

GENDER-BASED VIOLENCE IN DALORI INTERNAL DISPLACED PERSONS (IDPS) CAMP IN DALORI, MAIDUGURI, BORNO STATE

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Abstract: *This study assessed gender-based violence in Dalori IDPs camp; the objectives was to assess the prevalence and forms of gender-based violence experienced by IDPs in Dalori Camp, examine the factors contributing to the perpetration of GBV within the camp setting, evaluate the existing support systems and services available for survivors of GBV in Dalori camp and recommend strategies to enhance the prevention and response to gender-based violence among IDPs in the camp. The population consisted of 3,200 IDPs in Dalori out of which a sample size of three hundred and fifty-five (355). was used as sample size. The study used both primary and secondary sources of data. The primary sources of data are information gathered from questionnaires respondents through questionnaires. The findings of the study indicate that there is prevalence and forms of Gender-Based Violence experienced by IDPs camp, gender discrimination, alcoholism, extra-marital affairs and lack of formal education are contributory factors to Gender-Based Violence in Dalori IDPs camp and that skills acquisition, case management and psychological support, safety and security support and legal aids are provided to victims of gender-based violence in Dalori IDPs camp in Maiduguri, Borno State. The study recommends that there is need to improve the camp environment situation and make it more habitable for the dwellers by providing the available facilities for better living and Proper, adequate, and timely response solution must be provided by the government through prompt security aids to curb violent activities and displacement from their usual places of residence so that they will start living their normal lives.*

Keywords: *Gender-Based Violence, IDPs, Dalori Camp, Maiduguri,*

Introduction

Gender-based violence is a longstanding violation that threatens the safety and personal security of people. Although it affects all genders, women and girls are the prime targets, especially in emergencies. A 2018 World Bank report estimated that one in three women around the world will experience gender-based violence (GBV) during their lifetime. In Nigeria, a report indicated that about 30% of females experienced gender-based violence (NDHS, 2018). GBV assumed an increased dimension, with cases of assault, rape, murder, and domestic and intimate partner violence. Gender-based violence has attracted global attention and has become an agenda item for discussion in international fora. For instance,

in 2014, the United Kingdom played host to a global summit to end sexual violence in conflict. Their resolve was to tackle impunity for the use of rape as a weapon of war (Govt. UK 2014). In Nigeria, the government, non-governmental organizations, and a coalition of civil society organisations have been involved in campaigns and advocacy against GBV.

Gender-based violence has been variously defined. Mittal and Singh (2020) defined it as targeting a person based on the individual's gender. Though the term applies to both genders, most victims are female (WHO, 2017). Hence, Heise, Ellsberg, and Gottemoeller (1999) specifically defined it as any act of verbal or physical force, coercion, or life-threatening deprivation directed at a woman or girl that causes physical or psychological harm, humiliation, or arbitrary deprivation of liberty and that perpetuates female subordination. The terms "gender-based violence" and "violence against women" are used interchangeably. Thus, the World Health Organization (WHO, 2017) defined violence against women as "any act of gender-based violence that results or is likely to result in physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life." Theirs highlights other dimensions other than physical and sexual abuse, which are mostly captured in literature. Deprivation, coercion, threats, and mental harm are all aspects of violence that women experience but are often ignored because they do not result in physical injury. However, they are harmful because they have an impact on self-concept, esteem, and life opportunities in general.

According to statistics, 1 in 3 or 35% of women worldwide have experienced one form of gender-based violence (sexual abuse, physical violence, verbal or psychological abuse, or economic deprivation) in their lifetime (WHO, 2017). In Nigeria, the figure is put at 794 as of April 2020. The coordinator of the Domestic and Sexual Violence Response Team (DSVRT) in Lagos reported that their organisation received thirteen (13) cases of GBV daily, totaling 390 incidences in March 2020 alone. She summarised the cases thusly: assault (60%), sexual violence (30%), and child abuse (10%). In two years, the organisation recorded a total of 4,150 cases. The inspector general of police put the number of suspects arrested for rape between January and May 2020 at 799. They were associated with 717 cases. In Ekiti state, the record, according to the Sexual Assault Referral Center (Moremi Clinic), was 139 cases of GBV in 2021. The United Nations Women's Report (2021) indicates that 48% of Nigerian women have experienced one form of violence since the COVID-19 pandemic. The Attorney-General and Commissioner for Justice, Lagos State, said they recorded 10,007 cases between May and August 2022. Suffice it to say that these figures are based on reported cases and may not capture all cases as most go unreported for fear of stigmatisation and family concerns. Some women conceal their experiences of violence or succumb to settling cases at home rather than reporting them officially, as GBV is also perpetrated by people in close affinity with the victim. Generally, gender-based violence is an instrument of oppression rooted in power dynamics and fueled by the impunity exhibited by males against females, especially unmarried and adolescent girls. The abduction of 276 Chibok girls in 2014; the 66% of 400 people in internally displaced person camps (IDP) in Nigeria; the sexual violation

of 59% of Burundian female refugees in a Tanzanian camp in 1996; and the sexual assault of girls in homes under quarantine in Sierra Leone are examples.

Gender and Sexual Violence (GSV) today presents a gravest human right violation in the world and is a social vice perpetrated against women and girls in many societies regardless of culture, race and nationality. The number of people who had experienced GSV cannot be estimated due to lack of adequate research in this area. Several people were said to be a victim of GSV especially during armed conflict. Hence, conflict, natural disasters or manmade disasters had been one of the reasons behind people migrating their homes, families and sources of livelihood. Migration results to people's displacement and the displaced people faced serious life-threatening challenges such as denial of basic resources. Nigeria in the face of displacement where displaced individuals who are faced with number of challenges ranging from denial of basic amenities.

Despite efforts to address Gender-Based Violence in Dalori Camp, instances of violence and abuse persist, impacting the physical and psychological well-being of displaced individuals, particularly women and children. The lack of adequate support services, awareness and protection mechanisms further compound the challenges faced by IDPs in addressing GBV effectively. GBV as challenge faced by IDPs in Nigeria and world over occurs everywhere especially among growing refugees and IDPs population. Perhaps, in most countries there has been little or no studies carried out on the scourge. Despite, there are statistics in some countries. Statistics in some countries shows that 1 in 4 women and girls may experience GBV either by intimate partner (IPV) or during armed conflict as the case may be. Hence, report shows 1 in every 3 adolescent girls is sexually abuse. GBV causes physical injury, as reported risk factors associated GBV range from sexual reproductive health problem and other psychological problems which have short and long-time effects. GSV ironically affect not only the survivor but also the society at large. Parents, friends, partners, children, spouses, classmate and co-workers are all affected by GSV. GSV affects even the mental health of the victim and as well has serious physical consequences with long lasting effects. In addition, GSV may also results to murder, death, suicide, HIV/AIDs and other STDs. This occur either during sexual assault. GSV can also affect the social wellbeing of the victims; individual assaulted may face stigmatization and even neglected by their families and the society. Women, girls and society shoulder the consequences of GSV. Perhaps, the underlying purpose is the frequent expression of power and domination over the person assaulted. Forced sex result in gratification on the part of the perpetrators hence often a man who forced a spouse into sex are considered legitimate due to marriage. Studies of Bawa, Kaur & Rao (2022) who studied on similar topic found that GBV experienced during lockdown stemmed from the culture of impunity that derived from patriarchal orientation. None of this study was carried out on gender-based violence on the people of Dalori IDPs camp.

Objectives of the Study

1. Assess the prevalence and forms of gender-based violence experienced by IDPs in Dalori Camp;
2. Examine the factors contributing to the perpetration of GBV within the camp setting
3. Evaluate the existing support systems and services available for survivors of GBV in Dalori camp'
4. Recommend strategies to enhance the prevention and response to gender-based violence among IDPs in the camp.

LITERATURE REVIEW

Concept of Gender-Based Violence

Gender-based violence has been variously defined. Mittal and Singh (2020) defined it as targeting a person based on the individual's gender. Though the term applies to both genders, most victims are female (WHO, 2017). Hence, Heise, Ellsberg, and Gottemoeller (1999) specifically defined it as any act of verbal or physical force, coercion, or life-threatening deprivation directed at a woman or girl that causes physical or psychological harm, humiliation, or arbitrary deprivation of liberty and that perpetuates female subordination. The terms "gender-based violence" and "violence against women" are used interchangeably. Thus, the World Health Organization (WHO, 2017) defined violence against women as "any act of gender-based violence that results or is likely to result in physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life." Theirs highlights other dimensions other than physical and sexual abuse, which are mostly captured in literature. Deprivation, coercion, threats, and mental harm are all aspects of violence that women experience but are often ignored because they do not result in physical injury. However, they are harmful because they have an impact on self-concept, esteem, and life opportunities in general.

According to the United Nations, "Gender-based violence (GBV) is an act of violence that results in physical, sexual, or psychological harm or suffering to women, girls, men, and boys, as well as threats of such acts, coercion, or the arbitrary deprivation of liberty whether occurring in public or in private life" [National Population Commission (NPC) Nigeria, ICF International. Nigeria Demographic and Health Survey 2018.]. GBV is a form of violence against an individual based on that person's biological sex, gender identity or expression, or perceived adherence to socially-defined expectations of one's gender [UNICEF, 2020]. It is the most persistent yet least evident human rights violation in the world over, cutting across age, gender, religion, social and economic boundaries (WHO, 2020). GBV is characterized by the use and abuse of physical, emotional or financial power and control over victims, thereby deteriorating their health, dignity, confidence and sovereignty [WHO, 2020].

This violence, rooted in gender-related power differences, includes but not limited to intimate partner violence, rape, sexual assault and sexual violence [UNICEF, 2020]. These

various forms of GBV may not occur in isolation; rather, mutually. Survivors of GBV suffer devastating short and long-term effects on their physical and psychological health including various degrees of physical injuries, forced and unintended pregnancies, unsafe abortions, sexually transmitted infections including HIV, depression, anxiety, post-traumatic stress disorder, limited ability to complete daily tasks, and in severe cases, death (United Nations Population Fund (UNPF) (2020). Besides from health consequences, GBV has serious consequences on employment, productivity and overall economic development. Even with these consequences, GBV remains masked in a culture of silence due to perceived stigmatization from kin and friends. Many survivors in their bid to seek justice are blamed, face retribution or ostracized from their families and communities, thereby plummeting them further into poverty, isolation and additional violence [WHO, 2020, UNICEF, 2020]. According to Perrin, Marsh, Clough, Desgroppes Phaniel and Abdi (2019), this discourages other survivors from disclosing GBV or seeking medical care, as culture places priority over protecting family honour and image over seeking justice for this heinous crime

Prevalence and Forms of Gender-Based Violence

Gender-based violence (GBV) is an umbrella term for harmful acts of abuse perpetrated against a person's will and rooted in a system of unequal power between women and men. This is true for both conflict-affected and non-conflict settings. The UN defines violence against women as, '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 in private life. Over one-third of women and girls globally will experience some form of violence in their lifetime. However, this rate is higher in emergencies, conflict, and crisis, where vulnerability and risks are increased and most often family, community, and legal protections have broken down. Harm caused by GBV comes in a variety of visible and invisible forms—it also includes the threat of violence. GBV can manifest in a variety of ways. Some of these include: physical violence, such as assault or slavery; emotional or psychological violence, such as verbal abuse or confinement; sexual abuse, including rape; harmful practices, like child marriage and female genital mutilation; socio-economic violence, which includes denial of resources; and sexual harassment, exploitation and abuse.

Internally displaced girls of the school-aged are the most vulnerable and worst group affected by gender violence because leaving in displaced persons camps in itself is associated with several social and economic consequences, which include denial of access to basic resources (economic violence) However, because of the psychological/emotional trauma associated with GBV, several studies revealed that gender-related violence is the leading cause of posttraumatic stress disorder (PTSD). Gender violence affects the rights and dignity of individuals as citizens. Apart from the above consequences, gender violence can result in drug abuse, unemployment, and homeless among victims who have been sexually abused or raped. Substantially, the long-lasting physical ramification of GBV includes severe physical and mental health damages. For example, human immunodeficiency virus (HIV) or sexually transmitted diseases (STDs), suicides, and homicides among others.

For this study, Forms of Gender-Based Violence are:

Physical Violence: Any act that is meant to inflict or resulting in bodily pain or incapacity is considered physical violence.

Verbal Violence: Verbal violence may take many forms, including putdowns (in private or public), mocking, the use of curse words that are especially inconvenient for the other, denigrating the other people loved ones, and threatening the target or anyone close to them with other kinds of violence.

Psychological Violence: There is a psychological component in all acts of aggressiveness since the fundamental purpose of being angry or abusive is to damage another person's reputation and honesty.

Sexual Harassment: Sex harassment may be defined as any unwelcome sexual behaviour that has the goal and effect of compromising a person's integrity, particularly in an intimidating, threatening, demeaning, humiliating, or offensive atmosphere (The Council of Europe's Istanbul Convention, 2020).

Non-verbal Harassment: This requires elevator eyes, following or chasing someone, creating blatantly suggestive images, making personal movements with the hands or body, and employing facial emotions such as winking, caressing, or licking lips.

Physical Harassment includes: When embracing, patting or rubbing sexually against someone, caressing the neck and shoulders of another person, hugging or kissing a person or rubbing sexually against someone, massaging another person's body.

Coercion: Coercion is the use of aggression or violence to coerce (or prevent) others from doing an action they are legally entitled to do (or not to do). Gender-based violence manifests itself in a variety of forms, including domestic harassment, robbery, and forced prostitution and marriage.

Marginalization: The social disadvantage and relegation to the margins of society is known as social deprivation or social marginalisation. When families are split up, relatives are killed, and houses are destroyed, displacement alters gender roles (*Di Cesare, 2014*).

Denial of rights: Individuals affected by relocation conditions face a multitude of short-, mid-, and long-term requirements. This include food, water, housing, and other basic necessities, as well as welfare, physical and psychological well-being, assistance in re-establishing family connections, health care, schooling, and economic and social recovery (UNCHR, 2018).

Factors Contributing to the Perpetration of Gender-Based Violence

Women and girls in conflict-affected states, particularly Borno, Yobe and Adamawa, are at increased risk of GBV due to the deprived living conditions. The overcrowded housing conditions in camps also exacerbate the risks of intimate partner and other forms of domestic violence. Children being separated from their caregivers during displacements leads to an increase in the number of female-headed households, which may add a financial burden and expose them to exploitation and abuse. Within the context of camps, women and girls face a high risk of having to use survival sex in exchange for mobility, safety and access to resources. Further, the GBV risk for girls remains incredibly high, as they are at heightened

risk of child marriage and child labour to alleviate economic hardship (United Nations, *Global Humanitarian Response Plan –COVID-19*, 2020).

The root causes of sexual and gender-based violence lie in a society's attitudes towards and practices of gender discrimination, which place women in a subordinate position in relation to men. The lack of social and economic value for women and women's work and accepted gender roles perpetuate and reinforce the assumption that men have decision-making power and control over women. Through acts of sexual and gender-based violence, whether individual or collective, perpetrators seek to maintain privileges, power and control over others. Gender roles and identities are determined by sex, age, socio-economic conditions, ethnicity, nationality and religion. Relationships between male and female, female and female, and male and male individuals are also marked by different levels of authority and power that maintain privileges and subordination among the members of a society. The disregard for or lack of awareness about human rights, gender equity, democracy and non-violent means of resolving problems help perpetuate these inequalities. While gender inequality and discrimination are the root causes of sexual and gender-based violence, various other factors determine the type and extent of violence in each setting. It is important to understand these factors in order to design effective strategies to prevent and respond to sexual and gender-based violence.

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. Women's lack of social and economic importance, as well as recognised gender stereotypes, uphold and affirm the belief that men have decision-making authority and dominance over women (Oriola, 2019).

The perpetrators of sexual and gender-based violence according to UNHCR (2020) were identified as follows: intimate partners (husbands, boyfriends): influential community members (teachers, leaders, politicians), security forces and soldiers, including peacekeepers, humanitarian aid workers and institutions while Human Rights Watch (2016) reported sexual harassment of women and female adolescents living in seven internally displaced persons (IDP) camps, including rape and trafficking.

Existing Support Systems and Services available for Gender-based Survivors

Women and girls who were abducted/kidnapped by the Boko Haram insurgent group but subsequently gained their freedom, at times with children or pregnant are exposed to Sexually Transmitted Infections (STIs) and HIV. Some survivor accounts indicate that after rescue, the security personnel often subject these young women to further sexual abuse during the process of screening. Yet they face a real risk not only of rejection and stigmatisation but also violence in some communities, as they (communities) are likely to perceive that they may have been radicalized, even after being screened by the Nigerian military.

In some communities, they also believe that children born of Boko Haram parentage may have inherited genetic components that are likely to manifest violent behaviour in the future.

It is even more difficult for boys to be reintegrated within the society, as they are perceived to be prone to violent behaviour. The rejection from the communities could exacerbate their poverty situation, criminality and future radicalization.

Prevention and Response: The GBV sub-sector is encouraging integrated approaches in meeting survivor needs in the northeast. Women and adolescent girl's centres for instance have been constructed within proposed humanitarian hubs including safe spaces, maternal health and reproductive health centres. One such hub has been completed in Muna Garage by UNFPA. Part of this integrated response includes provision of comprehensive response to GBV survivors through clinical management of rape services, case management and psychosocial support services. Procurement and distribution of dignity kits (including reusable pads, culturally acceptable clothing) to women and girls and provision of skills acquisition/ skills building and livelihood support initiatives including start up grants to vulnerable women and adolescent girls from Borno, Adamawa and Yobe states. Key partners operate functional female friendly safe spaces for women and girls in Borno, Yobe and Adamawa.

Communication, community outreach, dialogues with local and traditional leaders on GBV prevention & mitigation has been responsible for the increase in reporting of GBV cases and improving the help seeking behaviour especially for child survivors. Partners within the sector have also supported capacity enhancement of frontline service providers to deliver lifesaving and effective response to address the needs of GBV survivors in areas such as Clinical Management of Rape (CMR), Minimum Initial Service Package (MISP) and Mental Health & Psychosocial Support (MHPSS) among others. Procurement and distribution of emergency reproductive health kits, delivery kits, rape treatment kits including post exposure prophylaxis and provision of cold chain equipment to health care facilities have been central to the response too.

Coordination: Since April 2015, the GBVSWG is a functional component of the Protection Sector Working Group (PSWG) – Coordinating a comprehensive multi-sector approach to GBV prevention and response. UNFPA leads and coordinates the GBV and sexual and reproductive health sub sectors in Borno, Adamawa, Yobe, Gombe and at national level. The Federal Ministry of Women Affairs and Social Development (FMWASD) and the respective line ministries at state levels, chair the GBVSWG in Nigeria. Efforts have been made to strengthen coordination of multi sectorial response to the needs of GBV survivors through periodic mapping of facilities and services, establishing referral pathways and Standard Operating Procedures. The GBVIMS is functional and currently being rolled out to timely data collection, review and analysis, communication and information sharing of critical GBV response information.

Prevention of Sexual Exploitation and Abuse (PSEA): Given the increasing reports on sexual exploitation and abuse within affected communities, the sub sector, developed and disseminated an advocacy note with recommendations to relevant sectors on steps to mitigate SEA. An action plan on PSEA was developed and activated within the sector, prioritised within the Protection Sector focusing multi sectorial and multi-agency

implementation. Progress has been made in the following areas; Advocacy campaigns with the various sectors; Information Education and Communication (Campaigns) materials on PSEA and mainstreaming documents for sectors as well as IDPs and host communities. Revision of existing complaints and feedback mechanism has been undertaken and capacity building initiatives for the military and other security personnel, and humanitarian actors. A PSEA task force/network consisting of agency and sector focal persons is being established. All in all, the humanitarian needs for life saving GBV and sexual and reproductive health interventions are identified as needing urgent attention and prioritization beyond what the current response can meet. The potential to minimise the risks of and vulnerability to GBV/SEA and provide quality multi sector care for survivors is critical. While commendable progress has been made within the sector, the context of response is still largely in emergency mode and the current operational capacity is half the required capacity for effective response. There are still challenges/major gaps in service delivery, for instance, in Borno, Adamawa and Yobe, states most affected by the conflict there is no safe shelter facility to provide remedial care for survivors. The situation is fluid and constantly evolving hence the need for continuous reflection and strengthening coordinated response. The sub sector's priority is to scale up the current response and lobby to meet key gaps in service provision. The current situation in northeast Nigeria is highly complex, with many drivers and dynamics contributing to an alarming increase in protection concerns, including gender based violence. Addressing GBV, sexual violence, in the current context is a lifesaving priority. Yet the sub sector is underfunded, and simultaneously nurturing the development of its members while preventing and responding to GBV. Thus, the GBV Sub-sector will focus its efforts on key strategic areas of intervention that will maximise impact.

The Humanitarian Response Plan (HRP) for northeast Nigeria has prioritised the most affected states of Borno, Adamawa and Yobe (commonly referred to as the BAY states). The GBV strategy will in addition to the BAY states cover Gombe and Bauchi states, which still host IDP populations and continue to deal with the brunt of the conflict. Hence while operational focus for the strategy is Borno, Adamawa and Yobe, some focus will remain on Gombe and Bauchi states with strategic focus on Abuja FCT. This strategy does not prioritize specific geographic areas, given the fluid conflict dynamics and the widespread nature of GBV affecting all parts of the states mentioned, instead, interventions will be prioritized based on the scale of identified needs.

METHODOLOGY

Study Area

Maiduguri is the capital and the largest city of Borno State in North-eastern Nigeria on the continent of Africa. The city sits along seasonal Ngadda River which disappears into the Firki swamps in the areas around Lake Chad. Maiduguri was founded in 1907 as a military outpost by the British Empire during the colonial period. As of 2022, Maiduguri is estimated to have a population of approximately two million people in the metropolitan area (Olanrewaju, 2023).

The climate of Maiduguri during the hot season goes on for 2.4 months from March to May with a typical everyday high temperature above 102°F or 38.9°C. The most blazing month of the year in Maiduguri is May with a typical high of 103°F or 39.4°C and low of 79°F or 26.1°C. The cool season goes on for 2.1 months from July to September with a typical everyday high temperature underneath 92°F or 33.3°C. The coldest month of year in Maiduguri is January, with a typical low of 59°F or 15°C and high of 92°F or 33.3°C.

Its residents are mostly Muslim including Kanuri, Hausa, Shuwa, Bura, Marghi and Fulani ethnic groups. There is also a considerable Christian population and people from Southern states such as the Igbo, Ijaw and Yoruba. Maiduguri is the principal trading hub for north-eastern Nigeria. Its economy is largely based on services and trade with small share of manufacturing. Maiduguri is home to three markets which include a modern Monday market that has a spectacular image view (Hiribarren, 2017).

Sources of Data

The study used both primary and secondary sources of data. The primary sources of data are information gathered from questionnaires respondents through questionnaires while secondary sources of data are already published work gotten from textbooks, magazines, journals, internet, library and past projects in relation to the impact of remuneration and motivation on job performance.

Population of the Study

The study population area concerned comprises of the entire IDPs in Dalori IDPs camp located in Maiduguri, Borno State. The estimated population of the IDPs in Dalori IDPs camp is 3,200.

Sample Size and Sampling Techniques

For the purpose of this study, the sample size adopted was 355 out of the entire population of 3,200. The sample size was taken by using Yaro Yamane formula, shown below:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n	=	sample size
N	=	population of the study
1	=	constant
e	=	level of significant (5%)
n	=	$\frac{3200}{1 + 3200(0.05)^2}$
n	=	$\frac{3200}{1 + 3200(0.0025)}$
n	=	355

RESULTS

Table 1: Responses on factors contributing to the perpetration of Gender-Based Violence in Dalori camp

S/N	Item	SA		A		SD		D		Total
		Freq.	%	Freq.	%	Freq.	%	Freq.	%	
1.	Gender discrimination is a contributory factor to Gender-based violence in Dalori IDPs camp	90	26	150	42	70	20	40	11	350 (100)
2.	Alcoholism is a contributory factor to Gender-based violence in Dalori IDPs camp	80	23	100	29	100	29	70	20	350 (100)
	Extra-marital affairs is contributory factor to Gender-based violence in Dalori IDPs camp	180	51	120	34	50	14	0	0	350 (100)
	Lack of formal education is a contributory factor to Gender-based Violence in Dalori IDPs camp	200	57	100	29	30	9	20	6	350 (100)

Table 2 Responses on Existing Support Systems and Services Available for Survivors of Gender-Based Violence in Dalori IDPs camp

S/N	Item	SA		A		SD		D		Total
		Freq.	%	Freq.	%	Freq.	%	Freq.	%	
1.	Skills acquisition is provided by government and humanitarian agencies for victims of gender-based violence in Dalori IDPs camp	180	51	120	34	50	14	0	0	350 (100)
2.	Case management and psychological support is provided for victims of Gender-based violence in Dalori IDPs camp	150	43	100	29	50	14	50	14	350 (100)
3.	Safety and security support services are provided for victims of Gender-based violence in Dalori IDPs camp	130	37	120	34	80	22	20	6	350 (100)
4.	Legal aids are provided to victims of gender-based violence in Dalori IDPs camp	80	23	100	29	100	29	70	20	350 (100)

Discussion of Findings

The first finding shows that there is prevalence and forms of Gender-Based Violence experienced by IDPs camp. This finding is in line with The UN definition of violence against women as, '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 in private life.

The second finding indicates that gender discrimination, alcoholism, extra-marital affairs and lack of formal education are contributory factors to Gender-Based Violence in Dalori IDPs camp. This finding is in line with Oriola (2019) who asserts that 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 and that women's lack of social and economic importance, as well as recognised gender stereotypes, uphold and affirm the belief that men have decision-making authority and dominance over women.

The third finding indicates that skills acquisition, case management and psychological support, safety and security support and legal aids are provided to victims of gender-based violence in Dalori IDPs camp in Maiduguri, Borno State. The Humanitarian Response Plan (HRP) for northeast Nigeria has prioritised the most affected states of Borno, Adamawa and Yobe (commonly referred to as the BAY states). The GBV strategy will in addition to the BAY states cover Gombe and Bauchi states, which still host IDP populations and continue to deal with the brunt of the conflict.

CONCLUSION AND RECOMMENDATIONS

Conclusion

Having assessed gender-based violence in Dalori IDPs camp, Maiduguri, Borno State, the research concludes physical, sexual, verbal and psychological violence, gender discrimination, alcoholism, extra-marital affairs and lack of formal education are contributory factors to Gender-Based Violence in Dalori IDPs camp and skills acquisition, case management and psychological support, safety and security support and legal aids are provided to victims of gender-based violence in Dalori IDPs camp in Maiduguri, Borno State

Recommendations

From the findings of the study, the research recommends the following:

- i. There is need to improve the camp environment situation and make it more habitable for the dwellers by providing the available facilities for better living; Government and NGOs should sensitize the younger generation on the negative attitudes to women and girls through community-based programs, educational opportunities, and community engagement since educated men are less likely to think that assaulting a wife is acceptable. Government and concerned authorities should also put in place a strong legal system with an effective court system to function as mediators in conflicts; this shall reduce gender violence victims and conflict frequency while improving the protection of women and girls in the IDPs camps to ensure SDGs education for all.

- ii. Proper, adequate, and timely response solution must be provided by the government through prompt security aids to curb violent activities and displacement from their usual places of residence so that they will start living their normal lives.
- iii. There is need to develop an intervention programme and coping skills strategies to harness the needs of those displaced in the camps and prepare them to be integrated back to society taking into cognizance some trauma they have witnessed especially the challenge of SGBV to reduce the risk of low social well-being both within and outside the camps.

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