

## Influence and practices of Gender-Based Violence in Dikwa Local Government Area of Borno State, Nigeria

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### Abstract

*Gender-based violence (GBV) is a pervasive global issue that transcends cultural, social, and economic boundaries. Rooted in unequal power dynamics, it manifests in various forms, including physical, sexual, psychological, and economic abuse. In conflict-affected regions such as Borno State in Northeastern Nigeria, the prevalence and impact of GBV are particularly alarming. Decades of insurgency and terrorism by groups such as Boko Haram have not only caused widespread displacement but have also exacerbated existing gender inequalities, leading to increased vulnerability of women and girls to various forms of violence. This study examines the prevalence, factors, impacts, and strategies to combat Gender-Based Violence (GBV) in Dikwa Local Government Area of Borno State, Nigeria. Theoretically, the Ecological Model was used. Findings reveal that domestic violence (34.1%) is the most common form of GBV, followed by sexual violence (25.4%), human trafficking (24.2%), and harmful traditional practices (16.3%). Key drivers of GBV include forced marriages (54.2%), influenced by religious practices, cultural norms (26.1%), conflict (24.2%), and poverty (22.0%). The study highlights the multifaceted impacts of GBV, including educational disruption (30.7%), physical and mental health issues, family breakdowns, and increased vulnerabilities. Alarmingly, 59.5% of respondents reported a lack of access to essential support services. To address GBV, the study recommends the implementation community-wide educational programs to challenge harmful cultural practices, gender norms, and societal attitudes that perpetuate GBV.*

### Keywords

Gender-based violence, cultural norms, patriarchal system, Dikwa and survivors



## I. Introduction

Gender-based violence (GBV) is a pervasive global issue that transcends cultural, social, and economic boundaries. Rooted in unequal power dynamics, it manifests in various forms, including physical, sexual, psychological, and economic abuse (Jackson and Sadler, 2022). At its core, GBV reflects deep-seated societal norms, attitudes, and behaviors that perpetuate gender inequality and discrimination. While it disproportionately affects women and girls, it also impacts men, boys, and members of the LGBTQIA+ community, revealing a complex web of violence that demands urgent attention and action. GBV is not confined to a single environment; it occurs in homes, workplaces, schools, public spaces, and online platforms. It includes a spectrum of acts, such as intimate partner

violence, sexual harassment, human trafficking, child marriage, female genital mutilation, and honor-based violence (Meena, 2023; Airaoje et al., 2024).

The roots of GBV are deeply entrenched in patriarchal structures, cultural traditions, and systemic inequalities. These factors reinforce harmful stereotypes and norms that devalue certain genders, particularly women and girls. For instance, in many societies, traditional gender roles assign caregiving and domestic responsibilities to women while conferring leadership and decision-making authority to men. Such dynamics create environments where violence is normalized or excused, leaving survivors silenced and perpetrators unaccountable (Girtz, 2023; Ahmed & Msughter, 2022).

According to Diab and Al-Azzeh (2024) the consequences of GBV are profound and multifaceted, extending beyond the immediate physical and emotional harm to survivors. It affects mental health, disrupts education, limits economic opportunities, and perpetuates cycles of poverty and marginalization. At a broader level, GBV undermines societal cohesion, economic development, and the realization of fundamental human rights. According to global statistics, one in three women worldwide experiences physical or sexual violence in her lifetime, highlighting the widespread nature of this crisis. Despite its prevalence, GBV often remains underreported due to fear, stigma, and inadequate support systems. Survivors frequently encounter barriers such as victim-blaming attitudes, lack of access to justice, and insufficient resources for recovery and empowerment. Moreover, in conflict and humanitarian settings, the risk of GBV escalates, with sexual violence being weaponized as a tactic of war, further exacerbating the plight of vulnerable populations (Airaoje et al., 2023; Brannick, 2024).

Efforts to address GBV require a holistic approach that encompasses prevention, protection, and empowerment. Prevention entails challenging and transforming societal norms that condone violence, promoting gender equality, and fostering healthy relationships (Guthridge et al., 2022). Protection involves creating safe spaces, strengthening legal frameworks, and ensuring access to justice and support services for survivors. Empowerment focuses on enabling individuals, particularly women and marginalized groups, to claim their rights and participate fully in all aspects of society. Also, the fight against GBV is a shared responsibility that necessitates the collaboration of governments, civil society, communities, and individuals. By raising awareness, advocating for policy changes, and supporting survivors, we can collectively dismantle the structures that sustain gender-based violence. Recognizing GBV as a human rights violation is the first step toward building a world where every individual can live free from fear, violence, and discrimination (Okpokwasili, 2024; Airaoje et al., 2024).

In this journal, we will explore the multifaceted nature of gender-based violence, its root causes, and its impact on society. We will also delve into the various strategies and initiatives aimed at eradicating this scourge, emphasizing the importance of education, advocacy, and solidarity in driving meaningful change.

### **1.1 Motivation of the Study**

Gender-Based Violence (GBV) is a pervasive human rights violation that disproportionately affects women and girls globally. In conflict-affected regions such as Borno State in northeastern Nigeria, the prevalence and impact of GBV are particularly alarming. Decades of insurgency and terrorism by groups such as Boko Haram have not only caused widespread displacement but have also exacerbated existing gender inequalities, leading to increased vulnerability of women and girls to various forms of violence (Otaigbe, 2023). In addition, the insurgency has disrupted traditional social structures, leaving women and girls disproportionately affected. Internally Displaced

Persons (IDP) camps and host communities are rife with challenges, including lack of access to basic services, food insecurity, and limited livelihood opportunities (Aliough et al., 2023). According to Hourani et al., (2021) these factors, coupled with cultural and structural barriers, contribute to the high incidence of GBV, including sexual violence, forced marriages, and domestic abuse. Despite the scale of the problem, there is a significant gap in localized, empirical data that can inform effective policy responses (Hile et al., 2023).

Furthermore, despite the critical need, limited research exists on the nuanced forms and drivers of GBV in Borno State. Understanding the specific cultural, economic, and security-related factors contributing to GBV in this region is essential for designing effective interventions (Aondover et al., 2022). Additionally, data on the coping mechanisms, resilience strategies, and support structures available to survivors remain sparse. This study aims to bridge this gap by generating evidence-based insights that can inform policies and programs tailored to the unique realities of Borno State.

The study aligns with international, national, and local commitments to ending GBV, including the United Nations Sustainable Development Goals (SDGs), particularly Goal 5 on gender equality and Goal 16 on peace, justice, and strong institutions. It also supports Nigeria's National Action Plan on Women, Peace, and Security, which emphasizes the protection of women and girls in conflict and post-conflict settings. Therefore, conducting this study in Borno State will provide critical data to inform targeted responses, ensuring survivors have access to justice, healthcare, and psychosocial support.

## 1.2 Basic Tools of Inquiry

The study is guided by the following research questions:

1. What are the common forms of GBV in Dikwa Local Government Area of Borno State?
2. What are the factors that influence GBV in Dikwa Local Government Area of Borno State?
3. What are the negative effects of GBV in Dikwa Local Government Area of Borno State on the victims of it survivors?
4. What strategies can be adapted to eliminate the factors that influence GBV in Dikwa Local Government Area of Borno State?

## II. Review of Literatures

The United Nations defines GBV as any act that results in, or is likely to result in, physical, sexual, or psychological harm or suffering, whether in public or private life. This definition underscores the gravity and far-reaching implications of such violence on individuals, families, and communities (Msughter et al., 2023). According to the Committee on the Elimination of Discrimination Against Women (CEDAW), gender-based violence against women is violence directed primarily against a woman because she is a woman; a weaker vessel, and it negatively impacts them in a variety of ways (CEDAW, 2017; Aondover & Aondover, 2023).

Furthermore, according to Airaoje et al., (2023) violence against women is recognized as a kind of gender discrimination that stems from historically unequal power relations between men and women and effectively prevents women from having the same rights and freedoms as men. Similarly, CEDAW considers gender-based violence against women to be one of the most fundamental social, political, cultural, and economic systems that perpetuates women's enslavement to males and their assigned roles in the cycle of civilisations (Aondover et al., 2022). According to the CEDAW, the term GBV further

enhances comprehension of this violence as a society problem rather than an individual one, needing more wide and systemic solutions rather than treating individual incidents and occurrences (CEDAW, 2017).

### **2.1 Closer Look of GBV in Nigeria**

Nigeria, Africa's most populous nation, mirrors the continent's struggle with GBV while also grappling with unique challenges. Violence against women and girls is widespread, cutting across all socio-economic, ethnic, and religious groups. Forms of GBV in Nigeria include domestic violence, sexual harassment, harmful traditional practices, and human trafficking (Msughter et al., 2022; Okpokwasili, 2024). Several cultural practices exacerbate GBV in Nigeria. Child marriage remains prevalent, particularly in the northern regions, where nearly 44% of girls are married before their 18th birthday. Female genital mutilation, although declining due to advocacy and legislative efforts, continues to affect millions of Nigerian women and girls (Kurfi et al., 2021). Domestic violence is often justified by cultural and religious beliefs, further entrenching the cycle of abuse (Agege et al., 2024). Additionally, the Boko Haram insurgency has significantly heightened GBV in Nigeria. Women and girls in conflict-affected areas face abduction, forced marriages, and sexual violence. Internally displaced persons (IDPs), particularly women, encounter additional vulnerabilities, including exploitation and abuse in camps (Namadi & Aondover, 2022; Setrana, 2024).

Nigeria has made strides in addressing GBV through legislation such as the Violence Against Persons (Prohibition) Act (VAPP) 2015, which criminalizes various forms of violence. State-level initiatives, civil society organizations, and international partners also play vital roles in advocacy, survivor support, and prevention programs. However, challenges persist. The enforcement of laws is inconsistent, and survivors often lack access to justice and support services (Obada et al., 2021; Obada et al., 2024). According to Meena (2023) societal stigma discourages reporting, and the normalization of violence undermines progress. Poverty and lack of education further compound the problem, limiting opportunities for women and perpetuating cycles of abuse (Msughter et al., 2020).

Therefore, GBV remains a significant barrier to achieving gender equality and sustainable development in Africa and Nigeria. Addressing the issue requires a multifaceted approach, including legal reforms, societal change, and investment in education and economic empowerment for women (Obada et al., 2021; Msughter & Idris, 2023). While progress has been made, sustained efforts and collaboration among governments, communities, and international partners are essential to eradicate GBV and ensure a safer, more equitable future for all.

### **2.2 Empirical Review**

Gender-based violence (GBV) is a prevalent issue globally, with devastating implications for individuals, families, and communities. In the context of Borno State, Nigeria, the intersection of prolonged conflict, cultural norms, and systemic challenges has exacerbated the prevalence and impact of GBV (Ambrose-Igho, 2024). According to Otaigbe (2023) numerous studies underscore the high prevalence of GBV in Borno State, particularly due to the insurgency led by Boko Haram. According to a report by the International Rescue Committee (IRC) in 2022, over 50% of women in internally displaced persons (IDP) camps in Borno have experienced one or more forms of GBV. Common forms include sexual violence, intimate partner violence (IPV), early and forced marriages, and trafficking. The insurgency has amplified these issues, with women and girls being

targeted for abduction, sexual slavery, and exploitation by armed groups (Okoli & Nnaemeka, 2019; Oreoluwa et al., 2024).

Several factors contribute to the high incidence of GBV in Borno State. The protracted conflict has disrupted social structures and led to economic instability, leaving women and girls particularly vulnerable. Patriarchal norms and deeply entrenched gender inequalities further perpetuate violence against women (Pate et al., 2020; Nadeem, 2024). For instance, a 2020 study by the Nigerian Institute for Social Research highlights that cultural acceptance of IPV is widespread, with many women normalizing abuse as a marital issue. Additionally, the lack of education and awareness about women's rights compounds the problem. The situation in IDP camps is particularly dire. Limited access to resources, overcrowding, and inadequate security measures create an environment where GBV thrives (Msughter et al., 2023; Setrana, 2024). Perpetrators often exploit these vulnerabilities, with little fear of accountability due to weak law enforcement and judicial systems.

The consequences of GBV in Borno State are profound and multifaceted. Survivors often face severe physical and psychological trauma, including injuries, sexually transmitted infections, and post-traumatic stress disorder (PTSD). A 2021 study by Doctors Without Borders (Médecins Sans Frontières) found that over 60% of GBV survivors in Borno exhibited symptoms of severe depression and anxiety (Osime, 2021; Usman et al., 2022). In addition, social stigmatization further exacerbates the plight of survivors, leading to isolation and diminished opportunities for reintegration into their communities. Economically, the burden of GBV manifests in lost productivity and increased healthcare costs. Moreover, the cycle of violence perpetuates intergenerational trauma, affecting future generations' well-being and social cohesion.

Efforts to address GBV in Borno State have been spearheaded by various stakeholders, including governmental and non-governmental organizations (NGOs). Humanitarian agencies such as the United Nations Population Fund (UNFPA) have established safe spaces and psychosocial support programs for survivors. Educational campaigns aimed at challenging harmful gender norms and empowering women have shown promise in fostering attitudinal change (Casey et al., 2018; Vitalis et al., 2025). However, significant gaps remain. Limited funding, inadequate infrastructure, and the ongoing insecurity in the region hinder the effective implementation of interventions. Strengthening legal frameworks and ensuring the prosecution of perpetrators are crucial steps towards deterring GBV. Moreover, integrating GBV prevention and response mechanisms into broader peace building and development strategies is essential for sustainable progress (Sharma et al., 2022; Vitalis et al., 2024).

Therefore, gender-based violence in Borno State is a complex issue rooted in systemic inequalities and exacerbated by conflict. While efforts to address GBV have made some headway, a more comprehensive and coordinated approach is necessary to tackle the root causes and provide holistic support to survivors. Empirical evidence underscores the urgent need for targeted interventions that prioritize education, legal reform, and community engagement to foster a culture of equality and non-violence.

### **2.3 Theoretical Framework**

The Ecological Model was initially developed by Urie Bronfenbrenner in 1979 as a framework for understanding human development (Rosa & Tudge, 2013; Msughter & Phillips, 2020). It was later adapted by researchers and organizations, including the World Health Organization (WHO), to explain the multifaceted nature of Gender-Based Violence (GBV).

### **a. Overview of the Ecological Model**

According to Fulu and Miedema (2015) the Ecological Model posits that GBV is influenced by a complex interplay of factors operating at multiple levels of the social ecology, which include the following.

1. Individual Level: Personal history and biological factors, such as education, income, substance abuse, or exposure to violence in childhood.
2. Relationship Level: Interpersonal relationships, including family, partners, and peers, which may contribute to abusive dynamics.
3. Community Level: Social and cultural settings like schools, workplaces, and neighborhoods that shape norms and behaviors.
4. Societal Level: Broader societal influences, including cultural norms, economic policies, legal frameworks, and gender inequality.

### **b. Strengths and Weaknesses of the Ecological Model**

According to Bronfenbrenner (1994) the strengths and weaknesses of the Ecological Model are stated below.

#### **Strengths of the Ecological Model**

1. Holistic Approach: The model provides a comprehensive framework for understanding the multifactorial causes of GBV, highlighting the interconnections between individual, relational, community, and societal levels.
2. Policy and Program Development: Its multilevel approach helps policymakers and practitioners design interventions targeting different layers of the social structure. For instance, individual counseling can be paired with community awareness campaigns and legislative reforms.
3. Cultural Sensitivity: The model emphasizes the role of cultural and societal norms, making it adaptable to different contexts and communities.
4. Emphasis on Prevention: By addressing risk factors at multiple levels, the model supports proactive measures rather than reactive ones, which is critical for long-term reduction in GBV.

#### **Weaknesses of the Ecological Model**

Similarly, according to Bronfenbrenner (1994) the weaknesses of the Ecological Model are stated below.

1. Complexity in Implementation: While the model is comprehensive, its multilayered nature can make practical implementation challenging. Coordinating interventions across different levels requires significant resources, time, and collaboration among stakeholders.
2. Measurement Challenges: Evaluating the effectiveness of interventions at multiple levels is often difficult due to the interconnectedness of factors, which may confound results.
3. Context Dependence: The model's reliance on cultural and societal factors makes it less standardized, requiring localized data and customization for effective application.
4. Limited Focus on Immediate Interventions: While the model emphasizes prevention, it may not adequately address the immediate needs of survivors, such as safety and access to justice.

Therefore, the nexus between this theory and the research is the fact that the Ecological Model provides a robust theoretical framework for addressing GBV by

emphasizing the interconnectedness of individual, relational, community, and societal factors. Its strengths lie in its comprehensive and adaptable nature, making it an essential tool for designing multifaceted interventions. However, its complexity and context-dependent application underscore the need for well-coordinated efforts and localized strategies to maximize its effectiveness.

### **III. Research Methods**

This study employs a mixed-methods approach, combining quantitative data from surveys with qualitative insights from in-depth interviews to explore the prevalence, causes, and consequences of gender-based violence (GBV).

#### **3.1 Survey**

A structured survey was designed to collect quantitative data on the prevalence and types of GBV, as well as the demographic and socio-economic characteristics of respondents. The survey included both closed-ended and Likert-scale questions, allowing for measurable and comparable data. A total of 270 participants, consisting of women aged 13–45 in Dikwa Local Government Area of Borno State were selected through stratified random sampling to ensure representativeness. Surveys were administered anonymously to protect participants' identities and encourage candid responses. However, only 264 questionnaires were retrieved out of the 270 that was administered.

#### **3.2 In-Depth Interviews**

To gain a deeper understanding of individual experiences and contextual factors, semi-structured interviews were conducted with 10 participants who had either experienced GBV or worked closely with survivors (e.g., counselors, social workers). Participants were purposively sampled to ensure diverse perspectives. The interview guide included open-ended questions on personal experiences, coping mechanisms, and perceived systemic barriers to addressing GBV. Interviews were conducted in a confidential setting, recorded with consent, and transcribed verbatim for analysis.

#### **3.3 Ethical Considerations**

Given the sensitive nature of the topic, ethical protocols were rigorously followed. Participants provided informed consent and were assured of confidentiality and anonymity. Support services and resources were made available for participants who experienced distress during the study.

#### **3.4 Data Analysis**

Survey data were analyzed using descriptive and inferential statistics to identify patterns and correlations. Interview transcripts were analyzed thematically, using coding techniques to identify recurring themes and unique insights. The integration of quantitative and qualitative findings provided a comprehensive understanding of GBV in the study context.

## IV. Results and Discussion

**Table 1.** Age of the respondents

	Frequency	Percent
13-17	86	32.6
18-25	74	28.0
26-34	49	18.6
35-45	55	20.8
Total	264	100.0

Table 1 shows of age of the respondents. The data shows that 32.6% (n=86) are of the ages 13-17, 28.0% (n=74) are 18-25, 18.6% (n=49) are of 26-34 and 20.8% (n=55) are of the ages 35-45. Based on the data, the women between the ages 13-17 constitute the highest number of the respondents.

**Table 2.** Level of education

	Frequency	Percent
Postgraduate	9	3.4
Degree	18	6.8
Diploma	27	10.2
Secondary	65	24.6
Primary	34	12.9
None	111	42.0
Total	264	100.0

Table 2 shows the level of education of the respondents. Based on the result obtained from the data, 3.4% (n=9) are postgraduate, 6.8% (n=18) are degree holders, 10.2% (n=27) have obtained diploma, 24.6% (n=65) have secondary school certificate, 12.9% (n=34) have primary school certificate and 42.0% (n=111) have no western educational background. The data indicates that most of the respondents are not educated.

**Table 3.** Employment status

	Frequency	Percent
Employed	30	11.4
Unemployed	234	88.6
Total	264	100.0

The table 3 shows the job status of the respondents. 11.4% (n=30) are employed and 88.6% (n=234) are unemployed. From the data, most of the respondents are unemployed (88.6%).



**Table 4. Marital status**

	Frequency	Percent
Single	96	36.4
Married	73	27.7
Divorced	32	12.1
Separated	11	4.2
Widowed	52	19.7
Total	264	100.0

Table 4 indicates the marital status of the respondents. 36.4% (n=96) are single, 27.7% (n=73) are married, 12.1% (n=32) are divorced, 4.2% (n=11) are separated and 19.7% (n=52) are widows. Based on the data, most of the respondents are single.

**Table 5. Age most girls or women in the community get married**

	Frequency	Percent
13-17	124	47.0
18-25	91	34.5
26-34	34	12.9
35-45	15	5.7
Total	264	100.0

Table 5 shows responses of the respondents based on age of marriage. 47.0% (n=124) are 13-17, 34.5% (n=91) are 18-25, 12.9% (n=34) are 26-34 and 5.7% (n=15) are 35-45 of marriage age. Based on the data, most of the data respondents usually get married at the age range of 13-17.

**Table 6. Respondents forced into marriage**

	Frequency	Percent
Yes	143	54.2
No	121	45.8
Total	264	100.0

Table 6 shows respondents that were forced into marriage. 54.2% (n=143) were forced into marriage and 45.8% (n=121) were not forced into marriage. The data indicates that most of the respondents are forced into marriage.

**Table 7. Factors that drive child/forced marriages**

	Frequency	Percent
Culture	69	26.1
Religion	73	27.7
Poverty	58	22.0
Conflict	64	24.2

Total	264	100.0
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From table 7, 26.1% (n=69) acknowledged culture, 27.7% (n=73) ticked religion, 22.0% (n=58) tagged poverty and 24.2% (n=64) chose culture as the factors that drive culture. From the data, religion which has 27.7% (n=73) is the most common factor that drives child/forced marriages.

**Table 8.** Respondents that have experienced or witnessed physical violence

	Frequency	Percent
Yes	146	55.3
No	118	44.7
Total	264	100.0

The table 8 above showed those that have experienced or witnessed physical violence. 55.3% (n=146) said yes and 44.7% (n=118) stated that they have not experienced or witnessed physical violence. From the data, 55.3% (n=146) has the highest response. This shows that most of the respondents have experienced or witnessed physical violence in their community.

**Table 9.** The most common form of physical assault

	Frequency	Percent
Domestic violence	90	34.1
Sexual violence	67	25.4
Harmful traditional practices	43	16.3
Human trafficking	64	24.2
Total	264	100.0

Table 9 showed the most common form of physical assault. From the data obtained, 34.1% (n=90) is domestic violence, 25.4% (n=67) is sexual violence, 16.3% (n=43) is harmful traditional practices and 24.2% (n=64) is human trafficking. From the data, the most common form of physical assault is domestic violence which has 34.1% (n=90).

**Table 10.** Access to resources like education, healthcare and food by women and girls

	Frequency	Percent
Yes	106	40.2
No	158	59.8
Total	264	100.0

Table 10 above showed access to resources like education, healthcare and food by women and girls in the community. 40.2% (n=106) ticked yes and 59.8% (n=158) said they don't have access to resources like education, healthcare and food. Based on the data, the highest respondents which is 59.8% (n=158) do not have access to the resources.

**Table 11.** Respondents that have experienced or witnessed denial of resources due to gender

	Frequency	Percent
Yes	147	55.7
No	117	44.3
Total	264	100.0

The table 11 above showed respondents that have experienced or witnessed denial of the stated resources. From the above table, 55.7% (n=147) acknowledged that they have experienced or witnessed denial of the resources and 44.3% (n=117) stated that they have not experienced or witnessed the denial of such resources. Based on the data, most of the respondents have experienced or witnessed the denial of such resources due to gender.

**Table 12.** Support services for GBV survivors

	Frequency	Percent
Yes	107	40.5
No	157	59.5
Total	264	100.0

Table 12 showed whether there are support services for GBV survivors. The data indicated that 40.5% (n=107) of the respondents stated yes and 59.5% (n=157) stated that there are no support services for GBV survivors. The data showed that there are no support services for GBV survivors.

**Table 13.** Things that can be done to reduce GBV

	Frequency	Percent
Improve awareness and education	76	28.8
Enhance support services for survivors	33	12.5
Promote economic empowerment	53	20.1
Enhance response in conflict-affected areas	37	14.0
Address root causes	65	24.6
Total	264	100.0

Table 13 showed things that can be done to reduce GBV in the community. 28.8% (n=76) stated improve awareness and education, 12.5% (n=33) said enhance support services for survivors, 20.1% (n=53) stipulated promote economic empowerment, 14.0% (n=37) agreed on the enhancement of response in conflict-affected areas and 24.6% (n=65) said that the root causes should be addressed. Based on the data, most of the respondents agreed on improvement of awareness and education.

**Table 14.** Negative effects of GBV on the survivor victims

	Frequency	Percent
Physical health impacts (e.g sexual injuries)	64	24.2
Mental health effects (like trauma, PTSD, and depression)	53	20.1
Educational disruption	81	30.7
Broken families	41	15.5
Increased vulnerabilities	25	9.5
Total	264	100.0

Table 14 showed negative effects of GBV on the survivor victims. Based on the data, 24.2% (n=64) mentioned physical health impacts (e.g sexual injuries), 20.1% (n=53) stated Mental health effects (like trauma, PTSD, and depression), 30.7% (n=81) said educational disruption, 15.5% (n=41) stipulated broken families and 9.5% (n=25) mentioned increased vulnerabilities. The data indicated that educational disruption is the most common negative effect on GBV survivors.

#### 4.1 Discussion

##### a. Demographic Variables

Table 1 showed that the largest proportion of respondents (32.6%) falls within the 13-17 age group. According to UNICEF (2021) adolescents and young women are often among the most vulnerable to GBV due to various factors, including limited autonomy, dependency on others, and societal norms that often disempower young females. Similarly, studies show that adolescent girls are at high risk of sexual violence, early marriage, and exploitation, particularly in patriarchal societies or areas with low gender equity (WHO, 2021). Therefore, interventions aimed at reducing GBV need to target this age group through education, legal protections, and community-based programs.

Table 2 highlights that 42.0% of respondents lack any formal education, with only 20.4% having attained secondary education or higher. Research indicates a strong correlation between low educational attainment and increased risk of GBV (Heise et al., 2019). According to Jewkes et al., (2015) women with limited or no education often have reduced access to information about their rights and fewer economic opportunities, which can make them more vulnerable to abuse. Education is a critical tool for empowering women, as it not only increases their awareness of their rights but also equips them with the means to escape abusive situations.

As shown in Table 3, 88.6% of respondents are unemployed. Economic dependence is a well-documented risk factor for GBV, as financial insecurity can trap women in abusive relationships (Vyas & Watts, 2009). The lack of employment opportunities for women reinforces their dependence on male partners or family members, creating power imbalances that can lead to physical, emotional, or economic abuse. Programs that promote economic empowerment, such as vocational training or microfinance initiatives, have been shown to reduce GBV by increasing women's autonomy (Kabeer, 2012).

Table 4 reveals that 36.4% of respondents are single, followed by 27.7% who are married, and 19.7% who are widowed. This is similar to Garcia-Moreno et al., (2013) who stated that while single women may experience GBV in dating relationships or from

acquaintances, married women often face intimate partner violence (IPV), which remains one of the most common forms of GBV globally. Furthermore, according to United Nations Population Fund (2020) widowed women, particularly in traditional settings, may experience violence related to property disputes or harmful cultural practices, such as widow inheritance. From table 5 above, the research discovered that most of the girls or women get married from the age of 13-17 years.

### **Q1. What are the common forms of GBV in Dikwa Local Government Area of Borno State?**

From table 9 above, the data indicates that domestic violence is the most common form of physical assault at 34.1%, followed by sexual violence (25.4%), human trafficking (24.2%), and harmful traditional practices (16.3%). These findings align with global research, which identifies domestic violence as the most widespread form of GBV. According to the World Health Organization (WHO) (2021), nearly 30% of women worldwide have experienced physical or sexual intimate partner violence, underscoring its prevalence. In addition, studies by UNICEF (2020) estimate that 200 million girls and women globally have undergone such practices, reflecting deep-seated gender inequities. The data in table 10 reveals that 59.8% of respondents reported no access to essential resources like education, healthcare, and food. This aligns with findings from UN Women (2020), which emphasize that women and girls in low-resource settings face disproportionate barriers to accessing education and healthcare due to poverty, gender discrimination, and systemic inequalities.

Table 11 showed data on denial of resources. 55.7% of respondents reported experiencing or witnessing denial of resources due to gender, the data underscores gender-based disparities. According to World Bank (2021), gender-based resource denial is a significant issue that restricts women's economic opportunities and societal participation. Denial of resources often manifests as discriminatory laws, unequal inheritance rights, and restricted access to credit or land ownership, as detailed in studies by Htun & Weldon (2018).

### **Q2. What are the factors that influence GBV in Dikwa Local Government Area of Borno State?**

From table 6 above, the data shows that 54.2% of respondents (n=143) were forced into marriage, demonstrating the widespread nature of this harmful practice. According to UNICEF (2021), approximately 12 million girls globally are married before the age of 18 each year, with many of these unions occurring under coercion. Forced marriages disproportionately affect women and girls, often violating their fundamental rights and perpetuating cycles of abuse and disempowerment. Research by Walker (2012) emphasizes that forced marriages often result from societal pressures and cultural norms that prioritize family honor over individual agency.

From table 7, the data highlights religion (27.7%), culture (26.1%), conflict (24.2%), and poverty (22.0%) as key factors driving forced marriages. These findings align with existing research that identifies these elements as critical drivers. To sight an example, according to Nour (2009), cultural traditions and misinterpretations of religious doctrines often perpetuate child and forced marriages as a means of preserving family honor or ensuring financial stability. Conflict, cited by 24.2% of respondents, exacerbates forced marriage as families seek to protect their daughters from perceived threats, such as sexual violence or exploitation during crises. Research by Save the Children (2019) found that child and forced marriages surged in regions affected by conflict, displacement, or

natural disasters, as parents view marriage as a protective measure or economic transaction.

### **Q3. What are the negative effects of GBV in Dikwa Local Government Area of Borno State on the victims of it survivors?**

The data presented in Table 14 highlights the multifaceted and pervasive negative effects of Gender-Based Violence (GBV) on survivors. Educational disruption emerged as the most reported consequence, affecting 30.7% of survivors. GBV can lead to school absenteeism, poor academic performance, and even dropout, as noted in studies by Leach et al. (2014). The data also indicates that 24.2% of survivors experience physical health impacts, such as sexual injuries. This finding is supported by studies that document the physical consequences of GBV, including sexually transmitted infections (STIs), unwanted pregnancies, chronic pain, and physical trauma. For instance, García-Moreno et al. (2015) emphasize that GBV often results in long-term physical health issues that can affect survivors' overall well-being.

Also from table 14, approximately 20.1% of survivors in the study reported mental health issues, such as trauma, PTSD, and depression. According to Rees et al. (2011), survivors often experience anxiety, depression, and other psychological challenges due to the violence they endure. The data shows that 15.5% of survivors experience family breakdowns. According to Jewkes et al. (2010), family instability due to GBV can have intergenerational effects, impacting not only survivors but also their children. Increased vulnerabilities, reported by 9.5% of survivors, reflect the heightened risks of further exploitation, abuse, and marginalization that many survivors face. As noted by Heise et al. (2019), survivors often experience economic instability, homelessness, and social ostracization, which can compound the initial effects of GBV.

From table 12, the finding that 59.5% of respondents report no support services aligns with studies like García-Moreno et al. (2015), who stated that the absence of comprehensive support systems exacerbates the trauma experienced by survivors, leaving them without avenues for healing, justice, or protection. Similarly, it aligns with findings from Heise et al. (2019), who argue that the lack of support infrastructure contributes to the normalization of GBV and the marginalization of survivors.

### **Q4. What strategies can be adapted to eliminate the factors that influence GBV in Dikwa Local Government Area of Borno State?**

The findings in Table 13 highlight community perspectives on strategies to reduce Gender-Based Violence (GBV). The majority of respondents (28.8%) emphasized the importance of improving awareness and education. Jewkes et al. (2015) corroborates that education is a critical strategy for GBV prevention, as it challenges harmful gender norms and empowers individuals to recognize and resist violence. Furthermore, they highlight the role of community education campaigns in reshaping attitudes and behaviors related to gender and violence. Additionally, Leach et al. (2014) emphasize that school-based interventions are particularly effective in fostering gender-equitable attitudes among young people, thereby preventing GBV in the long term.

Addressing the root causes of GBV, identified by 24.6% of respondents, is critical for sustainable prevention. Heise (2011) argues that GBV stems from deeply entrenched gender inequalities, social norms, and power imbalances. Structural interventions, such as promoting gender-equitable laws, addressing cultural practices that condone violence, and fostering community dialogues, are necessary to eliminate the underlying factors driving GBV. Economic empowerment, highlighted by 20.1% of respondents, is a key factor in

reducing GBV. Economic dependency is a significant barrier that prevents survivors from leaving abusive relationships or environments. Studies such as those by Dunkle et al. (2004) demonstrate that initiatives like microfinance programs and vocational training can empower women economically, reduce dependency, and promote gender equality.

The focus on enhancing responses in conflict-affected areas, as mentioned by 14.0% of respondents, reflects the recognition that GBV is often exacerbated in such settings. During conflicts, the breakdown of legal and social structures increases vulnerabilities to sexual violence, exploitation, and trafficking. According to Peterman et al. (2011), tailored interventions in conflict zones, such as mobile clinics, specialized training for humanitarian workers, and legal aid programs, are essential for addressing GBV in these contexts. Enhancing support services for survivors, mentioned by 12.5% of respondents, aligns with the need for comprehensive, survivor-centered approaches. Accessible healthcare, psychological counseling, legal aid, and safe shelters are crucial for helping survivors recover and reintegrate into society. According to García-Moreno et al. (2015), the availability of quality support services not only aids in recovery but also acts as a deterrent to future violence by empowering survivors to seek justice.

## V. Conclusion

The findings of this research provide a comprehensive understanding of the prevalence, factors, impacts, and strategies to combat Gender-Based Violence (GBV) in Dikwa Local Government Area of Borno State. The study reveals that domestic violence (34.1%) is the most common form of GBV, followed by sexual violence, human trafficking, and harmful traditional practices. These patterns align with global research highlighting the pervasive nature of domestic violence and harmful cultural practices. Furthermore, denial of resources, experienced by 55.7% of respondents, underscores the gendered disparities in access to education, healthcare, and economic opportunities, consistent with studies from international organizations like UN Women and the World Bank.

Forced marriage, reported by 54.2% of respondents, emerged as a significant factor influencing GBV, driven by cultural norms, religious practices, conflict, and poverty. These factors exacerbate systemic inequalities and perpetuate cycles of abuse. The study identifies the multifaceted consequences of GBV, including educational disruption (30.7%), physical and mental health impacts, family breakdowns, and increased vulnerabilities, all of which reflect the devastating effects of GBV on survivors and their communities. Also, the absence of adequate support services (59.5%) further compounds these challenges, leaving survivors without avenues for justice, healing, or protection. This gap highlights the urgent need for structural interventions and comprehensive support systems to address GBV effectively.

To mitigate GBV in Dikwa, community-driven strategies such as awareness campaigns (28.8%), addressing root causes (24.6%), and economic empowerment initiatives (20.1%) are critical. These approaches align with global best practices emphasizing education, gender-equitable laws, and economic independence as effective tools for prevention. Tailored responses in conflict-affected areas and enhanced survivor support services are also essential to reduce vulnerabilities and promote recovery.

In conclusion, combating GBV in Dikwa requires a multi-faceted approach that addresses cultural, economic, and systemic factors while prioritizing survivor-centered strategies. By fostering awareness, promoting gender equality, and strengthening support systems, stakeholders can create a safer and more inclusive environment for all.

## Recommendations

Based on the findings of this research, the following recommendations are proposed to address Gender-Based Violence (GBV) in Dikwa Local Government Area of Borno State:

1. Implementation community-wide educational programs to challenge harmful cultural practices, gender norms, and societal attitudes that perpetuate GBV. These campaigns should involve community leaders, religious leaders, schools, and media platforms to foster widespread understanding of the effects of GBV and the importance of gender equality.
2. Advocate for the enactment and enforcement of gender-equitable laws that criminalize all forms of GBV, including forced marriages and harmful traditional practices. Collaborate with government agencies to ensure the protection of women and girls and provide training for law enforcement on handling GBV cases sensitively and effectively.
3. Establish vocational training, microfinance initiatives, and employment opportunities to reduce economic dependency, which often traps survivors in abusive situations. Empowering women economically can reduce their vulnerability to GBV and increase their ability to make autonomous decisions.
4. Develop and expand accessible, survivor-centered services, including healthcare, psychological counseling, legal aid, and safe shelters. These services should be adequately resourced and tailored to meet the needs of GBV survivors, particularly in conflict-affected areas.
5. Implement targeted interventions in conflict-prone areas, such as mobile clinics, specialized training for humanitarian workers, and community protection mechanisms. Addressing the unique vulnerabilities created by conflict will help mitigate GBV risks and provide timely support to affected individuals.

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