

## **UNSEEN STRUGGLES: ADDRESSING ADOLESCENT GENDER-BASED VIOLENCE IN SOUTHERN KADUNA'S CONFLICT ZONES.**

**Victoria Seun Ajibade<sup>1</sup>, Tensaba Andes Akafa<sup>2</sup>, Artu Ishishen John<sup>3</sup>, Gloria Omonefe Oladele<sup>4</sup>, Lubabatu Abdulrasheed<sup>5</sup>, Ameh Godwin Okwori<sup>6</sup> and Kingsley Iyoko Iseko<sup>7</sup>**

**Affiliations:** <sup>1</sup>Department of Public Health Ahmadu Bello University Zaria

<sup>2</sup>Department of Community & Family Medicine, Faculty of Clinical Science, College of Health Sciences, Federal University Wukari, Taraba State, Nigeria

<sup>3</sup>Department of Internal Medicine, Jos University Teaching Hospital, Jos.

<sup>4</sup>Department of Family Medicine, Federal Medical Centre, Bida, Niger State. Nigeria

<sup>5</sup>Barau Dikko Teaching Hospital

<sup>6</sup>Lily Hospitals Warri, Delta State

<sup>7</sup>Limi Hospital Abuja-Nigeria

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### **Abstract**

**Background:** 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 into the investigation of Gender based violence among adolescents in conflict settings of Southern Kaduna, focusing on Zangon-Kataf.

**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:** 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. Additionally, addressing gender-based violence among adolescents in conflict settings like Southern Kaduna requires a collective commitment from local and international stakeholders, including governments, civil society organizations, and the international community.

**Keywords:** Gender Based Violence, Adolescents, Southern Kaduna

## 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). It subsists within the lifecycle of a patriarchal system which enables practices that deny women their rights. What differentiates GBV from other forms of violence is the risk factor of being a female gender. GBV is a key social construct used for actualizing the subordination of women since male hegemony-power being considered the generic patrimony of men is based on social control over women (Amoros, 1990). Hence, violating the rights of women is directly or indirectly used as a system to mainstream patriarchal values. Violence against women and girls usually happens in various forms such as physical, sexual, economic, and psychological (Abdulkarim and Baxter, 2016, Jhpiego, 2018). These forms of GBV do not happen alone but mostly alongside others. Depending on the kind of violence, there are a wide range of different cases of gender-based violence that negatively impacts their lives which could lead to mental health problems such as depression, anxiety disorders, physical injury, unsafe abortions, sexually transmitted diseases (STDs), reproductive health problems, unplanned pregnancy and in extreme cases death (Grose et al., 2020). Globally, traditional views on women contribute to the continuation of violence. The ability of a woman to make decisions that would allow her to stop the abuse is hampered by stereotypes that portray women as inferior to males (Jekayinfa, 1999). It's critical to comprehend the causes of and potential repercussions for female teenagers who become victims of violence against them to prevent similar issues in the future (Tristiana et al., 2023). Armed conflict is another relevant sociopolitical condition, during which GBV escalates (Benaggiano, 2010). In Cote d'Ivoire, 57.1% women reported experiencing physical or sexual violence after age 15 and 20.9% of women reported experiencing intimate partner violence (IPV) following armed conflict (Hossain et al., 2014). In Sierra Leone, 9% of women reported experiencing sexual assault during conflict (Amowitz et al., 2002). Ethiopia also has high prevalence of GBV during periods of armed conflict (Wirtz et al., 2013) sexual violence and intimate partner violence (IPV) are prevalent during and after armed conflicts (Hossain et al., 2014). The outcome of experiencing GBV due to armed conflict leads to physical, mental,

psychological, and social problems. It has been linked to post-traumatic stress disorder, recurrent nightmares, irritability, physical pain, suicidal thoughts, and loss of self-esteem. Also included are health problems, backaches, and gastrointestinal problems (Gupta *et al.*, 2014). Other social impact of GBV in armed conflict includes limited educational and employment opportunities as well as stigmatization (Kelly *et al.*, 2011). Adolescents with adverse childhood events in conflict settings are susceptible to high-risk drug use and sexual behavior, predisposing them to STIs and becoming perpetrators as they become adults. This was demonstrated among boys in Sri Lanka who experienced adverse childhood events leading to a high risk of them being perpetrators of intimate partner violence (Fonseka *et al.*, 2015). Those who have experienced adverse childhood display increased parental stress (Steel *et al.*, 2016). Adolescence is a developmental phase that spans from infancy to adulthood usually from the ages of 13 to 19. The World Health Organization definition officially designates an adolescent as someone between the ages of 10 and 19 (WHO, 2020).

During times of conflict, children are particularly vulnerable with about two-thirds of children globally living in conflict-torn countries.

In 2022, approximately 468 million children (18.8%, or more than one in six) were living in conflict zones, with Africa having the highest number of children with about 183 million children (Conflict Trend, 2023). Armed conflict has a devastating impact on developmental indexes as well as social and economic values which leads to forced migration, refugee flows, capital flight, and the destruction of societies' infrastructure breeding violence in a bid for survival. While adults are affected, children experience varying levels of violence during and after the periods of conflict. By understanding the forms of violence experienced based on their gender identities, tailored mechanisms, and responses can be put in place to protect them from abuse.

Gender-based violence (GBV) is the physical, sexual, and psychological abuse of women and girls occurring in public or private life usually perpetrated by the male counterpart and rooted in unequal power relations between women and men affecting their mental state (Yazici, 2019). It is a global health problem that results in health hazards and ultimately can lead to death.

GBV continues to occur during situations of peace and armed conflict without consideration of human rights. Globally, it's been estimated that 35% of women have experienced Gender-based violence (Walsh *et al.*, 2015). Also, WHO has estimated that one in three women experience GBV in their lifetime. Most GBV go unreported and are considered insignificant by domestic laws tending towards injustice to survivors. It occurs globally regardless of socioeconomic class, religion, and culture (Mulunch *et al.*, 2020). The prevalence of interpersonal violence and abuse including domestic violence and rape also remains a significant issue within the state without established information on adolescent girls in the northwest part of Nigeria, particularly southern Kaduna. Numerous sources stated that there was a marked rise in GBV between 2015 and 2017 highlighting that sexual violence among women and adolescent girls rose from 63% in 2015 to 72.1% in 2016, with a small decline of 69.3% in 2017 according to the national bureau of statistics (2019). Because many go unreported, the numbers are far below the actual numbers (Idoko *et al.*, 2020).

With about 653 deaths between 2006 and 2014, Kaduna is the second most conflict-ridden state in Nigeria, after Plateau State. The state is home to more than thirty different ethnic groups, including the mostly Muslim Hausa/Fulani in the north and the largely Christian Atyap, Bajju, Jaba, Gbagyi, Ikulu, Numana, Kaninkon, and many others in the south (Paden, 2015). Since the rising conflict, especially in southern Kaduna, attention has

been drawn to GBV due to several factors that expose individuals who have been displaced, and their number will rise to over 90 million by the end of 2021 (UNHCR, 2022).

During such periods several vulnerable groups are exposed to danger with adolescent groups particularly girls uniquely at risk of gender-based violence in conflict settings because of an intersection of factors related to their age and gender. In general, adolescence is a period of physical, psychological, cognitive, and behavioral growth that is marked by several developmental milestones, including increased independence, new relationships, risk-taking, and the development of a sense of identity. It is a crucial and defining moment in a child's life. During times of crisis, adolescents encounter intersecting risks of violence of differing forms of risk-taking (Agarwal *et al.*, 2020). This happens alongside harmful social norms and practices experienced at a higher rate than their male counterparts. Experiences in adolescence might influence opportunities for the future, but adolescent girls in humanitarian settings rarely have decision-making authority and have little access to sexual and reproductive health information, resources, and services (Akresh *et al.*, 2012). Up to a third of adolescent girls living in a humanitarian setting report their first sexual encounter as having been forced. This heightened risk during periods of conflict reflects a continuum of violence (Agarwal *et al.*, 2020). Gender-based violence (GBV), including sexual violence, human trafficking, forced marriage, and sexual exploitation and abuse. Its forms include

**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).

**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.

**Psychological/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)

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

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

**Specific Objectives:**

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

II.To determine the forms of GBV among adolescents in the Zango-Kataf area of southern Kaduna

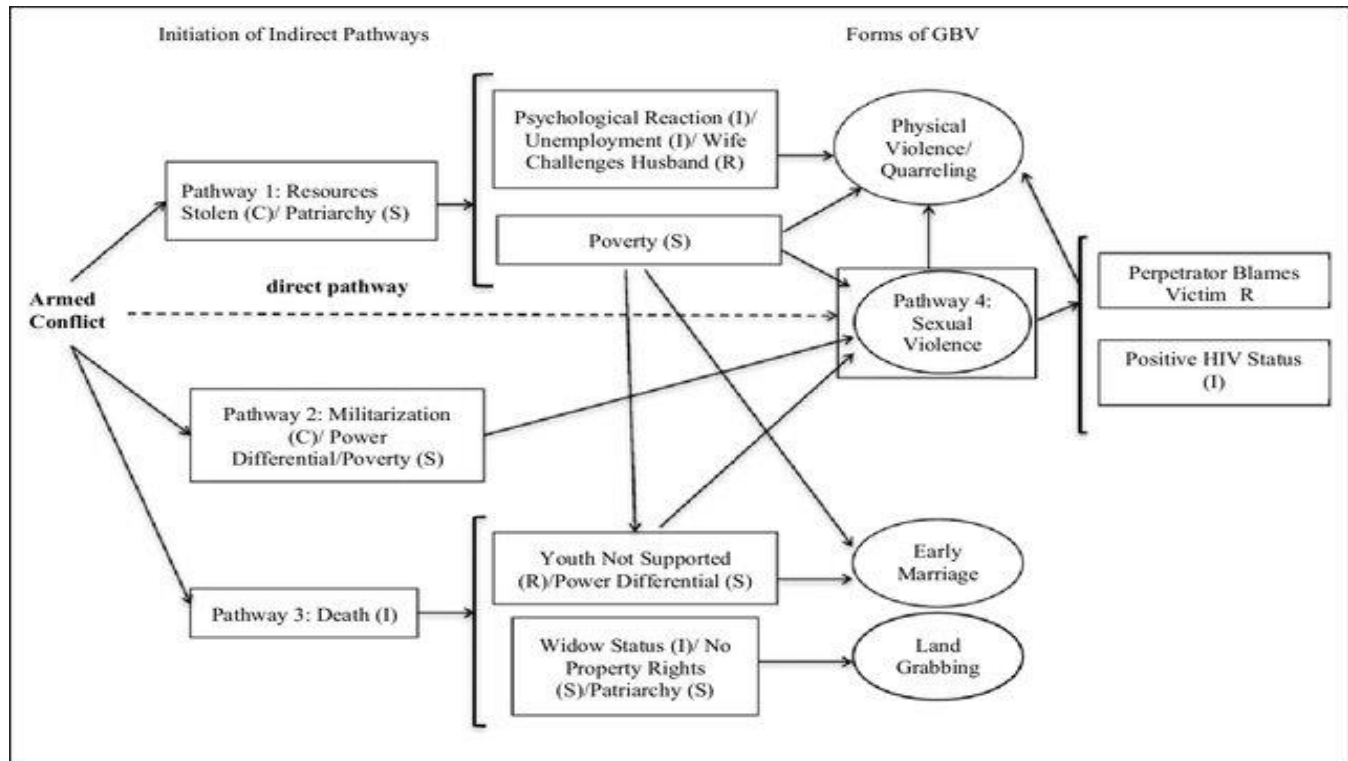


Fig 1: Community-informed conceptual diagram of how armed conflict relates to gender-based violence (Mootz *et al.*, 2017).

## MATERIALS AND METHOD

**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 that used survey questionnaires to collect data from secondary school students and community adolescents in 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

**Study Population:** The study population is adolescent boys and girls 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

$$N = Zpq/d^2$$

Where N = sample size

$$Z = 1.96$$

$$P = 0.788$$

$$Q = 1 - p = 0.212$$

$$D = 0.05$$

$$Q = 0.212$$

$$N = 1.96^2 \times 0.788 \times 0.212 / 0.05^2$$

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

$$N = 0.6417623296 / 0.0025$$

$$N = 256$$

**Sampling Technique:** The sampling technique was a mixture of 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 self-administered semi-structured questionnaires consisting of closed and open-ended questions with information on their socio-demographic data, patterns of abuse experienced, type of perpetrators of the abuse, support received if any and the eventual outcome.

**Statistical Analysis:** Data so collected was analyzed and expressed as mean + Standard Error of Mean (SEM). ) with SPSS version 22.

It was analyzed using one-way analysis of variance, ANOVA, and appropriate post-hoc tests. The relationship between GBV and some variables was analyzed using Chi-square (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 assure

## RESULTS

**Table 1a: Background Information of Respondents**

<b>Gender of the Respondents</b>		
Male	88	44
Female	112	56
Total	200	100

Table 1a 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:**

<b>Educational level of the Respondents</b>		
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, and 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 the respondents?**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
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**

<b>Variable</b>	<b>Frequency</b>	<b>Percent</b>
Never	52	26
Rarely (1-2times)	82	41
Occasionally (3-5tims)	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 Instances of GBV happening to female adolescents in your community**

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

Table 6 examines respondent's 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.

## DISCUSSION

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.

Concerning the forms of violence, 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.

## CONCLUSIONS

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. These forms of abuse can have long-lasting effects on the mental well-being and development of the affected individuals. Furthermore, the ongoing conflict in Southern Kaduna has disrupted access to education and healthcare services, leaving adolescents especially vulnerable. Girls may be forced to drop out of school due to safety concerns or the need to contribute to household income, while boys may be recruited into armed groups, further exacerbating the cycle of violence. 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. 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. Ultimately, addressing gender-based violence among adolescents in conflict settings like Southern Kaduna requires a collective commitment from local and international stakeholders, including governments, civil society organizations, and the international community. By prioritizing the protection and empowerment of adolescents, we can work towards creating a safer and more equitable society for all.

## **RECOMMENDATIONS**

- i. There is a pressing need to raise awareness about the various forms of gender-based violence, its consequences, and available support services. For conflict ridden locations, awareness campaigns should target adolescent's families, educational institutions, and community leaders, addressing cultural norms that promote gender-based violence before and during conflicts.
- ii. Existing laws and policies related to gender-based violence in conflict settings should be reviewed and strengthened to ensure effective prevention, protection, and support for adolescent victims. This includes ensuring that laws are enforced, and perpetrators are held accountable. Additionally, specific policies and protocols should be developed to address the unique needs of adolescents in conflict settings.

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