Negotiating Silence and Power: University Students' Experiences of Gender-Based Violence Support Services in Tanzania

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ABSTRACT

This qualitative study examined university students' awareness, socio-cultural barriers, and perceptions of institutional efficacy regarding Gender-Based Violence (GBV) support services in two universities in Mwanza, Tanzania. Anchored in an interpretivist paradigm, the study employed six focus group discussions, in-depth interviews with seven survivors, four key informant interviews with gender desk coordinators, presidents of students' organisations and non-participant observation. The research drew on Foucault's concept of power, the Social Ecological Model (SEM), and the Health Belief Model (HBM) to analyze findings. Results reveal a paradox: students possess broad conceptual understanding of GBV but have limited knowledge of formal support services. Socio-cultural barriers, including fear of retaliation, distrust of institutional confidentiality, internalized patriarchal norms, and inadequate infrastructure, further limit access. Survivors who engaged with support services reported generally positive experiences, though perceptions of bureaucratic inefficiency and weak action against offenders undermined broader trust. Students proposed strategies including online reporting platforms, improved service infrastructure, peer-led initiatives, and partnerships with external organizations.The study concluded that effective GBV interventions require decentralizing authority, legitimizing informal support networks, and implementing multi-tiered approaches to address structural and cultural barriers.

Keywords: Gender-based violence, power dynamics, support services, socio-cultural barriers, students' perspectives

INTRODUCTION

Gender-based violence (GBV) in higher education remains a significant social and educational concern worldwide. Universities, often framed as spaces of empowerment and intellectual growth, continue to reproduce gender hierarchies and power imbalances that facilitate various forms of GBV. In Tanzania, GBV jeopardizes student safety, academic performance, and the pursuit of gender equality in education (Mutasigwa & Mwaipopo, 2023). Despite national frameworks such as the National Gender Policy (2022 revision) and the Education and Training Policy (2014), and international interventions like UNESCO's Safer Campus Campaign (2023), GBV persists in universities, and institutional support services are inconsistently utilized.

Global studies have highlighted structural vulnerabilities within universities, including students' reliance on institutional authority, lack of clear reporting systems, and normalization of gendered behaviors, contributing to underreporting and acceptance of abuse (Bastiani, 2021; Mengo & Black, 2020). In Tanzania, universities are mandated by the Tanzania Commission for Universities (TCU, 2024) to implement policies promoting gender equality and establishing gender desks. These desks are intended to enhance reporting mechanisms and provide safe environments for survivors. However, implementation challenges remain, including low awareness, inconsistent service delivery, and weak institutional coordination (UNESCO & Ministry of Education, 2022).

This study examines how national policies translate into university-level practices, exploring students' lived experiences with GBV support services. By investigating the gap between policy intentions and actual service accessibility, this research offers insights for policy refinement and institutional learning, connecting Foucault's theory of governmentality to the governance of gender and power within universities.

Materials and Methods

A cross-sectional qualitative design was employed to explore students' awareness of GBV, socio-cultural barriers to service access, perceptions of institutional support, and recommendations for improvement. The study targeted students from one public and one private university in Mwanza, selected due to the recent implementation of the Safer Campus Campaign in 2024. A total of 49 participants were recruited for six focus groups (male, female, and mixed), ensuring a comfortable environment for discussing sensitive topics. In-depth interviews were conducted with four survivors who reported cases to institutional support services and two survivors who did not. Two gender desk coordinators served as key informants. Non-participant observation was conducted to examine physical infrastructure and service accessibility.

Data were organized using ATLAS.ti 25, coded thematically according to university type (public vs. private) and data source (FGD, IDI, KII). Thematic analysis facilitated detailed interpretation of shared ideas, experiences, and meanings (Gibson & Brown, 2009). Ethical considerations included anonymizing participating institutions and individuals to prevent reputational harm and protect confidentiality, as also done by Wafula and Achoka (2016) when they explored policy gaps, management deficiencies, low victim support, and stigma in universities in Kenya. Another study by Bull et al. (2022) anonymized three universities in their study which examined students' experiences of GBV in the United Kingdom.

FINDINGS

The findings are presented summative based on the major themes generated from the data: awareness of GBV and university support services, socio-cultural barriers to accessing support services, students' perceptions of institutional response effectiveness, and students' suggestions for improving GBV support services in university settings.

Awareness of GBV and University Support Services

The study revealed contrasting views regarding awareness of gender-based violence (GBV) between service providers and students. Service providers expressed scepticism about the level of students' awareness, suggesting that many students primarily associated GBV with physical violence. As one president from a private university explained:

Their awareness is 50/50. Many believe that GBV is limited to physical violence and nothing else." (KII – President of Students' Government, Private University)

In contrast, student participants demonstrated a broader understanding of GBV. Data from focus group discussions (FGDs) across universities indicated that students conceptualized GBV as extending beyond physical acts to include violations of rights and dignity. As one participant from private university noted:

Gender-based violence is doing things that violate the rights of another person or discredit one's humanity because of his or her gender. (FGD – Mixed Group, Private University)

Awareness of Support Services

Findings from both public and private universities revealed varied levels of awareness regarding available support services. The most commonly recognized formal services included the Dean of Students' Office and the Gender Desk. However, participants also highlighted informal support mechanisms – such as religious gatherings and peer networks—that they considered vital sources of help. A female engineering student in a private university shared:

For us Muslims, we meet every Sunday at the madrassa. We help each other by reminding ourselves to be responsible. A teacher often comes and tells us that if we ever face violence because of our gender, we should not keep quiet but seek help and share our problems. (FGD – Female Only, Private University)

Some survivors only became aware of formal support services through indirect referrals. For instance, one survivor of physical violence explained that she learned about the gender desk through a relative:

At first, I didn't know where to go, and I didn't want to report because I thought it wasn't serious. My relative insisted that I should report to the student government office, and they connected me with the gender desk coordinator who helped me. (IDI – Survivor of Physical Violence)

Socio-Cultural Barriers to Accessing Support Services

The findings identified mistrust of institutional confidentiality, fear of retaliation, and inadequate physical infrastructure as the main barriers preventing survivors from reporting GBV cases. Students expressed concerns that reporting GBV might lead to breaches of confidentiality and reputational harm. One survivor of sexual extortion for academic marks remarked:

If I report and the lecturer finds out, what will my life be like after that? Lecturers can do anything. (IDI – Survivor, Public University)

Fear of retaliation also emerged as a strong deterrent. A male student in a public university described how intimidation silences victims:

There was a student who was beaten by her boyfriend. People encouraged her to report, but the boyfriend later warned her that what he did was just the beginning if she went ahead. (FGD – Male Group, Public University)

In addition, the location and setup of gender desks were found to compromise privacy and accessibility. At one public university, a student explained:

Our gender desk office is problematic. The label on the door shows a department name, and the coordinator shares the office with the head of department. So, if someone comes to report, they may find another lecturer there and end up pretending to discuss something else. (FGD – Female Group, Public University)

Field observations confirmed this issue. The office was labelled "Department of Community Development" and was visibly shared by two instructors. Similarly, in a private university, the "Gender Desk" was found to be the coordinator's personal office, cluttered with marked examination scripts. The coordinator acknowledged the challenge:

We've requested a separate office for two years now but haven't received one. Students find it difficult to come here because it's located among lecturers' offices, so some leave without getting help. (KII – Gender Desk Coordinator, Private University)

Students' Perceptions of the Effectiveness of Institutional Response

Students' perceptions of institutional response to GBV were mixed. Generally, survivors who accessed support services expressed appreciation for the assistance they received, indicating that institutional responses were helpful once cases were reported. A survivor of sexual extortion in a private university shared a positive experience:

At the gender desk, they told me my case needed to go to the police. The coordinator even escorted me to the police station. I also learned that the university provided transport to help trace the perpetrators who tried to distribute my pictures. (IDI – Survivor, Private University)

However, some survivors expressed frustration over bureaucratic procedures and evidence-related requirements. One survivor of physical violence expressed disappointment that she was not compensated for her medical expenses due to lack of documentation:

I'm grateful he apologized, but I wasn't compensated for the medical costs because I didn't have hospital receipts. (IDI – Survivor, Private University)

Students' Suggestions for Improving GBV Support Services in University Settings

Students proposed several strategies for strengthening GBV support services. These included enhancing service delivery, training service providers, creating safe and confidential spaces, raising awareness, and promoting student engagement in prevention initiatives. Participants emphasized the need for universities to create safe and private reporting spaces where students would feel comfortable seeking help. One female participant from a public university stated:

We need a secure and safe space where students can comfortably report their cases. (FGD – Mixed Gender, Public University)

Another student added that service providers should be trained to handle survivors sensitively:

Service providers should leave their personal issues behind and use welcoming language when receiving survivors. (FGD – Mixed Group, Public University)

Students also advocated for empowerment and bystander training, arguing that such initiatives could foster collective responsibility and proactive intervention. As one male participant in a public university suggested:

Students should be trained to be good bystanders and report GBV cases in dormitories, even if survivors are unwilling. (FGD – Male Group, Public University)

Lastly, participants proposed digitalizing GBV awareness campaigns and reporting mechanisms to make information and services more accessible. One participant from a women's focus group explained:

Education should also go online. These days, everyone goes online daily – whether through messages or videos. (FGD – Female Group, Private University)

DISCUSSIONS

The above findings have revealed a notable gap between service providers' perceptions of students' awareness of gender-based violence (GBV) and students' own accounts. While service providers tended to perceive students as having limited knowledge of GBV, often equating it solely with physical violence, students themselves demonstrated a more complex understanding. This finding aligns with studies conducted in other Tanzanian universities, which also observed a disconnect between institutional perceptions and students' lived realities. As Foucault (1980) argues, institutions often define what constitutes valid knowledge, positioning individuals, in this case, students, as passive recipients of predefined awareness.

Similar studies (Mbilinyi & Liljeström, 2021; Mushi, 2022) have shown that students' conceptualization of GBV often remains confined to the physical dimension, reflecting broader societal norms that equate violence primarily with physical harm. Such a discourse obscures other forms of violence, including psychological, economic, and structural oppression (Heise, 2018). However, students' own narratives in this study challenged this narrow view. Many recognized GBV as a broader violation of dignity and human rights. This suggests that ongoing advocacy efforts, peer education, and student initiatives have played a critical role in expanding awareness within university settings.

The discrepancy between service providers and students underscores a communication gap regarding the conceptualization of GBV. While service providers assume students' understanding is limited, students may feel their knowledge is underestimated or overlooked. This highlights the need for continuous dialogue

between students and service providers to co-construct shared understandings and responsive strategies. Freire's (1970) concept of dialogical education supports this approach, emphasizing that awareness develops through reflection, participation, and reciprocal communication.

On the other hand, awareness of university support services was found to vary across institutions. Gender desks and the Dean of Students' offices were the most recognized formal mechanisms. However, many students expressed a preference for informal networks such as peers, relatives, and religious groups. Campbell (2020) describes this as "layered coping strategies," where survivors navigate between community-based and institutional support systems depending on perceived trust, accessibility, and confidentiality.

The prominence of peer educators and religious congregations as sources of psychosocial support underscores the sociocultural embeddedness of coping mechanisms in Tanzanian universities. Religious gatherings, particularly those mentioned by female students, served not only as spaces for spiritual guidance but also as informal support networks reinforcing values of care and solidarity. This resonates with the African philosophy of ubuntu, which emphasizes interdependence, empathy, and collective responsibility (Chuwa, 2021). Such multilevel networks of interpersonal and community-based support should be recognized and integrated into university response systems as complementary mechanisms for survivor care.

On sociocultural barriers to accessing GBV support services, the findings revealed persistent sociocultural and institutional barriers that shape students' access to GBV support services. These include mistrust of institutional confidentiality, fear of retaliation, and inadequate infrastructure for privacy. Such barriers illustrate how power, culture, and institutional design intersect to influence survivors' engagement with formal support systems.

Many students expressed fear of reporting GBV incidents due to anticipated breaches of confidentiality or retaliation from perpetrators in positions of authority. One survivor stated, "If I report, and the lecturer gets feedback… how do you think my life will be after that?" (IDI, public university). Drawing from Foucault's theory of power, fear functions as a "technology of power" through which individuals internalize surveillance and self-censorship (Foucault, 1980). Universities thus become both sites of learning and instruments of disciplinary control.

From a social-ecological perspective, these barriers manifest across multiple levels: individually through shame and stigma; interpersonally through intimidation by perpetrators or peers; institutionally through poorly labeled or inaccessible gender desk offices; and communally through normalization of GBV. The Health Belief Model (HBM) further elucidates this by showing that perceived barriers—such as lack of confidentiality and institutional inaction often outweigh perceived benefits of seeking help (Rosenstock, 1974). Consequently, survivors turn to informal networks they perceive as more empathetic and trustworthy.

Furthermore, students' perceptions of institutional response effectiveness were mixed, combining both appreciation and critique. While some survivors expressed gratitude for the assistance received, such as being escorted to the police station or supported with transportation, others identified bureaucratic hurdles that undermined timely and effective response.

A case of sexual extortion in a private university illustrated that empathetic and proactive engagement by service providers can rebuild survivors' trust in institutional processes. From an HBM perspective, such positive experiences enhance perceived benefits and reduce perceived barriers, thereby encouraging survivors to seek formal support.

Conversely, other students recounted frustration with procedural rigidity and evidentiary requirements. One survivor shared, "I am grateful that he apologized, but I spent money on my injuries… and because I had no hospital receipts, I was not compensated." (IDI, survivor of physical violence). This illustrates what Foucault (1977) termed "institutional rationality," where bureaucratic logic prioritizes procedural compliance over lived experiences, effectively transforming justice into an administrative exercise denying justice to survivors of gender based violence.

Viewed through the Social Ecological Model (SEM), institutional responses operate at multiple levels, formal structures, interpersonal relationships, and broader cultural attitudes. While gender desks play a crucial role, their effectiveness depends on empathy, accountability, and a survivor-centered culture. Bureaucratic procedures and inadequate follow-up can erode institutional credibility and reinforce reliance on informal support systems.

Last but not least, students' recommendations for improving GBV support services reflected a keen awareness of both the structural and relational dimensions of university response systems. Their calls for safer reporting spaces, improved communication with service providers, and online reporting mechanisms demonstrate a desire for more inclusive, confidential, and accessible services. These perspectives challenge hierarchical university power structures by advocating for the redistribution of authority and the transformation of universities from disciplinary spaces into communities of care that respect individual agency.

From the HBM perspective, these recommendations emphasize the importance of reducing perceived barriers and enhancing the perceived benefits of reporting GBV. Calls for provider training and digital reporting mechanisms reveal a strong desire to reduce fear, stigma, and bureaucratic obstacles. Importantly, they suggest that when institutions are trustworthy and survivor-centered, students are more likely to engage with formal support systems.

Overall, the findings indicated that Tanzanian universities, particularly in Mwanza Region, can strengthen GBV response systems by adopting participatory, student-centered approaches that integrate empathy, confidentiality, and technological innovation. Such reforms would not only enhance institutional credibility but also cultivate a culture of shared responsibility, solidarity, and empowerment, essential elements for sustainable change in higher education contexts.

CONCLUSIONS

This study reveals that while university students possess a broad understanding of gender-based violence (GBV), their awareness and use of institutional support services remain limited. Access to these services is often shaped by personal connections with service providers, and even students who ultimately report incidents frequently rely first on informal networks to gauge potential outcomes of disclosure. This pattern underscores the persistence of institutional gaps in preventive outreach and awareness initiatives.

Patriarchal norms, fear of social judgment, and the threat of retaliation continue to deter both male and female students from using formal mechanisms. Concerns about confidentiality further erode trust in institutional systems. Overall, university responses remain largely reactive and fragmented dominated by ad hoc initiatives that are poorly integrated into broader management frameworks. While student-led efforts demonstrate promise, they are rarely supported through funding or formal recognition, limiting their impact and sustainability.

To strengthen institutional responses, universities should integrate peer-led initiatives into official GBV support frameworks, providing them with training, recognition, and financial backing. Establishing accessible one-stop GBV support hubs, combining health services, gender desks, and student affairs offices, would simplify referral pathways and reduce stigma. Regular staff training in survivor-centred case management, confidentiality, and record-keeping is crucial to restoring student trust. Parallel efforts should address harmful gender norms and include programming for male survivors. Secure, technology-based reporting mechanisms such as online or SMS platforms could further enhance confidentiality and safety.

At the policy level, universities must develop comprehensive GBV frameworks that define offences, outline reporting and investigation procedures, and stipulate disciplinary measures. GBV education should be institutionalized, either through curriculum integration or mandatory online modules, to ensure consistent student engagement. Establishing a national monitoring and evaluation system, supported by a central database of GBV cases and outcomes, would enhance transparency and facilitate policy learning. The Ministry of Education and related bodies should also develop national guidelines to standardize GBV prevention and response in higher education, supported by dedicated budgetary allocations for sustainability.

This study contributes new insights into the intersection of institutional and socio-cultural factors shaping GBV response in Tanzanian universities. By comparing private and public institutions, it highlights both commonalities and context-specific challenges, including the critical influence of informal networks and the overlooked role of bystanders. It further exposes the gap between policy commitments and lived realities, offering empirical evidence to inform institutional and national reforms. By moving beyond awareness toward actionable strategies, this study advances the discourse on GBV in higher education from a descriptive to an intervention-oriented approach. Its findings underscore the need for holistic, student-centered, and sustainable mechanisms that combine prevention, protection, and accountability within university environments.

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