

Original Research Article

From Awareness to Barriers of Reporting Prevalence and Forms of Gender Based Violence among Adolescents in Conflict Settings

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Article History

Received: 14.01.2025

Accepted: 18.02.2025

Published: 24.02.2025

Journal homepage:

<https://www.easpublisher.com>

Quick Response Code



Abstract: Background: The WHO highlights that barriers to reporting GBV include fear of stigma, lack of confidence in justice systems, and inadequate support service. Cultural norms and inadequate legal protections further hinder GBV reporting and support in this setting. Gender-based violence is a threat to public health and affects women and girls in different ways and forms. Women and girls around the world are often the targets — either directly or caught in the crossfire of inter-communal violence. They also bear the brunt of economic pressures through displacement, loss of livelihood, and property destruction, or the loss of household breadwinners because of the violence. This study delved from awareness to barriers of reporting prevalence and forms of gender based violence among adolescents in conflict settings of Southern Kaduna. **Methodology:** The research utilizes a cross-sectional design with simple random and convenient sampling technique among adolescents who were chosen from secondary schools, community, churches, mosques, and youth clubs at a particular time providing a snapshot of forms of gender-based violence among adolescents in conflict areas using Zangon-Kataf. Data were amassed via structured questionnaires, analyzed using SPSS. **Results:** Findings were presented through percentages in tables. Results revealed that a majority of adolescents or respondents reported having experienced GBV at some point in their lives. The findings of this study underscore that while a certain percentage of respondents reported not experiencing GBV in the past year, a significant proportion experienced it rarely, occasionally, or frequently. This suggests that GBV is an ongoing issue in the community, with many individuals experiencing repeated instances of violence. Furthermore, the study disclosed that the community was identified as the most frequent location for GBV incidents, followed by the workplace and home. In addition, physical violence was cited as the most common form of GBV experienced by male adolescents, while sexual violence was the most prevalent form for female adolescents. **Conclusion:** The prevalence of GBV among adolescents is alarmingly high, with both boys and girls being subjected to various forms of abuse. Physical violence, such as beatings, sexual assault, and forced labor, are the most prevalent forms of gender-based violence in these conflict settings. Girls are often at a higher risk of sexual exploitation, trafficking, and early or forced marriages, which can have severe physical and psychological consequences. Boys, on the other hand, are more susceptible to being recruited as child soldiers or forced into hazardous labor. Psychological and emotional abuse, including verbal harassment, intimidation, and humiliation, are also common forms of gender-based violence experienced by adolescents in Southern Kaduna. Efforts should be made to raise awareness about the various forms of gender-based violence and its detrimental impact on individuals, families, and communities. Additionally, ensuring access to education, healthcare, and economic opportunities for adolescents, particularly girls, can empower them and reduce their vulnerability to violence.

Keywords: Gender Based Violence, Adolescents, Awareness to barriers.

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INTRODUCTION

Gender-based violence (GBV) is defined as an act of violence that portrays the imbalance in power relations between men and women and promotes the subordination and devaluation of females in comparison to the male gender which negatively impacts their physical and/or psychological health, development and/or identity (Mpani, Nsibande, 2015; Gomes & Erdmann, 2014). It is globally acknowledged that gender-based violence (GBV) has a great lasting impact on public health and human rights (WHO, 2012). It is the most widespread—across all age, gender, religion, social, and economic boundaries yet the least obvious violation of human rights worldwide (UNICEF, 2020). According to WHO, approximately 1 in 3 adolescents globally experience physical, sexual, or emotional violence by an intimate partner (WHO, 2020). Also, at the global level, the United Nations (UN) “World’s Women 2020: Trends and Statistics” report indicated that one in three women (35%) worldwide will experience physical and/or sexual violence by an intimate partner at some point in her life. Also, younger women (aged 15–29) are at increased risk of experiencing intimate partner violence (UN, 2020). One in five women has been the victim of physical and/or sexual violence by her current partner or previous partners; one in ten European women has been a victim of sexual violence (including both before the age of 15 and after the age of 15), and one woman in 20 has been raped. Women and girls being vulnerable are at greater risk and are generally less able to avoid or escape abuse (WHO, 2020). According to the 2018 National Demographic Health Survey (NDHS), 33% of women aged 15-49 in Nigeria have experienced physical or sexual violence; 24% have experienced only physical violence, 2% have experienced only sexual violence, while 7% have experienced both physical and sexual violence (NDH, 2018) other forms of violence reported by Nigerian women include; socio-economic and psychological violence, harmful traditional practices and violence against civilian women in combats (Usigbe, 2020). It is documented that GBV increases during times of war and conflict. At those times it was used as a weapon of war and to terrorize the counter population. GBV against women is prevalent in some male-dominated cultures where women are viewed as their husbands' property and as second-class citizens (Usigbe, 2020). Sub-Sahara Africa is reported to have the highest prevalence of intimate partner violence 65.64% (Bayene *et al.*, 2019). Every adolescent has an intrinsic right to grow up in a secure and nurturing environment, which is protected by international human rights treaties like the Convention on the Rights of the Child. It is also necessary for their growth and welfare. As a result, the United Nations (UN) H6+ Technical Working Group on Adolescent Health and Wellbeing framework states that adolescents must be shielded from all sorts of abuse, exploitation, and violence as well as be safe both physically and psychologically (Ross *et al.*, 2020). However, during times of conflict, these rights are

abused and adolescents experience violence in multiple, often intersecting forms which shapes their perception of life and personality. The dual factor of gender and age puts adolescent girls mostly at a disadvantaged point of likely experiencing exclusion, discrimination, and oppression (Imkaan, 2019). Adolescent because of their age, lack of money, and lack of knowledge. As adolescents, their needs and experiences are frequently disregarded because they are in between childhood and maturity, hence there are scarce interventions, programs, and policies aimed at tackling violence targeted at adolescents. They generally are siloed between protection approaches dealing with violence against children and survivor-centered approaches dealing with violence against women. Considering the sensitivity of the adolescent transformational era, they would experience a better life course when attention is tailored to tackling their needs. At adolescence, the risk of victimization increases, and violence, abuse, and exploitation may be experienced in different forms (UNICEF, 2017). Access to social services and support networks during conflict times can be negatively impacted by the experience or fear of violence, which can have a lasting negative impact on their present and future decisions (Bruce *et al.*, 2011). It’s been highlighted that there is an intersection between violence against children and violence against women portraying commonalities of risk, social norms, intergenerational effects, and consequences. Gender-based violence is a threat to public health and affects women and girls in different ways and forms. Women and girls around the world are often the targets — either directly or caught in the crossfire of inter-communal violence. They also bear the brunt of economic pressures through displacement, loss of livelihood, and property destruction, or the loss of household breadwinners because of the violence (Olukemi and Folakemi., 2015). GBV takes various forms during armed conflicts like domestic violence, pornography, genital mutilation, and prostitution (Lombard, 2021).

Its Forms Include

Mental/Emotional Violence: is a form of abuse characterized by a person subjecting or exposing another person to a behavior that may result in psychological trauma, including anxiety, chronic depression, or post-traumatic stress disorder. Emotional abuse can take several forms. Three general patterns of abusive behavior include aggressing, denying, and minimizing. The impact of psychological abuse on children can involve a variety of mental health concerns such as post-traumatic stress disorder, major depressive disorder, personality disorders, low self-esteem, aggression, anxiety, and emotional unresponsiveness (Iram *et al.*, 2014).

Sexual Violence: Rape, sexual assault, and unsolicited sexual approaches are all considered forms of sexual violence. It can happen in close connections or not, for example, in public places like schools, or within the community during times of peace and civil unrest.

Physical Violence: The use of force to inflict harm, such as striking, slapping, punching, and choking. It may encompass actions like limiting one's freedom of movement, requiring the ingestion of dangerous chemicals, and causing property damage (Kassis *et al.*, 2018). It could also involve kicks and massive blows, and not only the very common slapping of children on the hand or leg (Enzmann *et al.*, 2018).

Cyber Violence and crime: Increased technology-facilitated gender-based violence has coincided with broader access to technology and online venues (Plan, 2020).

In Nigeria's contemporary history, Southern Kaduna is known for the incessant cruel and violent killings, especially since the bloodshed that dovetailed the 2011 politics snaked into ethno-religious conflicts in that part of Kaduna State. In Kaduna, there have been a lot of violent incidents that are frequently stoked by rivalry in the political, economic, and religious spheres. However, Religion has played a significant role in these conflicts. (Human Rights Watch, 2012). Violence in Kaduna has spiked in the last two quarters of 2016, predominantly due to inter-communal conflict (Wapwera & Gajere, 2017). While inter-communal tensions in Kaduna can historically be traced back to issues of political control and resource distribution, the violence has chiefly been concentrated in southern and central Kaduna state, where herder/farmer clashes have resulted in scores of casualties in the LGAs of Jema-a, Kauru, Sanga, and Chikun. Humanitarian emergencies pose unique threats to safety, as they may alter family structure, reduce access to basic rights such as health care and education, and increase engagement in risky behaviors especially among adolescents (UNHCR, 2015). Research conducted has realized that drivers such as feelings of marginalization/oppression and neglect by the government, illiteracy and ignorance, religious intolerance, bad/poor religious teaching/preaching, resource mismanagement, marginalization, intolerance, lifestyle incompatibility, lack/poor implementation of recommendations by successive government panels, and lack of political will to deal with successive conflict situations and political grievances have exacerbated conflict situation in Kaduna (Bello *et al.*, 2023; Duniya, F. 1995).

Zangon-Kataf was originally a place of respite for traders which afterwards transitioned to an area of commerce, which It was granted to the Hausas by the Atyaps (Kataf). The Hausa settlements of southern Kaduna such as Kaura, Lere, Zangon-Kataf, Jere and Jema'ah were established in the 18th century (Zango, 1993). Colonial history has it that Atyap (Kataf) people were subjugated by the Hausa-Fulani as a deliberate act to cover the entire southern Kaduna. Farmlands owned by the (Kataf) were forcefully given to the Hausa-Fulani community which has been a cause of conflict till date (Kazah, 1995). Increasing religious sensitivity is a treat to peace, unity and co-existence in a multi-ethnic or

multi-religious state that requires proactive and detailed resolution (Umana *et al.*, 2019).

This study aims to determine the prevalence and forms of gender-based violence among adolescents in conflict settings of Southern Kaduna.

Specific Objectives

- I. I.To determine the prevalence of gender-based violence among adolescents in the Zango-Kataf area of southern Kaduna.
- II. II.To determine the forms of GBV among adolescents in the Zango-Kataf area of southern Kaduna.

METHODOLOGY

Study Area: Kaduna is located in northwestern Nigeria. It has twenty-three local government areas (LGAs) with an estimated population of over 10 million people. The city itself is split, with Kaduna North LGA including the city's commercial center primarily inhabited by Muslims and Kaduna South LGA mainly inhabited by Christians. For this study, we will be focusing on the southern part of Kaduna which has in recent times been plagued by incessant bouts of conflicts. Our research population would be pooled from adolescents in the Zangon -Kataf area of southern Kaduna. Adolescents in the community and schools in the town have experienced different waves of conflict in their town.

Study Design: The study is a cross-sectional study, a snapshot of forms of gender-based violence among adolescents in conflict areas using Zangon-Kataf.

Study Population: The study population is adolescent aged 13-19 years.

Inclusion Criteria:

- i. Adolescents aged between 13-19 who have been residents in Zangon-Kataf in the last five years.
- ii. Adolescents aged 13-19 years who gives assent and whose caregivers/ parents have given consent to participate in the study.

Exclusion Criteria: Adolescents who are not willing to participate in the survey.

Sample Size Determination: The sample size was determined using a formula for cross sectional study

$$N = Zpq/d^2$$

Where N = sample size

Z = normal standard deviate corresponding to 1.96

P = prevalent of related study 0.788

$$Q = 1 - p = 0.212$$

$$D = 0.05$$

$$Q = 0.212$$

$$N = 1.962 \times 0.788 \times 0.212 / 0.5^2$$

$$N = 3.8416 \times 0.167056 / 0.0025$$

N= 0.6417623296/0.0025
 N = 256

Sampling Technique: The study utilizes a mixed study designs. simple random by balloting and convenient sampling techniques. The simple random sampling would involve adolescents in the community sought from churches, mosques, and social groups. Also, the convenient sampling would include a sample frame of all schools in Zangon-Kataf obtained from the LGA office, which are accessible.

Data Collection Tools: The data was collected using open-ended questions with information on their socio-demographic data, patterns/forms of abuse experienced, type of perpetrators of the abuse, support received if any and the eventual outcome. A self-administered semi-structured questionnaires organized in sections.

Statistical Analysis: Data so collected was analyzed and expressed as frequencies and percentages with SPSS version 22. The relationship between GBV and some variables was analyzed using Chi-square (or Fisher’s exact where applicable) were used for the analysis and values at $P \leq 0.05$ was considered statistically significant.

Ethical Considerations: Ethical approval was obtained from the Ethical Committee Human Research of the Ministry of Health, Kaduna State. The adolescents would be informed of the research aim and asked to provide informed consent for those more than 15 years and provide ascent for those that are less than 15 years of age from their parents or their teachers who would stand in as their guardians. Privacy and confidentiality were assured.

RESULTS

Table 1a: Background Information of Respondents

Gender of the Respondents		
Male	88	44
Female	112	56
Total	200	100

Table1a examines the socio-demographic data of the respondents. Based on the age of the respondents, 40% of the respondents fall within the age bracket 10 – 14 years, 60% are within the age bracket 15 – 19 years. This implies that majority of the respondents fall within the age bracket 15 – 19 years. The gender of the respondents shows that 44% of the respondents are male, while 56% are female. This implies that majority of the respondents are female.

Table 1b:

Educational level of the Respondents		
Primary school	32	16
Secondary school	61	30.5
Tertiary education	90	45
No formal education	17	8.5
Total	200	100

The educational level of the respondents reveals that 16% attained primary education, 30.5% attained secondary education, 45% attained tertiary education, while 8.5% attained no formal education. This implies that the majority of the respondents attained tertiary education.

Table 1c:

Marital Status of the Respondents		
Single	104	52
Married	68	34
Divorced/Separated	9	4.5
Widowed	19	9.5
Total	200	100

Based on the marital status of the respondents, 52% of the respondents are single, 34% are married, 4.5% are divorced / separated, while 9.5% are widowed. This implies that the majority of the respondents are single.

Table 1d:

Occupational Status of the Respondents		
Employed	32	16
Unemployed	58	29
Student	88	44
Homemaker	22	11
Total	200	100

The occupational status of the respondents shows that 16% of the respondents are employed, 29% are unemployed, 44% are students, while 11% are homemakers. This implies that majority of the respondents are students.

Table 2: Have you ever experienced gender-based violence (GBV)

Variables	Frequency	Percent
Yes	138	69
No	62	31
Total	200	100

Table 2 examines if respondents have ever experienced gender-based violence, 138 of the respondents representing 69% affirmed that they have experienced gender-based violence, while 31% stated that they have never experienced gender-based violence.

Table 3: What type of GBV experienced by respondents

Variables	Frequency	Percent
Physical violence	61	30.5
Sexual violence	25	12.5
Emotional/psychological violence	78	39
Economic violence	28	14
Others	8	4
Total	200	100

Table 3 highlights the type of gender-based violence respondents have ever experienced, 30% of the respondents have ever experienced physical violence, 12.5% have experienced sexual violence, 39% have

experienced emotional/psychological violence, 14% have ever experienced economic violence, while 4 have experienced other forms of violence.

Table 4: Frequency of occurrence of GBV in the past year

Variable	Frequency	Percent
Never	52	26
Rarely (1-2 times)	82	41
Occasionally (3-5 times)	48	24
Frequently (more than 5 times)	18	9
Total	200	100

Table 4 examines how frequent respondents have experienced GBV in the past year. 26% of the respondents affirmed that they have never experienced gender-based violence, 41% have rarely experienced

gender-based violence in the past year, 24% have occasionally experienced gender-based violence in the past year, while 9% have frequently experienced gender-based violence in the past year.

Table 5: GBV incidents occurring among the respondents

Variables	Frequency	Percent
Home	41	20.5
School	25	12.5
Community	62	31
Workplace	50	25
Others	22	11
Total	200	100

Table 5 examines where the gender-based violence occurred most frequently, 20% of the respondent affirmed that it happened frequently at home, 12.5% stated that it happened frequently at school, 31%

assert that it happened frequently in their community, 25% opined that it happened more frequently at their workplace, while 11% maintained that it happened at other places.

Table 6: Awareness of instances of GBV happening among female respondents

Variable	Frequency	Percent
Yes	108	54.0
No	67	33.5
Not sure	25	12.5
Total	200	100.0

Table 6 examines awareness of instances of gender-based violence happening to female adolescents in their community. 54% of the respondents affirmed that

they are aware of instances of gender-based violence happening to female adolescents in their community, 33.5% are not aware, while 12.5% are not sure.

Table 7: Barriers preventing adolescents from reporting GBV incidents in your community

Variables	Frequency	Percent
Yes	116	58
No	57	28.5
Not sure	27	13.5
Total	200	100

Table 7 examines barriers preventing adolescents from reporting gender-based violence. 58% of the respondents affirmed that there are any barriers preventing adolescents from reporting gender-based

violence, 28.5% maintained that are no barriers preventing adolescents from reporting gender-based violence, while 13.5% are not sure.

Table 8: Support services available for GBV survivors in your community

Variables	Frequency	Percent
Yes	32	16
No	89	44.5
Not sure	79	39.5
Total	200	100

Table 8 examines support services available for gender-based violence survivors in their community. 16% of the respondents are of the view that there are adequate support services available for gender-based violence survivors in their community, 44.5% opined that there are no adequate support services available for gender-based violence survivors in their community. While 39.5% are not sure

DISCUSSION

Prevalence of GBV among adolescents

The study revealed that 69% of the respondents have experienced gender-based violence. This high prevalence rate is consistent with global trends in conflict settings. According to the World Health Organization (WHO), one in three women worldwide have experienced either physical or sexual violence in their lifetime, with higher prevalence in conflict zones (WHO, 2021). Similarly, a report by the United Nations Population Fund (UNFPA) highlighted that conflict exacerbates GBV, with adolescents being particularly vulnerable (UNFPA, 2020). This is corroborated by (DHS,2021 and Sardinha *et al.*,2022) respectively that in 36 of 54 countries, at least 20% of adolescent girls aged 15-19 years had experienced physical violence since the age of 15, or had experienced sexual violence, with reported levels as high as 55% while on a global scale, one-third of adolescent girls aged 15–19 have experienced physical and/or sexual violence by their partner. This high prevalence rate highlights the pervasive nature of GBV in the community under study and its global spread.

In Nigeria, the prevalence of GBV is also significant. The National Demographic and Health Survey (NDHS) 2018 reported that 30% of women aged 15-49 have experienced physical violence, while 7% have experienced sexual violence (National Population Commission, 2018). Specifically, in Kaduna State, a survey by Human Rights Watch (2022) indicated that GBV incidents are alarmingly high, especially among young girls in conflict-affected areas. From our study, the significantly prevalence of GBV is most likely due to age and educational attainment which predisposes them to further vulnerabilities during times of conflict.

Forms of GBV Experienced

The study found that emotional/psychological violence was the most common form of GBV experienced by respondents (39%), followed by physical violence (30.5%), economic violence (14%), and sexual violence (12.5%). This finding aligns with global patterns where emotional and psychological violence often goes unreported but is highly prevalent. The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) reports that emotional abuse is a common form of GBV globally, often underreported due to its less visible nature compared to physical or sexual violence (UN Women, 2020).

Another study by Ilyasu *et al.*, (2011) recorded emotional/ psychological violence as the most prevalent form of GBV among their study population. This also agrees with a study conducted in schools in Ethiopia reporting a 98% prevalence of emotional violence among students. This finding underscores the need to address not only physical forms of violence but also the psychological and economic aspects of GBV. Iram *et al.*, 2014 argues that the impact of psychological abuse on children can involve a variety of mental health concerns such as post-traumatic stress disorder, major depressive disorder, personality disorders, low self-esteem, aggression, anxiety, and emotional unresponsiveness.

In Nigeria, physical violence is reported more frequently, as shown in the NDHS 2018, which found higher rates of physical violence compared to emotional or sexual violence. However, the pattern in Kaduna reflects a similar trend to global findings where emotional/psychological violence is prominent, potentially due to the conflict-induced stress and trauma affecting adolescents.

Frequency and Location of GBV Incidents

The study indicated that 41% of respondents experienced GBV rarely (1-2 times in the past year), while 24% experienced it occasionally (3-5 times). Community settings (31%) and workplaces (25%) were identified as the most frequent locations for these incidents. This distribution suggests that GBV in Southern Kaduna is pervasive in public and semi-public spaces, reflecting a broader issue of safety in these environments. Further denoting that specific locations in

the community are associated with GBV perpetration towards adolescents which can be exacerbated during conflict times.

In a study conducted in Yaoundé, Cameroon on adolescents, 30% of the GBV were perpetrated by classmates or other school friends of the victims and about 8% by teachers, family friends, neighbors, and strangers (Ilyasu *et al.*, 2011). This is in contrast to our findings among adolescents in southern Kaduna.

Comparatively, global data suggests that GBV in conflict settings often occurs in homes and community settings due to the breakdown of social order and law enforcement (UNHCR, 2021). In Nigeria, the situation mirrors this, with community and household settings being common sites for GBV, exacerbated by economic and social instability (Amnesty International, 2021).

Awareness and Barriers to Reporting of GBV

The study showed that 59% of respondents have sought help or support for GBV-related issues, primarily from friends (34.5%) and family (21.5%). However, 58% identified barriers to reporting GBV incidents, such as stigma, fear of retribution, and lack of trust in law enforcement. This can be attributed to lack of awareness on GBV as cultural norms can prevent action taken when GBV incidences occur.

These findings resonate with global challenges in GBV reporting. The WHO highlights that barriers to reporting GBV include fear of stigma, lack of confidence in justice systems, and inadequate support services (WHO, 2021). In Nigeria, cultural norms and inadequate legal protections further hinder GBV reporting and support (Human Rights Watch, 2022). Adolescents in this study might experience specific context barrier to reporting incidences of GBV.

CONCLUSIONS

It is crucial to recognize that gender-based violence not only violates the fundamental human rights of adolescents but also perpetuates harmful gender norms and inequalities. Addressing this issue requires a multi-faceted approach involving community engagement, legal reforms, and the provision of comprehensive support services for survivors.

The prevalence of GBV among adolescents is alarmingly high, with respondents being subjected to various forms of abuse. Physical violence, such as beatings, sexual assault, and forced labor, are the most prevalent forms of gender-based violence in these conflict settings. Girls are often at a higher risk of sexual exploitation, trafficking, and early or forced marriages, which can have severe physical and psychological consequences. Boys, on the other hand, are more susceptible to being recruited as child soldiers or forced into hazardous labor.

Psychological and emotional abuse, including verbal harassment, intimidation, and humiliation, are also common forms of gender-based violence experienced by adolescents in Southern Kaduna. These forms of abuse can have long-lasting effects on the mental well-being and development of the affected individuals.

Efforts should be made to raise awareness about the various forms of gender-based violence and its detrimental impact on individuals, families, and communities. Additionally, ensuring access to education, healthcare, and economic opportunities for adolescents, particularly girls, can empower them and reduce their vulnerability to violence.

RECOMMENDATIONS

- i. Adolescent survivors of gender-based violence often face significant barriers in accessing essential services such as healthcare, psychosocial support, legal aid, and safe shelters. It is crucial to establish or strengthen these services, before and during conflict to ensure that they are age-appropriate, gender-sensitive, and accessible to adolescents.
- ii. Creating safe spaces where adolescents, particularly girls, can gather, learn, and engage in recreational activities can foster a sense of community and empowerment. These spaces should provide opportunities for skill development, leadership training, and peer support, helping adolescents build resilience and mitigate the risk of gender-based violence during times of conflict.
- iii. Addressing the root causes of conflict in Southern Kaduna is essential to reducing gender-based violence. Efforts should be made to promote dialogue, reconciliation, and peace building initiatives that involve adolescents, community leaders, and relevant stakeholders. This can contribute to creating a more stable and secure environment where gender-based violence is less likely to occur.

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Cite This Article: Victoria Seun Ajibade, Tensaba Andes Akafa, Gloria Omonefe Oladele, Artu Ishishen John, Ocheifa Matthew Ngbede (2025). From Awareness to Barriers of Reporting Prevalence and Forms of Gender Based Violence among Adolescents in Conflict Settings. *East African Scholars J Med Sci*, 8(2), 77-84.
