

EIRA Journal of Arts, Law and Educational Sciences (EIRAJALES)
Journal homepage: https://eirapublisher.com/eirajales/
Email: office.eirapublisher@gmail.com
ISSN: 3108-1118 (Online)
Volume 2, Issue 6, (November-December) 2026
DOI: https://doi.org/10.5281/zenodo.24238653

Gender-Based Violence among Displaced Women in IDP Camps in Adamawa State, Nigeria: Forms, Contributing Factors and Consequences for Wellbeing

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Article history:
Received: 08/09/2026
Accepted: 20/10/2026
Published: 15/11/2026

Keywords: *gender-based violence; internally displaced persons; IDP camps; Adamawa State; humanitarian protection; Northeast Nigeria.*

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Abstract **Original Research Article**

Background: *Gender-based violence (GBV) is a major protection concern in Northeast Nigeria, where a prolonged insurgency has displaced millions of people. Evidence from Adamawa State remains limited, particularly studies that combine survey data with the views of protection practitioners.*

Objective: *To examine the forms of GBV, the factors contributing to it, and its consequences for the wellbeing of displaced women in IDP camps in Girei, Gombi and Fufore Local Government Areas (LGAs), Adamawa State.*

Methods: *A convergent mixed-methods design was used. A structured questionnaire was administered to 384 displaced women aged 18 years and above, selected through multistage sampling from a target population of 6,600, and semi-structured interviews were held with 12 purposively selected key informants from humanitarian, camp-management, health, security and community institutions. Quantitative data were analysed descriptively and qualitative data thematically; findings were triangulated.*

Results: *Respondents endorsed psychological abuse (M = 3.48), sexual harassment and exploitation (3.42), economic exploitation (3.39), domestic and intimate partner violence (3.35) and physical violence (3.31) as the main forms of GBV (grand mean = 3.39). Poverty and economic dependence (3.56), poor lighting and insecure sanitation (3.52) and overcrowded shelter (3.49) were the strongest contributing factors (grand mean = 3.50). Psychological trauma (3.61), stigma and isolation (3.53) and physical injury (3.48) were the most endorsed consequences (grand mean = 3.50). Interviews showed that dependence on aid, unsafe camp infrastructure and fear of stigma or of losing assistance sustained abuse and suppressed reporting.*

Conclusions: *GBV in the camps is multi-form and structurally produced, and its consequences extend beyond health to livelihoods and social participation. Protection-sensitive camp design, confidential survivor-centred services backed by the Adamawa State Violence Against Persons (Prohibition) Law, and livelihood support paired with norm change are priorities.*

Recommendation: Camp management, State authorities and humanitarian partners should light access routes, provide lockable, gender-segregated sanitation facilities close to shelters, reduce overcrowding, and run regular women-led safety audits as part of GBV risk mitigation.

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How to cite this article: Ishaku M. & Bashir A. (2026). Gender-Based Violence among Displaced Women in IDP Camps in Adamawa State, Nigeria: Forms, Contributing Factors and Consequences for Wellbeing. EIRA Journal of Arts, Law and Educational Sciences (EIRAJALES). 2(6) 41-49.

1. Introduction

Gender-based violence (GBV) is a violation of human rights and a major public health problem. A 2025 update by the World Health Organization (WHO) and partners estimated that some 840 million women have experienced partner or

non-partner sexual violence in their lifetime (WHO, 2025). Armed conflict and displacement magnify these risks. A meta-analysis of population-based studies estimated that 39% of women and girls in conflict-affected settings have experienced intimate partner violence (IPV) and 21% non-partner sexual violence (Murphy et al., 2024). Displacement removes the family, community and institutional structures that ordinarily protect women, while creating new exposures such as crowded shelter, shared sanitation and dependence on aid (Inter-Agency Standing Committee [IASC], 2015).

Northeast Nigeria illustrates the problem. Nearly 8 million people there need humanitarian assistance, including 1.8 million women of reproductive age (United Nations Population Fund [UNFPA], 2024), and the 2025 Humanitarian Needs and Response Plan identifies GBV needs as critical, driven by conflict, displacement, floods and the erosion of community structures (United Nations Office for the Coordination of Humanitarian Affairs [OCHA], 2025). The north-east records the highest displacement in Nigeria (UNHCR, 2025), and the International Organization for Migration (IOM, 2024) continues to document the needs of conflict-affected populations. Adamawa State, where an estimated 213,467 people were displaced in 2020 (IOM, as cited in Omotelola, 2023), has hosted households fleeing attacks in areas such as Madagali, Michika and Mubi, many of whom live in camps and camp-like settings with limited shelter, health care, livelihoods and protection services.

Existing Nigerian scholarship includes qualitative and legal analyses of GBV in north-eastern camps (Abdulgani, 2024; Mustapha, 2023), a desk-based synthesis for Benue State (Edoka Ali, 2025) and several studies of the mental health of IDPs, including in Adamawa (Omotelola, 2023). To the authors' knowledge, few studies in Adamawa jointly examine the forms, drivers and consequences of GBV among camp-resident women and triangulate survey findings with the accounts of protection practitioners. A review of IPV in humanitarian settings also found little evidence on its non-health impacts (Meinhart et al., 2021).

This study addresses that gap. It examines GBV among displaced women in IDP camps in Girei, Gombi and Fufore LGAs, guided by three research questions: (RQ1) What forms of GBV do displaced women experience in the camps? (RQ2) What factors contribute to its occurrence? (RQ3) What are its consequences for women's physical, psychological, social and economic wellbeing? The paper reviews the relevant literature and framework (Section 2), describes the methods (Section 3), reports results (Section 4), discusses them against current evidence (Section 5), and closes with conclusions and recommendations (Sections 6 and 7).

2. Literature Review and Theoretical Framework

2.1 Key concepts

GBV refers to harmful acts directed at a person because of gender and includes physical, sexual, psychological and economic violence. The United Nations General Assembly (1993) described violence against women as a manifestation of historically unequal power relations between women and men. In humanitarian settings, the IASC (2015) frames GBV prevention as a responsibility of every sector, not only of specialist GBV services. Internally displaced persons are people forced to flee their homes, especially because of armed conflict, violence or disaster, without crossing an international border (Cohen & Deng, 1998; United Nations, 1998). In this paper, protection means the creation of safe environments, accessible and confidential reporting channels, and survivor services (IASC, 2015).

2.2 Theoretical framework

The study draws on Connell's (1987) theory of gender and power, which explains gender inequality through three interlocking structures: the sexual division of labour (who earns and controls resources), the sexual division of power (who decides and who enforces) and the structure of cathexis (the social organisation of intimate and emotional relationships). Displacement stresses all three. Women who farmed or traded lose productive resources and become dependent on aid or on others; authority over shelter, food and movement passes to household heads, camp officials and other gatekeepers; and crowding and family separation disturb intimate relationships. Intersectionality (Crenshaw, 1991) complements this account by showing that gender, displacement status, poverty, marital status and other positions combine to distribute risk unevenly, an insight applied to IDP women in northern Nigeria by Abdulgani (2024). The framework yields three expectations that structure the analysis: GBV will take several forms linked to power relations (RQ1); its drivers will be largely structural, including economic dependence and unsafe camp conditions (RQ2); and its consequences will be cumulative, extending from health to livelihoods and social standing (RQ3).

2.3 Forms of GBV in displacement

Sexual violence and IPV are the two most documented forms in humanitarian settings. A systematic review put prevalence estimates for sexual violence among women in emergencies at 21–53% and for IPV at 12–80%, noting under-reporting, and observed that IPV is as prevalent as, or more prevalent than, sexual violence (Spangaro et al., 2021; see also Stark & Ager, 2011). Reported patterns in Nigerian camps include sexual exploitation and survival sex, with one synthesis for Benue State reporting 33.2% prevalence of sexual exploitation and 12.2% of IPV (Edoka Ali, 2025). National survey data provide a non-displaced benchmark: the 2018 Demographic and Health Survey recorded physical violence since age 15 among 31% of women and sexual violence among 9% (National Population Commission [NPC] & ICF, 2019), while the 2024 survey reported 19% and 5% respectively (Shah et al., 2026).

2.4 Contributing factors

Reviews of humanitarian settings list extreme poverty, loss of livelihoods, disrupted family and community protection, loss

of legal protections and transactional sex among the drivers of sexual violence and IPV (Spangaro et al., 2021). Camp conditions matter directly: the IASC (2015) notes that sanitation facilities lacking privacy, lighting or locks raise the risk of sexual violence, and that camp and camp-like settings heighten risk for women and girls. Institutional weakness compounds these conditions. Nationally, more than half of women who experience physical or sexual violence never seek help (NPC & ICF, 2019), and humanitarian actors are still working to embed GBV risk mitigation in organisational systems (GBV Guidelines, n.d.). Adamawa State enacted its Violence Against Persons (Prohibition) Law in 2021, following the national Act of 2015 (Partners West Africa Nigeria, n.d.), but implementation depends on awareness, referral pathways and resources.

2.5 Consequences

Violence against women has short-, medium- and long-term effects on physical and mental health and wider social and economic consequences (WHO, 2021). Studies of IDPs in the north-east report heavy mental-health burdens, including high proportions of IDPs with symptoms of post-traumatic stress disorder (PTSD) and depression in Yobe State (Ibrahim et al., 2023), camp residence as the strongest predictor of depression, anxiety and stress in a comparison with host communities (Salihu et al., 2022), and high post-traumatic stress and depression among IDPs in Adamawa (Omotelola, 2023). A continental meta-analysis estimated pooled PTSD prevalence at 51% among IDPs in Africa and identified female gender as a risk factor ("Post-traumatic stress disorder and associated factors," 2024). These studies do not isolate GBV, and evidence on its economic and social consequences in humanitarian settings is thin (Meinhart et al., 2021), which this study seeks to address.

3. Methods

3.1 Study setting and design

The study was conducted in selected displacement settings in Girei, Gombi and Fufore LGAs of Adamawa State, Northeast Nigeria. A convergent mixed-methods design was adopted: quantitative and qualitative data were collected during the same fieldwork period in 2026, analysed separately and merged at interpretation to corroborate and extend findings.

3.2 Participants and sampling

The target population comprised 6,600 adult women displaced by insurgency, communal conflict or other insecurity and living in the selected settings. The accessible population was established from camp registration records and displacement tracking information supplied by humanitarian agencies and camp management. Women aged 18 years or older who were resident in the selected settings were eligible.

The survey sample size was calculated with Cochran's formula for proportions ($n = z^2pq/e^2$) at a 95% confidence level ($z = 1.96$), maximum variability ($p = 0.5$) and a 5% margin of error, giving $n = 384$. No finite-population correction was applied; with correction the requirement would be about 363, so the sample is slightly larger than strictly necessary. A multistage procedure was used: (1) the three LGAs were purposively selected for their relevance to displacement and humanitarian protection; (2) eligible women were identified from registration records and community enumeration; and (3) respondents were drawn by simple random sampling from the available frames, with proportional allocation across locations where reliable population figures existed.

For the qualitative component, 12 key informants were selected purposively to represent humanitarian organisations, camp management, health care providers, GBV response personnel, security agencies, and community or religious leaders.

3.3 Instruments and data collection

The study employed a structured questionnaire and a semi-structured interview guide for data collection. The questionnaire covered respondents' demographic characteristics, perceptions of the forms of gender-based violence (GBV), contributing factors and consequences, and awareness of available protection services. Items relating to the forms, causes and consequences of GBV were measured using a four-point Likert scale: strongly agree (4), agree (3), disagree (2) and strongly disagree (1). The interview guide explored protection challenges, reporting mechanisms, survivor support and humanitarian interventions.

The instruments were subjected to face and content validation by three experts in peace and security studies and research methodology to ensure their clarity, relevance and adequacy in addressing the study objectives. A pre-test was conducted among 30 respondents in a community outside the selected study locations. The questionnaire's reliability was assessed using Cronbach's alpha, with a proposed coefficient of 0.82. The questionnaire was administered in English and Hausa, with assistance provided where necessary to ensure respondents' understanding. Six enumerators were engaged and trained for two days on the study objectives, ethical considerations, questionnaire administration, confidentiality and appropriate procedures for engaging GBV survivors and other vulnerable respondents.

3.4 Data analysis

Quantitative data were summarised with frequencies, percentages, means and standard deviations; an item was treated as endorsed when its mean met the criterion mean of 2.50. Interviews were transcribed and analysed thematically through coding, categorisation and identification of recurring themes. Results were integrated using a joint display (Table 4).

3.5 Ethical considerations

The study observed established ethical principles throughout the data collection process. Respondents were informed about

the purpose of the research and their participation was based on voluntary informed consent. They were assured of confidentiality, anonymity and the right to withdraw from the study at any stage without penalty. Interviews were conducted in private settings, and no respondent was pressured to disclose personal experiences of gender-based violence. Referral information was made available where necessary to facilitate access to appropriate support services. A survivor-centred approach guided the research process, prioritising participants' safety, dignity, privacy and protection from further harm.

4. Results

4.1 Respondent profile

Table 1: Respondents' Demographic Characteristics and Response Rate

Variable	Category	Frequency	%
Age	18–25	86	22.4
	26–35	124	32.3
	36–45	98	25.5
	46 and above	76	19.8
Marital status	Married	246	64.1
	Single	58	15.1
	Widowed	62	16.1
	Divorced/separated	18	4.7
Education	No formal education	112	29.2
	Primary	96	25.0
	Secondary	128	33.3
	Tertiary	48	12.5
Pre-displacement occupation	Farming	118	30.7
	Trading	92	24.0
	Daily wage	64	16.7
	Civil service	18	4.7
	Artisan	42	10.9
	Unemployed	50	13.0
Camp stay	Below 1 year	72	18.8
	1–3 years	164	42.7
	4–6 years	108	28.1
	Above 6 years	40	10.4
LGA	Mubi North	160	41.7
	Girei	128	33.3
	Ganye	96	25.0
Response rate	Valid questionnaires	384	96.0
	Not returned/invalid	16	4.0
	Total administered	400	100.0

Source: *Field Survey, 2026*

The table shows that respondents aged 26–35 formed the largest age group (32.3%), while married respondents constituted 64.1%. Secondary education was the most common educational level (33.3%), and farming was the leading pre-displacement occupation (30.7%). Most respondents had stayed in the camps for 1–3 years (42.7%). Mubi North accounted for the largest share (41.7%), while the questionnaire response rate was 96.0%.

4.2 Forms of GBV (RQ1)

All five forms of GBV were endorsed (Table 1; grand mean = 3.39). Psychological abuse and intimidation were rated highest (M = 3.48, SD = 0.68) and physical violence and

assault lowest ($M = 3.31$, $SD = 0.79$). The spread between the highest- and lowest-rated forms is only 0.17, so the ordering is indicative rather than evidence of clear differences in severity or frequency.

***Table 1**: Respondents' ratings of the forms of gender-based violence in IDP camps (N = 384)*

Rank	Form of GBV	M	SD	Remark
1	Psychological abuse and intimidation	3.48	0.68	Endorsed
2	Sexual harassment and exploitation	3.42	0.71	Endorsed
3	Economic exploitation and deprivation	3.39	0.73	Endorsed
4	Domestic and intimate partner violence	3.35	0.76	Endorsed
5	Physical violence and assault	3.31	0.79	Endorsed
	Grand mean	**3.39**		**Endorsed**

Note. Items ranked by mean. Source: Field survey, 2026.

Key informants said GBV in the camps went well beyond sexual violence to include intimidation, domestic abuse, economic exploitation and harassment, each tied to the physical and economic conditions of camp life:

> "Displaced women faced considerable protection risks when accessing sanitation facilities, collecting water, or engaging in informal economic activities. Some of these locations were poorly secured, making women vulnerable to harassment and intimidation." (Humanitarian protection officer)

> "Economic dependence and overcrowded living conditions could intensify household tensions and expose women to domestic violence. … This dependence sometimes limited their ability to report abuse or leave violent relationships." (Camp management informant)

> "Women who depended on others for food, shelter, and financial assistance were particularly vulnerable to exploitation. Fear of losing access to essential support also discouraged some women from reporting abuse." (Gender protection officer)

Together, these accounts locate risk in particular places (water points, sanitation facilities, informal work sites) and relationships (dependence on a spouse or on a provider of aid), and describe fear of losing support as a brake on reporting.

4.3 Factors contributing to GBV (RQ2)

All five factors were endorsed (Table 2; grand mean = 3.50). Poverty and economic dependence were rated highest ($M = 3.56$, $SD = 0.64$), followed by poor lighting and insecure sanitation facilities ($M = 3.52$), while gender inequality and harmful social norms was rated lowest ($M = 3.45$, $SD = 0.72$).

***Table 2**: Respondents' ratings of factors contributing to gender-based violence (N = 384)*

Rank	Contributing factor	M	SD	Remark
1	Poverty and economic dependence	3.56	0.64	Endorsed
2	Poor lighting and insecure sanitation facilities	3.52	0.66	Endorsed
3	Inadequate shelter and overcrowding	3.49	0.69	Endorsed
4	Weak protection and reporting mechanisms	3.47	0.70	Endorsed
5	Gender inequality and harmful social norms	3.45	0.72	Endorsed
	Grand mean	**3.50**		**Endorsed**

Note. Items ranked by mean. Source: Field survey, 2026.

Interviews pointed to three linked mechanisms: dependence on assistance, unsafe infrastructure, and stigma and fear of retaliation.

> "Some displaced women depended entirely on humanitarian support or assistance from other individuals to meet their basic needs. This situation could expose them to exploitation, especially when access to food, shelter, and other essential services was conditional on personal relationships." (Humanitarian worker)

> "Women and girls often experienced difficulties accessing sanitation facilities at night because of insufficient lighting and inadequate security arrangements. Overcrowding also reduced privacy and increased the possibility of harassment within shared living spaces." (Community protection informant)

"Some women were reluctant to disclose their experiences because they feared being blamed by family members or rejected by their communities. Others were concerned that reporting abuse could expose them to further threats or compromise their access to assistance." (Key informant)

4.4 Consequences of GBV (RQ3)

All five consequences were endorsed (Table 3; grand mean = 3.50). Psychological trauma and emotional distress were rated highest ($M = 3.61$, $SD = 0.62$), followed by social stigma and isolation ($M = 3.53$), and reduced participation in community activities lowest ($M = 3.42$, $SD = 0.75$).

***Table 3**: Respondents' ratings of the consequences of gender-based violence (N = 384)*

Rank	Consequence	M	SD	Remark
1	Psychological trauma and emotional distress	3.61	0.62	Endorsed
2	Social stigma and isolation	3.53	0.66	Endorsed
3	Physical injuries and health complications	3.48	0.70	Endorsed
4	Loss of income and livelihood opportunities	3.46	0.73	Endorsed
5	Reduced participation in community activities	3.42	0.75	Endorsed
	Grand mean	**3.50**		**Endorsed**

Note. Items ranked by mean. Source: Field survey, 2026.

Informants described effects that persisted after the incident and spread into survivors' relationships, service use and incomes:

"Some women who experienced gender-based violence continued to struggle with psychological distress even after the immediate incident had been addressed. These experiences could affect their confidence, emotional wellbeing, and interactions with family members and other community members." (Healthcare provider)

"Some survivors feared being judged or blamed by members of their communities because of their experiences. This could lead to social withdrawal and reduce their willingness to access healthcare, protection services, or other forms of support." (Humanitarian worker)

"Some women experienced difficulties returning to their businesses or other livelihood activities because of physical injuries, emotional distress, or the social consequences of abuse. Additional healthcare expenses and the loss of income could also increase household financial pressure." (Livelihood support officer)

4.5 Integration of findings

Table 4 sets the two strands side by side. They converge on the multi-form and structural character of GBV, and the interviews extend the survey by showing how drivers and consequences interact over time.

***Table 4**: Joint display of quantitative and qualitative findings*

Research question	Survey result	Interview insight	Integration
RQ1 Forms	Five forms endorsed (grand M = 3.39); psychological abuse highest (3.48)	Risk concentrated at water, sanitation and work sites and within dependent households	Convergence: multiple forms; risk is situational and relational
RQ2 Factors	Poverty and dependence (3.56) and unsafe sanitation lighting (3.52) highest; norms lowest (3.45)	Aid dependence, unsafe infrastructure, stigma and fear of retaliation sustain abuse and silence	Convergence on material drivers; interviews add reporting barriers
RQ3 Consequences	Trauma (3.61), stigma and isolation (3.53), injury (3.48) highest	Persistent distress, social withdrawal, lost income and health costs	Expansion: consequences compound over time

Note. Means are on the survey rating scale.

5. Discussion

5.1 Forms of GBV

Respondents recognised five forms of GBV, with psychological abuse and intimidation rated highest. This ordering is consistent with national evidence that emotional abuse is the most commonly reported form of IPV in Nigeria (Shah et al., 2026) and with reviews finding IPV as prevalent as, or more prevalent than, sexual violence in humanitarian settings (Spangaro et al., 2021; Stark & Ager, 2011). It cautions against a sexual-violence-only lens in camp programming. The second-ranked form, sexual harassment and exploitation, accords with reports of transactional and survival sex in Nigerian camps (Edoka Ali, 2025) and with

informants' accounts of exploitation by people who control access to aid or services. Two cautions apply. The survey measured perceived salience, not prevalence, so it cannot be compared directly with household survey figures such as 19% physical and 5% sexual violence in the 2024 national survey (Shah et al., 2026). And the narrow spread of means means that rankings should not be over-interpreted.

5.2 Contributing factors

Poverty and economic dependence were the most strongly endorsed driver, closely followed by poor lighting and insecure sanitation. The first fits Connell's (1987) argument that the division of labour and the distribution of power shape exposure to violence: displacement removed women's access to farming and trade and made food, shelter and mobility contingent on others. It converges with reviews that list extreme poverty, lost livelihoods and transactional sex among the drivers of violence in crises (Spangaro et al., 2021) and with national evidence that seasonal or occasional workers have higher odds of sexual violence (Shah et al., 2026). The second reflects IASC (2015) guidance that facilities without privacy, lighting or locks raise the risk of sexual violence; these risks are modifiable and fall within camp management's remit.

Weak reporting mechanisms and stigma deserve particular attention. Nationally, over half of women who experience physical or sexual violence never seek help (NPC & ICF, 2019), and informants described fear of blame, retaliation or loss of assistance as keeping survivors silent, so administrative camp data probably understate the problem. Gender inequality and harmful norms was rated lowest, although still endorsed. One reading is that respondents attribute violence to material conditions they can observe, while norms that normalise violence are less visible to those living within them; this is speculative and warrants qualitative probing. An intersectional reading (Abdulgani, 2024; Crenshaw, 1991) also suggests that risk varies by marital status, age, disability and displacement history, which the aggregate data cannot show.

5.3 Consequences for wellbeing

Psychological trauma and emotional distress were the most endorsed consequence, followed by stigma and isolation. This mirrors the mental-health burden documented among displaced people in the region: very high proportions of IDPs screening positive for PTSD and depression in Yobe State (Ibrahim et al., 2023), camp residence as the strongest predictor of depression, anxiety and stress (Salihu et al., 2022), high post-traumatic stress and depression in Adamawa (Omotelola, 2023), and a pooled PTSD prevalence of 51% among IDPs in Africa, with female gender a risk factor ("Post-traumatic stress disorder and associated factors," 2024). Because those studies do not isolate GBV, they cannot attribute distress to violence; our findings indicate that GBV is one plausible contributor in women's accounts, within a wider context of loss and displacement.

The distinctive contribution of this study lies in non-health consequences, where humanitarian evidence is thin (Meinhart et al., 2021). Loss of income, health costs and reduced community participation were all endorsed, and informants described survivors unable to return to their livelihoods. These findings suggest a reinforcing cycle in which economic dependence raises exposure to exploitation and exploitation erodes the capacity to earn. The cycle is inferred from convergent accounts rather than tested, but it supports pairing survivor services with livelihood recovery.

5.4 Implications for policy and practice

Three implications follow. First, the strongest drivers can be changed through camp design and management, consistent with the IASC's call for GBV risk mitigation across all sectors (IASC, 2015) and with efforts to embed risk mitigation within organisational systems (GBV Guidelines, n.d.). Second, Adamawa's Violence Against Persons (Prohibition) Law, signed on 30 August 2021 (Partners West Africa Nigeria, n.d.), gives a legal basis for prosecution and survivor protection; its value in camps depends on awareness, referral pathways and the capacity of police and health facilities, issues examined for north-eastern camps by Mustapha (2023). Third, in conflict-affected settings economic-empowerment and gender-norm programmes, alone or combined, have shown promising but mostly non-significant reductions in violence and clearer mental-health gains (Spangaro et al., 2021), so livelihood support should be delivered with safeguards against backlash. These priorities are at risk from underfunding: only 31% of UNFPA's 2024 humanitarian appeal for Nigeria had been secured by November 2024 (UNFPA, 2024), and only 0.2% of development aid in 2022 went to programmes that prevent violence against women (WHO, 2025).

5.5 Strengths and limitations

Strengths include the triangulation of survey and practitioner data and the focus on an under-studied state. Several limitations qualify the findings. The survey captured perceptions rated on an agreement scale, not validated measures of prevalence, and responses are self-reported on a sensitive topic and may be affected by under-reporting and social desirability. The cross-sectional design precludes causal inference, and analysis was descriptive only. The LGAs were purposively selected and the sample was drawn from registered camp populations, so results cannot be generalised to Adamawa State or to IDPs living in host communities. The sample comprised adult women only; the experiences of men, boys, adolescents and children, who are also exposed to GBV, were not captured. Future studies should estimate prevalence with validated instruments, include men and adolescent girls, examine intersecting vulnerabilities such as disability and marital status, and evaluate interventions longitudinally.

6. Conclusion

GBV among displaced women in IDP camps in Girei, Gombi and Fufore takes multiple forms, with psychological abuse, sexual harassment and exploitation, economic exploitation, domestic violence and physical assault all recognised. It is driven chiefly by poverty and economic dependence, unsafe camp infrastructure and weak protection and reporting mechanisms, and its consequences reach beyond injury and trauma to stigma, lost income and reduced participation in community life. The findings support a protection response that treats GBV as structurally produced: it must reduce risk in camp design and aid delivery, make confidential survivor services and justice accessible, and restore women's economic independence.

7. Recommendations

1. **Make camps safer by design.** Camp management, State authorities and humanitarian partners should light access routes, provide lockable, gender-segregated sanitation facilities close to shelters, reduce overcrowding, and run regular women-led safety audits as part of GBV risk mitigation.
2. **Strengthen confidential, survivor-centred services and access to justice.** Health care, psychosocial support, legal aid and referral pathways should be available in or near every camp. Confidential reporting channels should be established, safeguards against exploitation by those who control aid should be enforced, and the Adamawa State Violence Against Persons (Prohibition) Law should be applied to camp cases, with protection for survivors against retaliation.
3. **Pair livelihood support with community engagement.** Vocational training, access to productive resources and financial assistance should be combined with community dialogue on gender norms and stigma, with monitoring for backlash, and supported by predictable, adequate funding and coordination among government, humanitarian and community actors.

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