to fear of shame, social ostracism, and retaliation (Mishebo, 2015). Moreover, survivors may be blamed for the violence they experience, which can further isolate them and prevent them from seeking justice. In the context of the Benishangul-Gumuz region, societal attitudes towards masculinity and female submission exacerbate underreporting. The fear of damaging family reputation for being labeled as dishonorable often leads survivors to endure violence in silence. To address these barriers, it is essential to shift community perceptions and redefine GBV as a collective issue that requires collective action. This can be achieved by raising awareness through education campaigns and involving local leaders in promoting a zero-tolerance approach to GBV.

2.9.6. Cultural Beliefs Impacting GBV Reporting

Cultural beliefs and social norms greatly affect individuals' willingness to report GBV, especially in settings where traditional gender roles and patriarchal systems dominate. In the Benishangul-Gumuz region, as well as in other conflict-affected areas, societal attitudes toward women and girls often discourage the reporting of GBV due to fears of stigma, shame, and retaliation. In many communities, there exists a belief that violence within the home or intimate relationships is a private matter, not to be discussed outside the family unit

(Matos, 2021). This perception is compounded by the idea that women are responsible for maintaining family unity, leading survivors to endure violence in silence rather than seek external support or legal recourse.

The fear of being blamed for the violence they experience is also a significant deterrent for survivors. They may face social ostracism, with victims of sexual violence often being labeled as promiscuous or dishonorable (Pandey, 2023). These cultural stigmas discourage survivors from reporting their experiences, leaving them isolated and without support. In the Benishangul-Gumuz region, societal norms surrounding masculinity and female submission often lead to an underreporting of GBV cases, as women and girls may feel they have no recourse within the formal justice system.

Cultural beliefs about male authority and protecting the family's reputation can pressure survivors to remain silent, further hindering reporting. Additionally, a lack of awareness about available support services or distrust of external organizations, especially those seen as foreign, can exacerbate these barriers (Division of International Protection, 2021). Overcoming these challenges requires addressing cultural beliefs and recognizing GBV as a public issue that must be tackled through collective action.

2.9.7. Role of Traditional Practices in Prevention and Intervention

Traditional practices in conflict-affected areas like Debatie Woreda can play a dual role in both preventing and perpetuating GBV. In some instances, community-based justice systems, such as elders' councils or the involvement of religious leaders, can provide an alternative means of addressing GBV within the framework of local customs. These traditional systems can offer immediate support for survivors, particularly in remote areas where formal legal mechanisms may be inaccessible. However, some traditional practices such as child marriage, female genital mutilation, and early marriage continue to perpetuate gender inequality and increase women's vulnerability to GBV (Habtemariam, 2018). These harmful practices often violate human rights and create long-term physical and psychological harm. Engaging traditional leaders and healers in the prevention efforts can help address these cultural practices while respecting local customs. Training traditional leaders to act as first responders to GBV cases, guiding survivors to appropriate medical,

legal, and psychosocial support, can significantly enhance the effectiveness of GBV interventions (Kassahun, 2015).

2.9.8. Community Responses and Support for Survivors

Community responses to gender-based violence (GBV) in conflict-affected areas, particularly within the internally displaced communities of Debatie Woreda, are heavily shaped by local cultural norms, social structures, and historical experiences of violence. In Benishangul-Gumuz, traditional attitudes toward gender roles often impact how GBV is perceived and how survivors are treated. While some communities in the region have begun to engage in awareness campaigns and create support networks, others still struggle with deeply entrenched stigma and victim-blaming. In these settings, the community's understanding of GBV can either facilitate survivors' access to justice and support or hinder it. Local efforts to empower survivors, including reintegration initiatives and community sensitization programs, are essential for building resilience in the face of ongoing conflict and displacement.

However, survivors in Debatie Woreda often face substantial challenges in receiving community support. The deep-seated stigma surrounding GBV, compounded by shame and victim-blaming, can lead to social exclusion and ostracism. This is particularly evident in communities that prioritize family honor and reputation over supporting the victim or holding the perpetrator accountable. In some cases, survivors are pressured into silence to preserve the family's social standing, which further exacerbates their trauma and isolates them from potential support systems. These dynamics are deeply rooted in the specific socio-cultural and political context of the Benishangul-Gumuz region, making it essential for any GBV prevention effort to account for these factors.

Effective community-based support systems must prioritize collective responsibility and community solidarity to tackle these barriers. Local leaders, both formal (government officials, religious leaders) and informal (traditional elders), play a pivotal role in reshaping societal attitudes toward GBV. By fostering an environment of empathy and justice, these leaders can significantly improve survivors' ability to seek help and justice. Furthermore, engaging men and boys in these discussions, especially through culturally relevant programs,

can help challenge harmful gender norms and contribute to a more supportive environment for GBV survivors (D. Ali et al., 2022).

2.9.9. Strategies for Cultural Sensitivity in Prevention Efforts

In conflict-affected regions like Debatie, cultural sensitivity in GBV prevention efforts is essential for effective intervention. Local traditions, beliefs, and community dynamics must be carefully considered to ensure that prevention strategies are not only relevant but also effective. Cultural sensitivity in this context goes beyond just acknowledging local norms—it involves actively working with communities to develop solutions that respect their values while promoting gender equality and human rights. In Debatie Woreda, integrating traditional values with modern approaches to GBV prevention is essential for creating sustainable interventions that are not only relevant but also respectful of the region's cultural context.

A key strategy for ensuring cultural sensitivity is to involve community members in the design and implementation of GBV prevention programs. This collaborative approach ensures that interventions are rooted in local realities and addresses the specific barriers that survivors face in reporting GBV and accessing support services. In Debatie Woreda, for example, incorporating local leaders and survivors in these discussions has been shown to increase community ownership of prevention efforts and improve the accessibility of services, a critical factor in reducing GBV incidents and supporting survivors effectively (Semahegn et al., 2017).

Another critical approach is to adapt traditional practices, such as community healing ceremonies or conflict resolution methods, to include messages about GBV prevention and gender equality. By working with community leaders to challenge harmful traditions and replace them with more equitable practices, it is possible to create sustainable, culturally relevant programs that directly address the socio-cultural barriers to GBV prevention in Debatie Woreda.

Training service providers to be culturally competent is also crucial in ensuring that survivors receive the support they need. In Benishangul-Gumuz, service providers often face unique challenges, including language barriers and a lack of understanding of local customs. Providing training that emphasizes cultural competence ensures that service delivery is both

relevant and respectful, fostering trust between the survivors and service providers, which is especially important for the internally displaced populations in Debatie Woreda. (Niguse, n.d.).

The existing literature on GBV prevention in Ethiopia and similar conflict zones emphasizes several key points. First, GBV remains a pervasive issue in many regions, particularly in conflict and post-conflict settings where breakdowns in social structures and the absence of strong legal and healthcare systems increase vulnerabilities (Abreham, 2021). For displaced communities like those in Debatie, displacement exacerbates risks, as survivors may not have access to safe spaces, legal protections, or healthcare services. These contextual dynamics make GBV prevention efforts in Debatie Woreda particularly challenging and necessitate tailored approaches.

Integrated prevention strategies are essential in addressing the complexity of GBV in these settings. Primary prevention efforts focus on changing societal attitudes and behaviors, secondary prevention on early intervention and support, and tertiary prevention on long-term recovery and reintegration (Tappis et al., 2016). The success of these strategies in Benishangul-Gumuz, however, depends on overcoming cultural resistance and addressing logistical barriers such as resource limitations and access to services. The integration of local actors in these processes is critical for overcoming these challenges and ensuring the sustainability of GBV prevention efforts.

Another critical insight is the importance of community involvement in GBV prevention. Local leaders and community-based organizations are often best placed to challenge stigma, reduce barriers to service access, and foster an environment where survivors are supported and empowered to seek justice. As demonstrated by local initiatives in Benishangul-Gumuz, community-led programs have proven to be more sustainable and effective than top-down interventions.

While existing literature provides valuable insights into GBV prevention in conflict-affected areas, there is a significant gap in the research regarding the specific context of the Benishangul-Gumuz region. This study will address that gap by focusing on the unique socio-cultural and political dynamics in Debatie Woreda, analyzing the effectiveness of current GBV prevention programs and identifying strategies tailored to this specific context.

3. RESEARCH DESIGN AND METHODOLOGY

This chapter outlined the research design and methodology employed to study Gender-Based Violence Practices, Implementation and Challenges in Conflict Affected Areas in Debatie Woreda, Benishangul-Gumuz, Ethiopia.

3.1. Description of the Study Area

The study was conducted in Debatie Woreda, located in the Matakel Zone of the Benishangul-Gumuz Region, Ethiopia. It is surrounded by Mandura to the north, the Dura River to the east, the Abay River to the south (serving as a boundary with the Kamashi Zone), and Bulen. The woreda is named after its largest town, Debatie. It is situated 545 km from Addis Ababa, the capital city of Ethiopia, and 447 km from Assosa, the regional town.

According to the 2007 national census, the Woreda has a total population of 66,654, with 33,452 men and 33,202 women. Of this population, 7,399 (11.1%) are urban dwellers. However, the Woreda currently hosts approximately 5,000 internally displaced persons (IDPs), with a significant proportion of women and children who are particularly vulnerable to gender-based violence (IOM, 2023).

Displaced individuals in Debatie Woreda face numerous challenges, including limited access to essential services such as healthcare, education, and security. Many families live in temporary shelters with inadequate sanitation and limited economic opportunities. Women and children, who make up about 60% of the displaced population, are particularly vulnerable to GBV, including sexual violence, domestic violence, and early marriage, as a result of the instability caused by displacement (IOM, 2023).

The Woreda's conflict-driven displacement stems primarily from ethnic violence and political tensions, which disrupt traditional support networks and exacerbate vulnerabilities. These conflicts have significantly contributed to the prevalence of GBV, with survivors often facing multiple forms of violence and exploitation. The displacement has heightened instability and stress among the population, further increasing the risk of GBV in the form of sexual assaults, forced marriages, and domestic abuse.

Various governmental and non-governmental organizations (NGOs) have implemented GBV prevention programs in the area. These initiatives provide essential services such as psychosocial support, legal aid, and medical care for survivors. However, significant challenges remain in reducing GBV prevalence and ensuring the protection of survivors. Limited resources, cultural barriers, and gaps in service delivery hinder the effectiveness of these programs.

Debatie Woreda offers a unique context for studying GBV prevention, as it exemplifies the challenges faced by displaced populations in Ethiopia. Insights from this study are expected to inform GBV prevention practice, particularly in conflict-affected and displacement settings, by contributing to the development of more effective, context-specific interventions.

3.2. Research Design

This study employed a qualitative research approach, grounded in the interpretivist paradigm, to explore gender-based violence (GBV) practices, implementation challenges, and cultural influences in conflict-affected Debatie Woreda, Ethiopia. The qualitative approach was selected to prioritize depth, contextuality, and the exploration of subjective experiences, as GBV is deeply embedded in socio-cultural norms, power structures, and individual realities that quantitative methods risk oversimplifying (Creswell & Poth, 2016). By centering the voices of survivors, service providers, and program implementers, the design aligned with the study's goal of uncovering how GBV is perceived, experienced, and addressed within a complex, conflict-driven environment.

The interpretivist paradigm was chosen to emphasize the socially constructed nature of reality, recognizing that GBV prevention strategies and challenges are shaped by local cultural interpretations, gendered norms, and historical trauma (Brown, 2021). This paradigm provided a framework to avoid imposing external assumptions and instead explore how stakeholders such as survivors navigating stigma or implementers grappling with resource constraints construct meaning around GBV in their unique context. For instance, cultural beliefs about familial honor or community silence emerged as critical factors influencing reporting behaviors, necessitating a paradigm that values subjective truths (Braun & Clarke, 2024).

A descriptive case study design was adopted to enable a holistic, context-sensitive examination of GBV prevention efforts. This design allowed the researcher to treat distinct stakeholder groups (e.g., survivors, NGO workers, healthcare providers) as interconnected “cases” within the broader context of Debatie Woreda, facilitating cross-comparison while preserving the richness of individual narratives (Piekkari & Welch, 2018).

3.3. Sources of Data

The study prioritized primary data sources to capture firsthand, context-specific insights into GBV practices and challenges. Participants included GBV survivors, NGO and government program implementers, social workers, and healthcare providers, selected for their direct engagement with GBV prevention or response. Survivors provided personal narratives of vulnerability and resilience, critical for understanding barriers to reporting and access to services. Program implementers (NGOs/government) offered institutional perspectives on systemic challenges, such as funding gaps or policy limitations, while healthcare providers and social workers revealed operational hurdles in service delivery (e.g., stigma, logistical constraints). This triangulation of sources ensured a holistic understanding of GBV dynamics, as each group illuminated distinct facets of prevention efforts from grassroots experiences to systemic inefficiencies (Patton, 2015). The inclusion of marginalized groups (e.g., IDPs, women) aligned with the interpretivist emphasis on amplifying underrepresented voices, ensuring findings reflected the community’s socio-cultural realities (Creswell & Poth, 2016).

3.4. Population and sampling

The target population comprised 5,000 internally displaced persons (IDPs) in Debatie Woreda, with a subset of 300 individuals actively engaged in GBV programs as survivors, service providers, implementers and community. This population was chosen due to their heightened vulnerability to GBV in conflict settings, where displacement, resource scarcity, and disrupted social structures exacerbate risks (Hanmer et al., 2024).

A combination of purposive and snowball sampling was used to ensure a comprehensive and contextually relevant understanding of GBV practice, challenges and implementations in Debatie Woreda. Purposive sampling was employed to target service providers and program

implementers with direct GBV-related expertise, ensuring that data came from those with specialized knowledge and practical experience in interventions and service delivery. Snowball sampling, on the other hand, was crucial for reaching GBV survivors, who may be difficult to identify due to social stigma, fear, and distrust of outsiders. By leveraging trusted community networks, this method facilitated access to survivors who might otherwise be unwilling to participate, ensuring their voices were included. Palinkas et al. (2015) emphasize that combining purposive and snowball sampling in qualitative research improves the "richness and depth" of data by balancing intentional selection with organic network-based recruitment.

A total of 15 participants were selected, including five survivors through snowball sampling, five implementers (NGO/government), and five service providers through purposive sampling, ensuring diversity in gender (46.7% women, 53.3% men). This diverse selection provided a range of perspectives, contributing to a comprehensive understanding of GBV practices in Debatie Woreda. Participants were chosen from different genders, ethnicities, level of education and roles to capture a more holistic view of the issue.

3.4.1. Eligibility Criteria for Participants

Participants were selected using snowball sampling for GBV survivors and purposive sampling for other stakeholders, aligning with qualitative research principles. GBV survivors were required to: (1) self-identify as survivors of physical, sexual, or psychological violence; (2) reside in conflict-affected areas of Debatie Woreda during the study period (2023–2024); and (3) voluntarily consent to participate. Program implementers (governmental/NGO staff) and service providers (healthcare workers, social workers) were purposively selected based on: (1) direct involvement in GBV program design, management, or service delivery; (2) ≥ 2 year of field experience in the region; and (3) willingness to share insights on implementation challenges. All participants provided informed consent (written or fingerprint-based for non-literate individuals), met residency requirements, and represented diverse demographics (gender, ethnicity, education). Recruitment ceased at theoretical saturation (no new themes emerged). Ethical protocols ensured confidentiality, anonymity, and trauma-sensitive engagement.

3.5. Data Collection Instruments

Data for this study was collected using two primary instruments: in-depth interviews and focus group discussions (FGDs), which were designed to explore participant perspectives on GBV practices. These methods provided rich, qualitative insights into practice, implementation and challenges related to GBV within Debatie Woreda.

3.5.1. In-depth Interviews

Semi-structured interviews were conducted with 15 participants using open-ended questions. This method allowed participants to elaborate on sensitive topics like stigma and retaliation, which are crucial for understanding GBV practice (Bellingham et al., 2014). Semi-structured interviews align with qualitative research principles by prioritizing participant agency and capturing emergent themes (Bryman, 2016). Interviews lasted 45–60 minutes, audio-recorded with consent, and conducted in private settings to ensure confidentiality. Theoretical saturation determined the sample size, achieved when no new themes emerged after the 12th interview, ensuring data adequacy without overextending resources (Pujadas Botey & Kulig, 2014). This approach provided the necessary balance between structured inquiry and the flexibility to explore individual experiences.

3.5.2. Focus Group Discussions (FGDs)

In addition to the interviews, Three FGDs were conducted: one women-only group and two mixed-gender groups (4 men, 1 woman). The women-only group created a safe space for survivors to discuss sexual violence, while mixed groups mirrored local patriarchal dynamics, with moderators using techniques like “silent brainstorming” to mitigate male dominance (Krueger & Casey, 2015). FGDs uncovered collective norms, such as community tolerance of domestic violence as a “private matter,” which individual interviews alone might not have captured.

3.6. Data Collection Procedure

Data collection followed ethical and logistical protocols tailored to conflict zones. Collaboration letters from Haramaya University and local authorities secured institutional trust. Informed consent was obtained verbally and in writing; for non-literate participants, fingerprint consent replaced signatures, adhering to ethical standards for vulnerable populations (Kurihara et al., 2023). Interviews and FGDs were conducted in

neutral locations (e.g., community centers) at participant-preferred times to minimize disruption. Audio recordings were anonymized (e.g., “Survivor-P1”) and stored securely in password-protected devices. Researcher reflexivity was maintained through journaling to document how the researcher’s identity (e.g., gender, ethnicity) influenced interactions and interpretations (Bettez, 2015).

3.7. Data Analysis Techniques

The study employed thematic analysis, guided by Clarke & Braun's (2017) framework, to systematically identify, analyze, and interpret patterns within the qualitative data. This method was selected for its flexibility in accommodating inductive reasoning, which is critical for capturing emergent themes from the data, especially in a conflict-affected context. The analysis began with verbatim transcription of all interviews and focus group discussions (FGDs), preserving linguistic nuances and contextual details essential for interpretivist inquiry. Familiarization with the data involved repeated immersion in transcripts to discern initial patterns, followed by open coding to segment the data into meaningful units (e.g., “fear of retaliation,” “cultural stigma”). Codes were generated inductively from participant responses (e.g., survivors describing “*silence as protection*”) (e.g., “systemic resource gaps”). without relying on external frameworks or predetermined categories. These codes were then clustered into themes (e.g., “Influence of Cultural Norms on GBV Reporting”) and subthemes (e.g., “familial pressure,” “spiritual mediation”), which were rigorously reviewed for coherence and relevance to the research objectives (Clarke & Braun, 2017).

To enhance analytical rigor, peer debriefing sessions were conducted with academic advisors to critique coding logic and mitigate researcher bias, while triangulation of interview and FGD data validated recurring themes such as “community resilience” and “institutional inefficiencies” (Creswell & Poth, 2016). The final themes were contextualized within Debatie Woreda’s conflict dynamics, ensuring findings remained grounded in the socio-cultural realities of participants. This approach aligned with qualitative research principles by prioritizing depth over generalizability and enabling a nuanced exploration of GBV’s intersection with displacement, ethnicity, and gendered power structures (Lincoln & Guba, 1985).

3.8. Credibility and Trustworthiness

The study adhered to Lincoln and Guba's (1985) criteria for trustworthiness credibility, transferability, dependability, and confirmability to ensure methodological rigor. Credibility was established through member checking, where five participants reviewed preliminary findings to confirm their accuracy (e.g., a survivor affirmed that the theme "*fear of ostracization*" reflected her experience). Triangulation of data sources (interviews, FGDs) and methods (purposive and snowball sampling) further strengthened consistency in themes like "cultural tolerance of GBV" (Meydan & Akkas, 2024). Transferability was achieved via thick descriptions of the research context, including detailed accounts of Debatie Woreda's conflict history, ethnic composition, and GBV program structures, enabling readers to assess the applicability of findings to similar settings (Creswell & Poth, 2018). Dependability was ensured through a comprehensive audit trail, documenting all methodological decisions (e.g., rationale for mixed-gender FGDs) and procedural adaptations (e.g., rescheduling interviews due to security incidents), which provided transparency for potential replication. Confirmability was addressed through researcher reflexivity, wherein the researcher-maintained journals to critically reflect on their positionality (e.g., gender, outsider status) and its influence on data interpretation, ensuring findings were rooted in participant perspectives rather than preconceptions (Lincoln & Guba, 1985). These strategies collectively upheld the study's rigor, aligning with qualitative research standards for conflict-sensitive inquiry.

3.9. Ethical Considerations

The study adhered to the World Medical Association Declaration of Helsinki (RTCOG, 2008). Ethical clearance was obtained from the Department of Psychology, and a support letter was submitted to the Debatie Woreda Women Youth Children Office Affairs. Prior to data collection, participants provided written informed consent. For participants without formal education, written informed consent was obtained by documenting their fingerprint after interviewers read the consent form aloud and confirmed their voluntary agreement. During data collection, participants were informed of the study's objectives, anticipated benefits, and their right to refuse, withdraw, or decline participation in part or in full. All data were collected anonymously and stored securely in a locked location accessible only to the investigators.

4. RESULTS AND DISCUSSION

This chapter analyzes gender-based violence (GBV) prevention practices, their implementation, and the associated challenges in conflict-affected areas of Debatie Woreda, Benishangul-Gumuz, Ethiopia. Using qualitative data from interviews with GBV survivors, program implementers, healthcare providers, social workers, and focus group discussions (FGDs), the study explores the prevalence of GBV, barriers to effective implementation, cultural influences, and the overall effectiveness of intervention programs.

The data are organized into four key themes: (1) GBV prevention practices, (2) challenges in implementation, (3) the effectiveness of current strategies, and (4) the influence of cultural norms on reporting and intervention. This thematic structure provides a comprehensive understanding of ongoing efforts, persistent challenges, and the critical needs within these settings

4.1. Demographic Information of Participants

This section provided the demographic information of study participants, forming the basis for interpreting their responses. Participants were selected to capture a comprehensive view of gender-based violence (GBV) practices, implementation, and the associated challenges in conflict-affected areas of Debatie Woreda, Benishangul-Gumuz, Ethiopia. The study involved GBV survivors, program implementers (Governmental and NGO), healthcare providers, and social workers.

GBV survivors are individuals who have directly experienced physical, sexual, or psychological violence rooted in gender inequality and have accessed support services. Program implementers include professionals from governmental agencies (e.g., local Women's Affairs Offices of debatie woreda) and non-governmental organizations (NGOs) involved in designing or managing GBV prevention programs. Service providers consist of healthcare workers (e.g., nurses) offering medical care to survivors and social workers addressing psychosocial, legal, and safety needs.

To maintain confidentiality, each participant was assigned a unique code (P-1 to P-15), which was used consistently throughout data collection and analysis. Each participant responded to Six questions individually, ensuring that all individuals had the opportunity to provide input.

Additionally, three Focus Group Discussions (FGDs) enriched the data. Focus Group 1 included GBV survivors who shared their experiences. Focus Group 2 involved service providers, such as healthcare workers and social workers, who discussed operational challenges. Focus Group 3 consisted of program implementers from governmental and non-governmental organizations, who addressed strategic and policy-level issues.

Demographic data, including age, gender, occupation, Education Level, Working Experience and roles in GBV prevention, were documented for all participants. The integration of interviews and FGDs offered a well-rounded understanding of GBV prevention practices and challenges in Debatie Woreda.

Table 1: Demographic Information of Participants

Participant Code	Age Range	Gender	Occupation	Education Level	Working Experience in GBV Prevention	Role in GBV Prevention or Experience
P-1	32	Female	Students	Diploma	0	Direct Experience
P-2	35	Female	Teachers	Diploma	0	Direct Experience
P-3	29	Female	Mini traditional drinking	High school	0	Direct Experience
P-4	19	Female	Students	Grade 6	0	Direct Experience
P-5	45	Female	Farmers	No Formal Education	0	Direct Experience
P-6	35	Male	Program Implementer (NGO)	Bachelor's Degree	10	Coordinator
P-7	32	Male	Program Implementer (NGO)	Bachelor's Degree	4	Protection officer
P-8	35	Male	Program Implementer (governments)	Bachelor's Degree	8	Child protection team leader
P-9	28	Female	Program Implementer (NGO)	Master's Degree	6 years	MHPSS officer
P-10	42	male	Program Implementer (Government)	Bachelor's Degree	10 years	Head of Debatie PHC
P-11	35	Female	Healthcare Provider	Bachelor's Degree	8	Focal person of GBV in Debatie PHC
P-12	37	Male	Social Worker	Bachelor's Degree	10 years	Social worker of Debatie WYC Affairs office

P-13	28	Male	Healthcare Provider	Bachelor's Degree	3	Psychologist
P-14	40	Male	Child protection expert	Bachelor's Degree	8 years	Service Provision and Support
P-15	30	Male	Social worker	BSc Degree	3 years	Service Provision and Support

4.2. Findings and Analysis

The themes and sub-themes in this analysis are organized into four primary categories that address the core areas of gender-based violence (GBV) practices, implementation and challenges in Debatie Woreda. These categories focus on the implementation of prevention practices, challenges encountered, effectiveness of strategies, and cultural influences on GBV reporting.

Figure: Major and Sub Themes

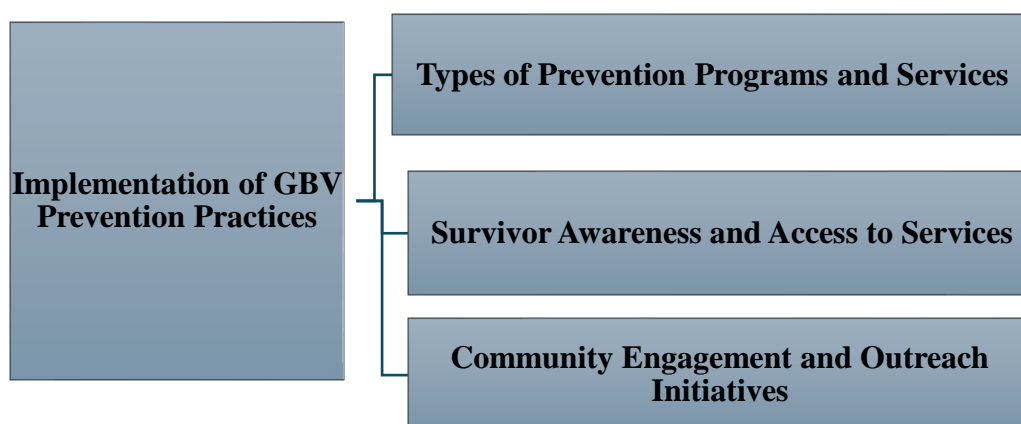


Figure:1 ,R1. Theme 1, and Three Sub-Themes

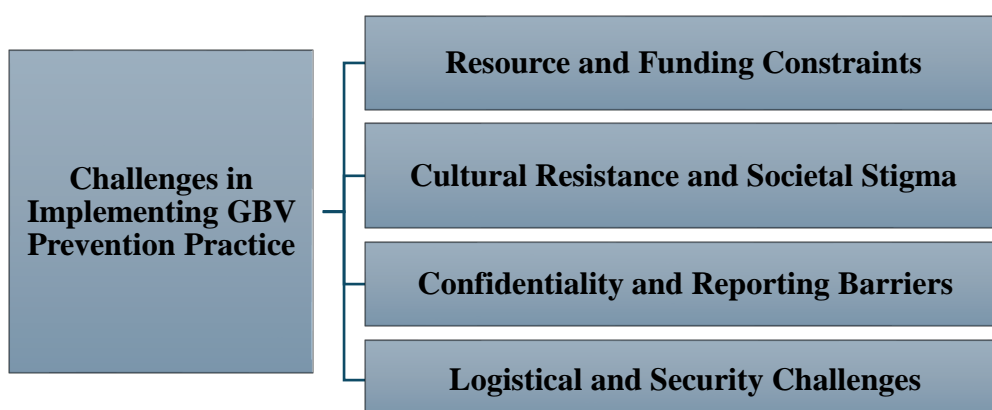


Figure:2, R2. Theme 2, and Four Sub-Themes

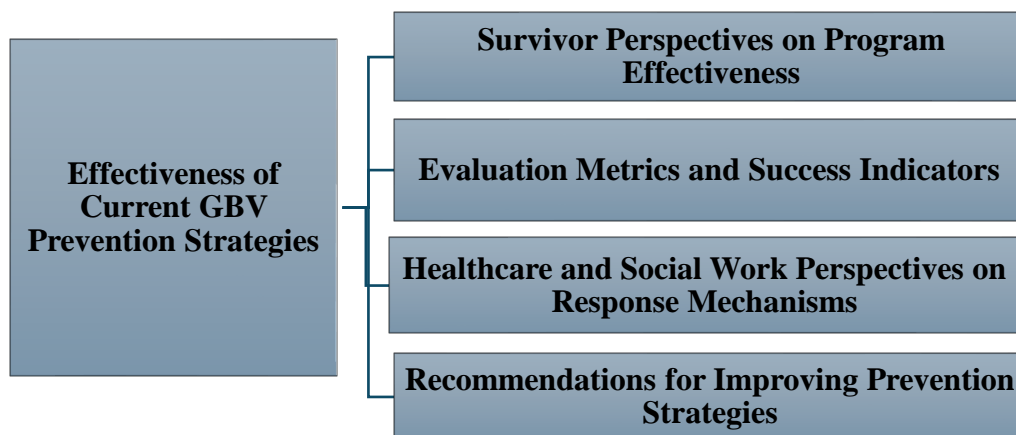


Figure:3, R3. Theme 3, and Four Sub-Themes

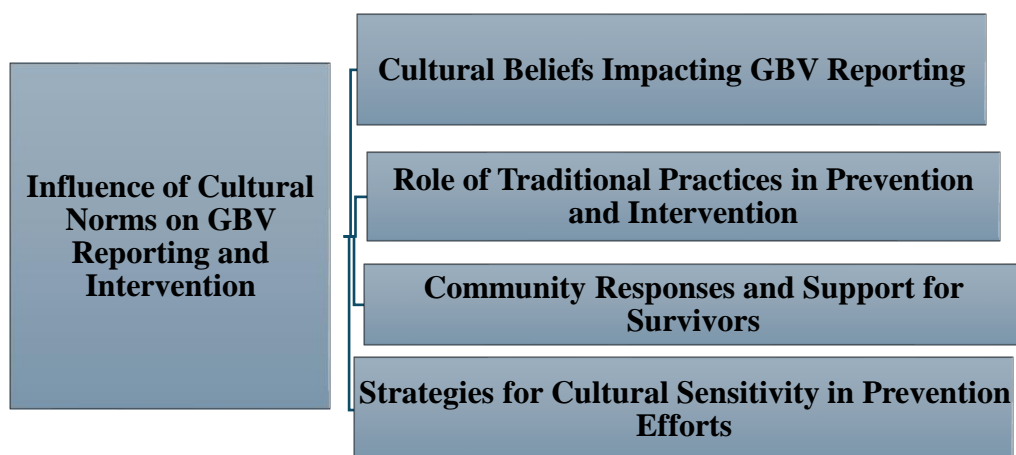


Figure: 4 ,R4. Theme 4. And Four Sub-Themes

4.3. Implementation of GBV Prevention Practices

The implementation of Gender-Based Violence (GBV) prevention practices in conflict-affected areas like Debatie Woreda involves a multifaceted approach to address the needs of vulnerable populations. This section explores three critical aspects of these efforts: the types of prevention programs and services available, the level of survivor awareness and accessibility to these services, and the role of community engagement in fostering

sustainable and culturally sensitive interventions. Together, these elements highlight the strategies and challenges in mitigating GBV within internally displaced communities.

4.3.1. Types of Prevention Programs and Services

Based on the Focus Group Discussions (FGDs) and interviews conducted, various types of gender-based violence (GBV) prevention practice have been implemented in Debatie Woreda's internal displaced peoples (IDPs) community. These included awareness, workshops, safe spaces, and culturally adapted educational sessions, all aimed at educating the community, providing safe spaces for survivors, and addressing the root causes of GBV.

As FGDG 3, a program implementer, explained during an interview:

Our organization ran several GBV prevention initiatives here, including community sensitization workshops, a GBV awareness program in collaboration with local leaders to advocate against gender-based violence. We also conducted training sessions for stakeholders and community members to recognize and address early signs of GBV within their neighborhoods. (FGDG 3)

This perspective reveals the proactive approach of local implementers, who aimed to educate individuals on their rights, available services, and the importance of community vigilance. By fostering knowledge-sharing and empowering the community, these workshops played a vital role in creating a support network, especially in conflict-affected areas where traditional support structures had been disrupted. FGDG 3's comments indicate the strong community orientation of the workshops, emphasizing their role in making GBV prevention more accessible and locally relevant.

Additionally, P9, another program implementer, emphasized the value of safe spaces specifically designed for women and girls. In the interview, P9 described these spaces as:

Sanctuaries providing survivors with physical safety and psychological support, offering women and girls a space to share their experiences and receive counseling. However, limited funding restricted our ability to create enough safe spaces, leaving many survivors unable to access the support they needed. (P-9, a 28-year-old female MHPSS officer.)

This statement underscores the dual function of safe spaces in addressing both the physical and emotional needs of survivors. Yet, P9's remarks also highlight how financial limitations restricted access to these vital services, a challenge that is commonly observed in GBV prevention efforts globally, especially in conflict zones. The resource scarcity reflects broader issues in the sustainability and reach of these interventions, often hindering their potential to provide comprehensive support to all survivors.

Moreover, P12, a social worker, emphasized the importance of cultural sensitivity in GBV education during the interview:

We made a deliberate effort to adapt our workshops to the cultural context of the community. For example, in Debatie, we understood that some traditional beliefs and gender roles influenced how people viewed gender-based violence. Instead of directly challenging these beliefs, we framed our messages in a way that resonated with local values. For instance, we talked about GBV in terms of family and community well-being, which aligned with local priorities. (P-12, a 34-year-old male social worker)

By contextualizing GBV within the framework of family and community welfare, P12's approach was designed to respect and engage local values. This strategic effort helped avoid alienation, fostering inclusion and increasing the likelihood of community acceptance. Participants reported higher engagement and receptiveness, demonstrating that cultural sensitivity was essential in ensuring the effectiveness of GBV prevention efforts in the area.

The findings from these FGDs and interviews underscore the multifaceted nature of GBV prevention programs in Debatie Woreda. The combination of awareness workshops, safe spaces, and culturally adapted education highlighted a comprehensive strategy addressing GBV from multiple angles. However, the challenges described by participants, particularly those related to resource constraints, were consistent with findings from prior research in similar settings.

For instance, Asefa et al.(2024) found that “the lack of consistent funding for GBV prevention programs significantly hampered their ability to reach all survivors and provide sustained support.” This aligns with P9's observation that funding limitations prevented the expansion of safe spaces, highlighting a common limitation across GBV prevention

initiatives in Ethiopia. Both findings illustrate that financial barriers significantly undermine the sustainability of these programs, limiting their ability to provide continuous and comprehensive support to all survivors.

Moreover, Tewabe et al.(2024) noted that “conflict settings often led to disrupted community structures, making it essential to reinstate culturally appropriate support systems for survivors of GBV.” This observation resonates with P12’s emphasis on adapting GBV education to local cultural values in Debatie. Both studies suggest that culturally sensitive approaches, which respect and integrate local traditions, enhanced community engagement and increased the effectiveness of GBV prevention programs. However, while Tewabe et al. emphasized the restoration of community structures, P12’s approach focused directly on shaping attitudes through education. This subtle difference indicates that while both strategies were community-centered, the emphasis in Debatie was more on alignment with existing values than on structural restoration.

Furthermore, Mengistu et al.(2021) found that “educational programs that aligned with the cultural values of the community were crucial for both prevention and healing.” This approach is consistent with P12’s strategy in Debatie, where culturally relevant messages were used to foster positive attitudes toward GBV prevention. While Mengistu et al. (2021) emphasized the importance of aligning educational programs with community values to enhance awareness, Debatie’s program implementers also framed these messages to strengthen family and community bonds, making their approach more comprehensive. This localized cultural adaptation in Debatie highlights a broader strategy, aiming to educate while promoting unity against GBV.

These findings align with the studies conducted by Asefa et al. (2024), Tewabe et al. (2024), and Mengistu et al. (2023), who emphasized the importance of sustained financial support and cultural adaptation in enhancing GBV prevention efforts. The evidence from Debatie suggests that while integrating local values had led to greater community engagement, the success of these programs ultimately depended on the availability of resources to maintain and expand these services. Addressing these challenges requires innovative funding strategies and a long-term commitment to culturally responsive program design, ensuring that GBV prevention efforts in conflict settings achieve their full potential in supporting survivors and fostering safer communities.

In conclusion, GBV prevention programs in Debatie Woreda's displaced communities adopted a multifaceted approach, addressing conflict-related challenges and cultural dynamics. Initiatives like awareness campaigns, safe spaces, and culturally adapted education sought to empower survivors and shift community norms. However, resource constraints (noted by P9) and gaps in cultural sensitivity (raised by P12) hindered intervention accessibility and acceptance. These findings underscore the need for adaptive strategies that balance cultural relevance with sustainable resource allocation in complex humanitarian settings.

4.3.2. Survivor Awareness and Access to GBV Prevention Services

Based on Focus Group Discussions (FGDs) and interviews, survivors in the Debatie Woreda shared diverse experiences regarding their awareness and access to Gender-Based Violence (GBV) prevention services. These accounts highlight the importance of proactive outreach, clear communication, and accessible information channels in ensuring that survivors are aware of available support services. However, the varied experiences among survivors reveal significant gaps in service awareness, emphasizing the critical role of local offices, community programs, and educational outreach in addressing these challenges.

For example, P1, a 32-year-old female survivor, shared her experience of learning about support services through a conversation with the Women, Youth, and Children Affairs office. She expressed,

I was unaware of the available support until I spoke with someone from the Women, Youth, and Children Affairs office, who told me about the programs. In our camp, many women suffer, but we often don't know where to go or who to turn to. I'm grateful they referred me to Fayyaa integrated development organization. It's through them that I found some hope and support. (P1, a 32-year-old female survivor)

This response underscores the significant gap in proactive awareness mechanisms. Survivors like P1 often remain uninformed about resources until they actively seek help, leaving many in vulnerable situations without the necessary information. The lack of systematic outreach programs results in survivors relying on incidental encounters to discover support services.

Similarly, P3, a 29-year-old female survivor, recounted the difficulty of accessing information during a time of crisis. She noted,

I found out about GBV services only after going through a traumatic experience, and it wasn't easy to get information. At the time, I didn't even know where to turn for help or what kind of support was available. It was only after I had already suffered that I was able to learn about the services, and even then, getting the right information was not straightforward. This made me feel even more isolated, as I didn't know where to seek help or if anyone would understand my situation. (P3, a 29-year-old female survivor)

P3's experience reflects how limited and reactive awareness of services can hinder survivors' ability to seek help when they need it most. Her account highlights the emotional and logistical barriers faced by survivors in conflict-affected areas, where structured systems of support are scarce or under-resourced. In contrast, FGDG1, a survivor who participated in awareness sessions, highlighted the positive impact of proactive awareness initiatives. She shared,

The awareness sessions in our area helped me understand where to seek help if I ever needed it. Before these sessions, I was unaware of the services available to survivors like me, and I felt lost and unsure of where to turn. The information shared during these sessions gave me a sense of direction and hope, knowing that support exists and that there are resources to help people in situations like mine. (FGDG1)

Unlike P1 and P3, FGDG1 was equipped with the knowledge to seek timely assistance if necessary, demonstrating the potential of preemptive awareness to strengthen survivors' resilience and access to services. This contrast highlights the pressing need for consistent, community-wide awareness initiatives to ensure that all community members, including those not in direct contact with support organizations, are informed of their options.

The findings from FGDs and interviews reveal critical gaps in survivors' awareness of GBV prevention services. Survivors like P1 and P3 often only learn about these services after experiencing violence, leading to delayed interventions and prolonged trauma. In contrast, the proactive approach experienced by FGDG1 demonstrates the transformative potential of

community outreach programs. However, inconsistencies in awareness and access underscore the need for more structured, comprehensive awareness campaigns that effectively reach individuals at risk.

To address these gaps, actionable recommendations include developing targeted outreach practice in the Woreda, establishing community ambassadors to disseminate information, and collaborating with local organizations to increase service visibility. These measures would ensure that survivors receive timely support and reduce the reliance on incidental encounters to discover resources. Furthermore, systemic challenges such as funding constraints, cultural resistance, and disrupted communication channels must be addressed to create sustainable, culturally sensitive awareness programs. Coordinated efforts among policymakers, NGOs, and community leaders are essential to bridge these gaps.

The results of this study are consistent with previous research. Tesfaw (2023) noted that survivors in conflict zones often remain unaware of where to seek help until after experiencing violence, significantly affecting recovery. Hassan et al. (2016) highlighted compounded challenges of limited awareness and restricted access in remote areas. Similarly, Ali et al. (2024) emphasized the importance of continuous awareness campaigns to ensure survivors know where to turn for support. These studies collectively underscore the value of proactive awareness programs tailored to conflict-affected communities. The experiences of P1, P3, and FGDG1 further demonstrate the potential of localized outreach initiatives to address these gaps.

4.3.3. Community Engagement and Outreach Initiatives

Community engagement is an essential component in the success of Gender-Based Violence (GBV) prevention programs, especially in conflict-affected areas like the Debatie Woreda. Through Focus Group Discussions (FGDs) and interviews, participants emphasized the importance of collaboration with local leaders and the integration of cultural values into outreach initiatives to enhance program acceptance and community support. Embedding these initiatives within the social and cultural context fosters trust, collective responsibility, and a sustainable approach to addressing GBV.

P8, a 35-year-old male program implementer, shared insights into the role of local leaders in outreach efforts. He stated,

In our work, we hold regular community meetings to actively listen to people's concerns and gather insights, which help us gain the trust of local leaders. These leaders are crucial they're the ones who can shape opinions and encourage acceptance within the community. When they openly support our programs, it's not just about endorsement; it's about building a bridge of trust. Their influence makes all the difference in creating a receptive atmosphere for discussing and addressing sensitive issues like GBV. (P-8, a 35-Year-old Male Government Program Implementer)

This statement highlights the vital role of community leaders such as religious figures, elders, or community representatives in shaping attitudes and behaviors within their communities. In rural, conflict-affected settings, the endorsement of these leaders significantly impacts the success of interventions by fostering trust and encouraging community participation.

Similarly, P14, a 40-year-old male child protection expert, highlighted the role of family and community structures in increasing engagement. He observed,

Community leaders' endorsement has been crucial. Their support acts as a seal of approval, encouraging participation and breaking down barriers. Leaders' influence makes our message more impactful, increasing engagement and helping people feel more comfortable seeking support. (P14, a 40-year-old male child protection expert)

This insight emphasizes that community-wide support, particularly from trusted leaders, enhances the visibility and credibility of GBV prevention messages. Community leaders are uniquely positioned to mobilize participation, foster supportive environments, and normalize discussions around GBV, reducing stigma and empowering survivors to seek help.

Moreover, survivors themselves stressed the need for more inclusive approaches that involve all community members. During FGDG1, survivors pointed out the importance of engaging men and boys in GBV prevention. One participant stated,

Men and boys need to be educated about respecting women and treating us equally (FGDG1).

This underscores the necessity of addressing harmful gender norms and promoting mutual respect. Programs that actively include men and boys can shift cultural mindsets, reduce stigma, and break cycles of violence, creating a more inclusive and equitable community.

P5, a 45-year-old female survivor, shared her perspective on the positive impact of community involvement in GBV prevention programs. She reflected,

When a GBV prevention program involves the whole community, it reduces stigma and isolation for survivors. It shows that GBV isn't just a women's issue, but a concern for everyone. This collective effort strengthens us, knowing we're all working together for a safer community. (P5, a 45-year-old female survivor)

This highlights the importance of inclusivity in GBV prevention efforts. Engaging the entire community fosters collective responsibility, reduces survivor stigma, and reinforces the idea that GBV is a societal issue requiring unified action.

The findings from these FGDs and interviews align with existing literature on community engagement in GBV prevention. Mengesha et al. (2024) emphasize that “community-based approaches are essential for promoting sustainable behavioral change, as they ensure that prevention efforts are culturally relevant and widely accepted by the local population.” Similarly, Parkes et al. (2017) note that “integrating community networks in GBV programs enables local support systems to amplify prevention messages effectively.” Their study in Eastern Ethiopia found that the active involvement of community leaders increases participation, resulting in more enduring changes in attitudes and behaviors. This finding is particularly relevant in rural or conflict-affected areas like Debatie, where trust in external organizations may be limited.

In addition, Admassu et al. (2024) highlight the importance of engaging both men and women in GBV prevention programs to dismantle harmful gender norms and create supportive environments for survivors. Their research in Southern Ethiopia concluded that “engaging all community members in GBV awareness programs helps to normalize discussions around violence, thereby reducing stigma and creating an environment where survivors feel safe to seek help.” This aligns with the perspectives of P5 and the survivors in FGDG1, who stressed the need to involve men and boys in conversations about equality and mutual respect.

The insights shared by P8, P14, and P5, alongside the contributions from FGDG1, illustrate that the success of GBV prevention efforts depends on how well they are integrated into the cultural and social dynamics of the community. P8's comments on the role of local leaders highlight the importance of leveraging their influence to build trust and ensure that GBV prevention messages resonate with the community's needs and values. By bridging the gap between external organizations and local communities, these programs can foster sustainable change.

4.4. Challenges in Implementing GBV Prevention Practice

The implementation of gender-based violence (GBV) prevention programs in conflict-affected settings, such as Debatie Woreda, faces numerous challenges. Insights from focus group discussions (FGDs) and interviews with program implementers, healthcare providers, and Gender based violence survivor reveal complex and interconnected barriers, including resource and funding constraints, cultural resistance, societal stigma, and confidentiality issues. These obstacles collectively undermine the effectiveness of GBV prevention efforts, leaving many survivors inadequately supported.

4.4.1. Resource and Funding Constraints

One of the most significant challenges identified by participants was the lack of sufficient and sustained funding for GBV prevention programs. P6, a program implementer, highlighted the direct impact of this limitation, stating:

We are constantly faced with financial limitations. Because of the lack of funds, we can't expand our programs to reach more survivors or offer all the services that they need. We're often forced to limit the scope of our interventions, and as a result, many survivors are left without access to essential support. (P-6, a 35-year-old male)

This statement underscores the inability of program implementers to meet the needs of survivors due to financial restrictions. Participants expressed that these funding shortages directly affect the ability to expand services and reach those in need.

P10 further elaborated on the issue of resource allocation, stating:

Given the financial constraints, we have to make tough decisions about where to allocate our resources. Unfortunately, this often means that some areas or groups of survivors don't receive the help they need. It's a constant balancing act, and it's heartbreaking to know that we can't help everyone. (P-10, a 42-year-old male)

This reflects the difficult compromises faced by program staff, where they must prioritize certain areas over others due to limited resources, meaning not all survivors are able to access the support they need.

Furthermore, healthcare providers like P12 highlighted the scarcity of basic supplies, which affects the quality and consistency of care for survivors:

One of the biggest challenges we face is the lack of basic supplies. Whether it's medical equipment, counseling materials, or even basic medication, we often don't have what we need. This makes it difficult to provide consistent care and follow-up support for survivors, and many ends up without the comprehensive care they deserve. (P-12, a 34-year-old male)

P12's statement illustrates how shortages in essential supplies further limit the ability to provide comprehensive care to survivors. It is evident that these resource limitations significantly hinder the effectiveness of GBV prevention programs in conflict settings.

A particularly pressing issue raised by P9 reveals the impact of survival needs on GBV prevention efforts:

A major challenge in the camp is the urgent need for food, as support was cut over two years ago. many residents see hunger as their primary issue, with some saying, "our GBV is hunger." when children seek income, they are at risk of abuse. the community prioritizes survival over GBV awareness, often stating, "give us food first, then we'll be open to education." this creates difficulty for social workers, as their efforts to raise awareness are met with resistance, hindering trust and the effectiveness of the programs. (p9, a 28-year-old female)

P9's statement highlights how urgent survival needs, such as food, overshadow the community's willingness to engage in GBV prevention programs. The community's

prioritization of survival makes it challenging for social workers to foster trust and implement effective awareness programs.

The challenges identified in the FGDs and interviews closely align with findings from previous research on GBV prevention in conflict-affected areas. For example, studies by Jackson, (2018) and (Birhanu Enyew et al., 2022) highlight that resource constraints and the urgent need for basic survival services like food often overshadow GBV prevention efforts in conflict zones. Similarly, in the current study, the lack of sustained funding and competing priorities, especially food insecurity, were identified as significant barriers to effective program implementation, as reflected in the experiences of P9 and others.

The study conducted by Jackson, (2018) found that GBV prevention programs in Ethiopian conflict areas face a similar dilemma: when basic survival needs are unmet, GBV prevention is deprioritized. This is consistent with the observations from P9, who emphasized how the community's primary focus on food insecurity led them to deprioritize GBV awareness. Moreover, Birhanu et al.(2022) reported that, in some regions, integrating GBV prevention programs with other humanitarian aid, such as food distribution, increased the likelihood of community engagement and the overall effectiveness of such programs. This finding resonates with P9's comments about the community's willingness to engage with GBV education once their primary survival needs were met.

However, a notable difference in the current study is the intensity of the frustration experienced by social workers and program staff, as highlighted by P9. The emotional toll described by participants, where they feel disheartened and embarrassed due to their inability to address both immediate and long-term needs, introduces a new dimension to the discussion. It emphasizes the human and emotional challenges associated with delivering GBV prevention programs in crisis settings.

In light of these challenges, it is essential to advocate for increased and sustained funding for GBV prevention programs in conflict-affected areas such as Debatie. The findings from the FGDs and interviews resonate with the research of Jackson, (2018) and Birhanu et al. (2022), who also found that resource constraints and competing survival priorities hinder the effectiveness of GBV prevention programs. To enhance the impact of these programs, it is recommended that GBV prevention efforts be integrated with broader humanitarian aid, such

as food distribution, to address both immediate survival needs and long-term recovery goals.

Incorporating GBV prevention into broader humanitarian efforts will help build community trust and increase engagement. Addressing both basic survival needs and GBV prevention can create a more resilient and effective response to gender-based violence in conflict-affected areas. Ultimately, by combining life-saving interventions with long-term GBV awareness, program implementers can foster a more supportive and responsive environment for survivors.

4.4.2. Cultural Resistance and Societal Stigma

The findings from focus group discussions (FGDs) and interviews in the Debatie IDPs highlight that cultural resistance and societal stigma are significant obstacles to the effectiveness of gender-based violence (GBV) prevention programs. Survivors and program implementers described how traditional attitudes toward gender roles and community perceptions of GBV contribute to a culture of silence and stigma. These entrenched beliefs create an environment where survivors face emotional and social isolation, making it more challenging to seek support and complicating efforts to address GBV effectively.

During the FGDs, participants shared how cultural beliefs about gender and violence foster a cycle of shame, blame, and ostracism, which discourages survivors from seeking help. For instance, P1, a survivor, expressed the emotional toll of societal judgment:

People in my community whispered about my situation, which made me feel more isolated. In our community, there's no open discussion about GBV, and the gossip only makes it harder to seek help. The fear of being judged and rejected adds to the trauma, and it's difficult to even know where to turn for support. (P1, a 32-year-old female survivor)

P1's reflection highlights how deeply ingrained social stigma exacerbates the psychological distress of survivors, leading to further isolation. Instead of finding understanding or support, survivors often feel pushed further away from their communities, making it even harder for them to seek help. This perpetuates a cycle where survivors suffer in silence, unable to access the resources they need.

Similarly, P2, another survivor, discussed the cultural expectations placed on women and their harmful consequences:

In our culture, women are often blamed for what happens to them, which makes it hard for us to seek help. When violence occurs, it's as if we're expected to take the blame, and that creates shame. This makes it feel like we have no voice, and it discourages us from reaching out for support. (P2, a 35-year-old female survivor)

The P2 a 35-year-old female survivor highlights how societal norms blame women for gender-based violence, forcing survivors to internalize shame and discouraging them from seeking support. This victim-blaming culture silences survivors and perpetuates cycles of violence by normalizing the behavior of perpetrators. P2's experience underscores the need to challenge these harmful attitudes through community education and supportive systems that empower survivors to speak out and seek justice.

During FGD 2, participants pointed out another critical layer of resistance:

Cultural resistance is a huge barrier. Many people believe that addressing GBV disrupts traditional family structures. (FGD 2)

This perspective reveals how GBV prevention programs are often seen as a threat to established cultural norms and family roles. Resistance to change stems from the fear that addressing GBV may lead to broader disruptions in community cohesion.

Moreover, societal expectations around family honor were emphasized by participants as a key factor perpetuating GBV. Participants shared that women are expected to remain silent about their experiences to preserve family reputations. Such expectations place survivors in a position where seeking support is equated with bringing shame to their families, further perpetuating their isolation.

Despite these challenges, participants identified strategies for overcoming cultural resistance. A key strategy emphasized by survivors was the importance of educating men and boys about gender equality and respect. As one participant noted, "Men and boys need to be educated about respecting women and treating us equally" (FGD1).

This approach reflects a broader recognition that achieving cultural change requires engaging all community members, particularly men and boys, who traditionally hold more power in patriarchal societies. Participants also highlighted the need for involving respected community leaders in promoting gender equality, as their endorsement could foster gradual shifts in societal attitudes and create a more supportive environment for survivors.

The findings from this study align with previous research by Kebede et al. (2023), who noted that cultural resistance to GBV prevention programs often arises from fears of disrupting traditional family structures and community identity. Similarly, (Birhanu & Feyissa, 2023) observed that societal stigma frequently silences survivors and prevents them from accessing critical support services. While these studies emphasize the silencing effects of cultural norms, the current findings place greater emphasis on the emotional and social isolation survivors' experience, adding depth to the discussion of cultural resistance in GBV prevention.

Additionally, (Gudeta Gerba et al., 2024) highlighted the role of societal expectations around family honor in perpetuating GBV, particularly in rural Ethiopian communities. Their findings support the current study's insights into how these expectations pressure survivors into silence. However, the emphasis participants placed on involving men, boys, and community leaders suggests a practical path forward for overcoming resistance and building trust.

To overcome these barriers, GBV prevention efforts must adopt culturally sensitive strategies that respect local traditions while challenging harmful practices. As emphasized in FGD 2, addressing misconceptions that GBV prevention disrupts family structures is critical. By fostering culturally respectful dialogue and involving local leaders, GBV prevention programs can navigate cultural resistance effectively, ensuring their long-term success in conflict-affected communities.

4.4.3. Confidentiality and Reporting Barriers

Based on the Focus Group Discussions (FGDs) and interviews conducted, confidentiality and the fear of exposure emerged as major barriers to reporting gender-based violence (GBV) in the Debatie IDP Woreda. Participants expressed deep concerns about the risks of stigma, social ostracism, and retaliation, which prevent them from seeking help.

One participant in FGD 1 emphasized the fear of retaliation:

We don't feel safe reporting to the police because the perpetrators might find out and harm us again. (FGD 1)

This statement reflects the pervasive concern that reporting GBV could lead to further harm. Survivors explained that a lack of trust in the system's ability to protect them intensifies their fear, as perpetrators might retaliate after learning about the report.

Another survivor, P2, voiced the need for anonymity:

If there was a way to report anonymously, I would feel safer. It's too risky to talk to anyone here face-to-face. I don't trust the people around me, and I'm scared that once I say something, it will get back to someone who will tell others. It would be better if there was a way to report without anyone knowing who I am, maybe by phone or online. That way, I wouldn't have to worry about the whole camp finding out. (P2, a 35-year-old female survivor)

This highlights the critical need for alternative, non-traditional reporting mechanisms. Survivors perceive face-to-face reporting as a significant risk to their safety, as it exposes them to judgment and gossip.

Additionally, P1 expressed her apprehension about social ostracism:

People here are so quick to judge, and once they start whispering about you, it's like you can never escape the shame. (P1, a 32-year-old female survivor)

This sentiment sheds light on the cultural and social dynamics of the camp, where fear of public judgment outweighs the need for support. Survivors feel trapped by the possibility of stigma and social harm, which extends beyond themselves to their families.

When comparing these insights to existing research, clear alignments emerge. The fear of retaliation expressed by FGD 1 participants echoes findings by (Mifetu, 2022), who noted that survivors in Ethiopian conflict zones avoid reporting GBV due to fears of reprisals. My study further emphasizes that this fear is heightened in small, close-knit IDP camp communities, where survivors feel constant scrutiny.

Similarly, P2's plea for anonymity aligns with the work of (Heydon & Powell, 2018), who demonstrated the importance of anonymous reporting systems in encouraging survivors to come forward. However, my findings extend their work by illustrating the compounded challenges within overcrowded IDP camps, where limited privacy and infrastructure exacerbate survivors' concerns.

Finally, P1's experience with social ostracism reflects conclusions by (Osime, 2021), who identified social stigma and victim-blaming as barriers to seeking help in Ethiopian conflict zones. My research builds on this by highlighting the unique dynamics of IDP camps, where rapid gossip intensifies survivors' feelings of entrapment.

In conclusion, the FGDs and interviews reveal that confidentiality concerns are deeply rooted in survivors' fears of retaliation, social ostracism, and exposure of their experiences. Addressing these challenges requires the establishment of secure and confidential reporting mechanisms, including anonymous platforms, to ensure survivors feel safe enough to report GBV. Solutions must consider the interplay of emotional and infrastructural barriers unique to conflict-affected settings like Debatie.

4.4.4. Logistical and Security Challenges

The Focus Group Discussions (FGDs) and interviews revealed that logistical and security challenges are ongoing obstacles to effective GBV prevention services in the Debatie woreda. These barriers affect both survivors' access to essential services and the ability of healthcare providers and social workers to deliver consistent care. These challenges persist not only in times of heightened conflict but also during everyday situations, making it crucial to address these issues in the design and implementation of service delivery in the woreda.

Transportation emerged as one of the most significant logistical obstacles. Survivor P4, a 19-year-old female, shared:

Sometimes it's too risky to travel to health centers, especially with the lack of transportation options. Many people in remote or conflict-affected areas are left without access to essential services simply because they can't safely reach these centers. The scarcity of reliable transportation, combined with the risk of violence,

makes it particularly challenging for survivors who need urgent care or support, leaving them feeling isolated and unprotected. (P4 a 19-year-old female)

This statement underscores the daily difficulties faced by survivors when attempting to reach health facilities. The underdeveloped or damaged infrastructure in the Debatie IDP camp makes it hard for survivors to travel safely. Without reliable transportation, survivors often abandon their attempts to access care, which exacerbates their isolation and prevents them from seeking timely help. This challenge is particularly severe in remote and conflict-affected areas, where the combination of logistical difficulties and security risks compounds the hardship for those in need of assistance.

The issue of transportation is consistent with findings by Kibret et al. (2024), who also highlighted that limited and unsafe transportation options in rural and displaced settings restrict survivors' ability to access essential GBV services. In Debatie, where survivors already face heightened vulnerability, this lack of access to transportation leaves many feelings further marginalized. One potential solution, as suggested by Bekele et al. (2024), is the implementation of mobile health units or community-based outreach teams, which would allow services to be delivered directly to survivors in more remote areas. This strategy would alleviate transportation challenges while ensuring that survivors receive the care they need.

Security concerns also represent a major barrier for both survivors and service providers in the Debatie IDP camp. P14, a 40-year-old male social worker, explained:

Security issues prevent us from providing services in certain areas, which limits our reach to survivors in need. In many high-risk kebele, service providers face threats to their own safety, forcing them to avoid these regions altogether. This restricts our ability to offer consistent support to individuals in critical need, further marginalizing vulnerable populations and creating significant gaps in care access across the region. (P14, a 40-year-old male)

This highlights that even during times of relative calm; security concerns can prevent service providers from reaching survivors. The fear of violence or harassment often leads service providers to avoid certain areas, restricting their ability to deliver care and increasing the

isolation of survivors who reside in these high-risk zones. Additionally, survivors themselves may feel hesitant to seek help due to fear of exposure or retaliation, further contributing to the cycle of marginalization.

The persistence of these security concerns aligns with research by Alemu et al. (2024), who found that security risks in rural and remote regions of Ethiopia are not confined to periods of conflict but are deeply rooted in social tensions and stigma. In Debatie, security concerns such as the threat of violence and harassment are ever-present, creating an atmosphere of fear that deters survivors from coming forward to access the support they need.

To address these concerns, it is essential to implement robust protective measures for both service providers and survivors. Establishing secure, community-based service delivery points and ensuring that providers have access to safety measures, such as local escorts or community support, would help reduce the risks associated with providing services in high-risk areas. Research by Dupuy et al. (2015) supports the idea that establishing safe service points within communities increases the likelihood that survivors will seek help, as it creates an environment of trust and security.

The logistical and security challenges outlined require practical, adaptable solutions that take into account the unique context of Debatie. Mobile health units, community-based outreach, and secure service delivery points are all strategies that could improve access to services for survivors. Additionally, service delivery models must be flexible enough to respond to fluctuating security and logistical conditions.

4.5. Effectiveness of Current GBV Prevention Practice.

The Effectiveness of Current GBV Prevention practice theme evaluates survivor perspectives and metrics for success. It examines Survivor Perspectives on Program Effectiveness, offering insights into how survivors perceive the interventions, Evaluation Metrics and Success Indicators, discussing the criteria used to measure success, Healthcare and Social Work Perspectives on Response Mechanisms, providing a professional viewpoint on the effectiveness of responses, and Recommendations for Improving Prevention Strategies, outlining potential enhancements to existing programs.

4.5.1. Survivor Perspectives on Program Effectiveness

Survivors of GBV in Debatie Woreda expressed mixed perspectives on the effectiveness of current prevention programs, highlighting both positive impacts and significant gaps. These insights, derived from FGDs and interviews, reveal how logistical, cultural, and resource-related constraints shape the perceived effectiveness of these initiatives.

P1 reflected on the limited reach of the programs, expressing skepticism about their impact:

The programs exist, but I don't feel they reach enough people to make a real difference. The people who are in the Woreda, we're all suffering, but only a small number of us are able to access the services. It's as if the programs are designed for a few, and the rest of us are left out. There's no clear information about how to reach them, and those who need help the most don't even know that the services exist. Even when we do know, it's hard to get to them because of how far they are or the fear of stigma if we ask for help. So, even though there are some good things happening, the programs don't feel like they're reaching everyone. They're not making the kind of difference they should be. (P1, a 32-year-old female survivor)

This perspective underscores survivors' frustrations with the limited accessibility and inclusivity of GBV programs. Logistical challenges, such as distance to service centers and inadequate outreach, as well as cultural barriers like stigma, hinder the effective delivery of services to those who need them the most.

From the program implementers' perspective, an FGD2 participant acknowledged the operational challenges:

We understand the frustration survivors feel. The truth is, as much as we want to reach everyone; we are constrained by resources and logistics. For example, we don't have enough trained staff to cover all the areas. Outreach campaigns are difficult because of the terrain and the lack of secure routes. Also, cultural barriers make it challenging to engage some communities. We know we're not reaching everyone, but we're doing what we can with what we have. Our goal is to improve step by step, but we need more support to make that happen. (FGD2, Program Implementer, Male)

This candid acknowledgment aligns with survivors' critiques and highlights structural barriers such as limited resources, understaffing, and the challenges of navigating cultural resistance in conflict-affected areas.

Despite these concerns, some survivors shared positive experiences with specific program components. For instance, P5 highlighted the value of psychological support:

The support I received helped me regain my strength, even if it didn't fully solve my problems. I feel like I am not as hopeless as I was before. The medical help and counseling I received were helpful, but there are still so many things that are left unresolved. I can't say that everything is fixed now, but at least I have the strength to face another day. The programs gave me a place to talk, to cry, and sometimes even to laugh. But I know that many others, like me, still need more. More support, more resources, more people who understand what we've been through. (P5, a 45-year-old female survivor)

This statement highlights the transformative impact of emotional and mental health support. However, it also underscores the need for more comprehensive interventions that address survivors' broader challenges, including economic and legal support.

These participant insights align with findings in the literature. For instance, Rodriguez et al. (2022) noted that while emotional support services are vital for fostering initial recovery, they are often insufficient without complementary long-term interventions. Survivors frequently face systemic challenges such as financial insecurity, lack of legal protection, and difficulty reintegrating into their communities. Similarly, Davies et al. (2024) emphasized that resource constraints and cultural barriers hinder the inclusivity and sustainability of GBV programs in conflict-affected regions.

The importance of combining short-term psychological support with longer-term strategies, such as socio-economic empowerment and community reintegration, has been highlighted (Khan, 2024). This mirrors the situation in Debatie Woreda, where survivors, such as P5, benefit from counseling but remain underserved without systemic support mechanisms.

In conclusion, survivor perspectives and program implementer insights reveal the multifaceted challenges of GBV prevention in Debatie Woreda. Programs must balance

immediate psychological support with broader, long-term interventions to meet survivors' diverse needs. As P1, P5, and the FGD2 participant illustrate, addressing these challenges requires increased resources, improved outreach, and a culturally sensitive approach that prioritizes inclusivity and accessibility.

4.5.2. Evaluation Metrics and Success Indicators

Based on the Focus Group Discussions (FGDs) and interviews conducted, survivors and program implementers in Debatie Woreda highlighted mixed perspectives on the evaluation of GBV prevention programs. While survivor feedback and program attendance are commonly used metrics, these approaches fail to fully capture the true impact of these interventions on survivors' long-term recovery and broader community transformation.

P6, a program implementer, elaborated:

We track attendance at our workshops and gather feedback from survivors to evaluate our impact. While attendance helps measure interest and participation, we know it's not the only indicator of success. That's why we ask survivors for feedback on their experiences what they learned, how they felt, and if they feel more empowered or supported after the sessions. (P6, a 35-year-old male)

This focus on attendance figures and direct feedback provides an immediate measure of engagement. However, as P6 acknowledged, these metrics fail to address deeper questions about the program's long-term effectiveness. Simply tracking attendance offers limited insight into whether survivors retain workshop content or take meaningful actions to address their situations following the intervention.

P8 further highlighted a significant challenge in evaluating program success:

Our ability to measure success is hindered by inconsistent reporting, making it difficult to track progress. While the data we receive from the field is often incomplete or delayed, we still rely on survivor feedback. Despite the reporting challenges, their input has been crucial in identifying areas for improvement and guiding adjustments to our approach or support. (P8, a 35-year-old male)

The issue of inconsistent reporting is a persistent challenge, especially in conflict-affected settings like Debatie Woreda. As Nahar, (2024) observed, underreporting—stemming from cultural stigma, fear of retaliation, and mistrust in service providers—often skews data, making it difficult to assess the real outcomes of GBV prevention programs. In Debatie Woreda, where survivors face isolation and security concerns, inconsistent reporting further undermines program implementers' ability to gauge their interventions' effectiveness.

P15 suggested an urgent need for improvement:

Better evaluation tools would allow for a clearer understanding of program impact. Right now, we rely on basic metrics like attendance numbers and feedback forms, but they don't capture the full scope of what's happening. (P15, a 30-year-old male)

This call for more robust evaluation tools is echoed in the literature. (Ibrahim, 2023) emphasize the importance of comprehensive frameworks that combine qualitative and quantitative data, such as follow-up surveys, in-depth interviews, and tracking key indicators like reductions in recidivism rates and survivor empowerment. Similarly, Tewabe et al. (2024) argue that evaluation frameworks should include measurable indicators like reductions in GBV incidents, improved reporting rates, and shifts in community attitudes toward GBV.

For instance, tracking long-term changes in community attitudes or increases in reporting rates could provide meaningful insights into the true outcomes of these interventions. The importance of culturally tailored evaluation tools, ensuring that methods are sensitive to the specific challenges faced by IDP communities in Debatie Woreda.

In conclusion, while the current evaluation practices in Debatie Woreda rely heavily on attendance and feedback, these metrics alone are insufficient for assessing the full impact of GBV prevention programs. To enhance the effectiveness of these programs, it is crucial to adopt more comprehensive, culturally sensitive evaluation tools. By integrating nuanced methods, such as follow-up assessments and tracking key indicators, program implementers can better understand their interventions' impact and ensure they are responsive to survivors' needs.

4.5.3. Healthcare and Social Work Perspectives on Response Mechanisms

Based on the Focus Group Discussions (FGDs) and interviews conducted with healthcare providers and social workers in Debatie Woreda, it is evident that while the immediate response mechanisms for GBV survivors, such as medical care and crisis counseling, are crucial, the lack of long-term support remains a significant challenge. Participants emphasized that although swift interventions are necessary in the aftermath of GBV incidents, these short-term measures are insufficient for addressing the complex emotional, psychological, and social needs of survivors. P12 shared:

Our response is quick, but we lack the resources for thorough follow-up. We can provide immediate support like medical assistance and counseling, but once the immediate needs are met, ongoing support becomes difficult. We don't have the personnel or funding to maintain regular contact or ensure continuous care. Sometimes survivors return for help, but it's often too late or after further harm. Ideally, we'd have more resources for sustained follow-up, but that's not always possible. (P12, a 34-year-old male)

This statement reveals a gap in the continuum of care, where the immediate medical attention provided to survivors does not extend to long-term recovery support, such as sustained psychological counseling or social reintegration. While medical interventions address the immediate physical consequences of GBV, they do not provide a comprehensive solution to the ongoing emotional trauma and social challenges survivors face.

P13 reiterated this concern, stating:

Survivors need consistent support, not just one-time help. Immediate assistance is not enough; ongoing care that addresses emotional, psychological, and social effects is essential. One-time help doesn't ensure long-term healing or security. Survivors need regular check-ins and continued access to services like counseling, legal support, and economic opportunities. Without consistent follow-up, survivors may lack the tools to heal fully. (P13, a 28-year-old male)

This observation underscores the need for continuous care, which is currently lacking in many response mechanisms in Debatie Woreda. The limited availability of follow-up services leaves survivors vulnerable to traumatization or additional violence. The demand for consistent support, including ongoing therapy, counseling, and economic empowerment

programs, is vital for survivors to rebuild their lives and prevent future violence. These observations align with the findings of several local studies, which point out similar shortcomings in the GBV response systems in the region.

Research supports these findings. For instance, Asfaw et al. (2022) discuss the persistent gap in response mechanisms for GBV survivors in Ethiopia's conflict-affected areas, noting that while immediate care is essential, ongoing support, including mental health care and legal assistance, is crucial for healing and social reintegration. Similarly, Sisay, (2023) emphasize the lack of coordination among health services, legal assistance, and social support, which results in fragmented care and gaps in support for survivors. Finally, Abdi et al. (2022) highlight how healthcare providers in conflict settings often lack the resources and specialized training needed to provide long-term support for GBV survivors.

4.5.4. Recommendations for Improving Prevention practices

Participants from the Focus Group Discussions (FGDs) and interviews provided several insightful recommendations for improving Gender-Based Violence (GBV) prevention strategies, focusing on accessibility, resource allocation, and awareness campaigns. These suggestions reflect critical structural and cultural adjustments necessary to enhance GBV prevention and response mechanisms within Debatie Woreda in Benishangul-Gumuz.

One prominent suggestion came from P4, a survivor, who emphasized the need for easily accessible support centers, stating:

We need centers in every area so that survivors don't have to travel far. Having accessible support facilities within each community would greatly reduce the burden on survivors who currently face long, difficult journeys to reach help. (P4, a 19-year-old female survivor)

This statement highlights a significant logistical barrier faced by survivors in accessing support services. The absence of nearby infrastructure, such as reliable transportation and safe pathways, restricts access to critical services. By increasing the number of accessible service centers and integrating mobile health clinics, these logistical barriers can be mitigated. Yohannes et al. (2022) emphasize the positive impact of decentralized services

and community-based outreach in conflict-affected regions, suggesting that local centers would facilitate timely interventions for survivors in remote areas.

Another key recommendation, highlighted by P6, a program implementer, focused on the issue of resource constraints:

Increased resources would allow us to improve outreach and support more survivors. With additional funding and staff, we could expand our programs to reach those in remote areas who are currently without access to essential services. (P6, a 35-year-old male government worker)

This viewpoint highlights the vital importance of sufficient funding in improving outreach and service delivery. Previous studies, such as (Mulunesh, 2023), similarly highlight that sufficient and sustainable funding is essential for effectively addressing GBV, particularly in regions experiencing ongoing instability. By securing additional resources, programs can provide comprehensive care, conduct awareness campaigns, and build stronger networks to ensure survivors receive timely and effective assistance.

Awareness campaigns were also identified as a critical component of GBV prevention by P3, another survivor, who emphasized the need for engaging men in shifting harmful cultural attitudes:

Educating everyone, especially men, could help shift harmful cultural attitudes. By engaging men in awareness programs and discussions, we can address the root causes of gender-based violence. (P3, a 29-year-old female survivor)

This aligns with findings by (Peacock & Barker, 2014), who advocate for including men and boys in GBV prevention initiatives to address the cultural roots of violence. Involving both genders in educational programs focused on human rights and gender equality can foster attitudinal change and decrease violence against women. Furthermore, local leaders and influential figures can be instrumental in promoting these messages, making initiatives more culturally resonant.

4.6. Influence of Cultural Norms on GBV Reporting

Cultural norms profoundly influence gender-based violence (GBV) reporting and intervention strategies. This section first explores cultural beliefs impacting GBV reporting, highlighting the barriers survivors face when seeking assistance. Next, it examines the role of traditional practices in prevention and intervention, demonstrating how these practices can both contribute to and mitigate instances of GBV. The discussion will also cover community responses and support for survivors, emphasizing the importance of community dynamics in GBV initiatives. Finally, we will propose strategies for cultural sensitivity in prevention efforts to ensure that interventions are effective and culturally appropriate.

4.6.1. Cultural Beliefs Impacting GBV Reporting

The findings from the Focus Group Discussions (FGDs) and interviews in Debatie Woreda reveal that cultural beliefs and social norms significantly impact the willingness of survivors to report GBV and seek intervention. Participants consistently noted the cultural stigma surrounding GBV, which acts as a powerful deterrent to reporting incidents. As P2 shared:

This is hard for us to report because our community sees it as shameful. There is a lot of stigmas, and many of us fear being blamed or ostracized. The social pressure to remain silent is immense, and even though we know reporting could help, the fear of mistreatment stops us. Some survivors are even pressured by family or community leaders not to report to avoid bringing shame. (P2, a 35-year-old female survivor)

This statement underscores the pervasive cultural perception that GBV is a private, shameful issue. Survivors fear exposing violence due to the strong emphasis on protecting family honor and community reputation, which are closely tied to social standing. As P2 highlighted, survivors are often discouraged by both internal fears of judgment and external pressures from family and community leaders, who may view reporting GBV as a betrayal of cultural norms.

Adding to this perspective, participants from FGD3 emphasized the collective attitude toward GBV within the community:

Most people know about GBV, but they see it as a family issue rather than a crime. They believe it is something to be resolved privately within the household and not something to involve authorities. For instance, when a woman is beaten by her

husband, the neighbors or even her family might advise her to endure it for the sake of the family's reputation. Reporting it to the police is seen as bringing shame to the family rather than seeking justice for the victim." (FGD3)

This observation sheds light on the community's deep-rooted perception of GBV as a private matter that should be resolved within the family. Rather than addressing GBV as a legal violation or societal issue, this belief frames it as a personal or familial concern, further discouraging survivors from seeking external support. The reluctance to acknowledge GBV as a crime undermines efforts to promote justice and perpetuates cycles of silence and inaction.

Similarly, P5, another survivor, articulated the immense burden of victim-blaming:

People believe it's our fault, making it hard to come forward. They say things like, 'What did you do to provoke it?' or 'You must have deserved it.' This constant blame creates a heavy burden for us. Survivors are judged for what happened to them instead of the perpetrators being held accountable. It makes you feel like you are the one who did something wrong, even when you know that's not true. This judgment and shame are overwhelming and often stop us from seeking help or speaking out." (P5, a 45-year-old female survivor)

P5's statement highlights how victim-blaming attitudes compound the cultural barriers to reporting GBV. Survivors often internalize these harmful messages, feeling trapped between their trauma and the fear of societal rejection. Instead of viewing GBV as a crime against the victim, the community's blame shifts accountability onto the survivor, perpetuating silence and psychological distress.

Further elaborating on these barriers, P7, a program implementer, observed:

A deeply ingrained belief in our community keeps survivors from speaking up. They fear judgment and ostracism, as being a victim is seen as shameful, and survivors are often blamed. This fear of being labeled 'dishonorable' prevents many from seeking help or reporting. (P7, a 32-year-old male)

P7's account emphasizes how societal norms around honor and shame silence survivors. The fear of being labeled as dishonorable or bad extends beyond individual judgment, as survivors face the risk of social ostracism. In a closely-knit community like Debatie, where social cohesion is vital for survival, this isolation can have far-reaching consequences.

The findings from the FGDs align with existing research on the role of cultural beliefs in shaping GBV reporting behaviors. Admassu et al. (2024) documented that in rural Ethiopian communities, GBV is often viewed as a private matter, with survivors discouraged from reporting to protect family honor. Similarly, (Amato, 2020) found that traditional gender roles, which emphasize female submission and passivity, normalize GBV and hinder women from speaking out. These studies echo the observations in Debatie, where survivors like P2 and P5 highlighted the impact of stigma, victim-blaming, and cultural pressure on their ability to seek help.

However, the findings in Debatie also reveal unique contextual nuances. While the studies by Admassu et al. (2024) and (Amato, 2020) highlight individual concerns about honor, participants in Debatie emphasized the collective nature of this pressure. In this IDP setting, the reputation of families and the broader community is a primary concern, intensifying resistance to external reporting. This dynamic suggests that survivors in Debatie face additional layers of stigma compared to other regions, where family honor may be more individualized.

Furthermore, while the broader literature emphasizes the need for cultural shifts toward openness and justice, the findings in Debatie suggest a more gradual, culturally sensitive approach is required. As noted by Mulatu et al. (2024), involving community leaders and influencers in GBV interventions is crucial for fostering attitudinal change without alienating the community. In Debatie, this approach is particularly relevant given the strong emphasis on social cohesion and the interdependence of families within the area.

In summary, the cultural beliefs surrounding honor, shame, and family reputation are significant barriers to GBV reporting in Debatie Woreda. Survivors face stigma, victim-blaming, and social isolation, which discourage them from seeking help or speaking out. These findings resonate with existing research, such as Admassu et al. (2024) and Mulatu et

al. (2024), while also highlighting the unique challenges posed by the collective nature of community honor in Debatie.

To address these barriers, interventions must adopt culturally sensitive strategies that respect traditional values while challenging harmful norms. As emphasized in FGD3, reframing GBV as a societal issue rather than a family matter is crucial for encouraging reporting and ensuring justice. By fostering dialogue, engaging community leaders, and addressing stigma through education, GBV prevention programs can promote meaningful change and create safer environments for survivors in conflict-affected areas like Debatie.

4.6.2. Role of Traditional Practices in Prevention practices

Traditional practices, particularly early marriage, significantly influence gender-based violence (GBV) prevention efforts in conflict-affected regions like Debatie Woreda. Participants in the Focus Group Discussions (FGDs) consistently noted that early marriage is widely viewed as a practical solution to insecurity. For example, participants in FGD3 stated:

Many families see early marriage as a practical solution to their challenges, not a problem. They believe it offers security for their daughters and reduces financial pressure on the family. This makes it hard to convince them of the long-term harm, like lost education and serious health risks. Families truly feel they're acting in their children's best interests, so changing their minds means providing real alternatives that meet their immediate needs. (FGD3)

This perspective underscores how early marriage is often perceived as a protective measure in unstable environments. Many families view it as a necessary means of ensuring their daughters' safety and survival amid economic strain and potential violence. However, participants also recognized the significant negative impacts of early marriage, including increased risks of domestic violence, early pregnancy, and limited access to education.

The resistance to changing this perception is compounded by cultural norms, as emphasized by P10, a representative from the local health bureau:

We face resistance because these practices are considered normal in our communities, making prevention programs less effective. People don't see them as harmful, so they don't understand why change is necessary. It's hard to shift these deeply ingrained beliefs when they're viewed as cultural norms or solutions to larger issues. (P10, 42 years old)

This insight highlights the challenges of implementing GBV prevention programs in a context where early marriage is not just a family-level decision but is woven into the fabric of community identity.

To better address these challenges, participants in Debatie underscored the importance of culturally sensitive interventions. They expressed concerns that direct challenges to these practices could lead to alienation from the community. P7, another program implementer, emphasized:

We need community leaders to speak out and help the community understand the negative effects of early marriage. Their influence can change how people view these practices and encourage others to consider the long-term harm they cause. Without their support, it's difficult to challenge deeply rooted traditions and raise awareness. (P7, 32 years old)

This statement underscores the vital role of community leaders in reshaping cultural attitudes toward harmful practices like early marriage. In support of this approach, studies by Birhanu Enyew et al. (2022) and Jemberie et al. (2024) highlight the significance of involving local leaders in GBV prevention efforts. These studies demonstrate that engaging respected figures within the community can challenge harmful traditional practices and promote culturally acceptable alternatives.

In addition, P11, a social worker, articulated a constructive way forward, stating:

We need to discuss the benefits of delayed marriages beyond just ensuring girls' safety. It's about giving them a chance to pursue education, gain skills, and secure financial independence. Delaying marriage helps girls build a better future and achieve their dreams. It also empowers them to contribute meaningfully to their

communities. This isn't just protection; it's an investment in their potential. (P11, 30 years old)

This perspective suggests that framing delayed marriage as a beneficial alternative can help align community concerns about security with the advantages of education, health, and personal growth for girls.

Participants unanimously agreed that effective prevention efforts must address both immediate family needs and the long-term well-being of girls. They pointed to the potential of providing financial support and educational opportunities as effective strategies. As supported by studies from Gebru et al. (2024) such interventions can empower families, allowing them to secure their daughters' futures without resorting to early marriage.

In conclusion, early marriage remains a significant challenge for GBV prevention in Debatie Woreda, where it is viewed as a protective measure rooted in cultural practices. The insights gathered from participants resonate with previous research by Mekonen et al.(2024)which highlight the protective role of early marriage in conflict-affected areas. However, the Debatie context offers a unique perspective, viewing early marriage not only as a family-level solution but as a collective necessity for community survival. Culturally sensitive interventions that involve local leaders, respect cultural values, and provide viable alternatives are crucial for addressing the challenges posed by early marriage while protecting the rights and futures of girls.

4.6.3. Community Responses and Support for Survivors

In conflict-affected settings like Debatie Woreda, the community's response plays a crucial role in either aiding or isolating survivors of gender-based violence (GBV). Drawing from the Focus Group Discussions (FGDs) and interviews, it is clear that social stigma acts as a major barrier to survivors seeking help and receiving the necessary support. P3 shared their painful experience, stating:

There's a lot of gossip about our family, and it's painful. In this close-knit community, once something like this happens, people start talking. It feels like our pain becomes entertainment for others. Instead of compassion, I'm constantly judged, with whispers and side glances. It's isolating, and I feel like I'm carrying an

unwanted label that makes it hard to face others or go out in public. (P3, a 29-year-old female)

This powerful statement from P3 highlights the social consequences survivors face when they disclose their experiences of violence. It is not only the violence itself that causes harm but also the shame and stigma associated with these disclosures that can be equally painful. Survivors are subjected to a cycle of social exclusion and emotional distress, which often leads them to avoid seeking support. P3 emphasizes that gossip and judgment from the community exacerbate their suffering, making it harder for them to heal and continue with their daily lives. This notion of being branded and judged by the community underscores the isolation many survivors experience, making it difficult to approach others for support, whether formal or informal.

Similarly, participants in FGD1 explained that:

We suffer in silence because we are afraid of retaliation or being blamed for the violence. Speaking out can lead to more harm or judgment, as people often question the survivor's actions rather than condemning the perpetrator. There's a constant fear of not being believed, which adds to the burden. Many think reporting violence will bring shame to their family or community. This creates an environment where staying quiet feels safer than seeking justice. As a result, the cycle of abuse continues unchecked." (FGD1)

This adds another layer to the isolation experienced by survivors. The fear of retaliation or further stigmatization often prevents survivors from seeking help in the first place. The intense pressure to remain silent due to potential backlash from the community or even from family members exacerbates the trauma and prolongs the healing process. Thus, the combination of social stigma and fear of further victimization creates a powerful deterrent against survivors coming forward.

Further emphasizing this isolation, P14 noted that:

Community support is limited, leaving survivors feeling isolated. People often distance themselves or don't know how to help, making it harder for survivors to heal. Instead of offering support, others may avoid them due to discomfort or fear of

being associated with shame. This lack of compassion worsens the trauma, sometimes making the community itself feel like part of the problem. (P14, a 40-year-old male)

P14's statement resonates with the experiences shared by P3, highlighting the significant gap in community support systems. P14 elaborates on how survivors are often left to deal with their trauma alone, with others avoiding them due to fear of being associated with the violence or stigma. This lack of understanding and distance from the community complicates the recovery process, as emotional support from family, friends, and neighbors is essential for survivors to regain a sense of normalcy and strength. P14's reflection also underscores the emotional pain survivors endure not just from the violence but also from the community's refusal to engage empathetically. Survivors are, in effect, left to suffer in silence, with limited opportunities for healing and rebuilding their lives.

The lack of informal, community-based support is a critical issue, particularly when formal support structures, such as legal services and counseling, may not be sufficient to address the emotional and social aspects of recovery. P9, a social worker, emphasized that:

Changing community attitudes could help survivors feel supported rather than judged. Shifting from a culture of silence and gossip to one of empathy would reduce isolation and shame. If survivors knew the community stood with them, they would feel safer speaking out without fear of judgment. This shift in perspective could be life-changing for many survivors. (P9, a 28-year-old female)

P9's statement reflects a desire for a transformative shift in community norms and attitudes towards GBV survivors. By changing how the community perceives survivors—not as individuals to be judged or gossiped about, but as individuals in need of support—P9 believes the isolation and shame survivors experience can be reduced. This emphasis on community education and engagement to foster empathy is a crucial step in creating an environment where survivors feel safe and supported. The shift from silence and judgment to understanding and acceptance is fundamental for survivors to regain their voice and begin the healing process. P9's comment is a call to action for changing the community's approach to GBV, making it more supportive, inclusive, and empowering for survivors.

These findings align with research conducted by local scholars such as (Gebrekristos, 2023), who argue that survivors in conflict-affected areas often face social ostracization and are either blamed or not believed by their communities. This pattern of stigma significantly hinders their access to both informal and formal support systems. Gebrekristos underscore the importance of addressing stigma and shifting community attitudes to ensure survivors are met with empathy and support. P9's call for a change in community attitudes directly aligns with these findings, reinforcing the need for widespread community education and the reduction of judgment.

Moreover, findings from Mballa et al.(2020) further emphasize the positive impact of community-based interventions, particularly when local leaders and elders actively engage in raising awareness about GBV. This approach has been shown to lead to a shift in community attitudes and an increase in support for survivors. Similarly, in the context of Debatie, the involvement of influential community members in raising awareness can create a more supportive environment for survivors. As noted by participants in the FGDs, when respected community figures engage in awareness efforts, survivors are more likely to feel supported and less isolated. However, it is important to note that while both Mballa et al.(2020) and the experiences shared in Debatie highlight the importance of local leaders in supporting survivors, the Debatie context places a stronger emphasis on directly engaging with the community to foster empathy and redefine community norms. This nuanced difference points to the potential for a more direct and personal approach to reshaping attitudes toward GBV.

In conclusion, the findings from Debatie underline the pivotal role community responses play in either supporting or isolating survivors of GBV. Social stigma, compounded by the lack of informal community support, remains a significant barrier that prevents survivors from seeking help. However, studies by (Gebrekristos, 2023) and Mballa et al.(2020) have demonstrated that community-based interventions and the active involvement of local leaders can shift attitudes, foster empathy, and Create a supportive environment where survivors feel safe and empowered to share their experiences. While the findings from Debatie share similarities with previous research, the unique approach of directly involving community members in redefining GBV norms offers a promising path forward to overcome the challenges of stigma and isolation.

4.6.4. Strategies for Cultural Sensitivity in Prevention Efforts

Based on the Focus Group Discussions (FGDs) and interviews conducted, it is clear that culturally sensitive approaches to gender-based violence (GBV) prevention are viewed as essential by participants, as they believe these approaches significantly enhance community acceptance and the sustainability of intervention programs. Within the Debatie Woreda, participants expressed that the balance between promoting rights-based approaches and respecting cultural beliefs is crucial to ensuring that prevention efforts are embraced rather than resisted. Program implementers and healthcare providers, in particular, emphasized the importance of involving respected community figures, such as local leaders and elders, to deliver prevention messages effectively.

As P15 explained,

We collaborate with respected elders to introduce GBV prevention concepts in a way that honors traditional values. Elders hold significant authority in our community, and by involving them, we can communicate the importance of GBV prevention in a culturally sensitive manner. Rather than imposing change from an outsider perspective, we leverage the wisdom of elders to shape our messages, making it feel like the community is leading the effort. This approach reduces resistance and encourages open discussions that might otherwise be dismissed. (P15, a 30-year-old male)

P15's statement captures the importance of tailoring prevention strategies to fit the cultural context, showing that when community elders deliver the message, it is more likely to resonate with local values and beliefs. This approach highlights that when prevention efforts are perceived as community-led rather than external impositions, they are met with less resistance and a greater openness to change. Collaborating with community leaders and elders was further emphasized by P13, who focused on the gradual process of trust-building:

Respecting cultural practices helps build trust and acceptance within the community. When people see we're not undermining their traditions, they're more open to our messages. This trust, built through respect for their values, enables us to introduce new ideas without resistance, fostering meaningful progress. (P13, a 28-year-old male)

P13's insights reveal that demonstrating respect for local norms and practices is crucial in establishing trust with the community, as this trust fosters a more receptive environment for discussing sensitive topics like GBV. Respectful engagement allows program implementers to frame prevention strategies in ways that do not challenge cultural identity but instead underscore how GBV prevention aligns with shared values of community well-being, safety, and justice.

A recurring strategy highlighted by participants is obtaining the endorsement of influential community figures. P11 elaborated on this approach, noting,

Endorsement from community leaders legitimizes our programs and boosts participation. In our community, people trust leaders for guidance, and their support signals that our initiatives are valuable and safe. Without this endorsement, our efforts might be viewed with suspicion. With leaders backing us, the program feels like a shared community effort, increasing its acceptance and impact. (P11, a 30-year-old female)

P11's comments underscore the impact that support from respected community figures has on program legitimacy. Involving local leaders, such as religious authorities and traditional elders, not only increases participation but also enhances community trust in GBV prevention programs. When influential figures advocate for the importance of prevention, it helps shift attitudes, reduce resistance, and ensure that initiatives are not viewed as foreign impositions but as valuable community efforts.

These findings align with existing research on GBV prevention in conflict-affected regions. Ali et al. (2024) highlight the role of local leaders in fostering community discussions and creating safe spaces for addressing GBV. They argue that prevention programs often depend on the support of trusted figures for community acceptance and participation. This perspective aligns with P15's and P11's insights, which emphasize the importance of culturally rooted strategies within existing social hierarchies.

Similarly, (Dessie, 2024) underscore the importance of cultural sensitivity in GBV prevention program design. They found that culturally adapted initiatives, respecting local traditions, are more effective in engaging communities. This approach resonates with program implementers in Debatie, who aim to honor community values while presenting

prevention messages. While Dessie focus on community participation, implementers in Debatie also emphasize trust-building and community leader endorsements to overcome resistance.

Ali et al. (2023) further discuss cultural sensitivity as a tool to counter resistance in Ethiopian conflict zones, noting that fears of cultural erosion often hinder GBV prevention. They recommend incorporating culturally appropriate language and practices, which aligns with P13's emphasis on respecting cultural norms and values like dignity and family protection to enhance program acceptance.

However, cultural sensitivity must not reinforce harmful practices. Desta et al. (2023) caution that while respecting cultural values is essential, GBV prevention initiatives should also advocate for women's rights and safety and challenge traditions that perpetuate violence. This dual approach is reflected in Debatie, where implementers balance cultural respect with efforts to promote safety and human rights.

In conclusion, culturally sensitive GBV prevention requires collaborating with local leaders, respecting norms, and aligning interventions with community values to enhance acceptance and effectiveness. However, approaches must avoid perpetuating harmful norms, instead promoting safety, dignity, and rights for all members.

5. SUMMARY, CONCLUSION AND RECOMMENDATION

5.1. SUMMARY

The core objective of this study was to explore Gender-Based Violence Practices, Implementation and Challenges in Conflict Affected Areas in Debatie Woreda, Benishangul-Gumuz, Ethiopia. This research aimed to contribute to the understanding of GBV prevention practice in such contexts. To fulfill this aim, the following key inquiries were undertaken:

1. How was gender-based violence (GBV) practices implemented in conflict-affected areas, specifically among the internally displaced persons in Debatie Woreda, Benishangul-Gumuz, Ethiopia?
2. What challenges faced in implementing GBV practices in Debatie Woreda, particularly among the internally displaced persons?
3. How effective were the current GBV Practices in reducing incidents of violence in Debatie Woreda?
4. How did cultural norms in Debatie Woreda shape the reporting of GBV incidents among the internally displaced persons?

In this study, 15 participants were involved, including GBV survivors, program implementers, healthcare providers, and social workers. Participants were selected through purposive and snowball sampling to ensure diverse representation across various roles. Among the participants, P-1 to P-5 was GBV survivors aged 19-45, with direct experience of gender-based violence. P-6 to P-10 included program implementers, both governmental and NGO staff, aged 28-42, who were involved in the implementation and oversight of GBV prevention programs. The remaining participants, P-11 to P-15, were healthcare providers and social workers, aged 28-40, who offered service provision and support to GBV survivors.

A qualitative descriptive case study design was employed and data collection methods included focus group discussions (FGD) and interviews. The selection criteria for participants emphasized their roles in GBV prevention, their experience, and their involvement in providing direct services or support to survivors. Thematic analysis was used for transcribing and analyzing the data, which involved coding, categorization, and

identifying key themes related to the practices, barriers, and perceived effectiveness of GBV prevention practices. Qualitative analysis revealed several key findings.

The research examined Gender-Based Violence Practices, Implementation and Challenges in Conflict Affected Areas in Debatie Woreda, Benishangul-Gumuz, Ethiopia. Prevention practices include community awareness workshops, safe spaces, and culturally adapted educational sessions, which aim to engage the community while respecting local norms. These interventions emphasize survivor awareness, access to services, and community outreach. However, their effectiveness remains limited due to gaps in resources and cultural influences that perpetuate harmful practices like early marriage and societal stigma.

Significant barriers hinder the implementation of GBV prevention programs, particularly funding constraints, logistical challenges, and competing survival priorities, such as food insecurity. Survivors and implementers highlighted how basic needs often overshadow the importance of GBV awareness, impacting community engagement. Additionally, the lack of sufficient infrastructure, including private consultation spaces and accessible service centers, restricts survivors' ability to report violence and access timely support, further compromising prevention efforts.

Cultural norms and societal attitudes continue to pose challenges, with survivors often facing stigma and blame, discouraging them from seeking help. These norms perpetuate silence and shame, making GBV prevention a sensitive issue in the camp. Despite these challenges, involving community leaders and using culturally sensitive approaches have proven effective in fostering gradual shifts in perceptions. Participants emphasized that aligning GBV messages with local values and securing community leader endorsements significantly enhance program acceptance and impact.

The study also revealed inconsistencies in evaluating program success, with current metrics focusing on attendance and feedback but failing to capture long-term impacts such as behavioral changes or reductions in GBV cases. Participants suggested incorporating comprehensive evaluation tools to measure the effectiveness of interventions over time. Moreover, the lack of follow-up care for survivors limits the potential for sustained recovery, highlighting the need for integrated support systems that include mental health, legal, and economic assistance.

In conclusion, while progress has been made through community-based initiatives, significant gaps persist in resource availability, cultural resistance, and service accessibility. Addressing these challenges requires increased funding, better infrastructure, and culturally tailored approaches to prevention and response. By fostering collaboration between community members, local leaders, and service providers, GBV prevention programs in conflict-affected areas like Debatie can be more inclusive, effective, and sustainable.

5.2. Conclusion

The findings of this study demonstrated that the implementation of GBV prevention practices in Debatie Woreda involved multifaceted strategies, including awareness programs, safe spaces, and community outreach initiatives. These efforts aimed to support survivors while educating the community about GBV. However, their success was often limited by resource constraints, societal stigma, and cultural resistance, which restricted access to services and reduced the effectiveness of interventions. Culturally sensitive approaches and expanding services remained essential in ensuring effective community engagement and enhancing the reach of GBV prevention efforts.

Challenges in implementing GBV prevention practices included resource limitations, logistical difficulties, and deeply rooted cultural norms. Survivors faced additional barriers, such as concerns over confidentiality, fear of retaliation, and competing survival priorities, all of which hindered their ability to access support. Addressing these challenges required a holistic approach, including financial investment, improved infrastructure, and culturally aligned strategies that could overcome resistance and promote more accessible and sustainable interventions.

The study found that while survivor feedback and attendance were positive indicators, they were insufficient to assess broader outcomes. Long-term impact assessments were needed to determine whether these strategies led to lasting behavioral changes. Collaboration among healthcare providers, social workers, and legal services, along with comprehensive evaluation tools, were crucial to improving the sustainability and effectiveness of GBV prevention programs.

Cultural norms significantly influenced GBV reporting and intervention. Deeply ingrained societal beliefs discouraged survivors from seeking help, creating a culture of silence and stigma. Engaging community leaders and incorporating culturally sensitive messages into prevention efforts proved effective in addressing these challenges. Aligning prevention strategies with local values and promoting community-wide support could empower survivors and lead to lasting change.

In conclusion, while progress had been made in addressing GBV prevention in Debatie Woreda, significant challenges remained. Overcoming these obstacles required a multi-pronged approach, including long-term funding, culturally aligned strategies, and robust evaluation frameworks. Addressing these critical areas could empower survivors, transform societal attitudes, and create safer, more inclusive communities in conflict-affected regions.

5.3. Implication

The findings of this study highlight critical gaps and opportunities for addressing gender-based violence (GBV) in conflict-affected areas of Debatie Woreda. Below are evidence-based implications derived directly from participant responses, program implementers, and service provider insights:

1. **Expand Mobile and Community-Based GBV Services**

Establish mobile health units and community safe spaces in remote and underserved areas of Debatie Woreda to provide survivors with immediate medical care, psychosocial counseling, and legal assistance. These units should operate on a rotating schedule to ensure consistent access. **Concerned bodies include:** NGOs, regional health bureaus, and community health workers.

2. **Integrate Traditional Leaders in GBV Prevention Campaigns**

Conduct workshops to train elders, religious leaders, and clan representatives as advocates for GBV prevention. Messages should reframe GBV as a threat to communal harmony, using culturally resonant metaphors (e.g., “A community that harms its women cannot prosper”). Concerned bodies include: Local Women’s Affairs Offices, NGOs specializing in community engagement, and traditional governance structures.

3. **Develop Anonymous Reporting Mechanisms**

Implement secure, survivor-centered reporting systems, such as encrypted hotlines and

drop-boxes managed by trusted local NGOs. These reports should trigger confidential follow-up by social workers (e.g., P14), rather than immediate public action.

Concerned bodies include: Technology partners (e.g., Ethio Telecom), NGOs, and the Benishangul-Gumuz Regional Justice Bureau.

4. Embed GBV Awareness in Humanitarian Aid Programs

Integrate GBV prevention messaging into food distribution, shelter programs, and livelihood initiatives. For example, short awareness sessions led by female community volunteers could precede aid disbursement in IDP camps. Concerned bodies include: Humanitarian agencies (e.g., IOM, UNHCR), local Women's Development Groups, and camp management committees.

5. Launch Economic Empowerment Programs for Survivors

Provide vocational training (e.g., weaving, poultry farming) and microloans through partnerships with local cooperatives. Programs should prioritize female-headed households and include childcare support to enable participation. Concerned bodies include: NGOs, regional microfinance institutions, and the Debatie Trade Bureau.

6. Address Cultural Stigma Through Male Engagement Initiatives

Design peer-led workshops for men and boys that challenge harmful gender norms. Role-playing scenarios should be used to demonstrate the consequences of GBV and promote equitable relationships. Concerned bodies include: Schools, youth associations, and NGOs with expertise in gender-transformative programming.

7. Improve Camp Infrastructure to Enhance Safety

Construct gender-segregated sanitation facilities, install solar-powered lighting in high-risk areas, and establish patrols by female community guards in IDP camps. Concerned bodies include: Regional Disaster Prevention Office, UNOCHA, and camp management committees.

8. Strengthen Trauma-Informed Care Training for Providers

Conduct bi-annual workshops for healthcare workers and social workers on trauma-informed care, including techniques for managing PTSD and avoiding re-traumatization during consultations. Concerned bodies include: Regional Health Bureau, and WHO.

9. Enhance Legal Support for Survivors

Deploy paralegals to assist survivors in navigating legal systems, filing police reports, and pursuing justice. Partner with the Ethiopian Women Lawyers Association (EWLA)

to provide pro bono representation. Concerned bodies include: EWLA, regional courts, and the Benishangul-Gumuz Police Commission.

10. **Establish Survivor-Led Monitoring Committees**

Form committees of GBV survivors to evaluate program effectiveness, provide feedback, and advocate for policy changes. These committees should meet quarterly with NGOs and government representatives. Concerned bodies include: Survivor networks, NGOs, and the Debatie Women's Affairs Office.

By implementing these implications, GBV prevention practices can become more inclusive, effective, and sustainable, ultimately empowering survivors and fostering safer, more supportive communities in conflict-affected areas like Debatie Woreda.

REFERENCE

- Abreham, M. (2021). The Legal Protection of Internally Displaced Women from Sexual and Gender-Based Violence in Ethiopia. *Hawassa UJL*, 5, 61.
- Addis, A. (2013). *National Strategy and Action Plan on Harmful Traditional Practices (HTPs) against Women and Children in Ethiopia Federal Democratic Republic of Ethiopia Ministry of Women, Children and Youth Affairs (MoWCYA)*. 1–61.
- Admassu, M., Benova, L., Nöstlinger, C., Semaan, A., Christou, A., Nieto-Sanchez, C., Laga, M., Endriyas, M., & Delvaux, T. (2024). Uncovering community needs

regarding violence against women and girls in southern Ethiopia: An explorative study. *PLoS ONE*, *19*(6 June), e0304459.

<https://doi.org/10.1371/journal.pone.0304459>

Admasu, Y., Alkire, S., & Scharlin-Pettee, S. (2022). *Multidimensional poverty, gender, and forced displacement: A multi-country, intrahousehold analysis in Sub-Saharan Africa* (Issue 139). Oxford Poverty and Human Development Initiative (OPHI).

Adugna Ketema Debale, F., Hammond Project Manager, L., Officer, R., Abraha Hill, H., Bakewell Communications Manager, O., & Jordan Sahan Nairobi, C. (2019). *Conflict and displacement in Ethiopia: the case of Benishangul-Gumuz Regional State and Konso Zone, Southern Nations, Nationalities and Peoples Region Conflict and displacement in Ethiopia:: The case of Benishangul-Gumuz Regional State and Konso Zone, South. January*. www.soas.ac.uk

Alemu, Z. A., Adugna, E. A., Kidane, A. W., Girmay, A. M., Weldegebriel, M. G., Likasa, B. W., Serte, M. G., Teklu, K. T., Alemayehu, T. A., Liyew, E. F., Tasew, G., Mehari, Z., Tollera, G., & Tessema, M. (2024). Prevalence of Open Defecation Practice and Associated Factors Among Households in Geshiyaro Project Implementation Sites in Ethiopia: A Cross-Sectional Study. *Environmental Health Insights*, *18*, 11786302241252732. <https://doi.org/10.1177/11786302241252732>

Alghazo, R., & Premuda-Conti, P. (2024). Forgotten Victims of War: A Rapid Review of Counseling Needs and a Proposed Intervention Model for Civilian Survivors. *Psychiatry International*, *5*(4), 601–615. <https://doi.org/10.3390/psychiatryint5040044>

Ali, A. C., Yimam, S. M., Semmann, M., Ayele, A. A., & Biemann, C. (2024). Silenced Voices: Exploring Social Media Polarization and Women's Participation in Peacebuilding in Ethiopia. *ArXiv Preprint ArXiv:2412.01549*.

Ali, D., Azale, T., Wondie, M., & Tadesse, J. (2022). About Six in Ten Survivors of the November 2020 Maikadra Massacre Suffer from Posttraumatic Stress Disorder, Northwest Ethiopia. *Psychology Research and Behavior Management*, *15*, 251–260. <https://doi.org/10.2147/PRBM.S338823>

Ali, E., Doffana, Z., & Saka, A. (2023). *of Conditions That Affect Human Security*,

Resilience, and Civilian Protection: the Case of Conflict-Displaced Oromo Communities Haramaya University.

<http://ir.haramaya.edu.et/hru/handle/123456789/7119>

Ali, J. M. (2023). Gender Based Violence in Nigeria: a Discourse on the Forms, Causes and Consequences. *Copyright (c) 2023*, 273.

Ali, S., Pasha, S. A., Cox, A., & Youssef, E. (2024). Examining the short and long-term impacts of child sexual abuse: a review study. *SN Social Sciences*, 4(2), 56.

<https://doi.org/10.1007/s43545-024-00852-6>

Aliga, A. B. (2023). *United Nations High Commission for Refugees (UNHCR) and Refugee Crisis Management in West Nile, Northern Uganda*. Kampala International University.

Amahazion, F. (2023). Gender Inequality in Ethiopia: A Critical Overview. *The Palgrave Handbook of Global Social Problems*, 1–24.

Amato, G. (2020). *Gender Equality And Women's Empowerment To Enhance Children's Food Security Views From Ethiopia*.

Asefa, E. Y., Haile, A. B., Mohamed, O. Y., & Berhanu, D. (2024). The magnitude of gender-based violence, health consequences, and associated factors among women living in post-war woredas of North Shewa zone, Amhara, Ethiopia, 2022. *Frontiers in Global Women's Health*, 5, 1335254. <https://doi.org/10.3389/fgwh.2024.1335254>

Bekele, A., Alem, A., Seward, N., Eshetu, T., Gebremariam, T. H., Getachew, Y., Mengiste, W., Medhin, G., Fairall, L., Sevdalis, N., Prince, M., Fekadu, A., & Hanlon, C. (2024). Barriers and enablers to improving integrated primary healthcare for non-communicable diseases and mental health conditions in Ethiopia: a mixed methods study. *BMC Primary Care*, 25(1). <https://doi.org/10.1186/s12875-024-02458-6>

Belay, G. (2022). *Exploring Violence and Responses among Women: The Case of Sudanese Women Refugees in Bambasi Refugee Camp, Ethiopia*.

Bellingham, G., Peng, P., Press, W. ~H., Flannery, B. ~P., Teukolsky, S. ~A., Vetterling, W. ~T., Leckenby, J., Li, H., Bruns, a, Danowski, J., Choi, J., Zill, D. G., Wright, W.

- S., Optiz, G., Team, R. C., Payerle, G., Chapra, S. C., Canale, R. P., Analysis, N., ... Sutherland, J. P. (2014). Scholar (43). In *Convergence in the information industries. Telecommunications, broadcasting and data processing 1981-1996* (Vol. 3, Issue 1, p. 45). https://doi.org/10.1163/_q3_SIM_00374
- Benagiano, G., Fathalla, M. F., & Schenker, J. (2023). Identifying and Managing Gender Violence and Aggression. In *Handbook of Anger, Aggression, and Violence* (pp. 1831–1857). Springer. https://doi.org/10.1007/978-3-031-31547-3_101
- Bettez, S. C. (2015). Navigating the complexity of qualitative research in postmodern contexts: Assemblage, critical reflexivity, and communion as guides. *International Journal of Qualitative Studies in Education*, 28(8), 932–954.
- Beyene, S. (2024). *Causes and Consequences of Political Instability in Ethiopia Since 2018: The Case of Amhara and Benishangul Gumuz Regions Border Areas*.
- Birhanu Enyew, A., Dagnev Feleke, A., & Mengesha Bashahider, Z. (2022). The prevention of gender-based violence in Ethiopia in light of the three cycles UPR process. *International Journal of Human Rights*, 26(3), 437–468. <https://doi.org/10.1080/13642987.2021.1932477>
- Birhanu, M., & Feyissa, F. (2023). *The Life Experiences of Juvenile Offenders in a Correctional Institution in the Oromia Region, Ethiopia*. NTNU.
- Braun, V., & Clarke, V. (2024). Reporting guidelines for qualitative research: A values-based approach. *Qualitative Research in Psychology*, 1–40.
- Brown, E. (2021). *A Case Study of Nurses Perceptions Regarding Learning Transfer from Online Classrooms to the Workplace*. Northcentral University.
- Bruey, V. F. (2024). Sexual Violence Against Girls and Women in African Conflict. In *The Palgrave Handbook of Violence in Africa* (pp. 745–777). Springer. https://doi.org/10.1007/978-3-031-40754-3_35
- Bryman, A. (2016). *Social research methods*. Oxford university press.
- Clarke, V., & Braun, V. (2017). Thematic analysis. *The Journal of Positive Psychology*, 12(3), 297–298.

- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.
- Davies, S. E., & True, J. (2015). Reframing conflict-related sexual and gender-based violence: Bringing gender analysis back in. *Security Dialogue*, 46(6), 495–512. <https://doi.org/10.1177/0967010615601389>
- Davies, S. E., True, J., Morales, Y. R., Oo, P. P., Osei-Tutu, J., & Banfield, R. (2024). *The Dynamics of Conflict-Related Sexual and Gender-Based Violence: Comparing Impact Across Global Regions* (Vol. 1). Walter de Gruyter GmbH & Co KG.
- De la Parra-Guerra, A. C., Truyol-Padilla, J., García-Alzate, C. A., & Fuentes-Gandara, F. (2025). Gender-based violence as a barrier to women rights towards socio-environmental sustainability. *Global Journal of Environmental Science and Management*, 11(1), 343–364. <https://doi.org/10.22034/gjesm.2025.01.20>
- Desalegn, S., Kasseye, E., Gebeyaw, G., & Meshelemiah, J. C. A. (2023). The Challenges of Women Housed in Internally Displaced Persons (IDP) Camps During an Armed Conflict in Ethiopia. *Affilia - Feminist Inquiry in Social Work*, 38(1), 55–74. <https://doi.org/10.1177/08861099221125790>
- Dessie, E. (2024). Making money moves: rural women, returnees, and renegotiations of sex work through the street in Addis Ababa, Ethiopia. *Gender and Development*, 32(1–2), 245–264. <https://doi.org/10.1080/13552074.2024.2348391>
- Division of International Protection, U. (2021). UNHCR Policy on the Prevention of, Risk Mitigation, and Response to Gender-Based Violence (GBV). *International Journal of Refugee Law*, 33(3), 506–527. <https://doi.org/10.1093/ijrl/eeac006>
- Dupuy, K. E., Ron, J., & Prakash, A. (2015). Who survived? Ethiopia's regulatory crackdown on foreign-funded NGOs. *Review of International Political Economy*, 22(2), 419–456. <https://doi.org/10.1080/09692290.2014.903854>
- Etafa, T. (2021). What's causing the violence in western Ethiopia. *The Conversation, March*, 16. <https://www.ethiopia-insight.com/2020/12/29/the-murky-politics-behind-the-metekel-massacres/>
- Fawzi El-Solh, C. (2015). *Review Of Iasc 2008 Policy Statement on Gender Equality in*

Humanitarian Action Final Report (Annexes 1-10).

https://interagencystandingcommittee.org/system/files/4._review_iasc_gender_policy_final_report_annexes_1-10_1.pdf.

https://interagencystandingcommittee.org/system/files/4._review_iasc_gender_policy_final_report_annexes_1-10_1.pdf

Garnier, A. (2023). UNHCR and the transformation of global refugee governance: The case of refugee resettlement. In *Research Handbook on the Institutions of Global Migration Governance* (pp. 50–62). Edward Elgar Publishing.

<https://doi.org/10.4337/9781789908077.00011>

Gebru, A. L., Abay, T. K., & Asmerom, A. T. (2024). *Post-conflict challenges and aspirations of Tigray Youth, Ethiopia: A needs assessment and recovery roadmap.*

Gevers A, Dartnall E, Garcia-Moreno C, Guedes A, Gennari F, Eksteen S, & Tomlinson M. (2023). *Intersections between violence against children and violence against women: Global research priorities (Sexual Violence Research Initiative: South Africa; 2023).* World Health Organization.

Gudeta Gerba, T., Keno, G. I., Hundera, M. B., & Tufa, F. A. (2024). Roles of gender in addressing structural inequality: assessment of Borana women’s endogenous institutional agents of gender amelioration in peace, conflict, and post-conflict settings. *Small Wars and Insurgencies*, 35(8), 1467–1499.

<https://doi.org/10.1080/09592318.2024.2382380>

Gupta, V., Goel, A., & Bhoi, S. (2007). Violence against women and children. In *Lancet* (Vol. 369, Issue 9555). Center for Global Development Washington, DC.

[https://doi.org/10.1016/S0140-6736\(07\)60019-1](https://doi.org/10.1016/S0140-6736(07)60019-1)

Habtemariam, M. M. (2018). *College of Social Sciences Graduate Program.* Addis Ababa University Addis Ababa, Ethiopia.

Hanmer, L., Ekhatior-Mobayode, U., Al-Ahmadi, A., & Rawlings, L. (2024). Increasing Gender Equality in Fragile, Conflict, and Violence Settings. *World Bank Gender Thematic Policy Notes Series.* World Bank, Washington, DC.

Hassan, G., Ventevogel, P., Jefee-Bahloul, H., Barkil-Oteo, A., & Kirmayer, L. J. (2016).

- Mental health and psychosocial wellbeing of Syrians affected by armed conflict. *Epidemiology and Psychiatric Sciences*, 25(2), 129–141.
<https://doi.org/10.1017/S2045796016000044>
- Hawkins, M. (2020). *Healing in a New Home: An Analysis of Psychosocial Interventions for Refugee Women Survivors of Gender-Based Violence in a Resettlement Context*.
<http://hdl.handle.net/2345/bc-ir:108832>
- Hazel Malapit, & Lynn Brown. (2023). *Gender: Promoting Equality in Fragile and Conflict-Affected Settings*.
<https://ebrary.ifpri.org/digital/collection/p15738coll2/id/136619>
- Heise, L. L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Woman*, 4(3), 262–290.
<https://doi.org/10.1177/1077801298004003002>
- Heslop, J., Parkes, J., Ross, F. J., Alito, F., & Turner, E. (2019). *The Code of Conduct on prevention of school-related gender-based violence: A study of policy enactment in Ethiopia*. July, 1–107. <https://discovery.ucl.ac.uk/id/eprint/10073172/>
- Heydon, G., & Powell, A. (2018). Written-response interview protocols: an innovative approach to confidential reporting and victim interviewing in sexual assault investigations. *Policing and Society*, 28(6), 631–646.
<https://doi.org/10.1080/10439463.2016.1187146>
- IASC. (2005). Guidelines for Gender-based Violence Interventions in Humanitarian Settings. In *Response* (Issue September). Inter-Agency Standing Committee.
http://scholar.google.com/scholar?hl=en&q=Guidelines+for+Gender-based+Violence+Interventions+in+Humanitarian+Settings&btnG=Search&as_sdt=0,21&as_ylo=&as_vis=0#0
- Ibrahim, M. Y. A. (2023). *How do teachers construct and cultivate resilience in children and young people?: A cross cultural study between Northern Nigeria and South Yorkshire*. University of Sheffield.
- IOM. (2023). *International Organization for Migration. (2023). Ethiopia National Displacement Report 17 (August-September 2023) . [Hypothetical URL:*

<https://www.iom.int/reports/ethiopia-national-displacement-report-17-august-september-2023>]. 6. February.

Jackson, T. (2018). *Improving the Quality of Humanitarian Assistance: The Role of Gender Equality & Systems for Program Quality Assurance*. Harvard University.

Jelenic, T., & Keeley, M. (2013). *End Child Marriage Australia*. <https://yla.org.au/wp-content/uploads/2019/01/End-Child-Marriage-NCYLC-Research-Report.pdf>

Jemberie, M. M., Zewdu, M., & Rade, B. K. (2024). Husbands' knowledge and involvement in sexual and reproductive health rights of women in Bahir Dar City, Northwest Ethiopia: a community-based study. *Frontiers in Public Health*, 12, 1359756. <https://doi.org/10.3389/fpubh.2024.1359756>

Kassahun, M. (2015). Assessment on the Implementation of UNSCR 1325 within the Humanitarian setting in Ethiopia. In *UN Women* (pp. 1–41). New York: UN Women. https://www.un.org/shestandsforpeace/sites/www.un.org/shestandsforpeace/files/study_assessment_on_unscr_1325_in_humanitarian_setting_ethiopia_2_11_2015_final.pdf

Kebede, Y., Teshome, F., Binu, W., Kebede, A., Seid, A., Kasaye, H. K., Alemayehu, Y. K., Tekalign, W., Medhin, G., Abera, Y., Tadesse, D., & Gerbaba, M. J. (2023). Structural, programmatic, and sociocultural intersectionality of gender influencing access-uptake of reproductive, maternal, and child health services in developing regions of Ethiopia: A qualitative study. *PLoS ONE*, 18(3 March), e0282711. <https://doi.org/10.1371/journal.pone.0282711>

Khan, I. (2024). Rehabilitation, Deradicalization, and Reintegration of Militants. *Rehabilitation, Deradicalization, and Reintegration of Militants*. <https://doi.org/10.1007/978-981-99-9514-1>

Kibret, Y. S., Mengesha, E. W., Gedef, G. M., & Asresie, M. B. (2024). Gender-based violence and its associated factors among reproductive-age women in Soqota town, Amhara Region, Northern Ethiopia, 2023. *International Journal of Africa Nursing Sciences*, 20, 100757. <https://doi.org/10.1016/j.ijans.2024.100757>

Kidane, M. G. (2023). *Assessment of Sexual Violence Trauma , Social and Economic*

Strain in Armed Conflicts : the Case of Girls and Women Survivors of Conflict in Tigray By Mhret Gebrekristos Kidane February 2023 Addis Ababa , Ethiopia (Issue February). ST. MARY'S UNIVERSITY.

Klugman, J., Hanmer, L. C., & Tabasso, D. (2024). Overcoming Data Constraints to Better Understand the Gender Dimensions of Forced Displacement. *Gender Dimensions of Forced Displacement Operational Note*.

Krakauer, E. L., Daubman, B. R., & Aloudat, T. (2019). Integrating palliative care and symptom relief into responses to humanitarian crises. *Medical Journal of Australia*, 211(5), 201-203.e1. <https://doi.org/10.5694/mja2.50295>

Krueger, R. A., & Casey, M. A. (2015). Focus group interviewing. *Handbook of Practical Program Evaluation*, 506–534.

Kurihara, C., Inoue, K., Kai, H., Suzuki, K., Saeki, H., Funabashi, Y., Kishi, N., Kuge, A., Murakami, T., & Saito, Y. (2023). Our “WMA Declaration of Helsinki”: opinions and proposals from patient and public for research ethics. In *Ethical innovation for global health: Pandemic, democracy and ethics in research* (pp. 243–269). Springer.

Lemlemu, D. (2024). *Ubuntu Feminism: The Challenges in Implementing Women, Peace and Security Agenda in Ethiopia and Sudan.: The Women, Peace and Security Agenda*.

Luebke, D. M. (2019). Currency Equivalents. *His Majesty's Rebels*, xiii–xviii. <https://doi.org/10.7591/9781501744600-003>

Marcus, R. (2014). Gender justice and social norms—processes of change for adolescent girls: Towards a conceptual framework. *Odi*, 2(January), 47. <https://www.odi.org/publications/8235-gender-justice-and-social-norms-processes-change-adolescent-girls>

Marshall, C. (2022). The inter-agency standing committee (IASC) guidelines on mental health and psychosocial support (MHPSS) in emergency settings: a critique. *International Review of Psychiatry*, 34(6), 604–612. <https://doi.org/10.1080/09540261.2022.2147420>

Mary', S. T., & Tadesse, M. S. (2023). *Assessment on Effectiveness of Service Delivery To*

Disadvantaged Children: the Case of Marry Joy-Ethiopia. St. Mary's University.
<http://repository.smuc.edu.et/handle/123456789/7739>

Mary, N. (2019). *Gender based violence and psychological well-being of women in Kigulu North, Iganga District*.

Matos, D. (2021). *Conflict-related Sexual Violence: social norms as a prevention mechanism*.

Mballa, C., Ngebeh, J., De Vriese, M., Drew, K., Parr, A., & Undie, C.-. (2020). *UNHCR and Partner Practices of Community-Based Protection Across Sectors in the East and Horn of Africa and the Great*. 66.

Mekonen, A. A., Tadese, G. G., Gashaw, S. D., & Redda, W. K. (2024). Nature of child abuse in war-torn districts in Ethiopia: the case of Amhara Region, Chenna and Maikadra. *Journal of Child and Family Studies*, 33(6), 1801–1816.
<https://doi.org/10.1007/s10826-024-02837-8>

Mengesha, E. W., Tesfaye, T. D., Boltena, M. T., Birhanu, Z., Sudhakar, M., Hassen, K., Kedir, K., Mesfin, F., Hailemeskel, E., Dereje, M., Hailegebrel, E. A., Howe, R., Abebe, F., Tadesse, Y., Girma, E., Wadilo, F., Lake, E. A., Guta, M. T., Damtew, B., ... Fentahun, N. (2024). Effectiveness of community-based interventions for prevention and control of hypertension in sub-Saharan Africa: A systematic review. *PLOS Global Public Health*, 4(7), e0003459.
<https://doi.org/10.1371/journal.pgph.0003459>

Mengistu, B., Paulos, M., Agonafir, N., Ameha, A., Legesse, H., Dankenbring, E., Sylla, M., & Miller, N. P. (2021). Barriers to the uptake of community-based curative child health services in Ethiopia. *BMC Public Health*, 21(1), 1–12.
<https://doi.org/10.1186/s12889-021-11558-2>

Mengistu, L. S. (2017). *Experiences of women survivors of gender-based violence with survivor approach, a case of Association for Women's Sanctuary and Development (AWSAD) Ethiopia* (p. 73). University of Nairobi.

Meydan, C. H., & Akkaş, H. (2024). The role of triangulation in qualitative research: Converging perspectives. In *Principles of Conducting Qualitative Research in*

Multicultural Settings (pp. 98–129). IGI Global.

Mifetu, F. A. (2022). *Sexual Violence in Armed Conflicts: The Case of Tigray, Ethiopia (2020-2022)* (p. 79). Norwegian University of Life Sciences.

<http://www.nmbu.no/noragric>

Mikton, C. R., Butchart, A., Dahlberg, L. L., & Krug, E. G. (2016). Global status report on violence prevention 2014. In *American Journal of Preventive Medicine* (Vol. 50, Issue 5). World Health Organization. <https://doi.org/10.1016/j.amepre.2015.10.007>

Mishebo, S. (2015). *Traditional Practices that Affect Women in Gumuz Community and Efforts Made in Mitigating Them in Dibate Woreda, Benishangul Gumuz National Regional State*. ST. MARY'S UNIVERSITY.

MOWCY, UNICEF Ethiopia, & SPRI. (2019). *Gender Equality, Women's empowerment and child wellbeing in Ethiopia*. 11–83.

Mulatu, T., Dessie, Y., & Abera, M. (2024). Multi-level analysis of intimate partner violence and its determinants among reproductive age group women in Ethiopia: evidence from Ethiopian Demographic Health Survey, 2016. *BMC Public Health*, 24(1), 1391. <https://doi.org/10.1186/s12889-024-18781-7>

Mulugeta, A., Aklilu, A., & Andargachew, T. (2024). Exploring Conflict Resolution Mechanisms among the Gumuz and the non-Gumuz communities in Metekel zone of Benishangul Gumuz Region, Ethiopia. *Ethiopian Journal of Development Research*, 46(1), 33–56.

Mulugeta, K. (2020). Assessment on the Provision of Quality Shelter Services for the Survivors of Gender-Based Violence in Addis Ababa: The Case of Association for Women's Sanctuary and Development and The Salesians of Don Bosco. In *Sustainability (Switzerland)* (Vol. 14, Issue 2, pp. 1–4). St. Mary's University.

Mulunesh, D. (2023). *Women's Empowerment And Civil Society Organizations In Post-1991 Ethiopia; The Case Of Ethiopian Women Lawyers Association*.

Mustaf, A. A. (2023). *Gender based violence and socio-economic development in Hodan District, Mogadishu, Somalia* (Issue April, pp. 88–100). Kampala International University, College of Humanities and social Science.

<http://hdl.handle.net/20.500.12306/14247>

- Nahar, H. L. (2024). *Addressing the silence: A study on the underreporting of sexual violence among female garment workers in Bangladesh*. GLU Working Paper.
- Niguse, E. (n.d.). Returnee Migrants and Their Economic Security: the Case of Jamma Woreda, Amhara National Regional State. *Ijsser.Org*.
https://ijsser.org/files_2019/ijsser_04__526.pdf
- OMS. (2013). Responding to intimate partner violence and sexual violence against women. WHO clinical and policy guidelines. *World Health Organization*, 1–55.
<https://www.who.int/publications/i/item/9789241548595>
- Osime, E. A. (2021). *Utilization of Sexual and Gender Based Violence (SGBV) Response Services among Women and girls affected by Conflict in Northeast Nigeria: Barriers, Opportunities, and Strategies*. september 2016, 1–6.
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42, 533–544.
- Pandey, R. (2023). *Stigma of Sexual Violence Against Indian Women: A Systematic Literature Review*. The Chicago School of Professional Psychology.
- Parkes, J., Heslop, J., Johnson Ross, F. Westerveld, R., & Unterhalter, E. (2017). Addressing SRGBV in Ethiopia: A scoping study of policy and practice to reduce gender-based violence in and around schools: *UCL Institute of Education*., May.
- Patrick, U. P. (2018). United Nations High Commissioner for Refugees. In *Shaping the Culture of Peace in a Multilateral World* (pp. 37–47). Routledge.
<https://doi.org/10.4324/9781315129310-7>
- Patton, M. Q. (2015). The sociological roots of utilization-focused evaluation. *The American Sociologist*, 46(4), 457–462.
- Peacock, D., & Barker, G. (2014). Working with men and boys to prevent gender-based violence: Principles, lessons learned, and ways forward. *Men and Masculinities*,

17(5), 578–599. <https://doi.org/10.1177/1097184X14558240>

- Petersen, D. L. (2009). Social learning theory. *The Praeger Handbook of Victimology*, 258–259.
- Piekkari, R., & Welch, C. (2018). The case study in management research: Beyond the positivist legacy of Eisenhardt and Yin. *The SAGE Handbook of Qualitative Business and Management Research Methods*, 345–358.
- Pujadas Botey, A., & Kulig, J. C. (2014). Family functioning following wildfires: Recovering from the 2011 Slave Lake fires. *Journal of Child and Family Studies*, 23, 1471–1483.
- Raftery, P. (2023). *Gender Based Violence (Gbv) Coordination in Emergencies London School of Hygiene & Tropical Medicine*. London School of Hygiene & Tropical Medicine.
- Ranganathan, M. (2023). *The need for integrated climate change action in sexual and reproductive health and gender based violence programming-evidence and recommendations for the Arab Region*.
- Rodriguez-Arrastia, M., García-Martín, M., Villegas-Aguilar, E., Roperio-Padilla, C., Martín-Ibañez, L., & Roman, P. (2022). Emotional and psychological implications for healthcare professionals in disasters or mass casualties: A systematic review. *Journal of Nursing Management*, 30(1), 298–309. <https://doi.org/10.1111/jonm.13474>
- Roucaýrol, A. M. (2020). Rape and sexual violence used as weapon of war. *Pensee*, 2020-*Decem*(404), 80–92.
- RTCOCG. (2008). World Medical Association Declaration of Helsinki. *Thai Journal of Obstetrics and Gynaecology*, 135–138.
- Selebogo, M. Y. P. (2018). *Assessing the United Nations Security Council Resolution (UNSCR) 1325 and a Gender Perspective in Peacebuilding Processes in the Democratic Republic of Congo (DRC)*. North-West University (South Africa).
- Semahegn, A., Torpey, K., Manu, A., Assefa, N., & Ankomah, A. (2017). Community based intervention to prevent domestic violence against women in the reproductive

- age in Northwestern Ethiopia: A protocol for quasi-experimental study. *Reproductive Health*, 14(1), 1–12. <https://doi.org/10.1186/s12978-017-0414-2>
- Seyoum, B. (2024). State Fragility and Human Development. In *Palgrave Studies in Democracy, Innovation and Entrepreneurship for Growth: Vol. Part F2046* (pp. 3–68). Springer. https://doi.org/10.1007/978-3-031-44776-1_1
- Shah, H. H. (2024). Advancing Gender Equality: the Role of Education and Strategic Awareness Initiatives in Mitigating Gender-Based Violence. *Available at SSRN 4885914*.
- Sharma, V., Ausubel, E., Heckman, C., Rastogi, S., & Kelly, J. T. D. (2022). Promising practices for the monitoring and evaluation of gender-based violence risk mitigation interventions in humanitarian response: a multi-methods study. *Conflict and Health*, 16(1), 11. <https://doi.org/10.1186/s13031-022-00442-4>
- Siegel, J. P. (2013). Breaking the links in intergenerational violence: An emotional regulation perspective. *Family Process*, 52(2), 163–178. <https://doi.org/10.1111/famp.12023>
- Songhulashvili, N., & Songhulashvili, A. (2024). Gender Policy. *Addis Ababa: African Union*, 49–66. <https://doi.org/10.4018/979-8-3693-4005-9.ch003>
- Stark, L., Seff, I., & Reis, C. (2021). Gender-based violence against adolescent girls in humanitarian settings: a review of the evidence. *The Lancet Child and Adolescent Health*, 5(3), 210–222. [https://doi.org/10.1016/S2352-4642\(20\)30245-5](https://doi.org/10.1016/S2352-4642(20)30245-5)
- Tamunomiegbam, A., & Arinze, D. (2024). From Tradition to Transformation: Evolving Gender Norms in Contemporary Africa. *American Journal of Public Policy and Administration*, 9(3), 1–36. <https://doi.org/10.47672/ajppa.2003>
- Tappis, H., Freeman, J., Glass, N., & Doocy, S. (2016). Effectiveness of interventions, programs and strategies for gender-based violence prevention in refugee populations: An integrative review. *PLoS Currents*, 8(Disasters). <https://doi.org/10.1371/currents.dis.3a465b66f9327676d61eb8120ea5499>
- Taye, M. T., Mogus, F., Carter, B., Lind, J., & Sabates-wheeler, R. (2024). *Social Assistance in Three Districts of Ethiopia* (Issue May). BASIC Research Working

Paper 27, Brighton: Institute of Development Studies

Tefera, G. M. (2022). Decolonizing Social Work Practice: A Case from Ethiopian Refugee Settings. *Journal of Social Service Research*, 48(2), 273–284.

<https://doi.org/10.1080/01488376.2022.2029800>

Tesfaw, G. (2023). Exploring the Psychosocial problems of people affected by armed conflict in Selected Woredas of Wollo: Implications for Intervention. *Journal of Ethiopian Studies*, 56(2), 73–90.

Tewabe, D. S., Azage, M., Wubetu, G. Y., Fenta, S. A., Worke, M. D., Asres, A. M., Getnet, W. A., Kassie, G. G., Menber, Y., Munea, A. M., Zeru, T., Bekele, S. A., Abdulahi, S. O., Adamne, T. B., Belete, H. D., Beyene, B. B., Abte, M., Mersha, T. B., Dadi, A. F., ... Geda, Y. E. (2024a). Gender-based violence in the context of armed conflict in Northern Ethiopia. *Conflict and Health*, 18(1), 1–14.

<https://doi.org/10.1186/s13031-023-00563-4>

Tewabe, D. S., Azage, M., Wubetu, G. Y., Fenta, S. A., Worke, M. D., Asres, A. M., Getnet, W. A., Kassie, G. G., Menber, Y., Munea, A. M., Zeru, T., Bekele, S. A., Abdulahi, S. O., Adamne, T. B., Belete, H. D., Beyene, B. B., Abte, M., Mersha, T. B., Dadi, A. F., ... Geda, Y. E. (2024b). Gender-based violence in the context of armed conflict in Northern Ethiopia. *Conflict and Health*, 18(1), 1.

<https://doi.org/10.1186/s13031-023-00563-4>

The Federal Democratic Republic of Ethiopia. (2024). *IMF Staff Country Reports*, 2024(253), 1. <https://doi.org/10.5089/9798400285530.002>

The World Bank. (2022). *Forced Displacement and Social Cohesion*. 1–6.

<https://www.worldbank.org/en/topic/social-cohesion-and-resilience/brief/forced-displacement-social-cohesion>

Tsegay, B. (2022). *Researching Internal Displacement*. 1–2.

UNFPA. (2015). *Essential Services Package for Women and Girls Subject to Violence / United Nations Population Fund*. <https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence>

Unicef. (2020). *Gender-based violence in emergencies: operational guide*.

- UNICEF. (2020). *Situational Analysis on Factors Impeding Female Participation in Teacher Training Programs in Refugee Contexts in Ethiopia*. July.
- United Nations. (2020). *The World for Women and Girls Annual Report 2019-2020*. 1–18. <https://www.unwomen.org/en/digital-library/publications/2020/06/annual-report-2019-2020>
- Veronique De Clerck, Robina Shaheen, Arikew Gashaw, Y. Z., & I. (2023). *Evaluation of UNHCR's Response to the L3 Emergency in Ethiopia 2021-2022*. 2021. www.unhcr.org
- Wessells, M. G., & Kostelny, K. (2022). The Psychosocial Impacts of Intimate Partner Violence against Women in LMIC Contexts: Toward a Holistic Approach. *International Journal of Environmental Research and Public Health*, 19(21). <https://doi.org/10.3390/ijerph192114488>
- Woldearegay, E. A., Amevor, E., & Steeves, H. L. (2021). Participatory and intersectionality approaches for gender equity and maternal health promotion in sub-Saharan Africa. In *Handbook of Communication and Development* (pp. 285–301). Edward Elgar Publishing. <https://doi.org/10.4337/9781789906356.00025>
- Wordu, I. C., & Ogbozor, E. (2019). *A Qualitative Study of Community Engagement as a Response Model to Sexual and Gender-based Violence in Camps for Internally Displaced Persons in Northeast Nigeria*. Northeastern University.
- World Health Organization. (2015). *Addressing violence against women in Afghanistan: The health system response (No. WHO/RHR/15.26)*. World Health Organization.
- World Health Organization. (2021). Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. In *World Report on Violence and Health*. World Health Organization. <https://www.who.int/publications/i/item/9789240022256>
- World Health Organization. (2024). *WHO management response to preventing and responding to sexual exploitation, abuse and harassment: report 2021-2022*. World Health Organization.

Yadav, V. (2023). Exploring the Intersection of Gender Based Violence and Preserving Human Dignity. *Idealistic Journal of Advanced Research in Progressive Spectrums (Ijarps)*, 02(09), 171–177.

Yusuf, L. (2022). Gender-Based Violence in Conflict and Post-conflict Societies: A Case Study of South Sudan. In *Digitala Vetenskapliga Arkivet* (pp. 1–48).

APPENDICES

APPENDIX – A

ሀራጫያ ዩኒቨርሲቲ

የድህረ-ምረቃ ፕሮግራም ዳይሬክቶሬት

የትምህርት እና የባህሪ ሳይንስ ኮሌጅ

የስነ-ልቦና ትምህርት ክፍል

ለ GBV የተረፉ የፕሮግራም ፈጻሚ፣ ማህበራዊ ሰራተኛ እና የጤና አቅራቢዎች የቃለ መጠይቅ ጥያቄዎች።

በቤኒሻንጉል ጉሙዝ ክልል በደባቲ ወረዳ ግጭት በተከሰተባቸው አካባቢዎች በስርዓተ-ፆታ ላይ የተመሰረቱ የአመጽ ተግባራት፣ ትግበራዎች እና ተግዳሮቶች በሚል ርዕስ የተደረገውን ጥናት በተመለከተ ተገቢውን መረጃ መሰብሰብ ነው። ተመራማሪው የሚሰጡት መረጃ በሚስጥር እንደሚጠበቅ እና ለአካዳሚክ ዓላማዎች ብቻ እንደሚውል ሊያረጋግጥልዎ ይፈልጋል። ተመራማሪው ስለ ትብብርዎ እና ደግነትዎ አስቀድመው ምስጋናቸውን ለመግለጽ ይፈልጋሉ።

አጠቃላይ ዳራ መረጃ፡-					
	ስም	ወሰብ፡	ዕድሜ፡	ሚና	የድርጅት ዓይነቶች፡-
1					
2					
3					
4					
5					

የቃለ መጠይቅ ጥያቄዎች

I. ለ GBV የተረፉ ሰዎች፡-

1. በዚህ አካባቢ ከ GBV ጋር ያለዎትን ልምድ ማጋራት ይችላሉ?
2. GBV ከተለማመዱ በኋላ ምን አይነት ድጋፍ አግኝተዋል?
3. ስላሉት የ GBV መከላከያ ፕሮግራሞች እና አገልግሎቶች እንዴት አወቁ?
4. እርዳታ ወይም ድጋፍ ሲፈልጉ ምን ተግዳሮቶች አጋጥመውዎታል?
5. በእርስዎ አስተያየት፣ አሁን ያለው የGBV መከላከል ልምድ በዚህ አካባቢ ምን ያህል ውጤታማ ነው?
6. ለ GBV መከላከል ፕሮግራሞች ምን ማሻሻያዎችን ይጠቁማሉ?

II. ለፕሮግራም ፈጻሚዎች (መንግስታዊ ያልሆኑ ድርጅቶች እና የመንግስት ተወካዮች)፡-

1. በዚህ ዞን ውስጥ የሚሳተፉባቸውን የ GBV መከላከያ ፕሮግራሞችን መግለጽ ይችላሉ?
2. በአሁኑ ጊዜ በዚህ አካባቢ GBVን ለመከላከል ምን ስልቶች ጥቅም ላይ ይውላሉ?
3. እነዚህን ፕሮግራሞች በመተግበር ላይ የሚያጋጥሙዎት ዋና ዋና ችግሮች ምንድን ናቸው?
4. የ GBV መከላከል ልምምድዎን ውጤታማነት እንዴት ይገመግማሉ?
5. በGBV መከላከል ላይ የባህል ደንቦች በስራዎ ላይ ምን ተጽዕኖ ያሳድራሉ?
6. የ GBV መከላከል ጥረቶችን ለማሻሻል ምን ተጨማሪ ድጋፍ ወይም ግብዓቶች ያስፈልጉዎታል?

III. ለጤና እንክብካቤ አቅራቢዎች እና ማህበራዊ ሰራተኞች:-

1. በዚህ አካባቢ በ GBV መከላከል ልምምድ ውስጥ የእርስዎ ሚና ምንድን ነው?
2. ምን አይነት የ GBV ጉዳዮችን በብዛት ያጋጥሙዎታል?
3. ከGBV የተረፉ ሰዎችን እንዴት መርዳት እና መደገፍ ትችላላችሁ?
4. ከGBV የተረፉ ሰዎችን ድጋፍ በመስጠት ረገድ ምን ችግሮች ያጋጥሙዎታል?
5. አሁን ያለው የ GBV መከላከል ልምምድ ዘዴዎች ምን ያህል ውጤታማ ናቸው?
6. በዚህ አካባቢ የ GBV መከላከል ልምምድን ለማሻሻል ምን ጥቆማዎች አሉዎት?

APPENDIX – B

FGD መመሪያ ጥያቄዎች

ውድ ተሳታፊዎች፣

በቤኒሻንጉል ጉሙዝ ኢትዮጵያ በደባቲ ወረዳ ግጭት በተከሰተባቸው አካባቢዎች በስርዓተ-ያታ ላይ የተመሰረቱ የአመፀ ድርጊቶች፣ ትግበራዎች እና ተግዳሮቶች ላይ ጥናቱን ለመቀላቀል ፈቃደኛ ስለሆናችሁ ከልብ አመሰግናለሁ። እኔ አብዱራህማን መሀመድ ሁሴን ይህንን ጥናት እንደ ተመራቂ ተማሪ ስሰራ፣ በዚህ የትኩረት ቡድን ውይይት ውስጥ ያለዎት የበጎ ፈቃድ ተሳትፎ ጠቃሚ ነው። እርግጠኛ ይሁኑ፣ የእርስዎ ምላሾች በከፍተኛ ሚስጥራዊነት ይታከማሉ እና ለምርምር ዓላማዎች ብቻ ጥቅም ላይ ይውላሉ።

ቀን :	ሰዓት:	ቦታ:	የተሳታፊዎች ብዛት:	ሴት:	ወንድ :

የመክፈቻ ጥያቄዎች፡-

- 1. እባኮችን እራስዎን ያስተዋውቁ እና በዚህ ማህበረሰብ ውስጥ ከ GBV መከላከል ወይም ግንዛቤ ጋር ያለዎትን ተሳትፎ በአጭሩ ይግለጹ።

1. የውይይት ጥያቄዎች፡-

- 1. በዚህ ማህበረሰብ ውስጥ በጣም የተለመዱት የ GBV ክስተቶች ምን ምን ናቸው?
- 2. የማህበረሰብ አባላት በተለምዶ ለGBV ክስተቶች እንዴት ምላሽ ይሰጣሉ?
- 3. በዚህ ማህበረሰብ ውስጥ የትኞቹን የGBV መከላከል ልማዶች ያውቃሉ?
- 4. የ GBV መከላከል ልምምድን እዚህ በመተግበር ረገድ ዋና ዋና ተግዳሮቶች ምንድን ናቸው?
- 5. እነዚህ የጂቢቪ መከላከል ልምዶች የጥቃት ክስተቶችን በመቀነስ ረገድ ምን ያህል ውጤታማ ናቸው ብለው ያስባሉ?
- 6. ባህላዊ ደንቦች እና ልምዶች የ GBV ክስተቶችን መከሰት እና ረገገት ማድረግ ላይ ተጽእኖ የሚያሳድሩት እንዴት ነው?
- 7. ከGBV የተረፉ ሰዎችን በመደገፍ ማህበረሰቡ ምን ሚና ይጫወታል?
- 8. GBV መከላከልን ለማሻሻል ምን ተጨማሪ ድጋፍ ወይም ግብዓቶች ያስፈልጋሉ?

2. የመዝገያ ጥያቄዎች፡-

- 1. በዚህ አካባቢ የ GBV መከላከል ልምዶችን ለማሻሻል ምን ምክሮች አሉዎት?
- 2. ከ GBV መከላከል ጋር የተያያዙ ተጨማሪ ነጥቦች ወይም ጉዳዮች አሉ ያልተነጋገርናቸው ነገር ግን አስፈላጊ ናቸው ብለው ያስባሉ?