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Trends and Pattern of Gender-Based Violence: 8 Years Retrospective Study in a Tertiary Hospital in Bayelsa State, South-South Nigeria

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Abstract

Background: Gender-based violence (GBV) is one of the most prevalent human rights abuses globally. This study reports an 8-year trend and patterns of GBV amongst survivors presenting in a tertiary health facility in South-South Nigeria and highlights the gaps in the Post-Gender-Based Violence care register.

Methods: A retrospective cross-sectional study among 140 survivors, who received care at the Heart-to-Heart unit of the facility. A pro forma collected secondary data from the post-GBV facility care register of patients reporting any form of GBV over 8 years (2016 - 2023). Data was analyzed using STATA 14.2 and SPSS version 25.0.

Results: The majority 100(71.4%) of survivors of GBV were females. Over two-thirds, 91(65%) were aged 25 and older. Among the reported cases, 54(38.6%) involved sexual violence, while 87(62.1%) had experienced physical/emotional violence. The trend of GBV over the years shows an increase in the proportion of physical/emotional violence, reaching a peak in 2021. Statistically, being female, within the post-teen age bracket (20-24) and incidents occurring in the 1st quarter of the year were associated with sexual violence, whereas being female, in the older age group (25 and above), and occurring in the fourth quarter of the year was associated to physical/emotional violence. ($p \leq 0.005$)

Conclusion: The trend of GBV is a cause for concern in Bayelsa state Nigeria, affecting mainly young female victims. There are identified gaps in the post-GBV care register, and the information gathered was not optimal. There is need for a review and possible expansion of the register.

Keywords: Gender Based Violence, Retrospective study, Tertiary Hospital, Bayelsa state.



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Introduction

Gender-based violence (GBV) is a pervasive violation of human rights that occurs worldwide, regardless of geographical location, ethnicity, or gender. However, women tend to be disproportionately affected. GBV encompasses any harmful act committed against a person's will based on socially defined gender differences between females and males.¹ Roughly 736 million women, or nearly one in three, have experienced intimate partner violence, non-partner sexual violence, or both at least once.² GBV is a form of violence against an individual based on that person's biological sex, gender identity or expression, or perceived adherence to socially defined expectations of one's gender. It is the most persistent yet least evident human rights violation in the world over, cutting across age, gender, religion, social and economic boundaries.³

This type of violence is rooted in gender-based power imbalances. It includes physical violence (Hitting, slapping, punching, kicking, burning, cutting, or otherwise harming the body), emotional abuse (Verbal abuse, threats, insults, control, constant criticism, kidnapping/abduction, intimidation, humiliation), socio-economic exploitation (Overwork, denial of ownership of property, withholding or taking earnings, denial of inheritance, withholding education, unequal pay, not being allowed to work, and deprivation of access to basic needs such as food and shelter), psychological harm, intimate partner violence, rape, sexual assault, and sexual violence (attempted rape, forced prostitution, incest, coercion, female genital mutilation, sexual harassment, inappropriate/unwanted touching).^{2,4} These forms of GBV often occur together, rather than in isolation.

The United Nations SDG regional and sub-regional classifications in 2018, reported that the lifetime prevalence of physical and/or sexual intimate partner violence among ever-married or partnered women aged 15 to 49 years was highest among the "Least Developed Countries," at 37%.⁵ In 2022 48,800 women and girls became victims of fatal violence at the hands of their intimate partners or family members. On average 133 women and girls lose their lives every day due to domestic or intimate partner violence.^{6,7} According to the 2018 National Demographic Health Survey (NDHS), 33% of women aged 15-49 in Nigeria have experienced physical or sexual violence; 24% have experienced only physical violence, 2% have experienced only sexual violence, while 7% have experienced both physical and sexual violence.⁸ Several

studies have reported that the prevalence of GBV is higher among females who are either in their teens or young adults.⁹⁻¹³

Survivor/Victim- The terms *victim* and *survivor* are often used interchangeably to describe the individual who experienced the violent and/or traumatic incident. There are varying perspectives on the connotations of each word and their emotional and political implications. The word survivor is used in GBV as an acknowledgement that they lived through the experience and are attempting to integrate the experience into their lives is important to their healing; they do not want to be defined by the act or event.^{4,14}

Survivors of GBV suffer devastating short and long-term effects on their physical and psychological health including various degrees of physical injuries, forced and unintended pregnancies, unsafe abortions, sexually transmitted infections including HIV, depression, anxiety, post-traumatic stress disorder, limited ability to complete daily tasks, and in severe cases, death¹⁵. GBV not only has serious health consequences but also significantly undermines survivors' self-image and confidence. This can negatively impact their employment, productivity, and overall economic development.¹⁴ Despite these consequences, GBV is often shrouded in a culture of silence due to the fear of stigma from family and friends. Many survivors who seek justice face blame, retaliation, or social ostracism, which can further lead to poverty, isolation, and ongoing violence. This prevents other survivors from reporting GBV or seeking medical care, as cultural norms prioritize family honor and image over justice for this horrific crime.

Acts of GBV cut across both genders. However, most cases involve a female survivor and a male perpetrator and even in most cases of GBV against boys or men, the violence is also committed by male perpetrators.^{9-11,16-21} Although GBV has been increasingly recognized as a public health problem, there are gaps in the Post Gender-Based Violence care register used in health facilities to collect data from survivors who report to such facilities. The findings from this study will provide information on the pattern of GBV in the state, highlight gaps in the register used to gather information and inform stakeholders about the need for the register to be reviewed for better data generation. This will improve the quality of data generated to gather information for policymakers and improve the intervention process. Given the above, the study reports the trend and pattern of different forms of GBV recorded in Federal Medical Centre Yenagoa from 2016 to 2023.



Methodology

Study design and population:

This was a retrospective cross-sectional study among survivors of GBV who received care at the GBV/Heart to Heart unit domiciled at the antiretroviral therapy (ART) clinic of Federal Medical Centre, Yenagoa, Bayelsa, South-south Nigeria.

Study Area:

Yenagoa LGA is the capital city of Bayelsa state located in Bayelsa Central Senatorial district. As the state's only urban LGA, it is the hub of several socio-economic, recreational and educational infrastructures.

Study setting:

The Federal Medical Centre, Yenagoa is the primary tertiary health facility in Bayelsa State and serves as a referral centre, offering both secondary and tertiary health care services. Situated in a highly accessible area of the city, the FMC also delivers primary care services to residents within its catchment area. The centre provides services to victims of GBV via the Heart-to-heart unit. Essential GBV care services offered in the heart-to-heart unit include HIV and sexually transmitted infection (STI) screening, ART post-exposure prophylaxis for sexually assaulted survivors, emergency contraception and referrals to appropriate authorities such as the police or The Ministry of Women Affairs, Bayelsa state. These GBV services are provided in a private space to ensure utmost confidentiality and privacy, they are free and readily available daily for clients within Yenagoa and its environs. The services are supported by ART implementing partners - the Heartland Alliance with funds provided by the USAID in collaboration with the Federal Ministry of Health. Patients are occasionally referred from other units within the facility, from other health facilities, police, and non-governmental agencies. The unit records data of incidents following the template found in the Federal Ministry of Health pre-designed post-gender base violence care register domiciled in the unit. The register assures data completeness and allows for zero reporting.

Data collection:

Data collection was done in January 2024 by the researchers. Secondary data over 8 years (2016-2023) were collected from the Post GBV care register. Being a total population study, all data available were collected using a pro forma designed by the researchers. All information was that of the victims. The information obtained from the register per entry included age group, with the highest as 25 and above, gender of victims, and date of experienced violence. The type of violence in the

register was broadly classified as physical/emotional violence and sexual violence only. These were represented in columns. All entries that were made within the PV/EV column were counted as physical/emotional violence. Those entries ticked within the SV column were counted as sexual violence. Other variables assessed were the month of abuse and year of abuse. The register had no columns for victims' marital status, occupation, level of income, level of education or victims' folder number. There was no information on the perpetrator or those who experienced both types of violence.

Data analysis: Data obtained were analyzed using Microsoft Excel to generate the trend analysis while STATA 14.2 and SPSS 25.0 were used for the descriptive and inferential statistics respectively. Categorical variables of sex, type of violence, and month of abuse were presented as frequencies and proportions. The Logistic regression was used to determine the predictors of sexual violence among the survivors. Results were reported using odds ratio, confidence level at 95% and significance level at p-value less than 0.05.

Operational Definitions

Victims -The term *victim* is often used to describe the individual who experienced a violent and/or traumatic incident.^{4,14}

Survivors – The word survivor is used to describe the individual who experienced a violent and/or traumatic incident. Has acknowledged that they lived through the experience and are attempting to integrate the experience into their lives by coming out to get help and find healing, they do not want to be defined by the act or event.^{4,14}

Results

Socio-demographic characteristics of the respondents:

A Pro forma was used to collect data from all 140 entries in the register between 2016-2023. Most 100(71.4%) of the victims of GBV were females. Over two-thirds, 91(65.0%) of the total number of reported cases of GBV occurred among the survivors in the age group 25 years and above. This was followed by 30(21.4%) among survivors aged 20-24 years. More cases of physical/emotional based gender abuse 86(61.4%) were recorded compared to sexual abuse (Table 1)

Table 1: Socio-demographic characteristics of GBV survivors

| Variable | Frequency(n) | Percentage (%) |
|-------------------------------------|--------------|----------------|
| Age categorized | | |
| 0-9 | 2 | 1.4 |
| 10-14 | 1 | 0.7 |
| 15-19 | 16 | 11.4 |
| 20-24 | 30 | 21.5 |
| 25 above | 91 | 65.0 |
| Sex | | |
| Male | 40 | 28.6 |
| Female | 100 | 71.4 |
| Reported quarter of the year | | |
| 1 st quarter | 25 | 17.9 |
| 2 nd quarter | 23 | 16.4 |
| 3 rd quarter | 44 | 31.4 |
| 4 th quarter | 48 | 34.3 |
| Type of GBV | | |
| Sexual violence | 54 | 38.3 |
| Physical/Emotional | 87 | 62.7 |

Trend analysis of Gender-based violence from 2016-2023:

More cases 82(58.6%) of GBV were reported in the year 2021 when compared to years 2020 and 2023. (Fig 1)

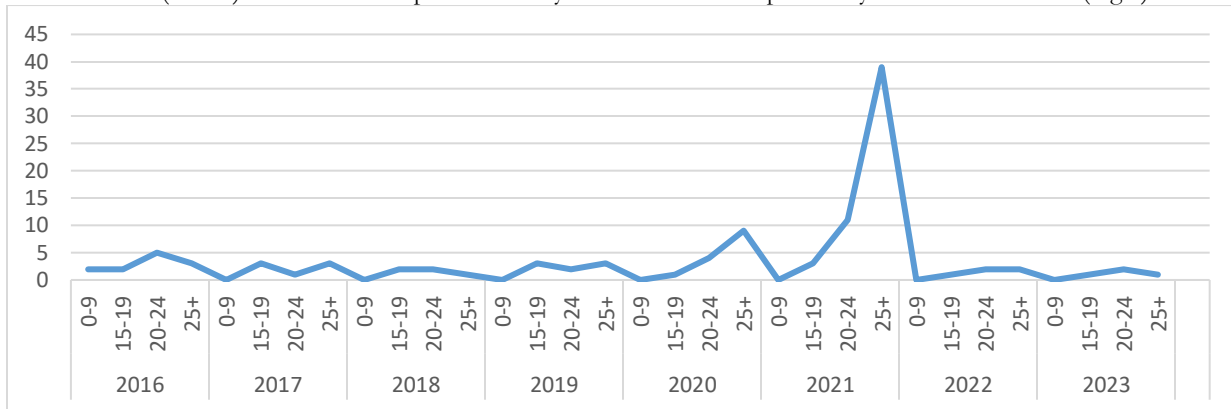


Figure 1: Line graph showing the year trend of GBV across the age groups between 2016 and 2023

The trends of GBV over the Eight years under study revealed an increasing frequency of both sexual and physical/emotional violence, with a peak in 2021 and a reduction of cases from 2022. (Figure 2).

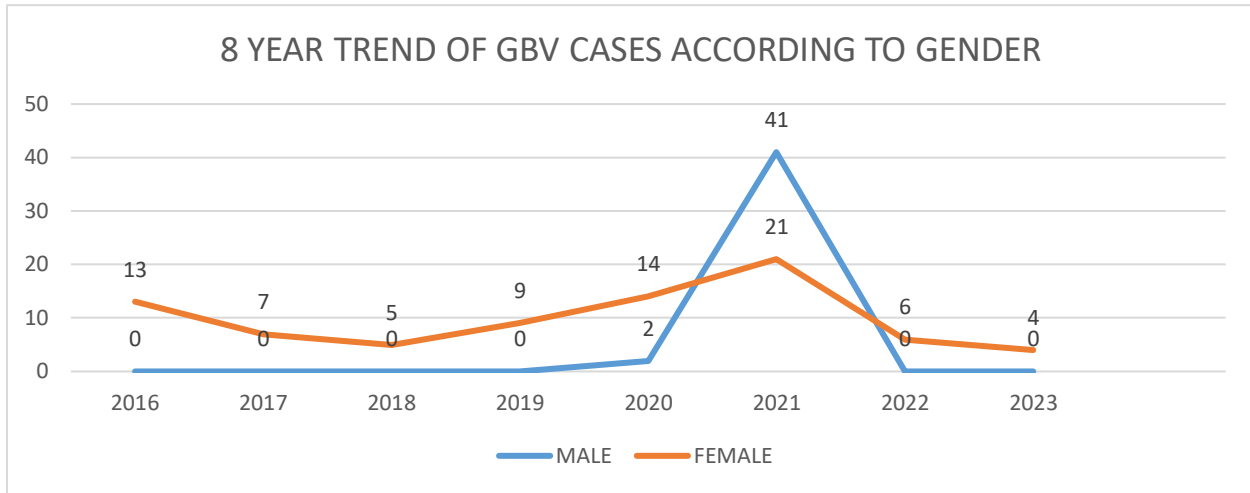


Figure 2: Trend analysis of gender-based violence according to gender reported from 2016 to 2023

Patterns of GBV by socio-demographic characteristics

Our data indicates that 54 individuals, representing 38.6% of our total population, have experienced sexual violence, and all of these individuals were female. A majority of these incidents, 16 (29.6%), occurred during the first quarter of the year. Among those who reported, the age group of 20-24 years accounted for the highest number, with 20(37.0%) individuals.

In terms of physical/emotional violence, 87(62.1%) individuals from our total population reported such experiences. Among them, 40 (46.0%) were male, and 47 (54.0%) were female. Most cases of physical/emotional violence were reported to have occurred in the fourth quarter of the year. Notably, individuals aged 25 and older represented the majority of reports, totaling 74 (85.1%).

Table 2: Patterns of GBV by socio-demographic characteristics

| Variable | Sexual Violence | Physical/Emotional violence |
|--------------|-----------------|-----------------------------|
| Age | | |
| 0-9 | 2 (3.7) | 0 (0.0) |
| 10-14 | 1 (1.9) | 0 (0.0) |
| 15-19 | 14 (25.9) | 3 (3.4) |
| 20-24 | 20 (37.0) | 10 (11.5) |
| 25 and above | 17 (31.5) | 74 (85.1) |

| Variable | Sexual Violence | Physical/Emotional violence |
|----------------------------|-----------------|-----------------------------|
| Gender | | |
| Male | 0 (0.0) | 40 (46.0) |
| Female | 54 (100.0) | 47 (54.0) |
| Quarter of the Year | | |
| 1st | 16 (29.6) | 9 (10.3) |
| 2nd | 13 (24.1) | 11 (12.6) |
| 3rd | 14 (26.0) | 30 (34.8) |
| 4th | 11 (20.4) | 37 (42.5) |

Factors Associated with GBV among Survivors:

Not only that older age groups report sexual abuse, but this finding was statistically significant among individuals aged 20 - 24 years. Additionally, only females reported experiencing sexual violence ($\chi^2 = 35.163$; p-value = 0.000). The first quarter of the year was also significantly associated with incidents of sexual violence ($\chi^2 = 15.762$; p-value = 0.001).

Furthermore, being female was significantly linked to the occurrence of physical/emotional violence ($\chi^2 = 34.115$; p-value = 0.000), as well as to individuals aged 25 and above ($\chi^2 = 42.538$; p-value = 0.000). Lastly, the fourth quarter of the year showed a significant association with physical/emotional violence ($\chi^2 = 14.503$; p-value = 0.002).

Table 3: Factors associated with GBV among survivors

| Variables of victims | Sexual violence | | | | Physical/emotional violence | | | |
|----------------------------|-----------------|------------|----------|---------|-----------------------------|-----------|----------|---------|
| | Yes | No | χ^2 | p-Value | Yes | No | χ^2 | p-Value |
| Age (Years) | | | | | | | | |
| 0-9 | 2 (100.0) | 0 (0.0) | 46.133 | <0.001* | 0 (0.0) | 2 (100.0) | 42.538 | <0.001* |
| 10-14 | 1 (100.0) | 0 (0.0) | | | 0 (0.0) | 1 (100.0) | | |
| 15-19 | 14 (87.5) | 2 (12.5) | | | 3 (18.8) | 13 (81.3) | | |
| 20-24 | 20 (66.7) | 10 (33.3) | | | 10 (33.3) | 20 (66.7) | | |
| 25 and above | 17 (18.7) | 74 (81.3) | | | 74 (81.3) | 17 (18.7) | | |
| Gender | | | | | | | | |
| Male | 0 (0.0) | 40 (100.0) | 35.163 | <0.001* | 40 (100.0) | 0 (0.0) | 34.115 | <0.001* |
| Female | 54 (54.0) | 46 (46.0) | | | 47 (47.0) | 53 (53.0) | | |
| Quarter of the Year | | | | | | | | |
| 1st | 16 (64.0) | 9 (36.0) | 15.762 | 0.001* | 9 (36.0) | 16 (64.0) | 14.503 | 0.002* |
| 2nd | 13 (56.5) | 10 (43.5) | | | 11 (47.8) | 12 (52.2) | | |
| 3rd | 14 (31.8) | 30 (68.2) | | | 30 (68.2) | 14 (31.8) | | |
| 4th | 11 (22.9) | 37 (77.1) | | | 37 (77.1) | 11 (22.9) | | |

χ^2 - chi square; *- Statistical significance

Discussion

This retrospective study aimed to report the trends and patterns of GBV cases that were presented to the Federal Medical Centre, Yenagoa between 2016-2023 and highlight the gaps in the Post Gender Based Violence care register.

More than two-thirds (65%) of the reported cases of GBV occurred among survivors aged 25 years and older. This may be due to age group categorization in the Post Gender Based Violence care register, which combined individuals aged 25 and above into a single group. This broad classification likely resulted in a higher number of reported cases within this age category. Following this, approximately one-third of the cases involved survivors aged 20-24 years. To enhance clarity, the age range of 25 and above in the post-GBV care register could be further divided into smaller intervals of 10 years, this would show a clearer representation of the entries based on age categorization.

Most of the victims of GBV in this study were females, although both genders experienced violence. Several studies have reported that females are more prone to GBV compared to males but there is an increasing trend of GBV in males as more males are seen reporting GBV.^{9,10,17,18} Vinay et al. in their study ascribed this to the age-long patriarchal philosophy that men have more power and privilege than women.²¹

Globally, about 33% of women experience one form of GBV in their lifetime, some studies have reported that sexual violence is generally more than physical and emotional violence.^{5,22} However, in this study,

physical/emotional violence was reported to be more than sexual violence. This could be because, in the register, the physical/emotional violence was lumped together as one category thus giving them a bigger representation while sexual violence stands alone. There will be better clarity of the type of violence if the physical violence could be separated from the emotional violence. This finding is similar to what was reported in the NDHS 2018 where physical violence was more than sexual violence.⁸ Whereas this study was a retrospective study that gathered data from a register of persons who volunteered their experience in a health facility because they were seeking help in a tertiary hospital in Yenagoa, there may be many more unreported cases in communities especially such as ours. It may be that people feel more comfortable reporting physical violence to sexual violence because of perceived embarrassment and stigmatization related with sexual violence.

The proportion of physical violence cases increased in 2021. This may be an unintended consequence of the domestication of the Violence Against Peoples Prohibition (VAPP) law, which allowed for greater reporting of violence cases. In this study, however, fewer cases of GBV were reported in the year 2020 when compared to the year 2021. This may be attributed to the COVID-19 lockdown, which restricted movement and consequently hospital attendance. This reduction in visits was also observed in all other units of the hospital in 2020.

The highest likelihood of cases of sexual violence occurs in the first quarter, among females and persons aged 20-24 years. This aligns with reports from studies



conducted in, Southern Nigeria, where most of the survivors were between the ages of 20-24 years, 20-25 years, and 20-39 years.¹⁰⁻¹² and what was reported in a WHO prevalence estimate that stated that the prevalence of violence is highest for women between the ages of 20 and 44.⁵ This may not be unconnected to date rape which is common during the Valentine's Day celebrations. This has been documented in some reports.^{23,24} The similarities in the reported age groups across these studies, including ours, may stem from the fact that young adults are transitioning out of adolescence. During this exploratory and somewhat naive stage of life, they may find themselves in compromising situations that increase their vulnerability to gender-based violence (GBV).

Being female and in the age group of 20-24 are associated with experiencing sexual violence. This reiterates the reality that many females begin to enjoy newfound independence during their early twenties, often exploring dating relationships. Unfortunately, this exploration can sometimes lead to intimate partner violence.

The physical and emotional violence observed was linked to the fourth quarter of the year, particularly among individuals aged 25 and older. While some of these individuals may be married, we lack comprehensive data due to limitations in the registry. One might speculate that this violence could be triggered by the pressures of the festive season and the financial demands it places on families and relationships.

Limitations

Complete data could only be ascertained from the year 2016 from the unit documenting and handling GBV in the hospital due to the introduction of recording and reporting tools (register). However, the design of the register was too restrictive as there were no columns for details of the marital status of the survivors, occupation, perpetrators information and addresses of victims. The type of violence was confined to only two groups (physical/emotional and sexual violence) and the age categorization was 0-9, 10-14, 15-19, 20-24 and 25 and above. Additionally, the hospital folders of the majority of the clients could not be traced as there was no provision of identification numbers on the register. Thus, the researchers were limited to the information provided and constrained from further analysis. However, due to the limited data on socio-demographic factors and the types of perpetrators involved, it is challenging to draw definitive conclusions. Furthermore, as this is a hospital-based study, it is expected that the

incidence of GBV is underestimated since many cases may not have been reported to the hospital.

Implications of the findings

Policy Implications

There should be a review and revision of the GBV register: The restrictive design of the register highlights the need for a comprehensive review to include essential yet missing details.

Strengthening of Laws and Policies: the increase in cases in the year 2021 coincided with the domestication of the VAPP law, thus buttressing the fact that enforcing the law could encourage more survivors to seek help.

Practice Implications

Information obtained will feed into sexual assault prevention programmes and activities in our setting and elsewhere.

1. There is a need for improved data collection and documentation. Healthcare providers rendering GBV response services should prioritize accurate and comprehensive data collection.
2. Healthcare providers and GBV support services should engage with communities to raise awareness about GBV, its consequences and the importance of seeking help.
3. Digitalization of the post-GBV care register to allow for robust data sharing and harvesting for analysis should be considered.

Research implications

This study generated some important findings that are not readily available in our setting ranging from the increased trend, involvement of male victims and sexual assault treatment success.

1. Future research should consider comparative primary research to determine the prevalence and pattern between genders and longitudinal studies to examine the long-term effects of GBV on survivors and their families.
2. Mixed-methods approaches can provide a more comprehensive understanding of GBV, incorporating both quantitative and qualitative data collection, especially to understand the contextual issues surrounding the SV response services across the levels of health care. There is also a need to assess the SV experiences of the victims and understand the barriers and facilitators to disclosure and help-seeking.
3. Research should also prioritize intersectionality, examining how GBV intersects with other forms of



oppression such as marginalization, ethnicity, poverty and disability.

Conclusion

Gender-based violence is a significant concern in Bayelsa State, Nigeria, with a noticeable rise in reported cases, particularly among young female victims. Notably, there has also been an increase in reported incidents involving male victims. However, the data collected from the Post Gender Violence Care register in health facilities is limited, and the information gathered is not comprehensive. We recommend a re-designing and expansion of the data register to include an expansion on the age range, biodata of the survivors, and the information on the perpetrators.

Declarations:

Ethical Consideration: Permission to review data was sought from the head staff at the heart-to-heart unit. Ethical clearance with the number FMCY/REC/ECC/2024/AUG/777 with protocol number 870 was obtained from the FMC Yenagoa research committee.

Author contributions: OIO and DIK conceptualized the study. All Authors participated in a coordinated data collection, and analysis. OIO performed statistical analysis and interpreted the data. DIK did initial manuscript drafting. OIO and DIK drafted the final manuscript. All authors read and approved the final manuscript.

Conflict of Interest The authors declare no competing interests.

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