



Research Paper

## Assessment Of Gender-Based Violence Among Internally Displaced Persons in Maiduguri, Borno State

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### Abstract

This research thesis titled 'Assessment of gender-based violence among internally displaced persons in Maiduguri, Borno State, Nigeria conducted in the only two registered government official camps (El-Muskin and Muna El-Badawy), aimed at addressing objectives such as: identifying the causes of GBV among IDPs in El-Muskin and Muna El-Badawy Camps, identifying the responses to GBV in El-Muskin and Muna El-Badawy IDP Camps, and assess the level of relationship between the responses to GBV and causes of GBV in El-Muskin and El-Badawy IDP Camps. Quantitative research design specifically survey research design was adopted with questionnaire utilized in gathering the primary data for the study. 300 questionnaires were analyzed using both descriptive and inferential statistical methods of data analysis. The research concluded that: gender imbalance of the husband/wife, not providing food by the husband/not having food ready on time by the wife, religious beliefs of husband/wife, not obeying her/his husband/wife, and refusing him/her sex are the four most causes of GBV among IDPs in both El-Muskin and Muna El-Badawy Camps. Ensuring confidentiality and privacy, offering medical care including emergency contraception and post-exposure prophylaxis (PEP), provide safe shelter and accommodation for survivors, and, conduct risk assessment and safety planning are the most responses to GBV in both El-Muskin and Muna El-Badawy IDP camps. There is a strong level of relationship between the responses (R) to GBV and causes of GBV (C) in El-Muskin and Muna El-Badawy IDP camps with responses to GBV (R) contributing significantly on the causes of GBV (C) by 78.3% ( $n = 300$ ;  $r = 0.783^{**}$ ;  $p < 0.05$ ). Also, the research recommended that: strong awareness on GBV and its effect should be advocated by the Camp's officials, Lawans, Bulamas (Traditional & Religious leaders) in the IDP camps and government should support by providing adequate resources for community-led gender-sensitive monitoring, research, data collection analysis and reporting. Strengthen and implement laws that promote gender equality. Government should ensure reform disciplinary, discriminatory laws, policies, and impose appropriate criminal penalties for GBV perpetrators in order to eliminate harassment and other forms of violence committed or condoned by police or other criminal justice officials against women and people of diverse gender identity in the IDP camps in the North-East, Nigeria. Government in its capacity and all the stakeholders including security personnel in the North-East should be holistic in fighting and curbing the menace of insecurity so as to prevent further prevalence of GBV in IDP camps.

**Keywords:** Gender-Based Violence (GBV), Borno State' Insurgency and Violence Against Women (VAW), Overview of Internally Displaced Persons (IDPs)' Life and Gender Based Violence (GBV), Causes of GBV and IDPs in IDP-Camps, Responses to GBV in IDP-Camps.

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### I. INTRODUCTION

Globally about 1 in 3(30%) of women worldwide have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime across 161 countries and areas, an analysis conducted by World Health Organization (WHO) on behalf of the UN Interagency working group on violence against women (WHO, 2021). Gender-Based Violence (GBV) is a human rights violation that is deeply rooted in existing harmful social norms that promote gender inequality and discrimination. GBV was recognized

internationally as a violation of human rights and disrespect to their dignity, safety, and well-being instead of merely an in-born vulnerability or a private matter in which States should not interfere (UN Women, 2024). UNHCR (2022), stated that, sexual, physical, mental and economic harm inflicted in public or in private are known to be Gender-Based Violence (GBV).

The result of the conflict in the North East and North West zones of Nigeria, remains a large-scale humanitarian and protection crisis and one of the most severe in the world characterized by forced displacement and human rights violations (IOM, 2024). According to IOM's Displacement Tracking Matrix (DTM, 2023), the Displacement Report Round 45 (June 2023), a total of 2,295,534 IDPs from 471,346 households, and 2,075,257 returnees from 341,895 households were identified in camps and host communities in the North East, and according to the report, 20% (459,107) of the displaced populations are women and 32% (734,571) are girls. Imagine woman/girl without a proper protection, what then can happen? Many individuals will have ceased the opportunity to sprang one violence or the other against them. The north-east region of Nigeria (Adamawa, Bauchi, Borno, Gombe, Taraba, and Yobe States) struggles with a deeply intricate displacement crisis predominantly caused by human conflicts; which according to (Displacement Tracking Survey Nigeria (DTM, 2024), the non-state armed groups (NSAGs) perpetuate violence, driving large-scale displacement, while climate change intensifies existing conflict situations and displacement. The escalation of violence since 2014 triggered a multifaceted humanitarian emergency, leading to mass displacement across the area, and this situation continues to this day, with the north-east still accommodating substantial numbers of internally displaced persons (IDPs) and returnees.

Borno State among other States in the North-East, where the study will be based is grapples with insurgency activities of Boko Haram for more than a decade which led to the existence of many IDPs in many camps, where GBV activities is happening with many cases not reported in the open and that remain a human right violation globally. UNICEF (2022) stated that, GBV has been the most pervasive, yet least visible human rights violation in the world, and particularly in countries engulfed in protracted conflicts and civil wars. GBV occurs as a result of normative role expectations and unequal power relationships between genders in a society (Muller, Gahan & Brooks, 2014). These happenings are commonly found among the Internally Displaced Persons (IDPs) in camps, as other genders (especially, men) are taking the advantage of other genders (especially, women and girls) in the camps because of the less privilege situation they found themselves in, and most of these GBV activities go unreported and unpunished. GBV leads to psychological trauma, and can have psychological, behavioural and physical consequences for survivors (Decker *et al.*, 2015). This led to this study to assess the Gender-Based Violence among Internally Displaced Persons in Maiduguri, Borno State.

Gender Based Violence (GBV) on any human being is a violation of human right which led to adverse effect in human lives with social, economic, and environmental consequences thereafter. GBV activities were noticed happening in many Internally Displaced Persons (IDPs) camps in Borno State and such activities have a lot of risk on the life any person affects by such activity; mostly women and girls in various IDP camps got violated based on GBV yet their stories remained untold perhaps due to culture/tradition, religion or even being less privilege in the society.

It was evident by Okolie, Mohammed and Ononye (2021) that, domestic violence against women in Borno State has increased rapidly in recent time to an estimate of 30% to 50% of physical violence against women by husbands or other family members. Also, there has been an increase in cases of domestic and sexual violence against women and girls in IDP camps in Borno State Nigeria which are most times done by security personnel meant to protect the camps and the occupants (Save the Children, 2013).

Many research was conducted on GBV related in many countries, and locations such as the study of Malatjie and Mamokhere (2024) on Intricacies and Prevalence of Gender-Based Violence in South Africa: Forms, Causes and Mitigation Measures. Ajibola *et al.* (2023) on Gender-based violence in a rural Nigerian community during the COVID-19 era: a call for policy action in Ife-Odan, Osun State, Nigeria. A study was also conducted by Emmanuel, Ebenezer, David, Adewuyi *et al.* (2023) on Prevalence and Causes of Gender Based Violence (GBV) among Students in Tertiary Institutions in Abuja, Nigeria. Another survey by Workie, Tinsae, Salelew and Asrat (2023). A Cross-Sectional Study on Gender-Based Violence and Its Contributing Factors Among Internally Displaced Women in Northwest Ethiopia. Bawa, Kaur and Rao (2022) conducted a study on Gender and Sexual Violence in Maiduguri Internally Displaced Persons Camp, Northeast Nigeria. Okolie, Mohammed, Ononye and Okolie (2022) surveyed on the Causes and Implications of Gender-based Violence on the Socio-Economic Status and Development of Women in Maiduguri Metropolis, Borno State, North-East Nigeria. Okolie, Mohammed and Ononye (2021) on Domestic Violence against Women in Maiduguri Borno State Nigeria. There was a called by the UN Women (2024), for an urgent action to accelerate investments in women to end GBV.

Most of these researches limited itself to intricacies, prevalence, causes, and implications of Gender-based Violence on the Socio-Economic Status and Development of Women; as none of the researcher study the causes, prevalence and response to GBV among IDPs in Borno State. However, it is on this light the study tends to assess the Gender-Based Violence among Internally Displaced Persons in Maiduguri, Borno State.

The study objectives include the following:

- i. identify the causes of GBV among IDPs in El-Muskin and Muna El-Badawy Camps.
- ii. identify the responses to GBV in El-Muskin and Muna El-Badawy IDP Camps.
- iii. assess the level of relationship between the responses to GBV and causes of GBV in El-Muskin and El-Badawy IDP Camps.

## **II. LITERATURE REVIEW**

### **2.1 Concept of Gender-Based Violence in Nigeria**

#### **2.1.1 Gender**

Gender refers to the social relationships and roles between men and women, boys and girls, shaped by societal expectations. It is a cultural construct that defines the behaviors, characteristics, and interactions considered appropriate for each sex (Haralambos, 2004). Men are typically socialized to embody masculinity, while women are socialized to embody femininity. In this sense, gender is the distinction that society places on individuals based on their sex, influencing how we perceive ourselves, interact with others, and what roles, responsibilities, and prestige we are assigned. Gender, as a social construct, encompasses the norms, behaviors, and expectations linked to being male or female. This concept of gender varies across societies and can evolve over time (Ivy & Fadeke, 2021). Gender can be broadly defined as a multidimensional construct that encompasses gender identity and expression, as well as social and cultural expectations about status, characteristics and behavior as they are associated with certain sex traits (UNODC, 2023). Gender inequalities are often hierarchical and intersect with other forms of social and economic discrimination (WHO, 2017). These overlapping inequalities include: ethnicity, economic status, physical disability, age, geographic location, gender identity, and sexual preference.

While gender is related to, yet distinct from, sex - defined by genetic and physical differences such as DNA, hormones, and reproductive organs – gender identity refers to a person's deeply felt, internalized experience of gender, which may or may not align with their biological sex (WHO, 2017).

Gender and sex are interconnected, but gender identity exists separately. It reflects how individuals personally understand and experience their gender, independent of physical characteristics.

##### **2.1.1.1 Gender's Impact on Healthcare Access**

Gender influences how people experience and access healthcare. A person's ability to receive healthcare, as well as the quality of care, is often shaped by how health services are structured and delivered. To be truly effective, healthcare services must be accessible, equitable, and dignified for all individuals, regardless of gender. However, gender inequities and discrimination can pose significant risks to the health and well-being of women and girls.

Women and girls tend to face more significant barriers in healthcare settings compared to men and boys. These barriers include:

- i. Restrictions on mobility
- ii. Lack of decision-making power
- iii. Lower levels of education
- iv. Discriminatory attitudes from medical professionals and groups
- v. Insufficient training and awareness among healthcare providers about the unique needs of women and girls.

These gender-related obstacles can contribute to higher rates of unwanted pregnancies, sexually transmitted infections (including HIV), cervical cancer, malnutrition, visual impairments, respiratory infections, and violence. Additionally, women and girls are disproportionately affected by gender-based violence, including harmful practices such as female genital mutilation and child marriage.

##### **2.1.1.2 Gender Norms and Their Impact on Boys and Men**

Although gender norms often have more visible harmful effects on women and girls, they can also negatively impact the health and well-being of boys and men. Rigid, patriarchal gender norms may encourage behaviors such as smoking, engaging in risky sexual practices, abusing alcohol, and avoiding medical help. These norms can also play a role in the perpetuation of violence and victimization among boys and men. Furthermore, gender expectations can harm their mental health by discouraging emotional expression or the seeking of help (WHO, 2017).

#### **2.1.2 Violence**

Violence can mean many things and so it is important to have a clear understanding of what distinguishes violence from other crimes. The definition of WHO (2002) on violence is adopted in this study; as violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group

or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation. Violence against women means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. According to WHO (2024), violence can negatively affect women's physical, mental, sexual, and reproductive health, and may increase the risk of acquiring HIV in some settings. Any complete study of violence should start by describing the many forms of violence in order to make scientific measurement easier. Violence can be defined in a variety of ways. Violence is defined by the World Health Organisation (1996) as: the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group of community, that results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation (WHO, 1996). In the World Health Organisation's definition, intentionality is defined as the act of committing the act itself, irrespective of the outcome. Involuntary occurrences, such as most road traffic accidents and blisters, are not included in the definition. Adding the term 'power' to the phrase 'use of physical force' extends the attributes of a violent act and develops the traditional concept of violence to comprise of threats and intimidation. In addition to the more evident violent acts of commission, the term 'use of power' can also refer to acts of omission or negligence.

As a result, all forms of physical, sexual, and mental/emotional abuse, as well as suicide and other forms of self-abuse should be understood as the use of physical force or power. This term refers to a variety of results, including mental distress, scarcity, and underdevelopment. This depicts an increasing awareness among scholars and practitioners of the necessity of integrating violence that does not always result in harm or death but nevertheless has a significant impact on persons, relatives, societies, and healthcare structures around the world. Several practices of violence against women, children, and the aged, for example, can cause physical, psychological, and public concerns that may not always result in pain, disability, or death. These implications can be both immediate and underlying, and they can last for years after the abuse has occurred. The defined outcomes primarily in terms of harm or death, there is a limited understanding of the overall effect of violence on persons, communities, and society as a whole. According to Walters and Parke (1964), violence is socially driven. Some people intend to injure others but do not regard their actions as violent because of their cultural origins and beliefs. On the other hand, the World Health Organization defines violence as it relates to a person's well-being. Implicit actions, such as beating a spouse, maybe considered acceptable cultural norms by some, although they are considered violent acts with serious health repercussion for the individual. Other forms of violence are included in the definition, though they are not explicitly stated. For instance, every act of violence, whether public or private, volatile (in response to preceding events such as aggravation) or pre-emptive (significant for or predicting more self-serving effects), unlawful or noncriminal, is implicitly included in the term. Understanding the causes of violence and implementing prevention tactics necessitates consideration of each of these elements.

### **2.1.3 Concept of Gender-Based Violence (GBV)**

Gender-based Violence (GBV) is violence inflicted upon a person on the basis of their actual or perceived gender that results in – or is likely to result in – sexual, physical, mental or economic harm. GBV against women is violence directed against a woman because she is a woman, or that disproportionately affects women and gender-diverse people. GBV can occur in public or in private, which also includes threats of violence, coercion and manipulation (Ulibarri, Roesch, Rangel, Staines, Amaro & Strathdee, 2015). GBV is a global pandemic which is deeply rooted in culture, hence the need to contextually understand its occurrence and patterns in rural settings (Ajibola, Olwaseyi, Olanrewaju, Olamide *et al.*, 2023). According to World Bank Group (WBG, 2019), GBV equally violates the fundamental human rights of victims, posing a significant impediment to the realization of equal participation of women and men in social, economic, and political spheres. Also, UNHCR (2022) stated that, GBV refers to harmful acts directed at an individual based on their gender, which is rooted in gender inequality, the abuse of power and harmful norms. GBV is used interchangeably with “Violence Against Women (VAW)” which encompasses all acts of violence including rape, attempted rape, sexual assault, sexual abuse, sexual exploitation and harassments, spousal abuse and sex trafficking (UNFPA Asia-Pacific, 2022). Thus, GBV can take many forms including physical, sexual, or psychological intimate partner violence (IPV), child marriage, sex trafficking, honour-killings, sex-selective abortion female genital mutilation (FGM), sexual harassment and abuse and digital violence such as cyberbullying (UN Women, 2022).

Gender-based violence (GBV) manifests in various forms across all communities, often passed down through generations due to deeply ingrained social and cultural influences. While both men and women can be affected, the number of women impacted by GBV far outweighs that of men (Usta, 2014). Estimates suggest that one in every three women has experienced physical or sexual abuse (UNFPA, 2010). The issue is even more alarming in less developed countries, where poverty is closely linked to GBV, particularly violence against intimate partners.

In recent decades, the term “gender-based violence” has become well-defined as advocates for gender equality have worked to eliminate discrimination and harmful behaviors directed at women. GBV is any act that causes

physical, sexual, or psychological harm or suffering to women, including threats, coercion, or arbitrary deprivation of liberty, whether in public or private life (Health and Human Rights Info, 2014).

Although GBV is primarily associated with women, there is evidence indicating that men, too, can be victims (Christian, 2011). The United Nations Office of the High Commissioner for Human Rights, in its General Recommendation 19, defines discrimination against women as a form of violence that affects women disproportionately. This violence encompasses acts causing physical, mental, or sexual harm, as well as the threat of such acts, coercion, and other forms of deprivation of liberty (UN Office for the Coordination of Humanitarian Affairs, 2007).

#### **2.1.4 Forms of Gender-Based Violence**

According to the WHO (2018), over 736-852 million (roughly 1 in 3) women have experienced one form of GBV or another worldwide. An average of 31% of women globally are estimated to have experienced IPV and about 6% of them are subjected to non-partner violence, furthermore the report also revealed that 16% of adolescents and young women experienced intimate partner violence (IPV). According to UN Women (2021), there are different kinds of violence, including (but not limited to) physical, verbal, sexual, psychological, and socioeconomic violence.

- i. **Physical violence:** Physical violence is an act attempting to or resulting in pain and/or physical injury. It includes beating, burning, kicking, punching, biting, maiming, the use of objects or weapons, or tearing out hair. At its most extreme, physical violence may lead to femicide, or the gender-based killing of a woman. Some classifications also include trafficking and slavery in the category of physical violence because initial coercion is often experienced, and the young women and men involved end up becoming victims of further violence as a result of their enslavement.
- ii. **Verbal violence:** Verbal abuse can include put-downs in private or in front of others, ridiculing, the use of swear-words that are especially uncomfortable for the other, threatening with other forms of violence against the victim or against somebody or something dear to them. Other times the verbal abuse is related to the background of the victim, insulting or threatening her on the basis of religion, culture, language, (perceived) sexual orientation or traditions.
- iii. **Sexual violence:** Sexual violence includes many actions that are equally hurtful to every victim and are used similarly in the public and private sphere. Examples include rape (sexual violence including some form of penetration of the victim's body), marital rape and attempted rape. Other types of forced sexual activities include being forced to watch somebody, forcing somebody to, in front of others, forced unsafe sex, sexual harassment, and, in the case of women, abuse related to reproduction (forced pregnancy, forced abortion, forced sterilization).
- iv. **Psychological violence:** Psychological violence can include, for example, threatening behaviors that do not necessarily involve physical violence or even verbal abuse. It can include actions that refer to former acts of violence, or purposeful ignorance and neglect of the other. Psychological violence may also be perpetrated through isolation or confinement, withholding information, disinformation, etc.
- v. **Socio-economic violence:** Socio-economic violence is both a cause and an effect of dominant gender power relations in societies. Some of the most typical forms of socio-economic violence include taking away the victim's earnings, not allowing her to have a separate income (forced 'housewife' status, working in the family business without a salary), or making her unfit for work through targeted physical abuse. In the public sphere this can include denial of access to education or (equally) paid work (mainly to women), denial of access to services, exclusion from certain jobs, denial of the enjoyment and exercise of civil, cultural, social, or political rights.

#### **2.1.5 Consequences of Gender-Based Violence (GBV) in Society**

These effects, in whatever form they take, make it difficult for women to meaningfully participate in and contribute to their country's development. According to Rico (1997), violence against women prevents them from participating in decision-making in the home, at work, and in the political, economic, and social spheres, and thus directly influences their participation in public activities and, thus, the exercise of their citizenship.

The consequences and effects of the various forms and factors responsible for the prevalence and perpetuation of abuse against women are of varying degree and magnitude, which are either difficult or easy to detect and diagnose, depending on the nature of the particular incident, the type of relationship the woman has with her abuser, and the context in which the incident occurred (Calub, 2015), and it can have serious short-term, long-term, and widespread effects on the victims. For instance, the effects of emotional abuse on the victim are typically longer-lasting, more difficult to diagnose, and more challenging to treat than the physical effects and symptoms.

The readily observable physical effects include injuries, pain, disability, nausea, chronic health issues, vomiting, headaches, sexual and reproductive health issues, and extreme outcomes such as homicide, maternal

mortality, and infant mortality (Calub, 2015). According to Mshelia (2021), the physical impact of abuse on women is a major cause of female morbidity and mortality. Also, Mshelia (2021) stated that, behavioural manifestations and psychological effects resulting from covert forms and factors of abuse may include: eating disorders, post-traumatic stress disorder, sleep disturbances, fear, inability to concentrate, substance abuse, loneliness, suicide, and, changes in normal day-to-day functioning, which are difficult to detect and manage.

According to Ishola (2016), it may also result in:

- i. Depression and self-destructive behavior,
- ii. Anger and hostility,
- iii. Low self-esteem,
- iv. Feelings of isolation and stigma,
- v. Difficulty trusting others (especially men),
- vi. Marital and relationship difficulties, and
- vii. A propensity for re-victimization.

Ugowe (2022) also stated that, the social impact of abuse on women and girls can be detrimental to their self-esteem and social functioning. It prevents them from acquiring income-generating skills or an education, which further diminishes their sense of self-worth and future earning potential, resulting in poverty, which creates a stressful environment that contributes to more violence against them (Jekwes, 2002). Abayomi and Olabode (2013) clearly stated that, women faced social rejection in cultures that blame, shame, and force the victims to remain silent over abusive relationships that causes emotional damage such as shame, self-hatred, and depression, which further isolates her from fully participating politically, economically, and socially in society.

In addition, as a social effect of GBV, a child who has experienced or witnessed abuse by his/her parents is more likely to feel stigmatized, which hinders their ability to adequately function in society, and they frequently perpetuate such acts against their peers or, over time, their partners, either by accepting abuse as normal (especially for the girl child) or by being abusive themselves (Ugowe, 2022).

Thus, the social effect of gender abuse contributes significantly to the development of a violent society and a generation of abusers (Ishola, 2016). The economic impact of abuse impoverishes the woman as a result of losses in earning potential caused by job loss; inability to find employment, sometimes due to a variety of interference tactics used by their partners to undermine their ability to maintain regular employment; loss of savings as a result of victims spending their money on medical costs; and loss of productive time due to absenteeism (Otufale, 2013; Duvvury *et al.*, 2013). Economic abuse may result in fatal outcomes such as homicide, maternal and infant mortality as a result of the woman's inability to become financially independent and leave the violent relationship (Sanders 2007, cited in Weaver *et al.*, 2009) and her lack of financial resources to care for her health.

## **2.2 Borno State' Insurgency and Violence Against Women (VAW)**

Nigeria is currently battling with the phenomenon of internal displacement occasioned by the activities of the religious sects like Boko Haram and ISWAP (Islamic State West Africa Province), herders/farmers conflicts and other non-state armed groups conflicts in the country (Onuoha, 2016; Mohammed, 2014). The National Emergency Management Agency (NEMA, 2020) specifically estimated that the attacks of the Boko-Haram sect alone had caused social displacement of over 60000 people. According to the Internally Displaced Monitoring Centre (2020), Nigeria has more than 2 million internally displaced persons (IDPs), with women accounting for 53%. The analysis further indicates that children made up 56% of the population, with half of them being above the age of five. Others have found that more than 70% of all internally displaced persons are women and children (Aboh, 2016, Ibekwe, 2014).

It is observed that the insurgency has tampered with peace and harmony of Nigeria as a nation and particularly Maiduguri Northeast Nigeria; and the victims of GBV includes those who live to tell the story live with pains and memories that may never make them remain the same again (Bawa *et al.*, 2022). Nigeria's long war with insurgency in the North-East puts Borno State, the epicentre of the war against Boko Haram, on the map of states with the highest number of displaced persons in the country (Sadiq, 2024). In the typical setting of Borno State Nigeria, traditional norms and religious beliefs system have dominated family relationships and prevented societal recognition of domestic violence, gender-based violence (GBV) and sexual and gender-based violence (SGBV) or intervention in all matters of violence against women. The societal imposition of male superiority over women has weakened the females thereby making them vulnerable to violence and keeping them economically dependent on men. A woman is seen as sex object and is only good in child bearing, house chores and does not have any significant contribution to make in the society or aspire for self-development. The society they found themselves have made them subordinate to men and they do not have right to question a man since men are seen as superior being. Domestic violence, like forced sex by men is said to be the cause of numerous sexual and reproductive health issues including sexually transmitted diseases and infections and unwanted pregnancy by women and young girls in Borno State, Nigeria (Okolie *et al.*, 2021). Domestic violence and

Violence against women are not just a local issue but a global problem which has continued to affect the fundamental human rights of women and their social, political and economic development.

According to Zara Kareto Mohammed, an advocate and activist against domestic violence, SGBV, GBV, VAW and a promoter of gender equality:

*“You are seen as someone who is against the status quo, culture and religious belief when you speak against violence meted on women and girl child. When you advocate for gender equality and women emancipation in the society you are labelled a western world agent who wants to adulterate their culture with western world way of life. For the fear of been called derogatory names or labelled as a rebellious being has made women to remain silent in the face of oppression and subjugation which has contributed to the increase of violence against women. A male course mate was angry when she was made to lead an assignment group presentation, who vehemently opposed her leadership of the group and was vowing that a woman cannot and does not lead him. His behavioural act and outburst showed how women are oppressed, discriminated and subjugated in Maiduguri.*

He further stated that, when women suffering from domestic violence try to speak out or defend themselves, they are subjected to ridicule and name calling. The husbands or men employ the strategy of instigating other women against her by either accusing her of infidelity or disloyalty to him. Many women are suffering from domestic violence and gender-based violence in their homes but are, compelled to endure such inhuman act because of culture, religious belief and what people will say if the lady seeks for divorce or speaks out. When such women complain to their parents, they are asked to endure and never come back home. This attitude has given most men the impetus to continue with the impunity of domestic and gender-based violence against women in Borno State Nigeria.

Aggression, frustration, forced marriage and displacement caused by insurgency in Borno State has also contributed to the increase in domestic violence and sexual and gender-based violence (SGBV) against women in Maiduguri. Girl child marriage and sexual violence against women has led to the increase in the cases of Vesico-Vaginal Fistula (VVF). Those women suffering from Vesico-Vaginal Fistula (VVF) are abandoned in the hospitals and at home by their husbands, who then go out to marry new wives. There is a nexus between girl child marriage, domestic violence, GBV, SGBV and VVF in our society, especially core Northern States of Nigeria. Geidam and Barka (2016) carried out a study at state Specialist Hospital Maiduguri, Borno State and stated that there is a prevalence of 18.3% of VVF, most (51.9%) of the fistulae occurred in women aged 15 – 24years. The patients are mostly married (79%), primiparas (56.5%), uneducated (89%) and not salaried employed (99.4%). According to Premium Times of April, 17 2016, the Borno Specialist Hospital in Maiduguri said on Sunday that it had so far recorded 28 severe cases of Vesico Vaginal Fistula (VVF) this year.

Laraba Bello, the Chief Medical Director (CMD), of the hospital, made the disclosure while receiving relief materials donated by the Nigeria Air Force Officers Wives Association. Ms. Bello said that the patients were mostly members of vulnerable groups who had no one to cater for them. The donation is timely as it will go a long way in alleviating the plight of our patients, most of who are between the ages 17 – 20years. Some of them have been here since last year while some are internally displaced persons (IDPs) abandoned by their husbands”, she said. The wife of the Chief of Air Staff and the Association’s chairperson said the visit was part of efforts aimed at assisting the less privileged members of the society.

Insurgency in Borno State is fueled by many factors which witnessed many occurrences of violence (Okolie *et al.*, 2021). When violence in general is more present in a society and in situations of increased militarization, subordinated groups in the society become more vulnerable in public arenas as well as in private. Displacement and heightened tensions within communities and households exacerbate the risk of domestic violence, including men’s violence against their intimate partners and other forms of violence in the family. Poor welfare services and the breakdown of social networks and justice systems make it more difficult for victims of violence to get justice and the perpetrators get unpunished (Sida, 2015). According to Save the Children (2013), Women and girls are the primary victims of sexual violence during insurgencies, with adolescent girls being particularly vulnerable. They face a range of abuses, including rape, sexual exploitation, early and forced marriage, unplanned or coerced pregnancies, and forced abortions. Both security forces and members of groups like Boko Haram have been reported as perpetrators of such violence against women and girls (Save the Children, 2013).

Domestic and sexual violence remain widespread globally, with these forms of abuse reported in numerous conflict zones. Notably, such violence has been documented in places like Europe during World War II, as well as in Bosnia, Rwanda, Liberia, Northern Uganda, the Democratic Republic of Congo (DRC), Sudan, Iraq, Libya, and Syria (<http://www.ids.ac.uk/publication/addressing-sexual-violence-in-andbeyond-the-warzone>).



### **2.3 Overview of Internally Displaced Persons (IDPs)' Life and Gender Based Violence (GBV)**

At the end of 2020, there were about 48 million internally displaced persons (IDPs) displaced by conflict and violence around the world, and about seven million by natural disasters (Klugman & Ortiz, 2022). When Internally Displaced People (IDPs) is mentioned, many meanings come to mind of different people. IDPs have not crossed an international border to find safety; unlike refugees, they were forced from their homes inside their home country. While they may have fled for similar reasons - violence, Human Rights violations - IDPs stay within the borders of their own countries and remain under the protection and responsibility of their government (UNHCR, 2023), furthermore, in Nigeria, Boko Haram and other non-state armed groups as well as clashes between herders and farmers have pushed some 3.0 million Nigerians (as of November 2021) out of their homes, especially in parts of North-East Nigeria and the country's Middle Belt, but increasingly also in North-West Nigeria. Nigeria in the face of displacement where displaced individuals who are faced with number of challenges ranging from denial of basic amenities (Bawa *et al.*, 2022).

The frequency and intensity of violence in Northern Nigeria with its associated humanitarian crises have necessitated the establishment of various camps in the region; while these camps offer temporary shelters for the displaced vulnerable groups especially women and children, there are certain characteristics in camps that may predispose them to further incidence of various forms of gender-based violence among the displaced in the process of seeking survival (Oriola & Oluremi, 2024). The number of internally displaced is more than twice the number of refugees (UNHCR 2020a) and nearly all (99%) of IDPs live in low- and middle-income countries (Huang & Graham, 2019). The most recent global data show that Sub-Saharan Africa had the highest number of internally displaced, 24.1 million, while the countries with the largest numbers of IDPs were, in descending order: Syria, Democratic Republic of Congo (DRC), Colombia, Afghanistan, Yemen, Somalia, Nigeria, Sudan, Ethiopia, and South Sudan (IDMC 2021). In the Middle East and North Africa (MENA) and Sub-Saharan Africa, 86% and 61% of internal displacements, respectively, were driven by conflict. Displacement can reinforce pre-existing discrimination and socioeconomic disadvantages. Displaced women often face greater challenges than men in finding livelihoods with decent returns and can struggle to access education and healthcare (IDMC 2020a). Displaced persons also tend to have less opportunities to participate in decisions on matters that affect them (Klugman & Ortiz, 2022).

The new index revealed the disadvantage of displaced women's status covering Ethiopia, Nigeria, Somalia, South Sudan, and Sudan (GIWPS & PRIO, 2021). Across all five countries, displaced women faced significantly greater disadvantages than host-community women, displaced men, and host community men across a range of outcomes. In Ethiopia, for example, one in four displaced women reported feeling unsafe in her neighborhood, more than double the rates for displaced men, host community men, and host community women. Across all five countries, employment rates were at least 90% higher for displaced men than for displaced women - nearly 150% higher in Nigeria, where about 36% of displaced men were employed, compared with about 15% of displaced women (Klugman & Ortiz, 2022). The multiple disparities that displaced women experience men highlight how gender inequality and forced displacement can worsen opportunities and outcomes.

According to the Internal Displacement Monitoring Centre (IDMC, 2022), Nigeria had 3.6 million people displaced by conflict and violence at the end of 2022, out of which 1.9 million were living in protracted displacement in the north-eastern state of Borno. Having escaped insecurity in many parts of northern Nigeria, displaced women now face a new challenge in camps as they are exposed to sexual violence in the form of sex-for-food and other forms of gender-based violence that strip them off their dignity (Sadiq, 2024). Out of the displaced populations globally, approximately 21 million or more, were women and girls, and sub-Saharan Africa had the highest number of Internally Displaced Women (International Displacement Monitoring Centre; IDMC, 2020). The IDPs in Nigeria is approximately one third of IDPs in Africa and about 10% of the world's IDP. Nigeria occupies the third position on the global index with about 3.3 million displaced persons (IDMC, 2018). Insecurity, arising from Boko Haram (BH) insurgency and counter military operations by the military affect about 26 million people living in Northeast Nigeria, and about 14 million are in dire need of humanitarian assistance (United Nations Office for The Coordination of Humanitarian Affairs; OCHA, 2017). IDPs are usually more vulnerable than other affected displaced populations, which contributes to the grave human right violations that IDPs experience (Brookings Institution, 2014). Further, IDW experience displacement in ways that differ from men and boys and face peculiar challenges that must be well understood to provide them with appropriate and specific support they need (IDMC, 2020).

Unfortunately, this difference is hardly taken into cognizance when providing assistance and protection. Rather, the gendered activities in IDP camps have led to reinforcement of previously pre-existing discrimination faced by women. The experiences of IDPs are entrenched in unequal and discriminatory social norms, gender inequality and stereotypes (UNFPA, 2016). Further, study by IDMC (2014) indicated that the continued shortage of disaggregated data on displacement dynamics culminated in the lack of understanding of Nigeria's displacement dynamics, and consequently, the fragmented, inappropriate, and inadequate response efforts.



Nevertheless, other study asides like by Ajayi (2020) argued that continued conflict, the inconsistency of humanitarian responses and policy, the displacement of women has been visibly prolonged by a disconnect between women's roles and how they are constructed as victim in humanitarian and policy framework.

According to Bawa *et al.* (2022), IDPs in Nigeria like anywhere in the world, women and girls experienced GSV and other forms gender related violence. For instance, rape has been the experience of significant number of women and girls, and similarly, kidnapped women and girls were raped by abductors. Hence, kidnaped women and young girls are often used as a weapon of war and a form of attack on the enemy, and as way of conquest and degradation of the women or captured girls. Rape is also used as a way of punishing women and girls for transgressing social or moral codes. For example, those prohibiting adultery in public. Women and girls in IDP camps in Maiduguri Borno State may also be rape. Thus, GSV can be directed against both women and girls. Studies has indicated that from January to December 2019, Adamawa, Borno and Yobe had 1,666 incidences of GSV reported cases. Borno was reported to have the high cases of GSV being the epicentre of Boko Haram Insurgency (UNHCR, 2019). Above all, the displaced persons (IDPs) at the camps have seen light shade of death with hardship and suffering they have endured in their life-time. Some of these IDPs are lost and have no suspicion of the where about of their loved ones. Living in the IDP camp is enough reason for one to be unhappy and upset when they used to be major business owners and lad owners (Bawa *et al.*, 2022).

## **2.4 Causes of GBV and IDPs in El-Muskin and Muna El-Badawy Camps**

Sexual and gender-based abuses have their origins in a society's attitudes toward and patterns of gender inequality, which put women in an inferior role to men (Oriola & Oluremi, 2024). Women's lack of social and economic importance, as well as recognized gender stereotypes, uphold and affirm the belief that men have decision-making authority and dominance over women (Oriola, 2019). The differences in experience of discrimination by IDP reflects unequal relations or power hierarchies between men and women, as well as inequalities amongst women which portrays power dynamics in IDP families in camps, and results from interaction of gender, with age, social status, and family position. Also, institutions which intervene in the situations of IDPs give rise to discrimination against women (Agbonifo, 2020).

It is important to understand the drivers and causes of GBV. Allen (2018) points out that the correlation between African cultural beliefs reinforcing patriarchal systems is the driver and causes the widespread occurrence of GBV in the region. Gender-based violence stems from deeply ingrained patriarchal structures and beliefs that fuel unequal power dynamics and continuous attempts to deny women the right to bodily autonomy (Ulibarri, Roesch, Rangel, Staines, Amaro & Strathdee, 2015; Dunkle & Decker, 2013). Compounding discrimination and violence are fueled by the intersections between punitive drug policy and gender inequalities. At least 155 countries have passed laws on violence against women, but challenges remain in enforcing these laws, which inhibit women's access to safety and justice (Harris Rimmer, 2022). More work must be done to confront and remove harmful and unequal gender norms, roles and stereotypes and toxic masculinities, as well as to promote gender equality and women's empowerment. This is particularly the case for women and people of diverse gender identity and expression who use drugs, who historically have not been factored into mainstream GBV prevention or service planning. Framing drug use as a "personal failure" has many harmful, stigmatizing and discriminatory effects for people who use drugs (Birtel, Wood & Kempa, 2017; International Network of People Who Use Drugs (INPUD, 2014). For women, this "failure" is magnified by the gender norms and role inequities imposed upon them.

Almost one in three (31%) women aged 15 – 49years have experienced physical violence in Nigeria (Nigerian Demographic Health Survey; NDHS, 2018). Physical violence remains largely underreported partly because of the stigma that is attached to it and because social norms allow it to go unpunished. Physical assault on women and girls is widespread. Situations of humanitarian crises and displacement may exacerbate existing violence, such as by intimate partners, as well as non-partner physical violence, and may also lead to new forms of violence against women. Physical violence cuts across cultures, levels of education, income, religion and ethnicity; yet, physical violence remains widely underreported due to societal pressure to keep silent, victim-blaming, prevailing stigma and internalized acceptance of violence (UNICEF, 2022). Also, one in four girls, including very young ones, experience sexual violence; boys are also affected as one in ten boys experience sexual abuse; worthy of note is that, half of girl child who experienced sexual violence, experienced it at home (NPC, 2014). Also, 1 in 6 girls who are sexually abused experienced it at school, school as another most common location where girls report having experienced sexual abused (VACS, 2014).

Physical violence is defined as the intentional use of physical force with the potential to cause death, disability, injury or harm regardless of the relationship to the child experiencing the violence, in any setting; this includes punching (hitting with a fist), kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife or other weapon, regardless of whether or not it resulted in obvious physical or mental injury (UNICEF, 2022). It is not focused on acts of discipline, although many of those perpetrating the violence may be doing so in the name of 'discipline'.

Many cases of violence are not reported and amongst those that are reported most cases are settled out of court. Nearly half (45%) of women and girls (15–49years) facing physical or sexual violence do not tell anyone about their experience of violence—only one third (31%) seek help, while only 5% of children below 18years who experienced physical violence sought for help (ROLAC, 2021). 2 in 3 women and girls experience violence by their husbands and boyfriends (NHDS, 2018). 86% of people presenting for medical attention due to sexual assault in health care facilities are women and girls (ROLAC, 2021).

Worldwide, studies identify a consistent list of events that are said to cause violence, and all of these represent transgression of dominant gender norms as shown in the figure 1 below.

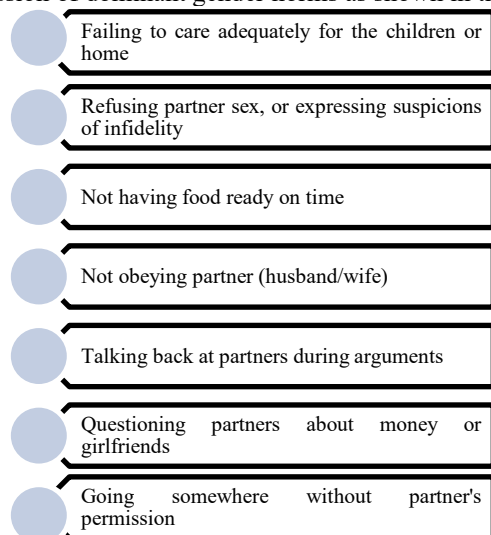


Figure 1: Causes violence (GBV)

Source: adapted from Heise, Ellsberg and Gottmoeller (2002)

Also, Emmanuel, Ebenezer, David, Adewuyi *et al.* (2023) in their study, they utilized: traditional beliefs and practices, religious beliefs and practices, belief that males are superior to females, believes that Females should obey and not argue, wearing revealing clothes, drunkenness, and peer pressure. Also, a study by Ugowe (2022) was seeing Odimegwu (2001) stating that, the Penal Code Law 89 Laws of Northern Nigeria (1969) empowering or encouraging violence in such a way that domestic quarrels are not a crime if committed by a husband for the purpose of correcting his wife. Otufale (2013) went on to cite that under this law, the husband-wife relationship is equivalent to the parent-child relationship. This means that Nigeria not only condones violence against women but also accepts violence against children. Traditional African culture, according to Aihie (2009), accepts wife beating and harsh child discipline as normal. Norms, values, and sociocultural and religious beliefs perpetuate a cycle of perpetual victimization for women. The effect of these acts does not only end in the homes where they are perpetuated, but they frequently give rise to violent societies as well (Aihie, 2009).

Okolie, Mohammed, Ononye and Okolie (2022) stated that, traditional practices, religious beliefs, illiteracy, gender imbalance, and poverty and bondage, are the causes of gender-based violence in Maiduguri Metropolis, Borno State, Nigeria. Emotional violence is defined as a pattern of verbal behavior over time or an isolated incident that is not developmentally appropriate and supportive and that has a high probability of damaging a person's mental health, or his physical, mental, spiritual, moral or social development; such includes being ridiculed or put down by a parent, adult caregiver or adult relative, or being told by them that they were unloved or did not deserve to be loved, that they wished they were dead or had never been born (UNICEF, 2022). Nigeria has the largest number of child brides in Africa (23 million girls and women marries as children), and carries the third largest burden of child brides globally (3.3 million), after India (26.6million) and Bangladesh (3.9million). At least 43% of girls in Nigeria are married before their 18<sup>th</sup> birthday, while 18.5% are married before they turned 15 so almost 1 in 5 girls. In the North West of the country, almost one in two girls (46%) is married by the age of 15years. Child marriage is a key driver of challenges throughout northern Nigeria, leading to school drop-out and adolescent pregnancy which is also linked to high maternal mortality and malnutrition, among other issues. Child marriage is a leading cause of obstetric fistula which affects about 20,000 women and girls every year. In addition, child brides are 50% more likely to experience physical or sexual violence by their partners (NDHS, 2018). According to UNICEF (2022); Demographic Health Survey (DHS, 2018) stated that, by the age of 16, one in five girls is either pregnant or has given birth; and in Nigeria has amongst the highest numbers of teenage pregnancies worldwide (rank 11).

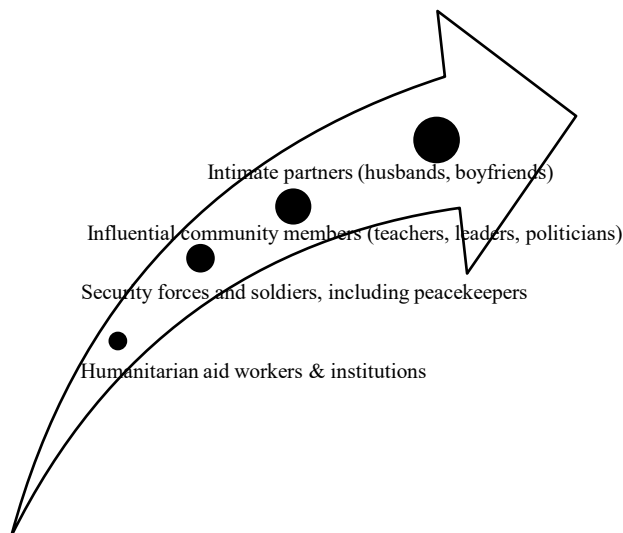


Figure 2: Perpetrators of Gender-Based Violence  
Source: UNHCR (2020)

## 2.5 Responses to GBV in El-Muskin and Muna El-Badawy IDP Camps

Any overcrowded displacement camps where women and girls are living in with dwindling basic social infrastructural facilities, they are naturally exposed to all forms of maltreatment including gender-based violence, which invariably may lead to a negative social well-being that are yet to be investigated by scientific researchers (WHO, 2020). Broadly speaking, approaches to addressing GBV can be divided into response and prevention. According to Saferspaces (2024) response services aim to support and help survivors of violence in a variety of ways (for instance medical help, psychosocial support, and shelter). Prevention initiatives look at how GBV can be prevented from happening. Response services can in turn contribute towards preventing violence from occurring or reoccurring.

Responses are important, major strides are being made internationally on how to best respond and provide services for survivors of violence. Responses needed for GBV in IDP camps should be: establishment of GBV prevention committees, promote women/men's empowerment and participation, collaborate with government agencies, document incidents for future reference, ensure confidentiality and privacy, provide safe shelter and accommodation for survivors, provide psychological counselling and trauma support, conduct risk assessment and safety planning, and offer medical care including emergency contraception and post-exposure prophylaxis (PEP) (IRC, 2020; MSF, 2020; NEMA, 2020; UNFPA, 2020). WHO (2013) guidelines described an appropriate health sector response to VAW – including providing post-rape care and training health professionals to provide these services. Gender-responsive describes a policy or programme that considers gender norms, roles and inequalities, with measures taken to actively reduce their harmful effects. Successful prevention of gender-based violence (GBV) requires political commitment, leadership and resource allocation. Here are 10 essential recommendations for policy responses according to different authors:

- i. Impose appropriate criminal penalties for GBV – including GBV perpetrated or condoned by the State – without regard for the drug-use status, sexual orientation, gender identity or sex work status of the person who experiences GBV (UNDP, 2019; UN Women, 2015).
- ii. Strengthen and enforce laws that support gender equality. Take proactive measures to challenge and eradicate harmful gender norms and various forms of discrimination experienced by women and individuals with diverse gender identities and expressions who use drugs (WHO, 2020).
- iii. Revise punitive and discriminatory laws and policies that exacerbate the risks of HIV transmission and gender-based violence (GBV), while also creating additional barriers to accessing services. This includes:
  - iv. Laws that criminalize sex work, drug use, or the possession of drugs for personal use (UNDP, 2019).
  - v. Regulations that prevent women who use drugs, including those involved in sex work, from accessing domestic violence shelters, safe spaces, housing, or depriving them of child custody or childcare services (UNODC, 2016).
  - vi. Practices that lead to the mistreatment of women who use drugs, particularly in obstetric and gynecological care (Women and Harm Reduction International Network; WHRIN, 2022).
- vii. Address the social determinants of health, including education, employment, income, work-life balance, social protection, food security, housing, environmental factors, social inclusion, non-discrimination, structural conflict, and access to affordable, quality healthcare services (WHO, 2023).

- viii. Encourage the creation and support of community-driven networks for women and individuals with diverse gender identities and expressions who use drugs. Engage these groups actively in the local and national planning of responses to GBV and policy development (UNODC, 2016).
- ix. Prioritize the creation of gender-responsive, people-centered, rights-based policies and programs, including harm reduction, that address violence across all levels of service provision, focusing on the specific needs and situations of women and people with diverse gender identities and expressions.
- x. Invest in the availability and enhancement of essential services—healthcare, social services, law enforcement, and justice—for survivors of GBV, including establishing crisis centers and shelters (UN Women, 2015).
- xi. Foster multi-sectoral coordination between law enforcement, health services, social services, justice institutions, gender equity platforms, technical working groups, and human rights organizations (UNODC, 2016). Police, prosecutors, and judges must ensure that survivors of violence are not subjected to further harm, such as arrest, imprisonment, or non-custodial sentences (UNODC, 2020).
- xii. Provide sufficient resources for community-led, gender-sensitive monitoring, research, data collection, analysis, and reporting. Ensure that data is disaggregated by gender as a primary classification, and by other relevant parameters. This data should be used to inform national responses to GBV and to develop rights-based legal frameworks (UNAIDS, 2020).
- xiii. Eliminate harassment and other forms of violence by police or other criminal justice officials against women and individuals with diverse gender identities and expressions, and strengthen accountability measures (UNODC, 2016).

### III. METHODOLOGY

Quantitative research design was adopted for this study with fifty-five thousand four-hundred and fifty-three (55,453) male and female (El-Miskin camp's population was 6,966 with 3,837-female & 3,129-male); (Muna El-Badawy camp's population was 48,487 with 25,147-female & 23,340-male) in Maiduguri the study area as targeted population for the study. Consequently, from the total population of the 55,453 female and male in the two camps (El-Miskin & Muna El-Badawy Camps), 397 sample size was adopted as determined using Yamane (1964) formula for determining sample size below.

$$n = \frac{N}{1 + Ne^2} \quad (i)$$

Where:

n = Sample Size =?

N = Population = 55,453

e = error of margin = 5% = 0.05

$$\text{Therefore, } n = \frac{N}{1 + Ne^2} = \frac{55,453}{[1 + (55,453 + (0.05 \times 0.05))]} = \frac{55,453}{(1 + 138.6375)} = 397.12 \approx 397$$

Accessible 397 female and male from the two registered IDP camps were the sample size and respondents for the study as determined from the Yamane (1964) formula for determining sample size. The respondents (397) were administered with the questionnaire instrument randomly as the sampling technique and the questionnaires were randomly shared among the female and male in both the El-Miskin camp and Muna El-Badawy camps.

Table 1: Sample frame

SN	Name of Camps		0–4yrs	5–17 yrs	18–59yrs	Above 59yrs	Total	Total Population	Sample Size (n)	Distribution
1	El-Miskin camp	Female	812	1400	1520	105	3,837	55,453	397	155
		Male	608	1201	1219	101	3,129			
		<b>Total</b>	1,420	2,601	2,739	206	<b>6,966</b>			
2	Muna El-Badawy camp	Female	7117	7412	9829	789	25,147			242
		Male	5997	7216	9433	694	23,340			
		<b>Total</b>	13,114	14,628	19,262	1,483	<b>48,487</b>			

Source: Respective CCCM Offices (2024).

A questionnaire instrument was designed to accommodate the objectives of the study in order to achieve the aim of the study. Validated by the supervisor and other academic specialists at the Department of Humanitarian and Refugee Studies, University of Maiduguri for their input for the questionnaire to measure what

it supposed to measure. The questionnaire was also reliable with an overall average reliability value of 0.77 before the questionnaire was administered to the respondents in the field to collect the primary data from both female and male in the two-government registered IDP camps (El-Muskin & Muna El-Badawy) in Maiduguri, Borno State with the help of six (6) research assistants whom were Kanuri speakers and were appropriately trained.

The primary data collected were analyzed using both descriptive (mean, standard deviation, frequency, and percentages) and inferential (Pearson Product Moment of Correlation) statistical methods of data analysis. Statistical Package for Social Sciences (SPSS version 23) was used as the tool for the analysis. All results were displayed in tables for clarity purpose according to the study objectives as followed by the respective description.

Table 2: Study Objectives and method of data analysis

SN	Objectives	Instrument for data collection	Method of data analyses
1	Causes of GBV among IDPs in El-Muskin and El-Badawy Camps.	Questionnaire	Descriptive (mean score/standard deviation)
2	Responses to GBV in IDPs in El-Muskin and El-Badawy Camps.	Questionnaire	Descriptive (mean score/standard deviation)
3	Level of relationship between the responses to GBV on causes and prevalence of GBV in IDPs in El-Muskin and El-Badawy Camps.	Questionnaire	Inferential (Pearson Product Moment of Correlation)

Source: Researcher (2024).

#### IV. RESULTS AND DISCUSSION

This chapter contain only the findings of the research, as the results is presented in tables, with a brief description of the result.

397 questionnaires were administered to the respondents of the study and realized a questionnaire response rate of 300(75.6%) with 22.4% from El-Muskin Camp and 53.2% from Muna El-Badawy Camp.

##### Participant's Socio-Demographic Characteristics

From the 300(75.6%) questionnaires returned for analyses; Table 7 below shows the participant's socio-demographic characteristics. 209(69.7%) of the participants are female, and 91(30.3%) are male. 25(8.3%) of the participants are between age range of 11 – 18years, 75(25%) are between the age range of 19 – 25years, 55(18.3%) are between 26 – 33years of age, 81(27%) between 34 – 41years of age, 41(13.7%) are between 42 – 49years of age, and 23(7.7%) are above 50years of age. 113(37.6) of the participants have Quranic education at all, 71(23.7%) have Primary education, 90(30%) have Secondary education, 23(7.7%) have Tertiary education, and 3(1%) has Degree education. 88(29.3%) of the participants are Single, 171(57%) are Married, 11(3.7) are Widows, 19(6.3%) are Widowers, and 11(3.7) are Divorced. 76(25.3%) of the participants stayed for between 1 – 5years in Camp, 135(45%) stayed for between 5 – 11years in Camp, and 89(29.7%) stayed for between 11 – 15years in Camp.

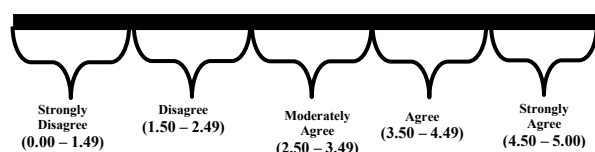
Table 3: Participant's Socio-Demographic Characteristics

Variables	Frequency (F)	Percentage (%)
<b>Gender:</b>		
Female	209	69.7
Male	91	30.3
<b>Total</b>	<b>300</b>	<b>100.0</b>
<b>Age:</b>		
0 – 10years	0	0.0
11 – 18years	25	8.3
19 – 25years	75	25.0
26 – 33years	5	18.3
34 – 41years	81	27.0
42 – 49years	41	13.7
Above 50years	23	7.7
<b>Total</b>	<b>300</b>	<b>100.0</b>
<b>Highest Educational Qualification:</b>		
None	0	0.0
Quranic	113	37.6
Primary	71	23.7
Secondary	90	30.0
Tertiary	23	7.7
Degree	3	1.0
Others	0	0.0
<b>Total</b>	<b>300</b>	<b>100.0</b>
<b>Marital Status:</b>		

Single		
Married	88	29.3
Widow	171	57.0
Widower	11	3.7
Divorced	19	6.3
Others	11	3.7
<b>Total</b>	<b>0</b>	<b>0.0</b>
	<b>300</b>	<b>100.0</b>
<b>How long have you stay in the Camp?</b>		
0 – 2months	0	0.0
2 – 12months	0	0.0
1 – 5yrs	76	25.3
5 – 11yrs	135	45.0
11 – 15yrs	89	29.7
Above 15yrs	0	0.0
<b>Total</b>	<b>300</b>	<b>100.0</b>

Source: Researcher (2024).

**Decision Line** (adopted from the work Ishaku, 2023):



### Objective One: To identify the causes of GBV among IDPs in El-Muskin and Muna El-Badawy Camps

In analyzing objective one above, decision line shown above as adopted from the work of Ishaku (2023) and utilized for the purpose of deducing the identification of the causes of GBV among IDPs in El-Muskin and Muna El-Badawy camps in Maiduguri. Table 8 below deduce that; the mean scores range from 3.4867 – 4.1733 and standard deviation of 0.93700 – 1.12766; which means that all the items stand as the causes of GBV in both IDP camps with unanimous agreement between the participants in both El-Muskin and Muna El-Badawy camps.

Table 4 shows the decision of the 300(75.6%) participants of the study that; agree with the following items as the causes of GBV among IDPs in both El-Muskin and Muna El-Badawy Camps: Not providing food by the husband/Not having food ready on time by the wife is identified by the participants with a mean score of 3.9933 and standard deviation of 1.39341 which is ranked 2<sup>nd</sup>; Not obeying her/his husband/wife is identified with a mean score of 3.9667 and standard deviation of 1.22429 which is ranked 3<sup>rd</sup>; Refusing him/her sex is identified with a mean score of 3.9433 and standard deviation of 1.12766 which is ranked 4<sup>th</sup>; Expressing suspicions of infidelity by the husband/wife is identified with a mean score of 3.8267 and standard deviation of 1.36429 which is ranked 5<sup>th</sup>; Questioning him/her about money or girlfriends/boyfriends is identified with a mean score of 3.8100 and standard deviation of 1.29302 which is ranked 6<sup>th</sup>; Going somewhere without his/her knowledge or permission is identified with a mean score of 3.7433 and standard deviation of 1.15851 which is ranked 7<sup>th</sup>; Failure of the husband/wife to care adequately for the children or the home is identified with a mean score of 3.7100 and standard deviation of 1.15786 which is ranked 8<sup>th</sup>; Talking back at the husband/wife during arguments is identified with a mean score of 3.7033 and standard deviation of 1.26915 which is ranked 9<sup>th</sup>; Drinking of alcohol or other substances use by the husband/wife is identified with a mean score of 3.6867 and standard deviation of 1.23175 which is ranked 10<sup>th</sup>; The husband/wife's intense poverty or unemployment is identified with a mean score of 3.6600 and standard deviation of 1.48635 which is ranked 11<sup>th</sup>; Husband/wife's lack of social support/ protection is identified with a mean score of 3.6600 and standard deviation of 1.48635 which is ranked 11<sup>th</sup>; The husband/wife's risky occupation and female-controlled/ male-controlled culture is identified with a mean score of 3.5800 and standard deviation of 1.22306 which is ranked 12<sup>th</sup>; Husband/wife's young age than the other is identified with a mean score of 3.5533 and standard deviation of 1.17580 which is ranked 13<sup>th</sup>; Husband/wife's level of illiteracy is identified with a mean score of 3.5467 and standard deviation of 1.19024 which is ranked 14<sup>th</sup>; Husband/wife not being married in time (late marriage) is identified with a mean score of 3.5200 and standard deviation of 1.16975 which is ranked 15<sup>th</sup>; Traditional practices by the husband/wife is identified with a mean score of 3.4867 and standard deviation of 1.32360 which is ranked 16<sup>th</sup>; Religious beliefs of husband/wife is identified with a mean score of 3.9933 and standard deviation of 1.39341 which is ranked 2<sup>nd</sup>; and, Gender imbalance of the husband/wife is identified with a mean score of 4.1733 and standard deviation of 0.93700 which is ranked 1<sup>st</sup>.

The total average mean score value 3.7531 which means that, majority of the causes of the GBV in both camps are avoidable if understanding can come into play.

Table 4: Causes of GBV among IDPs in El-Muskin and Muna El-Badawy Camps in Maiduguri

Causes of GBV among IDPs in Camps	Sum	MS	Std. D	Dec	Rnk
Not providing food by the husband/Not having food ready on time by the wife	1198	3.9933	1.39341	A	2 <sup>nd</sup>
Not obeying her/his husband/wife	1190	3.9667	1.22429	A	3 <sup>rd</sup>
Refusing him/her sex	1183	3.9433	1.12766	A	4 <sup>th</sup>
Expressing suspicions of infidelity by the husband/wife	1148	3.8267	1.36429	A	5 <sup>th</sup>
Questioning him/her about money or girlfriends/boyfriends	1143	3.8100	1.29302	A	6 <sup>th</sup>
Going somewhere without his/her knowledge or permission	1123	3.7433	1.15851	A	7 <sup>th</sup>
Failure of the husband/wife to care adequately for the children or the home	1113	3.7100	1.15786	A	8 <sup>th</sup>
Talking back at the husband/wife during arguments	1111	3.7033	1.26915	A	9 <sup>th</sup>
Drinking of alcohol or other substances use by the husband/wife	1106	3.6867	1.23175	A	10 <sup>th</sup>
The husband/wife's intense poverty or unemployment	1098	3.6600	1.48635	A	11 <sup>th</sup>
Husband/wife's lack of social support/ protection	1098	3.6600	1.48635	A	11 <sup>th</sup>
The husband/wife's risky occupation and female-controlled/ male-controlled culture	1074	3.5800	1.22306	A	12 <sup>th</sup>
Husband/wife's young age than the other	1066	3.5533	1.17580	A	13 <sup>th</sup>
Husband/wife's level of illiteracy	1064	3.5467	1.19024	A	14 <sup>th</sup>
Husband/wife not being married in time (late marriage)	1056	3.5200	1.16975	A	15 <sup>th</sup>
Traditional practices by the husband/wife	1046	3.4867	1.32360	MA	16 <sup>th</sup>
Religious beliefs of husband/wife	1198	3.9933	1.39341	A	2 <sup>nd</sup>
Gender imbalance of the husband/wife	1252	4.1733	.93700	A	1 <sup>st</sup>
<b>Total Average Mean Score (TAMS) = <math>\sum MS \div n = 67.5566 \div 18 = 3.7531</math></b>		<b>3.7531</b>		<b>A</b>	

Source: Researcher (2024).

MS = Mean score; St. D = Standard Deviation; N = 300 (Total returned questionnaire); A = Agree; MA = Moderately Agree; Rnk =Rank.

### Objective Two: To identify the responses to GBV in El-Muskin and El-Badawy IDP Camps

In analyzing objective four above, decision line shown is also utilized for the purpose of identifying the responses to GBV in El-Muskin and El-Badawy IDP Camps in Maiduguri. Table 11 below deduce that; the mean scores range from 3.0833 – 3.9100 and standard deviation of 1.04176 – 1.66833; which means that all the items stand as the responses to GBV in both IDP camps with agreement between the participants in both camps.

Table 5 shows the decision of the 300(75.6%) participants of the study that; agree or moderately agree with the following items as the responses to GBV in both El-Muskin and Muna El-Badawy IDP Camps: ensure confidentiality and privacy is identified by the participants with a mean score of 3.9100 and standard deviation of 1.26219 which is ranked 1<sup>st</sup>; offer medical care including emergency contraception and post-exposure prophylaxis (PEP) is identified by the participants with a mean score of 3.8833 and standard deviation of 1.31211 which is ranked 2<sup>nd</sup>; provide safe shelter and accommodation for survivors is identified by the participants with a mean score of 3.6433 and standard deviation of 1.35401 which is ranked 3<sup>rd</sup>; provide psychological counselling and trauma support is identified by the participants with a mean score of 3.5967 and standard deviation of 1.22991 which is ranked 5<sup>th</sup>; document incidents for future reference is identified by the participants with a mean score of 3.4633 and standard deviation of 1.66833 which is ranked 7<sup>th</sup>; conduct risk assessment and safety planning is identified by the participants with a mean score of 3.6033 and standard deviation of 1.38339 which is ranked 4<sup>th</sup>; establishment of GBV prevention committees is identified by the participants with a mean score of 3.5967 and standard deviation of 1.22991 which is ranked 5<sup>th</sup>; collaborate with government agencies is identified by the participants with a mean score of 3.5467 and standard deviation of 1.04176 which is ranked 6<sup>th</sup>; promote women/men's empowerment and participation is identified by the participants with a mean score of 3.0833 and standard deviation of 1.25518 which is ranked 9<sup>th</sup>; and, address social determinants of health is identified by the participants with a mean score of 3.1300 and standard deviation of 1.24516 which is ranked 8<sup>th</sup> in both the camps.

The total average mean score (TAMS) reveals a value of 3.5457 which stands out as the agreement by the participants of the study showing that there are GBV responses in the study area.

Table 5: Responses to GBV in El-Muskin and Muna El-Badawy IDP Camps

Responses to GBV in IDP Camps	Sum	MS	Std. D	Dec	Rnk
Ensure confidentiality and privacy	1173	3.9100	1.26219	A	1 <sup>st</sup>
Offer medical care including emergency contraception and post-exposure prophylaxis (PEP)	1165	3.8833	1.31211	A	2 <sup>nd</sup>
Provide safe shelter and accommodation for survivors	1093	3.6433	1.35401	A	3 <sup>rd</sup>
Provide psychological counselling and trauma support	1079	3.5967	1.22991	A	5 <sup>th</sup>
Document incidents for future reference	1039	3.4633	1.66833	MA	7 <sup>th</sup>
Conduct risk assessment and safety planning	1081	3.6033	1.38339	A	4 <sup>th</sup>
Establishment of GBV prevention committees	1079	3.5967	1.22991	A	5 <sup>th</sup>
Collaborate with government agencies	1064	3.5467	1.04176	A	6 <sup>th</sup>
Promote women/men's empowerment and participation	925	3.0833	1.25518	MA	9 <sup>th</sup>



Address social determinants of health	939	3.1300	1.24516	MA	8 <sup>th</sup>
<b>Total Average Mean Score (TAMS) = <math>\Sigma MS \div n = 35.4566 \div 10 = 3.5457</math></b>		<b>3.5457</b>		<b>A</b>	

Source: Researcher (2024).

MS = Mean score; St. D = Standard Deviation; N = 300 (Total returned questionnaire); A = Always; MO = More Often; MT = More than Twice; Rnk =Rank.

### Objective Three: To assess the level of relationship between the responses to GBV and causes of GBV in El-Muskin and El-Badawy IDP Camps

Table 6 below shows the level of relationship between the responses (R) to GBV and causes of GBV (C) of GBV in El-Muskin and Muna El-Badawy IDP camps, measured at  $p = 0.05$  from  $-1$  to  $+1$  indicating the strongness of the contribution and its significance. From the analysis, the result shows that, responses to GBV (R) can minimize causes of GBV (C) by contributing significantly up to 78.3% ( $n = 300$ ;  $r = 0.783^{**}$ ;  $p < 0.05$ ). hence, the IDP camps can become safe and a bit free from GBV cases.

Table 6: Relationship between the responses to GBV on causes and prevalence of GBV in El-Muskin and El-Badawy IDP Camps

		<b>R</b>	<b>C</b>
Responses to Gender-Based Violence (GBV) (R)	Pearson Correlation	1	.783**
	Sig. (2-tailed)		.012
	N	300	
Causes of Gender-Based Violence (GBV) (C)	Pearson Correlation	.783**	1
	Sig. (2-tailed)	.012	
	N		300

\*\*Correlation significant at the 0.01 level (2-tailed)

Source: SPSS version 23 (Output).

## 4.3 Discussion

### Objective One: Causes of GBV among IDPs in El-Muskin and Muna El-Badawy Camps

Table 4 revealed that all the items were causes of GBV among IDPs in both El-Muskin and Muna El-Badawy Camps. However, the four most causes of GBV include: gender imbalance of the husband/wife with a mean score of 4.1733; not providing food by the husband/Not having food ready on time by the wife as well as religious beliefs of husband/wife with a mean score of 3.9933 each; not obeying her/his husband/wife with a mean score of 3.9667; and, refusing him/her sex with a mean score of 3.9433. The total average mean score value 3.7531 which means that, majority of the causes of the GBV in both camps are avoidable if understanding and change of attitude can come into play.

The objective outcome agreed with the outcome of Oriola and Oluremi (2024), Emmanuel *et al.* (2023), and Okolie *et al.* (2022). As Oriola (2019) also stated that, women's lack of social and economic importance, as well as recognized gender stereotypes, uphold and affirm the belief that men have decision-making authority and dominance over women. Therefore, sexual and gender-based abuses have their origins in a society's attitudes toward and patterns of gender inequality, which put women in an inferior role to men. Also, Agbonifo (2020), shed more light that, the differences in experience of discrimination by IDP reflects unequal relations or power hierarchies between men and women, as well as inequalities amongst women which portrays power dynamics in IDP families in camps, and results from interaction of gender, with age, social status, and family position. Also, institutions which intervene in the situations of IDPs give rise to discrimination against women.

By consequences, it is important to understand the drivers and causes of GBV among the two genders (male/female) because gender-based violence stems from deeply in-built male-controlled structures and beliefs that fuel unequal power dynamics and continuous attempts to deny women the right to bodily autonomy.

### Objective Two: Responses to GBV in El-Muskin and Muna El-Badawy IDP Camps

Table 5 revealed the four most responses to GBV among IDPs in both El-Muskin by the participants of the study include: ensuring confidentiality and privacy with a mean score of 3.9100; offering medical care including emergency contraception and post-exposure prophylaxis (PEP) with a mean score of 3.8833; provide safe shelter and accommodation for survivors with a mean score of 3.6433; and, conduct risk assessment and safety planning with a mean score of 3.6033. The total average mean score (TAMS) reveals a value of 3.5457 which stands out as the agreement by the participants of the study showing that there are GBV responses in the study area.

This objective outcome agrees with IRC (2020), MSF (2020), NEMA (2020), and UNFPA (2020); and this also confirms the earlier assertion of Saferspaces (2024) that, response services aim to support and help survivors of violence in a variety of ways (for instance medical help, psychosocial support, shelter, etc.). As WHO (2020) stressed that, any overcrowded displacement camps where women and girls are living in with dwindling basic social infrastructural facilities, they are naturally exposed to all forms of maltreatment including gender-

based violence, which invariably may lead to a negative social well-being that are yet to be investigated by scientific researchers.

Therefore, by consequences, putting responses to GBV in place will go a long way in helping most of these GBV victims to come out from their trauma especially in all the IDP camps in the North-East Nigeria specifically Borno State where many people (men & women, girls & boys) are being displaced and are facing one GBV case or the other with lot of the cases not reported.

### **Objective Three: Level of relationship between the responses to GBV and causes of GBV in El-Muskin and El-Badawy IDP Camps**

Table 6 revealed a strong level of relationship between the responses (**R**) to GBV and causes of GBV (**C**) in El-Muskin and Muna El-Badawy IDP camps as responses to GBV (**R**) was seen to contribute significantly by 78.3% on the causes of GBV (**C**) ( $n = 300$ ;  $r = 0.783^{**}$  and  $p < 0.05$ ).

The outcome of this objective conforms with the research outcome of Emmanuel *et al.* (2023), NEMA (2020), and UNFPA (2020); as responses are important, major strides are being made internationally on how to best respond and provide services for survivors of violence.

## **V. CONCLUSION AND RECOMMENDATIONS**

### **Conclusion**

The research concluded based on the findings as follows:

- i. Gender imbalance of the husband/wife, not providing food by the husband/not having food ready on time by the wife, religious beliefs of husband/wife, not obeying her/his husband/wife, and refusing him/her sex are the four most causes of GBV among IDPs in both El-Muskin and Muna El-Badawy Camps.
- ii. Ensuring confidentiality and privacy, offering medical care including emergency contraception and post-exposure prophylaxis (PEP), provide safe shelter and accommodation for survivors, and, conduct risk assessment and safety planning are the most responses to GBV in both El-Muskin and Muna El-Badawy IDP camps.
- iii. There is a strong level of relationship between the responses (R) to GBV and causes of GBV (C) in El-Muskin and Muna El-Badawy IDP camps with responses to GBV (R) contributing significantly on the causes of GBV (C) by 78.3% ( $n = 300$ ;  $r = 0.783^{**}$ ;  $p < 0.05$ ).

### **Recommendations**

The recommendations deduced from the conclusion as follows:

- i. Strong awareness on GBV and its effect should be advocated by the Camp's officials, Lawans, Bulamas (Traditional & Religious leaders) in the IDP camps and government should support by providing adequate resources for community-led gender-sensitive monitoring, research, data collection analysis and reporting. Strengthen and implement laws that promote gender equality.
- ii. Government should ensure reform disciplinary, discriminatory laws, policies, and impose appropriate criminal penalties for GBV perpetrators in order to eliminate harassment and other forms of violence committed or condoned by police or other criminal justice officials against women and people of diverse gender identity in the IDP camps in the North-East, Nigeria.
- iii. Government in its capacity and all the stakeholders including security personnel in the North-East should be holistic in fighting and curbing the menace of insecurity so as to prevent further prevalence of GBV in IDP camps.

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