

The Prevalence of Gender-Based Violence in Akwa Ibom State, Nigeria.

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ABSTRACT

Background: The protection of women's right especially in a patriarchal setting like ours is of grave importance. Gender-based violence is a salient pandemic, affecting many lives in Nigeria. This phenomenon disproportionately affects women, who continue to face violence due to their vulnerability in a society dominated by men. The study examined the prevalence of gender-based violence in Akwa Ibom State, Nigeria.

Objectives: The study highlighted three objectives to include assessing the prevalence of sexual violence, physical violence, and emotional violence against women and girls in Akwa Ibom State, Nigeria.

Method: A descriptive research design was employed in this study and the population comprised women and girls with cases of gender-based violence in Akwa Ibom South. Simple random and snowball sampling techniques were used to draw a sample size of 150 respondents. Instrument for data collection was structured questionnaire and the data was analyzed with Statistical Package for Social Sciences through descriptive statistics.

Results: The research found that there is high prevalence of sexual and physical violence against women and girls in Akwa Ibom State; every woman/girl encounters emotional violence sometime in their life; there is low level of reporting incidents of sexual and physical violence; emotional violence is obviously considered insignificance and as such unreported.

Recommendations: The study recommends among others that the government, NGOs, and civil organizations should engage communities in discussions and actions against policies and cultural barriers affecting women's right, consistently raise awareness on GBV and its consequences, strengthen the legal framework to ensure laws against GBV are enforceable, and provide accessible and adequate support services to GBV survivors.

Keywords: sexual violence, physical violence, emotional violence, prevalence, perpetrators.

INTRODUCTION

Gender-based violence (GBV) is a pervasive issue of global concern, with a particular focus on developing

countries where the problem is often exacerbated by socio-cultural norms and economic challenges. Akwa Ibom State in Nigeria is no exception, with recent years witnessing an increasing trend in the incidence of GBV. GBV refers to violence directed at individuals based on their gender. It encompasses a range of abuses including physical, sexual, emotional, and psychological harm, as well as harmful traditional practices like child marriage and female genital mutilation (FGM). In Nigeria, GBV often affects women and girls disproportionately due to entrenched gender discriminatory norms and a pervasive culture of impunity (Nigerian Voice, Jan. 2024). Recent reports indicate that Nigeria has seen significant instances of GBV. For example, Benue State recorded about 4,000 cases of GBV in 2023 (Punch, Jan. 2024). There has also been an alarming increase in online gender-based violence, with challenges in prosecuting perpetrators due to legal system limitations (Guardian, Jan. 2024). The COVID-19 crisis further exacerbated the situation, leading to what has been referred to as a “Shadow Pandemic” of rising GBV, with life-threatening consequences for women and girls and a profound impact on their opportunities and life trajectory (United Nations, 2020). This issue is deeply rooted in societal structures and requires concerted efforts for prevention and redress.

In Akwa Ibom, approximately 59 percent of women have experienced sexual and domestic violence, indicating a high prevalence of GBV (FEYReP, 2023). 80 cases of gender based violence was recorded in 2019, and 18 culprits prosecuted (Vanguard, Nov. 2019). Between January and November, 2023, Akwa Ibom State recorded 321 cases of gender based violence together with 120 rape cases. 170 out of the 321 cases were intimate partner violence, most of which led to physical injury on the victims (Kristina reports, 2023). The state has taken steps to address this issue, with the government securing convictions for more than fifteen offenders (Daily Post, Oct. 2019). Additionally, the Akwa Ibom State Sexual and Gender Based Violence (SGBV) management committee reported 10 convictions in 2023, facilitated by the Violence Against Persons Prohibition (VAPP) law and the establishment of a response unit in the Ministry of Justice (Business Day, Jan. 2024); yet the rate of GBV in AKS, Nigeria is still alarming.

Sexual violence is a significant aspect of GBV. It is a form of GBV that involves sexual exploitation, forced sexual activity, and other forms of sexual coercion. According to the World Health Organization (WHO), sexual violence encompasses acts that range from verbal harassment to forced penetration (WHO, 2013). A study conducted by the Nigeria Demographic and Health Survey (NDHS, 2018) revealed that 31.5% of women in Nigeria have experienced sexual violence. Specific to Akwa Ibom State, the prevalence rate of sexual violence is alarmingly high, with the state being ranked third in the country for the highest incidence of rape (Punch, 2020). A study by Nwabunike and Tenkorang (2017) revealed a high prevalence of sexual violence in Nigeria, with the situation in Akwa Ibom State being of particular concern. The key constructs in this variable include incidents of rape, forced penetration, and verbal sexual harassment. A study by Okonofua et al. (2018) found that 31.5% of women in the state had experienced sexual violence. This high prevalence is linked to cultural norms and practices that perpetuate gender inequality and condone violence against women.

Physical violence is another critical component of GBV. It includes acts that cause physical harm or suffering, such as hitting, slapping, or causing injury with a weapon (WHO, 2013). A study by Antai (2011) found that domestic physical violence is prevalent in Nigeria, particularly in Akwa Ibom State. Another study by Antai (2011) further revealed that factors such as low socio-economic status, low educational attainment, and rural residence were associated with an increased risk of physical violence. According to the National Demographic and Health Survey (2018), about 30% of Nigerian women have experienced physical violence since the age of 15, with a 2017 report by the National Population Commission (NPC) and ICF revealing that 44.3% of women in the state have experienced physical violence.

Emotional violence, often overlooked, is a form of GBV that includes acts such as humiliation, control, and isolation (WHO, 2013). This form of violence can include verbal abuse, intimidation, and manipulation,

which can have long-lasting psychological effects on survivors. A study by Okemgbo, Omideyi, and Odimegwu (2002) found that emotional violence is pervasive in Nigeria, including Akwa Ibom State. A study by Fawole et al. (2017) found that 28.3% of women in Akwa Ibom State had experienced emotional violence. The study also found that women who were married or in a relationship were more likely to experience emotional violence (Fawole et al., 2017). The NDHS (2018) reported that 27% of Nigerian women have experienced emotional violence.

Efforts are being made to address and prevent gender-based violence in Akwa Ibom State, particularly in rural areas where traditional attitudes and norms can exacerbate the risk of such violence. Organizations like Women United for Economic Empowerment (WUEE) are actively working on projects supported by the UN Trust Fund to End Violence against Women. These initiatives aim to empower women and girls by providing them with access to justice, economic opportunities, and adequate services (Unwomen, 2023). Moreover, the state has seen collaborations with the Akwa Ibom State Ministry of Justice to revise and publish manuals on sexual and gender-based violence, guiding communities on prevention and response mechanisms. Training for police and judiciary officers is also conducted to improve the protection of victims and the prosecution of perpetrators.

While these measures are steps in the right direction, the state still faces challenges relating to insecurity, which can contribute to violence against women and girls. Issues such as cultism, communal disputes, and drug abuse are prevalent and often lead to acts of violence, including emotional violence (Policy Brief, 2021).

STATEMENT OF THE PROBLEM

GBV is a serious issue in Akwa Ibom State, Nigeria. A study conducted in Akwa Ibom and Cross River States revealed that a significant number of young adults, aged 15-39 years, are aware of the health and wellbeing impacts of GBV. The study found that 83.8% of respondents knew about these effects, and 64.6% recognized both long-term and short-term health effects on victims. Alarmingly, 47.9% of respondents had experienced at least one form of GBV (Obidile, Ndep, Ekwebene, Azubike, Obidile-Kwegbu, Umechinedu, & Ezeaka, 2022).

In response to the rising cases, the Akwa Ibom State government has approved GBV referral centers to address the issue. Furthermore, the implementation of the Violence Against Persons Prohibition Law (VAPP) has been a critical step in combating GBV in the state. Despite these efforts, challenges remain in overcoming the limitations to the full implementation of the VAPP Act and ensuring effective remedies for victims and punishment of offenders. The data indicates that GBV remains a pervasive issue that requires continuous attention and action from all sectors of society to protect the rights and well-being of individuals in Akwa Ibom State.

The issue of GBV has been widely studied in various contexts. For instance, the World Health Organization (WHO) has conducted extensive research on the global prevalence of GBV, highlighting that about one in three women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime (WHO, 2017). In Nigeria, a study by the National Population Commission (NPC) and ICF International (2014) found that 28% of women aged 15-49 have experienced physical violence since age 15. Additionally, a study by the Nigeria Demographic and Health Survey (NDHS, 2018) indicated that 31% of women in Nigeria have experienced physical violence, and 9% have experienced sexual violence.

However, these studies provide a national perspective and do not specifically focus on Akwa Ibom State. Moreover, they do not provide a comprehensive analysis of the different forms of GBV, including emotional

violence. A study by Okorie and Uzuegbunam (2018) examined the prevalence of GBV in Akwa Ibom State, but their focus was on physical and sexual violence, with emotional violence being overlooked. This study aims to fill this gap by providing a comprehensive analysis of the prevalence of physical, emotional, and sexual violence against women and girls in Akwa Ibom State.

The research questions guiding this study are as follows:

1. What is the prevalence of sexual violence against women and girls in Akwa Ibom State, Nigeria?
2. What is the prevalence of physical violence against women and girls in Akwa Ibom State, Nigeria?
3. What is the prevalence of emotional violence against women and girls in Akwa Ibom State, Nigeria?

Research objectives

The overall aim of this study is to assess the prevalence of gender-based violence in Akwa Ibom State, Nigeria. Specific objectives include:

1. To assess the prevalence of sexual violence against women and girls in Akwa Ibom State, Nigeria.
2. To assess the prevalence of physical violence against women and girls in Akwa Ibom State, Nigeria.
3. To assess the prevalence of emotional violence against women and girls in Akwa Ibom State, Nigeria.

THEORETICAL FRAMEWORK

Theory of patriarchy and power dynamics

Patriarchy refers to a social system where men hold primary power and predominate in roles of political authority, both in personal life and within institutions. Various feminist scholars have contributed to the theorization of patriarchy. Notable proponents include Simone de Beauvoir, who explored gender inequality in her groundbreaking work “The Second Sex – 1949”, and Kate Millett, who discussed patriarchy’s impact on women’s lives in “Sexual Politics – 1970” (Simply Psychology, 2024). The Theory of Patriarchy posits that societal structures and norms are inherently patriarchal, granting men more power and control over women. This power imbalance perpetuates gender-based violence.

In the context of Nigeria, this theory sheds light on the root causes and dynamics of GBV. The key elements in this theory are:

- *Gender roles and expectations:* Traditional gender roles in Nigeria often assign men as breadwinners and women as caregivers. These roles reinforce power imbalances. Expectations around masculinity emphasize dominance, aggression, and control, while femininity is associated with submission and passivity.
- *Norms and socialization:* Socialization processes reinforce these gender norms from an early age. Children learn what is considered “appropriate” behavior for their gender. Boys are taught to be assertive, while girls are encouraged to be nurturing and accommodating.
- *Economic dependence:* Economic disparities contribute to GBV. Women’s financial dependence on men can trap them in abusive relationships. Lack of economic autonomy limits women’s ability to leave violent situations.
- *Legal and institutional factors:* Weak legal frameworks and inadequate enforcement hinder justice for survivors. Cultural practices, such as forced marriage and female genital mutilation, perpetuate violence.
- *Social stigma and silence:* Victims often face stigma and blame, discouraging them from reporting abuse. Silence perpetuates violence by allowing perpetrators to act with impunity.

METHODOLOGY

Research design and study area

This research employs a descriptive research design, a non-experimental approach that aims to describe the current status of the phenomenon. This study was conducted in the Southern Senatorial District of Akwa Ibom State. Akwa Ibom State is located in southeastern Nigeria, and lies along the coastal southern part of the country. Its capital and largest city is Uyo. There are three (3) senatorial districts in Akwa Ibom State – North-East, North-West, and South. Akwa Ibom South senatorial district consists of twelve (12) local government areas, namely: Ikot Abasi, Mkpato Enin, Eastern Obolo, Onna, Eket, Esit Eket, Ibeno, Okobo, Oron, UdungUko, Urueoffong/Oruko, and Mbo (AllNews, 2024).

Study population and sample

The population of the study comprises all women and girls with cases of GBV living in the southern senatorial district of AKS. Simple random sampling and snowball sampling techniques were used to recruit participants for the study. There are twelve (12) Local Government Areas (LGAs) in the Southern Senatorial District of Akwa Ibom State, three (3) LGAs were randomly selected to include Mkpato Enin, Eket, and Okobo. Snowball sampling technique was then used to recruit the study participants (women and girls with experiences of GBV in the three selected LGAs). 50 respondents were drawn from the 3 LGAs, making a total of 150 respondents.

Sociodemographic characteristics of respondents

Table 1 and Figures 1-5 display the Sociodemographic characteristics of respondents. As shown in Figure 1, 50 (36.8%) respondents were under 18 years, 12 (8.8%) belonged to the age range of 18-24 years, 15 (11%) respondents were in the age range of 25-34 years, 10 (7.4%) respondents belonged to the age range of 35-44, and 49 (36%) fitted into the age range of 45-54 years. Figure 2 demonstrates that a greater number of the study participants 60 (44.1%) had only secondary education, 49 (36%) had postgraduate education, 15 (11%) had primary education, and 12 (8.8%) had no formal education. The distribution of respondents' responses on employment status reveals that 74 (54.4%) of the study participants were employed, 50 (36.8%) were unemployed, and 12 (8.8%) were students (see Figure 3). On marital status, it can be viewed in Figure 4 that 65 (47.8%) of the respondents were single, constituting the highest frequency; 22 (16.2%) were married, and 49 (36%) were divorced. This explains that fewer married women experienced GBV in AKS. Figure 5 indicates that most of the respondents 124 (91.2%) were domiciled in the urban area, whereas only 12 (8.8%) lived in rural areas.

Table 1: Sociodemographic characteristics of respondents

S/N	Statement	Option	Frequency	Percentage
1	Age	Under 18	50	36.8
		18-24	12	8.8
		25-34	15	11.0
		35-44	10	7.4
		45-54	49	36.0
		Total	136	100.0
2	Education	No Formal Education	12	8.8
		Primary Education	15	11.0
		Secondary Education	60	44.1
		Postgraduate Education	49	36.0
		Total	136	100.0

3	Employment status	Employed	74	54.4
		Unemployed	50	36.8
		Student	12	8.8
		Total	136	100.0
4	Marital status	Single	65	47.8
		Married	22	16.2
		Divorced	49	36.0
		Total	136	100.0
5	Area of residence	Urban	124	91.2
		Rural	12	8.8
		Total	136	100.0

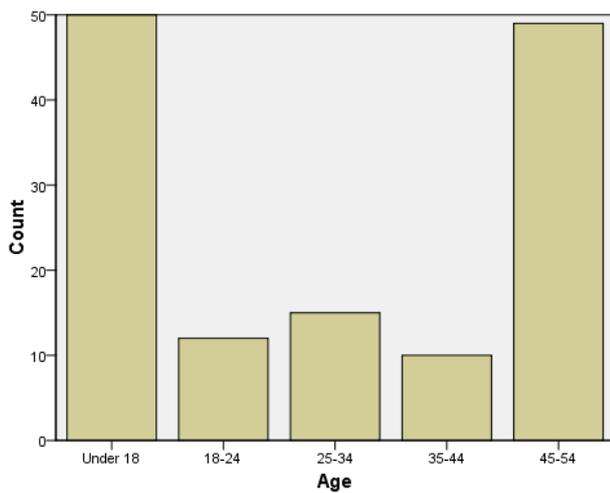


Figure 1: Distribution of respondents' responses on age

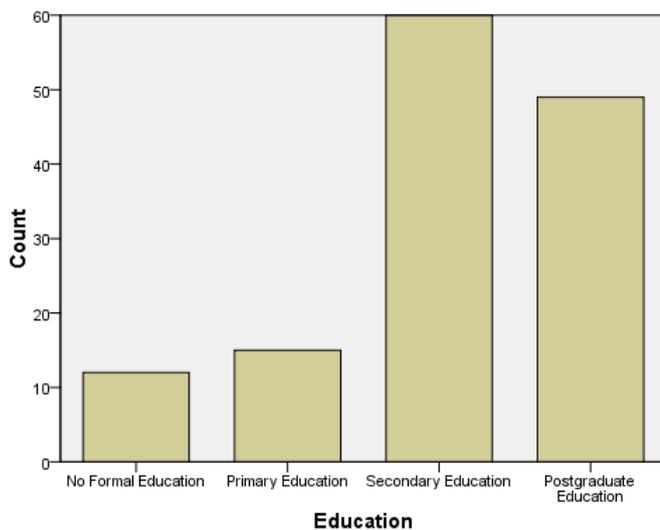


Figure 2: Distribution of respondents' responses on education

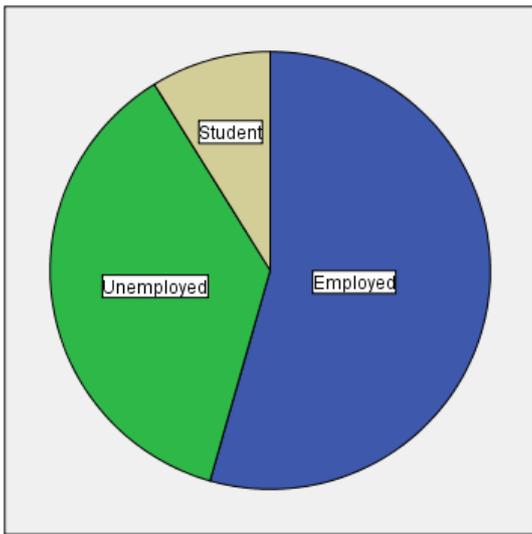


Figure 3: Distribution of respondents' responses on employment status

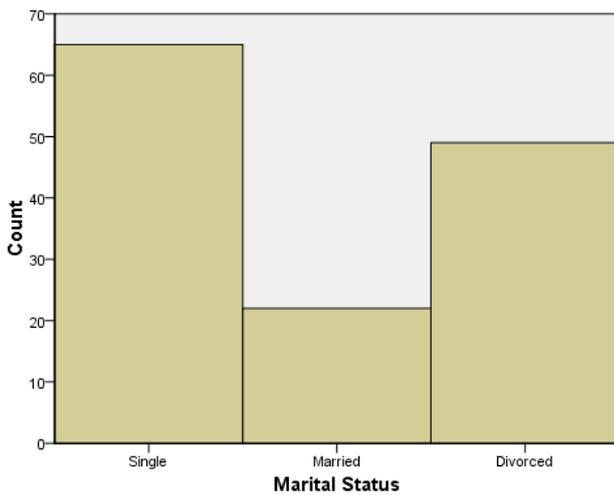


Figure 4: Distribution of respondents' responses on marital status

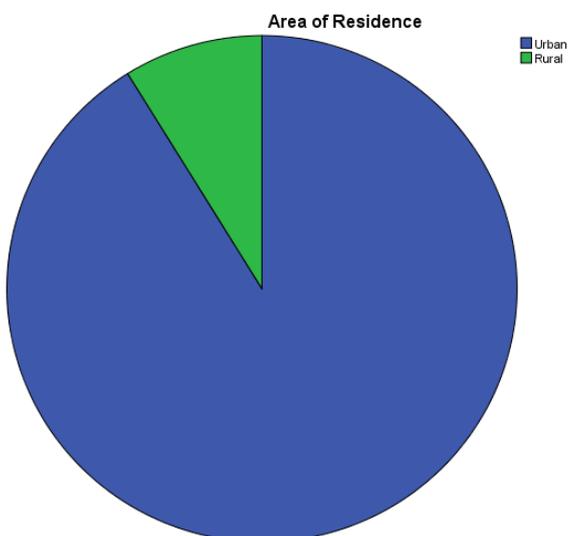


Figure 5: Distribution of respondents' responses on the area of residence

Instrumentation and data analysis

The study utilized a structured questionnaire to collect data from the respondents. The questionnaire was made up of two segments: sections A and B. Section A divulged information on Sociodemographic characteristics of study participants, and section B comprised of questions aimed at assessing the experiences of sexual, physical, and emotional violence among women and girls. 136 copies of the questionnaire were successfully retrieved out of the 150 copies distributed. Data obtained from the questionnaire was statistically analyzed via descriptive statistics using the Statistical Package for Social Sciences (SPSS) version 23.0.

Ethical consideration

The research adhered strictly to ethical guidelines and standards. Informed consent was obtained from the community leaders as well as study participants; anonymity and confidentiality were ensured in reporting and publishing findings.

RESULTS

Participants' responses on the prevalence of sexual violence

Table 2 displays the distribution of respondents' responses on sexual violence. On the question 'Have you ever experienced any form of sexual violence?', 106 (77.9%) respondents maintained 'Yes' while 30 (22.1%) refuted it. Responses on 'If yes, at what age did you first experience sexual

Table 2: The Prevalence of Sexual Violence in Akwa Ibom State, Nigeria.

S/N	Statement	Option	Frequency	Percentage
1	Have you ever experienced any form of sexual violence?	Yes	106	77.9
		No	30	22.1
		Total	136	100.0
2	If yes, at what age did you first experience sexual violence?	Below 18	46	33.8
		18-35	60	44.1
		Total	106	77.9
		Missing	30	22.1
		Total	136	100.0
3	Who was the perpetrator of the sexual violence?	Relative	15	11.0
		Acquaintance	45	33.1
		Stranger	46	33.8
		Total	106	77.9
		Missing	30	22.1
		Total	136	100.0
4	Did you report the incident(s) of sexual violence to any authority?	Yes	91	66.9
		No	15	11.0
		Total	106	77.9
		Missing	30	22.1
		Total	136	100.0

5	If yes, to whom did you report?	GBV advocates	31	22.8
		Non-Governmental Organizations	34	25
		Police	22	16.2
		Community leaders	4	2.9
		Total	91	66.9
		Missing	45	33.1
		Total	136	100.0
6	Did you receive any form of support after reporting the violence?	Yes	91	66.9
		Missing	45	33.1
		Total	136	100.0
7	If yes, what type of support did you receive?	Medical	46	33.8
		Legal	45	33.1
		Total	91	66.9
		Missing	45	33.1
		Total	136	100.0

violence?’ show that 46 (33.8%) respondents who experienced sexual violence were below 18 years, and 60 (44.1%) were between the age range of 18-35 years. On the question ‘Who was the perpetrator of sexual violence?’, 15 (11%) reported a relative as the perpetrator, 45 (33.1%) reported acquaintance, and 46 (33.8%) reported stranger. Responses to ‘Did you report the incident(s) of sexual violence to any authority?’ reveal that 91 (66.9%) respondents reported the incident of sexual violence, while 15 (11%) did not report it. Responses to the question ‘If yes, to whom did you report?’ show that 31 (22.8%) reported to GBV advocates, 34 (25%) respondents reported to NGOs, 22 (16.2%) reported to the police, and 4 (2.9%) reported to the community leaders. On the question ‘Did you receive any form of support after reporting the violence?’, all the 91 (66.9%) respondents who maintained reporting the incidents were of positive response. 46 (33.8%) received medical support, whereas 45 (33.1%) received legal support.

Participants’ responses on the prevalence of physical violence

Table 3 demonstrates the distribution of respondents’ responses on the prevalence of physical violence in AKS. 125 (91.9%) respondents reported having experienced physical violence, while 11 (8.1%) were of negative opinion. Respondents’ responses to ‘If yes, at what age did you first experience physical violence?’ reveal that 46 (33.8%) respondents were under 18 years, 71 (52.2%) respondents belonged to the age range of 18-35, and 8 (5.9%) respondents were between 36-55 years. On the question ‘Who was the perpetrator of the sexual violence?’, 15 (11%) reported partner/spouse as the perpetrator, 92 (67.6%) reported parent/relative as the perpetrator, while 18 (13.2%) reported acquaintance as the perpetrator. In response to the question ‘Did you report the incident(s) of physical violence to any authority?’, 33 (24.3%) respondents claimed reporting the incident(s) whereas 92 (67.6%) maintained a negative response. On the question ‘If yes, who did you report it to?’, 8 (5.9%) respondents claimed to report the incident(s) to the police, 8 (5.9%) respondents reported to GBV advocates, 7 (5.1%) respondents reported to NGOs, and 10 (7.4%) respondents reported to community leaders. Responses to ‘Did you receive any form of support after reporting the physical violence?’ show that all 33 (24.3%) respondents who reported incident(s) of physical

violence were supported. On the question ‘If yes, what kind of support did you receive?’, 14 (10.3%) respondents claimed to receive medical support, 10 (7.4%) respondents received legal support, whilst 9 (6.6%) received psychological/counseling support.

Table 3: The Prevalence of Physical Violence in Akwa Ibom State, Nigeria.

S/N	Statement	Option	Frequency	Percentage
1	Have you ever experienced any form of physical violence?	Yes	125	91.9
		No	11	8.1
		Total	136	100.0
2	If yes, at what age did you first experience physical violence?	Below 18	46	33.8
		18-35	71	52.2
		36-55	8	5.9
		Total	125	91.9
		Missing	11	8.1
		Total	136	100.0
3	Who were the perpetrators of the physical violence?	Partner/Spouse	15	11.0
		Parent/Relative	92	67.6
		Acquaintance	18	13.2
		Total	125	91.9
		Missing	11	8.1
		Total	136	100.0
4	Did you report the incident(s) of physical violence to any authority?	Yes	33	24.3
		No	92	67.6
		Total	125	91.9
		Missing	11	8.1
		Total	136	100.0
5	If yes, who did you report it to?	Police	8	5.9
		GBV advocates	8	5.9
		Non-Governmental Organizations	7	5.1
		Community leaders	10	7.4
		Total	33	24.3
		Missing	103	75.7
		Total	136	100.0
6	Did you receive any form of support after reporting the physical violence?	Yes	33	24.3
		Missing	103	75.7
		Total	136	100.0
7	If yes, what kind of support did you receive?	Medical	14	10.3
		Legal	10	7.4
		Psychological/counseling	9	6.6
		Total	33	24.3
		Missing	103	75.7
		Total	136	100.0

Participants’ responses on the prevalence of emotional violence

Table 4 displays the distribution of respondents’ responses on the prevalence of emotional violence in AKS. As shown in the table, all the respondents 136 (100%) reported experiencing emotional violence. On the question ‘If yes, how often does it occur?’, 50 (36.8%) respondents claimed rare occurrence, 15 (11%) respondents maintained occasional occurrence, while 71 (52.2%) upheld often occurrence. Responses to ‘What form of emotional violence have you encountered?’ reveal that 60 (44.1%) respondents experienced verbal abuse, 15 (11%) respondents encountered threats, 12 (8.8%) respondents faced humiliation, whilst 49 (36%) respondents went through isolation from friends or family. On the question ‘Who were the perpetrators of emotional violence?’ 15(11%) respondents reported a partner/spouse, 60 (44.1%) respondents reported a parent/relative, 12 (8.8%) respondents reported an acquaintance, and 49 (36%) respondents reported a stranger as the perpetrator. On the question ‘Have you sought help or support for emotional violence?’, 64 (47.1%) respondents were of affirmative response whereas 72 (52.9%) respondents were of negative response. Responses to the question ‘If yes, what kind of help or support did you seek?’ demonstrate that 25 (18.4%) respondents received counseling or therapy, 24 (17.7%) respondents received support from friends or family, while 15 (11%) respondents received support from other support groups.

Table 4: The Prevalence of Emotional Violence in Akwa Ibom State, Nigeria.

S/N	Statement	Option	Frequency	Percentage
1	Have you ever experienced emotional violence?	Yes	136	100
		No	0	0
		Total	136	100
2	If yes, how often does it occur?	Rarely	50	36.8
		Occasionally	15	11.0
		Often	71	52.2
		Total	136	100
3	What form of emotional violence have you encountered?	Verbal abuse	60	44.1
		Threats	15	11.0
		Humiliation in private or public	12	8.8
		Isolation from friends or family	49	36.0
		Total	136	100.0
4	Who were the perpetrators of emotional violence?	Partner/Spouse	15	11.0
		Parent/Relative	60	44.1
		Acquaintance	12	8.8
		Stranger	49	36.0
		Total	136	100.0
5	Have you sought help or support for emotional violence?	Yes	64	47.1
		No	72	52.9
		Total	136	100.0
6	If yes, what kind of help or support did you seek?	Counseling or therapy	25	18.4
		Support from friends or family	24	17.7
		Support groups	15	11
		Total	64	47.1
		Missing	72	52.9
Total	136	100.0		

DISCUSSION

It can be gathered from the given result that a greater number of women and girls encounter sexual violence in AKS, but the reporting rate is very low. This finding lends credence to the report of Kristina (2023) which observes that despite the high prevalence of sexual violence in AKS, many cases go unreported due to various factors including stigma, fear, and cultural norms that discourage survivors from speaking out. Equally, a justice department analysis of violent crime in 2016 revealed that approximately 80% of rapes and sexual assaults go unreported (Brennan Center for Justice, 2016). The Ballard brief (2023) explains that harmful beliefs hinder the recognition and validation of sexual assaults, leading to increased acceptance of rape myths. Accordingly, reasons for underreporting include fear of retaliation, lack of police assistance, perceived insignificance, and emotional struggles. However, the findings of this study contradict the erroneous belief that ‘police would not help’, as every survivor who reported the sexual violence incident(s) obtained support from the respective sources.

As it concerns physical violence, almost all the respondents 125 (91.9%) experienced physical violence, though only 33 (24.3%) respondents reported the incident(s). Affirmatively, the study conducted by Jones et al. (2010) found that one in three women worldwide has experienced violence from an intimate partner, younger women are often more vulnerable in such situations. The UNWomen report (2023) revealed that in 2022, approximately 48,800 women and girls worldwide were killed by their intimate partners or other family members. On average, more than five women or girls are killed every hour by someone in their own family. Another study by Hindin et al. (2008) revealed that adolescent girls are at risk of physical violence from parents, brothers, and other family members, especially if they transgress norms concerning appropriate female behavior. Underreporting of violence incidents remains a significant challenge due to factors like impunity, shame, and gender inequality, making it crucial to continue addressing this issue and supporting survivors.

On emotional violence, all the study participants confirmed experiencing emotional violence. A greater number of the respondents 60 (44.1%) experienced verbal abuse, seconded by those who encountered isolation from family or friends; respondents who suffered humiliation and threats were of a lesser number. However, less than half of the respondents 64 (47.1%) sought help for emotional violence. Obviously, despite the significant impact of emotional violence on individuals and society, it often goes unnoticed and unreported. This act of ignoring emotional violence has resulted in lack of data on incidents of emotional violence. Unicef (2014) observed that emotional violence is not limited to intimate partner relationships. Children in Nigeria also experience high rates of emotional violence, with one in six girls and one in five boys suffering from such abuse. According to World Bank report (2022), emotional violence can have severe consequences for women’s physical, mental, sexual, and reproductive health. Women who experience violence are more likely to have depression, and they may face an increased risk of HIV acquisition in certain settings. Additionally, women subjected to emotional violence are twice as likely to have an abortion and may suffer from alcohol disorders.

Implications for research and practice

The prevalence of gender-based violence in Akwa Ibom State, Nigeria has been a subject of concern, necessitating a comprehensive study. This study is of paramount importance as it provides an in-depth understanding of the prevalence of GBV in Akwa Ibom State, thereby contributing to the existing body of knowledge on GBV in Nigeria. The findings of this study will be beneficial to policymakers, non-governmental organizations, and other stakeholders in designing effective interventions to combat GBV in Akwa Ibom State and Nigeria at large.

CONCLUSION AND RECOMMENDATIONS

There is high prevalence of sexual, physical and emotional violence against women and girls in Akwa Ibom

State, Nigeria; but most incidents of such violence are unreported. Emotional violence, though often disregarded, was experienced by all respondents; verbal abuse was the most common type of emotional violence encountered. Physical and emotional violence were mostly perpetrated by parents/relatives. Although the rate of violence incidents reporting in AKS is still very low, those respondents who took bold steps to report their cases obtained various kinds of support from the respective sources. To curb the prevalence of gender-based violence (GBV) in Akwa Ibom State, Nigeria, a combination of strategies and policies must be implemented; hence, the study makes the following recommendations:

1. The government, NGOs, and civil organizations should engage all community members, including key stakeholders such as youth and women leaders, police, men and boys, community health workers, and faith-based groups. This can involve group discussions and community dialogues on existing legislation, policies, and cultural barriers affecting women's right. The establishment of Community Action Committees involving these key stakeholders is one approach to driving change and ensuring easier access to essential services.
2. Raising awareness about GBV and its consequences can help change attitudes and behaviours. The government and NGOs should direct educational programs toward both genders and all age groups to foster a culture of respect and equality.
3. Government should strengthen the legal framework to ensure that laws against GBV are comprehensive, enforceable, and in line with international human rights standards. This includes revising and publishing manuals on sexual and gender-based violence to guide communities on prevention and response mechanisms.
4. Providing accessible and adequate support services for survivors, including healthcare, legal aid, and counseling is vital. The government should organize training for police and judiciary officers on how to respond, protect, and refer victims and survivors to appropriate services.
5. Women and girls should be sensitized on the benefits of reporting all incidents of sexual, physical, and emotional violence against them. The government should also establish systems to monitor and report all incidents of violence against women and girls.
6. Empowering women economically can reduce their vulnerability to GBV. Initiatives that provide women with economic opportunities and independence should be effectively established by the government and NGO.

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