PEER-MODERATED GBV SAFE SPACE INTERVENTION AT A TERTIARY INSTITUTION IN MALAWI

Formative Study Report

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List of Acronyms

Abbreviation	Full Meaning
DOSA	Dean of Students Affairs
FGD	Focus Group Discussion
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
IPV	Intimate Partner Violence
KII	Key Informant Interview
NCST	National Commission for Science and Technology
PrEP	Pre-Exposure Prophylaxis
SBCC	Social and Behaviour Change Communication
SRC	Student Representative Council
UNIMA	University of Malawi
VSU	Victim Support Unit
YONECO	Youth Net and Counselling

Chapter One: Introduction and Background

1.1 Background of the Study

GBV is a major global public health and human rights concern. It takes various forms, including sexual violence, domestic violence, coercion and harmful traditional practices, such as forced marriage and female genital mutilation, and trafficking. A study showed that 30% of women have been exposed to at least one lifetime experience of sexual violence or physical violence and that one in two women experience violence (WHO 2021), and that those with poor access to services or a context with prevalent weak gender inequalities continue to bear a disproportionate share of this burden in low- and middle- income countries.

In Malawi, GBV remains widespread, with 28% of women aged 15–49 having ever experienced physical or sexual violence since age 15 and 14% reported to have experienced physical violence in the 12 months preceding the survey (NSO and ICF 2017). Despite the existence of national and institutional GBV policy frameworks, response systems at all levels were often ineffective due to issues of weak reporting, inconsistent implementation and inadequate survivors' needs-centered services.

Evidence has shown that adolescents and young adults are highly vulnerable to GBV due to various factors like peer pressure, unequal gender relations, economic dependence, gender-stereotypes, social norms and values, with similar trends prevalent in higher education institutions where sexual violence, intimate partner violence and online sexual aggression (Mzilangwe et al. 2025) continue to persist but little programmatic attention have been given towards university students, compared to out-of-school and community-based youth populations. Research has been increasingly recognizing peer-moderated interventions and safe space models as useful approaches to encourage help-seeking, increase disclosure rates and promote GBV prevention among young people. While peer-moderated and safe space models have a growing evidence base in health and humanitarian settings- improving disclosure, help-seeking, and service uptake among adolescent girls and young women (Falb et al., 2016; Mathews et al., 2022), their application and evaluation within higher education institutions remains limited, representing a gap this project seeks to address. Therefore, the study design built upon this literature, and was informed by YONECO's experience on community-based GBV programs, in developing a peer-moderated safe space intervention to be piloted in a higher education institution in Malawi.

1.2 Problem Statement / Justification

Despite institutional GBV policies within University of Malawi, some students are continually exposed to GBV and feel that institutional responses are inconsistent, fragmented and often

untrusted, leading them to rely on existing peer support networks or informal systems which are likely to be unsafe or inappropriate.

Few GBV intervention models like the Pamchezo model have been developed and/or adapted for a university context in Malawi where most interventions have focused on out-of-school youth populations and community-based approaches; focused on out-of-school youth populations and community-based approaches; similarly limited evidence exists on the feasibility and appropriateness of the use of a peer-moderated safe space intervention in universities. Therefore, university students remained an under-supported population despite high prevalence and poor help-seeking behavior patterns with existing interventions still failing to address a key priority.

1.3 Aim of the Study

This study aimed to determine the feasibility and acceptability of a peer-moderated GBV safe space intervention for university students at University of Malawi.

1.4 Specific Objectives

The specific objectives of the study were as follows:

1. To inform the design and adaptation of a peer-moderated safe space intervention at University of Malawi (UNIMA).
2. To explore the various coping mechanisms, reporting practices, and response strategies used by survivors of GBV within the university setting.
3. To understand the experiences and perceptions of GBV amongst students, staff and administration, including intimate partner violence (IPV), at the University of Malawi.
4. To explore students' perceptions of, and anticipated engagement with, a proposed peer-moderated safe space intervention at the University of Malawi.

1.7 Ethical Considerations

Approval from the National Commission for Science and Technology (NCST) was sought and obtained before data collection began. Written Informed consent was obtained from all participants who consented to participate and were fully informed that their participation was voluntary, that they had the right to decline or withdraw at any time without negative consequences. Data was treated with strict confidentiality through anonymization, secure data storage systems, and access limited to research staff. Interviewing spaces and focus group discussions were conducted with privacy and established referrals to relevant GBV service providers were available to support participants if they requested assistance**.**

1.8 Expected Outcomes

The study was expected to generate evidence on the nature, patterns, and experiences of GBV at University of Malawi, along with understanding related help-seeking behaviors and experiences of using existing reporting mechanisms. This evidence was expected to inform the development and testing of a contextually appropriate, peer-moderated GBV safe space intervention to strengthen GBV prevention and response at the university

Chapter Two: Literature Review / Situational Analysis

2.1 GBV in Sub-Saharan Africa and Malawi Context

In sub-Saharan Africa, gender-based violence continues to be a pervasive issue with significant social, economic and cultural implications. According to Malawi Demographic and Health Survey 28% of women aged 15-49 have ever experienced physical or sexual violence since age 15. 17% of women have ever experienced sexual violence and 14% physical violence in the 12 months preceding the survey (National Statistical Office [NSO] & ICF, 2017). While national policies and gender frameworks are in place, there exist significant implementation gaps at all levels especially within institutions of higher learning like universities where there is a lack of organized gender-based violence prevention and response programs.

Across numerous contexts, a consistent feature of GBV is that it is widely underreported, particularly among youth. Several factors influence underreporting among young people; fear of stigma, retaliation from perpetrators, non-belief from authority figures and institution distrust (Owusu-Antwi et al., 2024). Survivors of GBV tend to seek informal support networks, such as their peers, rather than institutional mechanisms for support and reporting.

According to Jewkes et al. (2014) social norms, for example the tendency to victim-blame women, and the normalization of violence play a significant role in facilitating silence, which leads to non-disclosure of violence among both women and young people. This phenomenon is amplified in a university setting where peer groups strongly influence behavioral response to GBV.

2.2 GBV in Higher Education Settings

There is increasing evidence that tertiary institutions are also a site for GBV in diverse and often covert ways that include sexual coercion, harassment, psychological abuse and digital violence. Universities, like other settings, provide avenues for GBV through personal relationships, peer networks, power dynamics within institutions (including teacher-student power relationships) and other social aspects (Hewett et al., 2023). Although GBV policies exist on many campuses, they are rarely effectively implemented. Davids (2020) notes that most university GBV policies address procedural aspects of GBV in a limited way and lack real power. Similarly, Hewett et al. (2023) noted that the institutional environment for GBV reporting rarely fosters trust between staff and students who may want to report.

The University of Malawi's Sexual Harassment Policy (UNIMA, 2023)[1] illustrates both the strengths and limitations of such frameworks. It defines sexual harassment broadly, names

[1] https://students.unima.ac.mw/files/3

students, staff and third parties as potential complainants or perpetrators, and sets out principles of confidentiality, zero tolerance and due process. Reporting channels differ by category, students report to the Director of Student Affairs, while staff and third parties report directly to the Vice Chancellor, and sanctions range from a written warning to dismissal or expulsion.

However, the policy reveals gaps consistent with the broader literature. Reporting is highly centralized around the Vice Chancellor's office, a single, senior point of contact that may feel inaccessible or intimidating for everyday peer-level GBV (Hewett et al. 2023). The policy is also largely reactive, focused on post-incident procedure with little emphasis on prevention, peer structures, or informal safe spaces, echoing Davids' (2020) critique that such policies often lack the infrastructure to shift norms or build trust. Finally, its confidentiality commitment is qualified by the acknowledgment that identity may be "revealed" during investigation, a tension likely to discourage disclosure.

2.3 Peer-Led and Safe Space Interventions

Peer education and other types of peer-led interventions are considered highly promising tools for social and behavioral change communication that have been utilized extensively to address GBV among youth. Evidence indicates that peer led interventions are most successful when they facilitate learning by changing norms, building skills to address GBV and facilitating links to services (Rizzo et al., 2023; Machisa et al., 2023). The concept of Safe Spaces is intended to provide a supportive environment where survivors can freely disclose their experiences, access information and services and also receive psychosocial support. Programs that focus on changing individual level factors but have also addressed social norms or been incorporated in multi-component GBV intervention strategies, are often successful in raising awareness and changing knowledge (Keith, Hyslop, & Richmond, 2022).

Studies have however also highlighted several challenges to these interventions. These include sustainability of the program, lack of confidentiality of services, capacity building and training needs for peer educators (Lundgren & Amin, 2015).

2.4 Evidence from Malawi and Existing Interventions

Interventions addressing GBV at community level have proved successful in increasing GBV awareness and promoting behavior change but the efforts made to address structural determinants of GBV remain limited (Gaynor & Cronin, 2019). Organizations such as Youth Net and Counselling (YONECO) have initiated interventions focused on gender-based violence among young people, men and women using a peer moderated approach to social behavior change

communications (SBCC) with a variety of activities including community radios, peer education circles among others. While the above activities may have succeeded in providing avenues for help-seeking among young people, they are still very limited in terms of existing evidence that has been disseminated on peer-led approach to GBV intervention that is tailored for tertiary education settings.

Chapter Three: Methodology and Study Design

3.1 Research Design

This formative study employed a qualitative research design using focus group discussions (FDGs) and key informant interviews (KIIs) to explore the university context in relation to gender-based violence (GBV). The design was appropriate for generating an in-depth understanding of students' experiences of GBV, existing institutional response systems, barriers to help-seeking and reporting, and perceptions of peer-moderated GBV safe spaces. Findings from the FGDs and KIIs were used to inform the contextual adaptation and refinement of the YONECO peer-moderated GBV safe space intervention for implementation at the University of Malawi.

3.2 Study Participants

The participants chosen for this research study were undergraduate students (age 18-27 years) of the University of Malawi enrolled at the School of Humanities and Social Sciences. They included both on-campus and off-campus students based in the southern region of Malawi.

3.3 Sampling

The study employed purposive sampling to recruit student participants from the target population. Student ambassadors. Student ambassadors are elected representatives chosen by their schools to serve as liaisons across various departments, promoting student engagement and institutional visibility within the University. These ambassadors approached eligible students from the School of Science and Humanities, explained the purpose of the study, and invited those who expressed interest and provided informed consent to participate. Efforts were made to ensure diversity among participants by recruiting students from different academic year groups (first to fourth year) and both sexes. Recruitment also considered students enrolled in social science-related programmes, including Social Work and Gender Studies, because of their relevance to the study topic. In addition, purposive sampling was used to identify key informants from university staff and gender-based violence (GBV) service providers. These individuals were selected based on their knowledge, experience, and involvement in GBV prevention, reporting, referral systems, and victim support within the university context, as well as their willingness to provide detailed insights.

In all 82 students (42 male and 40 female) across different academic year groups participated in the FGDs; whereas 20 staff (10 male and 10 female) participated in the FGDs. The sample also included nine KIIs with key stakeholders from the university see table 3.4 for details on sample characteristics.

3.4 Sample composition

Method	Participant Group	Category	Sex Composition	Number of participants
FGD	Students	Year 1	Female	10
		Year 1	Male	12
		Year 2	Female	10
		Year 2	Male	10
		Year 3	Female	10
		Year 3	Male	10
		Year 4	Female	10
		Year 4	Male	10
		Total		**82**
FGD		Messengers	Female	10
		Messengers	Male	10
		Total		**20**

Method	Participant Group	Category	Sex Composition	Number of participants
KII	1. DOSA	University administration	Male	1
	2. Social welfare officer	Government	Male	1
	3. Police victim support	Police	Male	1
	4. SRC president	Student leader	Male	1
	5. Head of health department	Health personnel	Male	1
	6. Warden	University administration	Male	1
			Female	1
	7. SRC Gender Attachés	Student leaders	Male	1
			Female	1
		Total		**9**

3.5 Research Instrument

The research team developed both Focus Group Discussion and Key Informant Interview guides for this study. These instruments were designed to determine the presence of GBV within the University community, look at existing prevention, control and management interventions for GBV, and gain initial thoughts and insights into the design of the proposed peer-moderated GBV safe space model.

3.6 Data Collection

Data collection was conducted over a period of three weeks between 9th – 28th March 2026. A team of trained research assistants, supervised by the principal investigator, carried out all data collection activities. Focus group discussions (FGDs) with students and staff were held at Riverside Lodge and Mango Lodge, off-campus venues selected for their neutrality, accessibility, and ability to provide a quiet, uninterrupted environment conducive to open discussion. Key informant interviews (KIIs) were conducted with university administrators, student leaders, and other relevant stakeholders; these interviews took place within campus premises at locations convenient to the participants, such as private offices and meeting rooms. For external stakeholders, including personnel from the Gender Office, the Malawi Police Service, the Department of Social Welfare, and health facilities, the research team visited their respective offices to conduct the interviews at times that suited their schedules. All FGDs and KIIs were audio-recorded with the informed consent of each participant, and detailed field notes were taken to supplement the recordings. To ensure confidentiality, all participants were assigned unique identifiers, and any identifying information was removed from transcripts. Venues were carefully chosen to balance participant convenience with privacy; doors were kept closed during sessions, and participants were reminded at the outset to respect the confidentiality of discussions and not to disclose content shared within the group setting.

3.7 Data Analysis and Overview of the Analytical Approach

The qualitative data collected through focus groups were analyzed using a thematic analysis approach. The qualitative data collected through focus group discussions and key informant interviews were analyzed using a thematic analysis approach. The analysis followed the six-step framework outlined by Braun and Clarke (2006), which involved familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report.

The data were coded by a single researcher using ATLAS.ti software, which facilitated systematic organization and retrieval of coded segments. To ensure consistency and rigor in the coding process despite having only one coder, the researcher employed several strategies: (a) a detailed codebook was developed at the outset, with clear definitions and inclusion/exclusion criteria for each code; (b) the researcher engaged in repeated reading of transcripts to ensure immersion in the data; (c) regular debriefing sessions were held with the research supervisor to review coding decisions and resolve any ambiguities; and (d) a random sample of transcripts was reviewed by the supervisor to verify that codes were applied consistently and appropriately.

Themes were derived using both deductive and inductive approaches. The deductive approach was guided by the study's research questions and objectives, which informed the initial development of broad thematic categories. These included: understanding the nature and dynamics of GBV

within the university setting; exploring GBV responses and help-seeking behaviors; and identifying factors to inform the design of a peer-moderated safe space intervention. The inductive approach allowed additional themes to emerge organically from the data itself, capturing participants' perspectives and experiences that were not anticipated in the study protocol. The structure of the discussion guides also informed theme development, as the guides were organized around key topic areas.

The thematic framework that emerged from the analysis is presented in Figure 1 below. This framework was developed inductively based on the qualitative data, rather than being predetermined, and reflects the key areas of inquiry outlined in the study objectives. The framework is organized around three overarching domains: (1) Context and Manifestations of GBV, which captures the nature, forms, and settings in which GBV occurs; (2) Responses to GBV, which encompasses help-seeking behaviors, reporting practices, institutional support systems, and barriers to accessing services; and (3) Intervention Considerations, which captures participants preferences, perceptions of feasibility and acceptability, and recommendations for the design of a peer-moderated safe space intervention. Each domain comprises several themes that together provide a comprehensive understanding of the GBV landscape at the University of Malawi and inform the development of a contextually appropriate intervention.

Chapter Four: Findings and Results

Theme 1: GBV context and Manifestations

This theme explores how participants conceptualized gender-based violence within the university settings, including the forms it takes, the context in which it occurs, and the factors that shape students' vulnerability. It captures students' understanding of GBV beyond physical violence includes sexual, emotional, psychological, economic, and technology-facilitated forms of abuse occurring within relationships, academic environments, social spaces and online interactions.

Findings from focus group discussions described GBV as an experience that happens within everyday university life. Participants identified abuse, encompassing sexual, emotional, psychological, economic, and technology-facilitated forms occurring across academic, social, and digital spaces. While both genders primarily linked GBV with sexual harassment, intimate partner violence, and verbal or cyberbullying, particularly within student relationships and social gatherings their specific perspectives revealed distinct gendered differences. Their accounts described *"sexual harassment between students, physical violence in intimate relationship, and emotional and psychological abuse"* occurring frequently at *"social weekend's events, parties and hostels"(Male student FGD from year 3)*. the experiences of violence reported were not limited to just bewteen students, but also between students and university satff/faculty. Male students underscored abuses arising from unequal power dynamics, specifically highlighting coercion between lecturers and female students. While the male participants were not speaking from personal experience, they strongly articulated their observations of female students being exploited, with one stating that lecturers were "forcing a girl to sleep with a course lecturer so that she can pass." This perception among male students is significant, as it indicates a widespread awareness of the power imbalances that place female students in vulnerable positions within academic relationships. Female participants, however, did not explicitly report direct experiences of lecturer-forced sexual relations in this study, which may suggest underreporting due to fear of retaliation, stigma, or normalization of such abuses within the academic culture. Nonetheless, the mere fact that male students readily identified and condemned this dynamic points to a collective recognition of the problem, which could be leveraged as a normative resource in peer-led interventions that engage male students as allies in challenging abusive power dynamics and supporting their female peers.Key stakeholders echoed these student narratives, with one KII stakeholder observing that *"Many students do not even know that what they are experiencing is GBV. They think it's just how things are a normal part of being a student. So, they suffer in silence,"* further noting that GBV is frequently normalized or under-recognized within the university environment.

Both Male and female students recognized GBV as encompassing multiple forms of violence. Female students focused much on interpersonal violence occurring within intimate relationships and students' social spaces, emphasizing sexual harassment, emotional abuse, and vulnerability

during parties, hostel life, and informal interactions. Their narratives largely reflected lived experience of exposure to coercion and exploitation. In contrast, male students adopted a broader conceptualization that incorporated economic abuse, cyberbullying, verbal assault, lecture-student coercion, and male victimization. Male participants also challenged the common perception that GBV exclusively affects women, arguing that violence against men is frequently overlooked because it is socially normalized. As one student remarked, "*girls can beat boys… and it's taken as normal."* While female students devoted greater attention to structural power imbalance, transactional relationships, and the invisibility of male survivors.

While students shared personal stories of GBV, stakeholders spoke from the perspective of what is officially recorded through university reporting systems like the Health Centre, Gender Office, and campus security. They admitted, however, that these formal records capture only a small part of the GBV problem on campus because most students never report. Both students and stakeholders agreed that GBV is not just about physical or sexual assault it also includes emotional abuse, coercion, and harassment and that interventions must address this broader reality. Stakeholders also pointed out that *"males are also victims but they do not report,"* meaning that official data likely overlooks male survivors entirely.

Theme 2: Social norms, attitudes, cultural factors

This theme describes the social and cultural factors influencing perceptions of, attitudes toward and the response to GBV within the context. The theme examines how dominant social norms, cultural attitudes, and gendered expectations shape the experience of GBV on campus, including how it is perpetrated, how it is perceived, and why it is often not reported. The sub-theme includes aspects like perceptions about violence, stigma, attitudes towards gender relations and level of awareness regarding policies on GBV and individual rights. The theme gives insight into the broad context of social and cultural influences of GBV.

In all focus group discussion sessions, social norms, attitudes, and existing culture were described as factors that strongly shaped how GBV was experienced, addressed, and how survivors were perceived. Victim-blaming attitudes and the normalization of GBV within university culture and peer groups emerged as the dominant pattern across student accounts, with women often seen as guilty of their own harassment, described as *"victim-blaming and normalization of harassment"* (Female, Year 2), and sustained by a culture of silence rooted in *"fear of being shamed, not believed, stigmatized"* (Female, Year 4), where students avoided reporting *"because they are ashamed and also being blamed when the perpetuator has been expelled"* (Female, Year 4), with peer influence further reinforcing this culture and the resulting underreporting.

Male and female students differed in how the normalization of GBV was experienced and expressed. Female students' understanding centered on shame, disbelief, and stigma as the primary barriers to reporting, framed around the normalization of harassment directed at women. Male

students, by contrast, described how harmful social norms shape the extent and reporting of GBV particularly through the discouragement of men from expressing their feelings and traditional norms emphasizing men's control in relationships, both of which contribute to the acceptance and perpetration of violence. This normalizing of violence was evident when one male student stated that *"a man should discipline his girlfriend... Even a slap"* (Male, Year 3), and another reflected the framing of GBV as feminine, observing that *"we normalize that this thing is more of feminine context"* (Male, Year 4), with fear of ridicule further cited as a barrier to reporting, as *"if you report... You will be seen as weak"* (Male, Year 4)

Stakeholders similarly pointed to normative approval and institutional normalization as key drivers of GBV perpetuation and underreporting. The head of the Health clinic noted that acts ranging from inappropriate touching to sharing of explicit material were tolerated as part of normal university life, particularly within same-gender relationships, which contributed to continued condone perpetration. He noted that "*GBV issues that are likely happens here, most of times are normalized by the university community. There are some behaviors like sending off nude content, maybe touching somebody's private parts without consent, or touching female breasts, or maybe "mbina" and abusive language that is only perceived as university life*." The Gender Officer further observed that physical punishment and humiliation between partners, especially in male-female relationships, were often accepted as part of relationship dynamics rather than recognized as GBV and hence were not ever reported as grievance and acted upon. He noted that "*Sometimes students take it as Normal thus university life is. They tried to be protective when the GBV case happens, tries much as possible not to be published*."

Theme 3: Social Ecology

This theme examines how students perceive safety across different physical, social and virtual environments within and around the university. It considers how environmental conditions, social activities, alcohol use, infrastructure and institutional security interact to create spaces that either protect students or increase their vulnerability to GBV. Rather than focusing solely on specific locations, the theme recognizes that safety is shaped by broader ecological factors that influence opportunities for violence.

Findings demonstrate that GBV risk extends across interconnected physical and social environments which requires comprehensive prevention strategies rather than isolated security measures. All participants consistently described campus safety as highly contextual rather than absolute. Female students reported feeling relatively safe in locations such as libraries and their own hostels during daytime but expressed concern about the corridors, male hostels, poorly lit areas and space outside campus. Social gatherings involving alcohol were frequently identified as high-risk environments where harassment and coercion were more likely to occur. One participant said that "*there is nothing like a safe place,*" emphasizing that violence is shaped more by

circumstance than by location alone.Thus, female students, generally viewed safety through the lens of daily campus mobility and personal vulnerability. While male students identified similar locations, they placed greater emphasis on situational triggers, including peer pressure, alcohol use, digital interactions, and gaps in institutional supervision. Additionally, they pointed to off-campus areas like Chikanda as environments with significantly increased risk.

Health personnel and gender officers highlighted unequal power relationships and economic vulnerabilities that expose students, particularly women to exploitation. The gender officer indicated that, *"financial challenges lead female students into exploitation.*"

Theme 4: Help Seeking and Reporting

This theme analyzed data to understand how students seek help, what factors drive their help seeking and reporting. This theme also looks at data to identify who students seek help from. Under this theme, students expressed a strong agreement towards informal reporting channels when they experience GBV. Instead of using the formal reporting channel, they prefer confiding in their friends to resolve the challenges being faced. Most female students stated confidentiality reasons as the main reason that forces them to discuss with their friends, unlike the set offices. A female first year student noted that "*we do not report because we are not familiar with the person they are reporting to and fear of being questioned about the issues because telling them that my boyfriend assaulted me will raise questions."*

Delays in resolving issues were also cited as a significant reason why most students do not report to relevant authorities. Students expressed frustration with slow, bureaucratic processes that left them feeling unheard and unsupported. As one female student explained, *"By the time they do something, the problem is already over, or you have already suffered. So why bother reporting?"* (Female, Year 3). Another male student added, *"They take too long to act. You report today, and nothing happens for weeks. You just give up"* (Male, Year 2).

Beyond procedural delays, students are reluctant to report to authorities for fear of being regarded as traitors by their peers. The social consequences of reporting were described as severe, with students fearing isolation, stigmatization, and even retaliation from fellow students. One male fourth-year student stated, *"Peers see you as a traitor when the student community realize that you are the one who reported"* (Male, Year 4). This sentiment was echoed by another male student who remarked, *"If you report, you are finished. People will call you a snitch, and no one will trust you again"* (Male, Year 3). A female student similarly noted, *"Even if you are the victim, they will blame you for reporting and say you are trying to destroy someone's life"* (Female, Year 3). Another male participant explained, *"You have to live with these people every day. If they know you reported, life becomes very difficult for you. You become an outcast"* (Male, Year 2). Stakeholders also acknowledged this dynamic, with one observing that *"students fear being*

labeled as informers. They would rather suffer in silence than face the backlash from their peers" (KII, Student Affairs).

The fear of being seen as a traitor is deeply rooted in the strong peer solidarity that characterizes student life, where loyalty to one's social group is highly valued. Reporting is perceived not as a civic duty or an act of self-protection, but as a betrayal of the community. This perception, combined with the slow and often ineffective formal response systems, creates a powerful disincentive for students to come forward, leaving many survivors without the support they need.

Stakeholders also acknowledged the presence of formal reporting channels such as the disciplinary committees, DOSA, wardens, the Health Clinic, and the Victim Support Unit (VSU). However, they noted that students frequently bypass these formal setups and prefer informal means of seeking help, with one stakeholder observing that *"only 2–3 students reported in four years."* This low reporting rate reflects a broader trust deficit among students toward university redress mechanisms, fueled by fears of confidentiality breaches, retaliation, stigma, and perceptions of bureaucratic and unsympathetic processes. In practice, students overwhelmingly turn to peers and friends as their first point of contact when experiencing GBV, relying on trusted social networks before considering formal avenues. This natural help-seeking behavior makes a peer-moderated safe space intervention a logical and appropriate entry point, as it aligns with existing student practices, reduces the psychological distance to formal services, and addresses the trust barriers that prevent students from accessing institutional support. By meeting students within their peer networks, the intervention offers a confidential, non-judgmental environment that is more likely to be accepted and utilized, ultimately serving as a bridge to formal services when students are ready.

Theme 5: Response Systems and Institutional Support

This theme considered the status of GBV response systems and the institutional support systems that are available at the university. Most participants expressed a lack of coordination among the response systems, as most of them are not known to students. As one of the male students expressed, *"Services are there, but students do not know about them." (Male, Year 3).* The stakeholders responded contrary to the argument on the lack of coordination as they stated that the services and systems are available and are publicized, but it is rather students' willingness to access the services being provided. This was backed up by the stakeholder from the Health Centre clinic, who indicated that *"we provide counselling, HIV testing, PrEP, emergency contraception."*

Theme 6: Psychosocial Impact and Wellbeing

Most respondents were able to articulate the detrimental effects of GBV on student life at college, with female students in particular describing profound emotional and psychological consequences.

Female participants spoke of fear, anxiety, emotional trauma, and withdrawal from others. One female student shared, *"After what happened, I couldn't concentrate in class. I was always scared and just wanted to hide in my room"* (Female, Year 3). Another explained, *"You lose yourself. You don't trust anyone anymore, not even your friends. You just feel empty inside"* (Female, Year 4). A third participant described the lasting impact, stating, *"Even when you try to move on, the fear stays with you. You keep asking yourself, 'What did I do wrong?'"* (Female, Year 2). A male student similarly recounted, *"people lose trust, generalizing all women"* (Male, Year 3), reflecting how GBV damages interpersonal relationships beyond the immediate survivor.

Stakeholders further emphasized the necessity for adequate psychosocial care, with one suggesting that *"there should be an intervention after case handling and follow-up"* (KII, Health Personnel). They underscored that while counselling and other medical services both on campus and at referral are available, current services tend to emphasize immediate response and crisis care rather than long-term emotional recovery. As one stakeholder observed, *"We deal with the crisis, but we don't have a system to check on them months later. The psychological healing takes much longer"* (KII, Gender Officer). These findings highlight the critical need for the proposed intervention to include ongoing psychosocial support and follow-up mechanisms that address the sustained emotional toll of GBV on students.

They also underscored that while counselling and other medical services, both on campus and at referral, are available in the university, current services tend to emphasize immediate response and immediate care of cases rather than long-term emotional care and psychosocial recovery of students. These findings suggested indeed GBV affects the psychosocial wellbeing of students of the students and the proposed design should include counselling to ensure that the victims are well supported. The contradiction between students lack of awareness and stakeholder's perception of adequate service publicity reveals a critical systems failure '*availability does not equate to accessibility'*. While the university and its partners have invested in GBV response structures including counselling, HIV testing, PrEP, and emergency contraception these services remain functionally inaccessible to a significant portion of the student population if students do not know about them, do not trust them, or do not perceive them as approachable. This finding challenges the deficit narrative that positions students as unwilling to seek help and instead highlights institutional responsibility to make services genuinely accessible. The peer-moderated safe space intervention directly addresses this gap by positioning peer moderators as trusted navigators and bridges between students and existing support systems.

Theme 7: Intervention design preferences

This theme examined the preferences of students and KII regarding desired types of services, intervention approach and core characteristics needed in a GBV intervention. Across all focus

group discussions students wanted an intervention that was reachable through accessible, low-barrier channels rather than only traditional in-person reporting.

The students differed in the specific features emphasized in the intervention and design preferences. Male students focused on speed and accessibility of response, recommending tools such as "*online helpline… Requires immediate help*" and also physical access points with one third year student recommending that "*there should be visible office where students go directly.*" Female students on the other hand prioritized on confidentiality and emotional safety, prioritizing *"confidential reporting systems"* (Female, Year 2) and the establishment of a *"safe space"* (Female, Year 4), and additionally proposed strengthening services through partnership with external agencies such as YONECO.

The stakeholders acknowledged the importance of strengthening or introducing structured accessible and confidential reporting and support systems in a way that aligns with the proposed peer-mediated safe space. *Police: "Safe schools' model could work at university level."* The SRC President mentioned anonymity, *"anonymous toll-free line would improve reporting."*

Theme 8: Feasibility and acceptability of peer-moderated approaches

This theme focused on understanding the perception of the students and authorities about the appropriateness and practicality of having a peer-moderated safe space intervention, considering aspects of trust, required competences, potential risks and success-enabling factors. In all student focus group discussions, Peer-led approaches are highly accepted and perceived to be accessible to the target group with one student arguing that, "*it's easier to reach out to peers than authorities.*" The students also noted that lack of formal training and issues concerning confidentiality and trust raise some concerns regarding the effectiveness of peer interventions in dealing with GBV.

Female students concerns focused on the technical competence of peer moderators, that is, whether peers were actually equipped to handle sensitive disclosures, expressed as *"no confidence in their expertise"* (Female, Year 4), with formal *"training in counselling and confidentiality"* (Female, Year 2) seen as the necessary fix. Male students' concerns, on the other hand, focused on interpersonal trust rather than competence, with one Year 3 student admitting to *"trust issues... Not trusting their peers."*

Theme 9: GBV prevention strategies

This theme focused on the strategies the participants recommended for the prevention of GBV at the University context, which include multi-level strategies such as strategies focused on individual behavior change, social norms change, Institutional factors and community awareness campaigns. Across all focus group discussions students wanted Prevention to focus on raising awareness, implementing robust rules that enforce behavioral change, and a holistic cultural shift

to one that detests GBV. Continued education and training are perceived as key tools, starting from the early stages of students' tenure at university. *frequent awareness on GBV*" (Male, Year 3) was a priority, as well as and finally orientation was identified as the most appropriate time to include GBV awareness as one male student stated *"orientation week should include GBV awareness*" (Male, Year 3) as well

The students differed in a way that the male students focused more on having strong regulations "*strong regulations... Like exams*" (Male, Year 4) to highlight the importance of these laws, while the female students focused more on enhancing security on campus through environmental improvements such as better lighting and infrastructure, with "*better lighting... Stronger security presence*" highlighted (Female, Year 2).

Conclusions

The study found that GBV is one of the major problems at the University of Malawi that impacts both male and female students in various interlocking ways. The findings showed that GBV takes various types, which were experienced by students and such types include sexual harassment, intimate partner violence, emotional and psychological abuse, coercion, cyber bullying and physical violence in their sexual relationships and during interaction with others within academic institutions. There is diversity in the environments and manner in which GBV is expressed-the interaction with intimate partners, classrooms, hostels, parties and cyber space-this complexity underscores that GBV is a multi-dimensional phenomenon. The study also indicated that harmful gender norms, peer pressure, gender stereotypes and normalization of violence significantly contributed to the perpetuation of GBV and the low reporting of incidences. Female students were observed to be more vulnerable due to factors such as power differentials, economic dependence and stigma, while male survivors also face additional barriers because masculine identities are tied to not seeking support or reporting.

The study showed that even though the University has structures that facilitate the reporting and response of GBV, these are not always fully trusted or utilized by the students. Factors such as fear of stigma, lack of confidentiality and information about how to report and how the reporting institution is going to deal with it result in low formal reporting. This means that it is most of the time their peers and informal networks that offer emotional support to victims following GBV incidences. Moreover, GBV had a huge psychosocial, social and academic consequences on survivors. These were observed to include distress, anxiety, fear, withdrawal, depression, substance abuse and poor academic performance.

The study concluded that the application of a peer-moderated GBV safe space intervention at the University of Malawi is both relevant and has the potential to be effective. However, the success of the intervention will depend on strict confidentiality measures, proper training and supervision

of peer moderators, institutional support, readily accessible reporting and referral systems, and integration with formal health, counseling and protection services.

Implications on the interventions design

1. The design of interventions should address different forms of GBV as identified by the participants, such as abuse, encompassing sexual, emotional, psychological, economic, and technology-facilitated forms occurring across academic, social, and digital spaces. While both genders primarily linked GBV with sexual harassment, intimate partner violence, and verbal or cyberbullying.
2. The design of the peer-moderated safe space should take into account the social norms, attitudes, and cultural factors that are likely to influence GBV. The approach should challenge victim-blaming attitudes and the normalization of GBV within university culture and peer groups, which emerged as the dominant pattern across student accounts.
3. The intervention should not only provide peer support but also show UNIMA how coordinated GBV response systems *could* work. By demonstrating effective referral pathways and collaboration between departments, the program can advocate for the university to take ownership and sustain these systems after YONECO leaves, ensuring that students continue to have access to coordinated support long after the project ends.
4. The design must address students' concerns regarding confidentiality and lack of trust in peer-moderated approaches. This requires careful attention from recruitment through to implementation: peer moderators should be selected based on their trustworthiness and respect within the student community; comprehensive training must include dedicated modules on confidentiality, handling disclosures, and managing the fear of being seen as a "traitor" when reporting; and operational protocols must ensure private, secure spaces for sessions, anonymized reporting options, and ongoing supervision to maintain trust and accountability.
5. The intervention should not only provide peer support but also demonstrate to UNIMA how coordinated GBV response systems could work. By showing effective referral pathways and collaboration between departments, the program can advocate for the university to take ownership and sustain these systems after YONECO leaves, ensuring students continue to have access to coordinated support long after the project ends.
6. The physical location and safety of the program must be carefully considered. Safe space sessions should be held in private, discreet, accessible, well-lit venues on campus that are perceived as safe by students. Peer moderators should receive safety training, work in pairs, and have clear emergency protocols and access to communication in case of any security concerns.
7. The design should address the low awareness of GBV policies and services among students by training peer moderators as resource navigators who can provide accurate

information about available services, developing student-friendly versions of university policies, and integrating GBV awareness into orientation week activities.

8. The intervention should include prevention activities alongside response and support. Peer moderators can implement awareness campaigns, facilitate discussions on social norms and healthy relationships, conduct bystander intervention training, and engage male students as allies in challenging harmful norms.

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