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Lived experiences and barriers to disclosure and support service utilization among gender-based violence survivors in Calabar, Nigeria: A phenomenological study

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Abstract

Context: Gender-based violence (GBV) remains a major threat to the health, dignity, and bodily integrity of women and girls. Although its prevalence is widely documented, less is known about how survivors experience violence and how these experiences shape disclosure and support-seeking.
Materials and Methods: A qualitative descriptive phenomenological study was conducted among 26 purposively selected GBV survivors aged 15-35 years in Calabar, Nigeria. Three focus group discussions, stratified by age and marital status, were audio-recorded, transcribed verbatim, and analyzed inductively using Braun's thematic analysis, guided by Giorgi's phenomenological approach.
Results: Four themes emerged: making meanings of GBV; living with violence as disruption to everyday life; multi-level barriers to disclosure; and systemic barriers to support service utilization. Participants described GBV as a continuum of physical, sexual, psychological, and economic harm occurring across childhood, adolescence, intimate relationships, family structures, and community spaces. Disclosure and help-seeking were constrained by fear, shame, victim-blaming, family reputation, weak institutional responses, bureaucratic barriers, distrust of formal systems, and corruption.
Conclusion: GBV in this setting is sustained by intersecting systems of violence, silence, and institutional failure. Coordinated, survivor-centered, trauma-informed, and multisectoral responses are needed to improve disclosure, protection, referral, and support in low-resource settings.

Keywords: Gender-based violence; adolescent girls; young women; disclosure; qualitative study; Nigeria.

Introduction

Gender-based violence (GBV) remains a major threat to the health, dignity, and bodily integrity of women and girls worldwide. It occurs in physical, sexual, emotional, and economic forms and is rooted in unequal gender relations, social norms, and structural conditions that limit women's safety and agency. The World Health Organization estimates that one in three women globally experiences physical or sexual violence in her lifetime, while more than one billion children aged 2-17 years experience physical, sexual, or emotional violence annually.[1,2] These exposures have immediate and long-term physical, psychological, social, and economic consequences.[3]

In Nigeria, GBV against adolescent girls and young women (AGYW) remains widespread and is shaped by poverty, social expectations, and weak protective systems. Periods of social disruption, including

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COVID-19 restrictions, further increased vulnerability to sexual exploitation, early marriage, transactional sex, unintended pregnancy, and physical or sexual abuse.[4-6] The 2018 Nigeria Demographic and Health Survey reported that about 27% of women aged 15-24 years had experienced physical or sexual violence, although underreporting remains likely because of stigma, fear of retaliation, economic dependence, and limited trust in formal institutions.[7,8]

Nigeria has enacted legal and policy frameworks to prevent GBV and protect survivors, including the Violence Against Persons Prohibition Act of 2015, the Child Rights Act of 2003, and commitments under international instruments such as the Convention on the Elimination of All Forms of Discrimination Against Women and the Beijing Platform for Action.[9-12] However, implementation varies across states and is often constrained by cultural, religious, administrative, and institutional barriers that limit access to justice and survivor support.

Disclosure and support service utilization remain central to survivor protection, yet both are often delayed or avoided. Evidence shows that few young women report violence to health facilities, law enforcement agencies, or social services.[13] Barriers include fear of stigma, victim-blaming, mistrust of authorities, limited awareness of services, confidentiality concerns, inadequate provider training, and scarcity of adolescent-friendly services.[14-16] In urban settings such as Calabar, survivors encounter overlapping forms of intimate partner violence, sexual coercion, family violence, and community-level abuse, but qualitative evidence on their lived experiences and pathways to support remains limited.

This study examines the lived experiences of GBV survivors in Calabar, Nigeria, and the barriers that shape disclosure and support service utilization. By foregrounding survivors' narratives, it provides evidence to strengthen trauma-informed, adolescent-friendly, survivor-centered, and multisectoral responses in resource-constrained settings.

Materials and Methods

Study setting

The study was conducted in Calabar Metropolis, the capital of Cross River State in South-South Nigeria. Calabar is a cosmopolitan urban centre with an estimated population of 371,022 from the 2006 census and a projected population of 571,500 in 2022. The city hosts the annual Calabar Carnival, a major cultural and tourism event that attracts residents and visitors from within and outside Nigeria.[7] Its urban, social, and cultural context made it a relevant setting for exploring survivors' experiences of GBV and their pathways to disclosure and support.

Study design

A qualitative descriptive phenomenological design, grounded in Giorgi's descriptive phenomenological psychological method, was used to explore survivors' lived experiences of GBV, barriers to disclosure, and support service utilization in Calabar.[24] The approach allowed participants' meanings, interpretations, and experiences to remain central to the inquiry.

Participants, recruitment, and eligibility criteria

Participants were adolescent girls and young women aged 15-35 years who had experienced at least one form of GBV. Although AGYW is commonly defined as ages 15-24 years, the upper age limit was extended to capture continuity in GBV experiences and disclosure trajectories into early adulthood. Twenty-six participants, including in-school adolescents residing in GBV safe spaces, were purposively recruited with support from the Cross River State Ministry of Women's Affairs and partner NGOs. Eligibility criteria were age 15-35 years, self-reported GBV experience, and willingness to participate. Exclusion criteria were cognitive impairment or parental opposition.

Data collection procedures

(AGYW)Data were collected by the principal investigator, co-researchers, and two trained field assistants experienced in gender and trauma-informed engagement. A semi-structured guide informed by the United States Agency for International Development Inter-Agency Working Group was used.19 All participants preferred group

discussions to individual interviews. Three focus group discussions, stratified by age and marital status, were held at the Ministry of Women's Affairs multipurpose hall between March 18 and April 6, 2022. Sessions were conducted face-to-face in a quiet and private section of the hall, lasted 60-90 minutes, and were facilitated in English or the local dialect. Discussions were audio-recorded with consent, supported by field notes, and transcribed verbatim.

Trustworthiness

Trustworthiness was strengthened through credibility, dependability, confirmability, and transferability.[20] Credibility was supported by prolonged engagement, verbatim transcription, and peer debriefing. Dependability was enhanced through an audit trail across data collection and analysis,[21] while confirmability was supported by reflexive memo writing and independent code verification. Thick contextual description and participant characteristics supported transferability.[21,22]

Data analysis

Data were analysed inductively using Braun's thematic analysis.[23] The analysis was guided by Heise's social-ecological framework and informed by gender and power theory, situating GBV within interacting individual, interpersonal, community, and institutional influences.[17,18] Transcripts were coded independently by two researchers and refined through iterative comparison. Themes and sub-themes were developed by identifying patterns across participant groups. Participants were assigned non-identifiable codes: AG 1-9 for adolescent girls, MYW 1-9 for married young women, and SYW 1-8 for single young women. Representative quotations were retained to preserve participants' voices. Reporting followed the Consolidated Criteria for Reporting Qualitative Research guidelines.[25]

Ethical considerations and safeguards

Ethical approval was obtained from the University of Calabar Teaching Hospital Health Research Ethics Committee (UCTH/HREC/33/581) on December 20, 2021. Participation was voluntary, with written and verbal informed consent obtained from all participants; parental or guardian consent was obtained for those under 18 years. Participants were informed that they could decline any question or withdraw at any time without consequences. Psychosocial support and referral services were available to participants who experienced distress through the Ministry of Women's Affairs and partner organizations. Discussions were held in private, supportive environments, and COVID-19 safety protocols were observed throughout data collection.

Results

Socio-demographic characteristics of participants

A total of 26 survivors of gender-based violence took part in the study, including 9 adolescent girls, 9 married young women, and 8 single young women, aged 15 to 35 years. Most participants were mothers (n = 17), and half 13 (50.0%) had between two and four children. Education levels were generally low: 22 (85.0%) had completed only primary school, while fewer were still attending school or had no formal education. Livelihoods were mainly informal, with participants involved in small-scale trading or artisanal work, earning a monthly income of 30,000 to 50,000 Naira, while some were civil servants earning between 51,000 and 80,000 Naira, and others had never worked and had no income

Table 1a: Socio-demographic characteristics of participants

Participants' Characteristic	Categories	Frequency (n=26)	Percentage (%)
Age	15–19	9	35.0
	20–35	17	65.4
Marital Status	Adolesent girls	9	35.0
	Married Young Women	9	35.0
	Single Young Women	8	31.0
Have children	Have	16	62.0
	Do not have	10	39.0
Maximum number of children	1 child	3	12.0
	2-4 children	13	50.0
	More than 5 children	0	0
Educational status	No formal education	4	15.4
	Completed Primary School	22	85.0
	Completed Secondary School	15	58.0
	Completed Tertiary Education	3	12.0
	Currently in school	8	31.0
Occupation	Students	8	31.0
	Civil Servants	5	19.2
	Artisans / Trading	6	23.0
	Not working	7	27.0
Average monthly Income (in Naira)	< 30000	2	8.0
	30000 - 50000	4	15.4
	51000 - 80000	5	19.2
	> 100,000	0	0
	No income	15	58.0
Religion	Christianity	26	100
	Islam	0	0
	Traditionalist	0	0

source (Table 1a). Experiences of violence differed across participant groups. All Adolescent girls (n = 9) reported sexual violence, including early-onset of abuse and coercion, attempted murder, and gang rape. Young women more frequently described intimate partner violence, extended physical abuse, child abandonment, and family neglect. A few had previously sought refuge in GBV shelters. All participants identified as Christian (Table 1b).

Table 1b: Types of GBV reported among participants

Reported forms of GBV	Categories	Frequency (n=26)	Percentage (%)
Commonly reported forms of GBV	Sexual Violence	9	35.0
	IPV/Physical Abuse	16	62.0
	Attempted murder	5	19.2
	Child Abandonment/ Family Neglect	18	69.2
	Domestic / Emotional Violence	3	12.0
	Gang Rape	3	12.0
Ever lived in the Shelter	Ever lived	2	8.0
Which shelter?	Never lived	24	92.3

Emerging themes, sub-themes, and key findings from the study

Four interconnected themes emerged from the focus group discussions: (1) making meaning of GBV, (2) living with violence as disruption to everyday life, (3) multi-level barriers to GBV disclosure, and (4) systemic barriers to support service utilization. Illustrative quotes are presented in participants' own words to preserve their expressions.

Theme 1: Making meanings of GBV

This theme presents how participants made sense of GBV from their own experiences. They described GBV as including sexual coercion, physical assault, psychological violence, unwanted sexual advances, economic abuse, and violence linked to substance use. Three sub-themes emerged: experiential understanding of GBV, experiential drivers of GBV, and experiential consequences of GBV.

Sub-theme 1.1: Experiential understanding of GBV

Participants across the three groups understood GBV through lived experience. They associated it with physical, sexual, emotional, and economic harm occurring in intimate relationships, families, and community spaces.

Adolescent Girl 2 (AG 2) explained: *"GBV is when a man beats a woman or a girl is forced to do things she does not want."*

AG 3 explained: *"GBV is when an older man touches the breasts or buttocks of a girl without her consent, and calls her my wife."*

Married Young Woman 2 (MYW 2) shared: *"GBV is when your husband hits you and verbally abuses you for disobeying him or disrespects you in front of family members. Also, a man who drinks too much can become violent towards his wife."*

MYW 3 explained: *"To me, GBV is when a man does not provide money for the upkeep of his wife and children."*

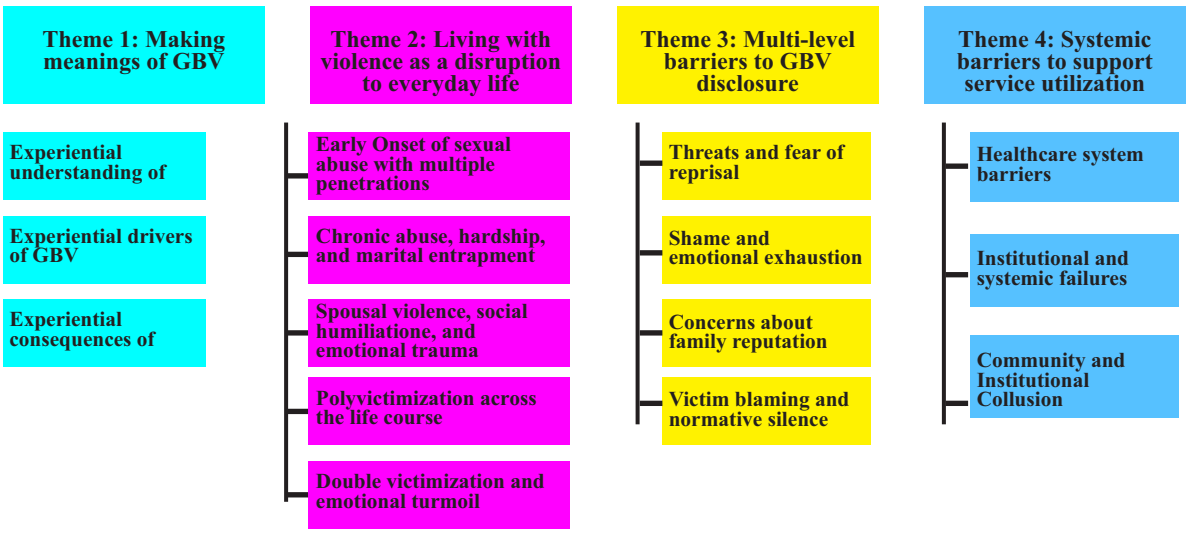

FIG. 1: Thematic map of the themes and sub-themes from the study

Sub-theme 1.2: Experiential drivers of GBV

Participants linked GBV to individual, family, and community-level factors, including alcohol use, poor communication, economic dependence, forced marriage, pressure to remain in abusive relationships, weak sanctions against perpetrators, and social tolerance of abuse.

AG 2, 2, 4, 5 explained: *"Girls who go out late to attend parties and mingle with bad boys may attract unwanted attention, and they can become victims of rape and other forms of sexual exploitation. Also, having a male friend you trust as your "bestie" can cause sexual violence in a way."*

AG 2, 6, 9 shared: *"The way we girls and some women dress nowadays and appear in public, displaying our bodies, attracts both boys and older men and can lead to rape."*

Single Young Woman 6 (SYW 6) narrated: *"When young adult siblings live together without parental supervision and control, it can lead to violence."*

At the family level, participants linked GBV to alcohol use and poor communication between couples, which heightened aggression and loss of self-control, and economic dependence, which was also perceived to increase women's vulnerability to violence and entrapment in abusive relationships.

SYW 6 narrated: *"It was my older brother who physically assaulted me… I think he was drunk because he doesn't normally behave that way…"*

MYW 2 explained: *"A man who drinks too much can become violent towards his wife…"*

MYW 1,2, 8,9,10 explained: *"Anger issues. Most women don't know how to control their tempers. The way some women talk to their husbands with disrespect can lead to a serious fight…"*

MYW 5-6,8 lamented: *"Nothing could be worse than when a woman is not working and depends solely on the husband. She becomes vulnerable to all forms of violence."*

Other key drivers of GBV identified by participants included forced marriage and pressure to remain in abusive relationships.

SYW 1,3,4,6 narrated, *"Some parents may force a single young woman to marry because her peers are all married. Also, some family members may pressure victims of GBV to remain in abusive situations, preventing them from reporting to avoid embarrassment."*

SYW 3 recounted: *"Poverty and hardship… The man used to starve the children and me without food for days, but he will always buy stuff for my mother. I complained to my parents, and my mother said, 'If you want to die, you die. After all, you are not the first to die in a marriage, and you will not close the death way."*

Explaining the social tolerance of abuse, participants identified prevailing social norms, weak enforcement of community laws, and the lack of punishment for perpetrators as drivers of GBV at the community level:

MYW 1 explained: *"In the community, men are rarely punished, so violence continues unabated."*

MYW 2 also narrated: *"In the community, people don't see GBV as something that would warrant a woman to leave her home, because of the children."*

Sub-theme 1.3: Experiential consequences of GBV

Participants described physical harm, stigma, shame, emotional trauma, depression, social exclusion, reproductive health problems, and damaged reputation as major consequences of GBV.

AG 2, 4 explained: *"When a girl is raped, she may want to relocate to another community to avoid seeing the perpetrator. Also, the community people will talk and gossip when they see the girl walking in the street. They will also talk about the girl's family until the girl becomes ashamed and will feel depressed."*

AG 3, 7, 9 narrated: *"Some girls face mental disorders and depression and may even want to commit suicide. Some remain indoors without any form of social interaction, while others move to another town to avoid shame and stigma."*

MYW 5 explained: *"A woman who suffers abuse may feel depressed and ashamed and may even want*

to leave her marriage."

Participants' personal experiences of health-related consequences included exposure to HIV and other sexually transmitted infections, unintended pregnancy resulting from unprotected sexual violence, pelvic inflammatory disease, unconsciousness, and overt physical injuries.
AG 1 narrated: *"Some girls contract HIV or other STIs or become pregnant after being raped, and will terminate the pregnancy to avoid people talking about it in the community."*

AG 2 shared: *"After the incident, I was unconscious and abandoned by the wayside until a passerby saw me and reported to my father…"*

AG 5 recounted: *"…After two days, I reported to my mom because pus had accumulated in my womb, and I was later operated on."*
MYW 1 narrated her experiences of the consequences of GBV while exhibiting clear evidence of severe physical violence: *"If you look at my legs, you will see bruises and scars all over them. Sometimes, even my hair will be pulled out of my head."*

MYW 7 shared: *"One day, he started to beat me and used a knife to cut me several times. I bled so much and became unconscious…. I spent three days in the hospital, and they stitched the wounds."*

Beyond health outcomes, participants described both immediate and long-term consequences of GBV that can affect survivors' future life opportunities. For adolescent girls and single young women, violence was perceived to compromise future marriage prospects because of community labeling.
SYW 3 explained: *"It will be very hard for the girl to find someone to marry her because the news would have spread throughout the village."*

Theme 2: Living with violence as a disruption to everyday life
This theme shows how violence disrupted everyday life across childhood, adolescence, and adulthood. Participants described early sexual abuse, chronic intimate partner violence, economic hardship, family neglect, repeated victimization, and emotional turmoil. Five sub-themes emerged: early onset of sexual abuse with multiple perpetrators; chronic abuse, hardship, and marital entrapment; spousal violence, social humiliation, and emotional trauma; polyvictimization across the life course; and double victimization and emotional turmoil.

Sub-theme 2.1: Early onset of sexual abuse with multiple perpetrators
This sub-theme captures adolescent girls' experiences of early sexual violence, including gang rape, unwanted sexual contact, and harassment by family members, neighbours, and community actors.
AG 5 recounted: *"I was 6 years old when a 60-year-old retiree near our compound lured me into an uncompleted building and raped me…he threatened to kill me if I reported to anyone…"*

AG 1 narrated: *"At 14, a neighbour invited me to his house. When I wanted to leave, he locked the door and then raped me…at 15, getting to 16, I was raped by 4 men. In the process, I became pregnant…I also contracted an STI, which I am still treating at the General Hospital." I was also raped at age 17 by a gate man in the Shelter compound."*
AG 2 explained: *"I was only 14 at the time when a group of three boys attacked me with guns and a cutlass and raped me. They threatened to shoot me if I shouted…"*

AG 4 recounted: *"I was 14 when my aunt's boyfriend raped me…I went to assist my aunt. One day, when she went to church, her husband sneaked into the house without my knowledge and locked the door. I was having my bath when I came out of the bathroom, he grabbed me and raped me. He threatened to kill me if I reported. I bled profusely… I went to stay with another of my aunts. Whenever I'm sleeping at night with my trousers, he will be trying to remove my trousers, but I will stand up, and he will run away."*

AG 3 narrated her ordeal while weeping in the process: *"I was 17 when three cult members raped me… My mother had traveled to the village for a burial. My dad was a pastor and businessman in Enugu. My boyfriend visited me, and as we were*

walking along a bush path, three cult members approached us. They called my boyfriend aside and whispered something in his ear, and my boyfriend left me alone with the cult boys. They seized my phone. As I followed, asking them to give back my phone to me, they used a knife and a gun to threaten me, and coerced me into their apartment, where they took turns to rape me… Later, my male friend called a security agent to help me, but the man demanded sex in exchange for assistance, which I refused."

AG 6 narrated: *"Mine was unwanted sexual contact and sexual harassment. Any time my cousin comes around, he will be touching me in my sensitive body parts."*

AG 8 narrated: *"My neighbour normally sends me, so one day he touched me in my buttocks and my breasts, and I reported to my mother."*

Sub-theme 2.2: Chronic abuse, hardship, and marital entrapment

This sub-theme describes prolonged abuse within intimate relationships, sustained by economic deprivation, caregiving burdens, social expectations, and limited exit options.

SYW 3 narrated: *"I was submissive, quiet, and humble at home for over 10 years, to maintain peace… One day, he wanted to stab me with a kitchen knife in my shop, but I shouted, and people came to my help…Twice, my husband stabbed me with a kitchen knife at home around 2 am. I nearly bled to death as I held onto the knife… He used to starve the children and me, and told me that when I am tired, I will go back to my parents' house. With everything I was going through, I endured and refused to say anything or leave, so people wouldn't say this girl can't stay in a man's house. I didn't even tell my parents… but I did not realize that the suffering would continue and even worsen…"*

SYW 2 lamented: *"My husband abandoned my three children and me in 2020… Since then, he stopped sending money for our food, maintenance, hospital bills, and children's education. I am not working, and we are hungry. The suffering is too much, but I can't leave. He was a pastor and general overseer of our church, and I am the pastor's wife.… He should be trapped to come and take up his responsibility."*

MYW 3 shared: *"Mine was not beating… after 16 years of marriage, my husband asked me to pack my things and my children and leave the house because he did not want the marriage anymore. I have no job, no money for house rent, and no support from anywhere…"*

MYW 4 shared: "My husband neglected me after getting me pregnant and moved out to marry another woman… After giving birth, I took care of the baby alone and suffered a lot. Due to hardship, I sent my child to live with him and his new wife, but my child was physically abused and starved by the stepmother until he ran back to me…"

MYW 5 shared, "I had three children, but I lost one because of poverty and lack of proper feeding… He gives me only 500 Naira for food, even on Christmas day, of which a bottle of palm oil alone costs 700 Naira…" "He asked me to pack my things and leave his house with my children. I have no one to take care of the children and me; I have nowhere to go, so I have continued suffering in his house for years now… "Some of us remain in abusive relationships because we have children and no support system to leave safely."

MYW 7 narrated: *"I have been married for over 10 years, and all these years I have been enduring different forms of violence from my husband. One day, he started to beat me and used a knife to cut me several times. I bled so much and became unconscious.… My pastor and neighbours raised money and took me to the hospital, where I spent three days, and they stitched the wounds. I returned to the house, because I had nowhere to go, and I was not working…"*

MYW 8 shared: *"It was my husband. That was when I was 24, and now I am 34. After I gave birth to my first son, he started leaving the house early in the morning and coming home late around 10 o'clock at night. One day, I asked him why he had come back so late; he grew angry, and he started beating me…Now, I simply keep quiet whenever he returns home late. He doesn't eat my food, but I still cook and keep it for him…"*

MYW 9 shared: *"I was working at Cross River University of Technology (CRUTECH). By then, my father was still alive. My husband promised my dad that he would take care of me and send me to school. When my dad died, and I got pregnant, my husband asked me to stop working and promised to provide for my upkeep, and I obeyed...But whenever I asked him for money to buy soap and cream, he would quarrel and compare me with my friends who were working. I was begging my neighbours for some coconut to make cream for my baby and me...He used to beat me each time I asked him for money...One night, he beat me with a belt till 1.00 am, and he locked me outside till daybreak..."*

Sub-theme 2.3: Spousal violence, social humiliation, and emotional trauma

This sub-theme captures the emotional consequences of prolonged intimate partner violence, including flashbacks, fear, humiliation, social withdrawal, and diminished self-worth.

SYW 4 shared: *"I was married for 10 years before I separated from my abusive husband because he used to beat me every time. Even after leaving, I still face emotional trauma due to flashbacks from the abuse. He neglected the children after I left, and I am so ashamed that I can't even take care of myself and the children..."*

AG 2,3, SYW 5 shared: *"I experience flashbacks and emotional distress every time I remember the abuse or see the perpetrators in the neighbourhood."*

AG 2,3,4,5 lamented: *"Even now, I feel pained and humiliated recalling the rape incidents..."*

MYW 3, 4, 9 shared: *"I feel shame and low self-esteem, which affects my social interactions and self-confidence."*

MYW 1 lamented: *"When I had my first child, my husband beat me badly, not once, not twice. He is a very violent person. I left that marriage. Later, I had an intimate partner who became even more violent; again, I left him because he once used the car to hit me, leaving me with bruises all over my body. I sustained serious injuries from the beatings and even had to do X-rays to evaluate the damage... The shame of experiencing violence in two previous relationships is really affecting me, compounded by the hardship of taking care of the children alone. The children and their future depend on you. You don't even know where the next meal will come from, you don't even know where the clothing will come from, and you don't even know where the money for their education will come from...You people say we should speak up, but nothing is done to support us..." (Cries profusely)*

MYW 2 lamented: *"It didn't happen once, it didn't happen twice, it didn't happen thrice, it didn't even happen four times. It was the fifth one that broke Carmel's back...experiencing such brutality in front of your child is so devastating for a woman to bear. Till now, the experience still causes me constant fear and emotional distress."*

Sub-theme 2.4: Polyvictimization across the life course

Several participants described cumulative exposure to multiple forms of violence across childhood, adolescence, and adulthood. These experiences involved different perpetrators, repeated injuries, infections, neglect, and lasting distress.

AG 1 shared: *"I was raped by my neighbour when I was 14. When I was 15, getting to 16, a group of four men raped me. I became pregnant, but I terminated the pregnancy because I wanted to go to school... I also contracted an STI, which I am still treating at the General Hospital... The third case, I was also raped at age 17 by a gate man in the Shelter compound." I have also suffered physical abuse, emotional abuse, and witchcraft branding as a child by my father, and it was all over the news. My father locked my younger siblings and me in a poultry house for days without food. Villagers secretly fed us through some holes until we were rescued by my uncle." Later, I suffered physical abuse from my aunt, who used to beat me mercilessly with machetes... This is my second time coming to the shelter. I am 17, now in a shelter, waiting to be adopted..."*

SYW 7 described prolonged maltreatment beginning in early childhood, including severe physical violence by multiple caregivers and sustained neglect across different household

arrangements. *"I was 8 years old at that time. My mother told me that my dad rejected the pregnancy while I was still in the womb. After delivery, my mother took care of me till I was 8 years old, when she sent me to stay with my father. My stepmother was always maltreating me, so I ran back to my mom… My mom was selling meat, and the woman who helped in the shop used to steal the meat, but my mom thought I was the thief. My mom beat me mercilessly; she put a knife in the fire and burned my body all over… Another time, my mom still put a knife in the fire and burned me on the previous burnt scars, then she put pepper inside a raw alcohol drink, smeared it all over my body on the raw wounds, in my eyes, and in my private part…I am now 21 years old without parental help or support. I learned how to sew, which is what I am using to help myself. I trained myself through primary school, but I want to further my education, because I like school."*

Sub-theme 2.5: Double victimization and emotional turmoil

This sub-theme describes the emotional turmoil survivors experienced when family members and community actors failed to protect them, blamed them, or reminded them of past abuse.

SYW 3 reported intimate partner violence compounded by family non-support, including pressure to remain in an abusive marriage despite severe harm and economic control. *"My parents are very angry with me for reporting him to the police and Women's Affairs. My family was not supportive of my separation. They wanted me to stay in the abusive marriage and endure the pain. My mom was my confidant, but I don't understand why she kept insisting I must remain in the marriage. She told me that if I leave my husband's house, even if she dies, I should not see her face… My husband and my parents, especially my mom, are working hand in hand. The man used to buy stuff for my mom, and will be giving money to my mom, but he will hardly give me two thousand naira to cook food in the house… I had two children in the marriage; the boy child is lame and unable to walk, even at 6 years. My husband asked me to leave the girl child, who is younger, with him and take the boy child away, which I refused. My mom told me never to go to their house with the disabled child if I refused to stay in the abusive relationship. I am so overwhelmed that I can't figure out what to do with my life and the children…"*

AG 1,6,8 described punitive responses from caregivers, including physical punishment, forced marriage to perpetrators, withdrawal from schooling, and normalization of silence following rape. *"Most parents will even beat the girl child without listening to what really happened, and others will force the girl to marry the perpetrator, especially if the rape results in pregnancy. They will even tell the girl to stop going to school and start farming or hawk around with the pregnancy till the girl becomes ashamed of herself. Some girls even contemplate suicide. The girls will be thinking of how to abort or keep the baby, because of the shame and embarrassment."*

AG 2 narrated: *"Sometimes, family members will always remind the victims of their past, leading to emotional trauma. The girls will feel unsafe, and they will even want to leave the house, like my friend; the mother will be abusing her and reminding her of the past, and she will be crying all the time. She threatened to leave the house or to give her body to anybody…"*

AG 3 narrated: *"Some girls face mental disorders, especially, and will feel bad and restless. If they are still living in the same environment and seeing the person every day, they will not feel happy there. And if community members are still talking about it, they will not be happy living around there."*

AG 4 explained: *"If the community members know it, they will use it and abuse you anytime you pass by, reminding you of the past incident. Sometimes it can make you feel low in self-esteem. "*

Participants described community-level stigma, discrimination, and social avoidance, including shame-induced withdrawal from public spaces:

AG 5 narrated: *"Community members will talk to you and discriminate against you in a way that you won't even want to go outside. At times, my mom will make me feel uneasy by comparing me to my mates…"*

MYW 9 shared: *"The community will talk about you, and sometimes you feel ashamed to go outside. Before, even if they see men dragging and beating*

their wives on the street, they will not answer."

MYW 2 shared: *"People don't see gender-based violence as anything. They feel that because of your children, you just have to stay and endure the violence. They don't understand the pain and emotional torture women go through in abusive relationships."*

Theme 3: Multi-level barriers to GBV disclosure

Participants described interconnected barriers to disclosure operating at perpetrator, individual, family, and community levels. Four sub-themes were identified: threats and fear of reprisal; shame and emotional exhaustion; concerns about family reputation; and victim-blaming and normative silence.

Sub-theme 3.1: Threats and fear of reprisal

Participants described non-disclosure as strongly shaped by threats, intimidation, fear of retaliation, and warnings from perpetrators or neighbours.

AG 1,2,3, MYW 1,4 shared: *"Some girls do not report because they are afraid of the perpetrator; some of them are cultists who carry guns, cutlasses, and other dangerous weapons."*

AG 2 stated: *"Some people feel threatened that they will be beaten up and killed. They will threaten you if you report, so some people just keep silent to avoid trouble and danger…"*

AG 4 recounted: *"The wife of the neighbour who came to rescue me asked what happened, and I told her. She is a nurse and promised to treat me, but warned me not to tell my aunt's boyfriend. She bought drugs for me and gave me her daughter's clothes to wear. My aunt's boyfriend was threatening to kill me if I told anybody. I had to pack my things and return them to my mother. My mom asked me what happened, but I did not tell her because of the threat from the perpetrator…"*

AG 5 shared: *"After that, I was bleeding, and he warned me not to tell my mum…he said he would shoot me or kill me, and nobody would know. I did not report immediately, but after two days, pus started to come out of my private part, and I was smelling; that was when I told my mom…"*

AG 4, 5 reported that perpetrators' apologies and family mediation sometimes led to reduced disclosure and withdrawal of reporting. They explained: *"Some perpetrators will apologize, beg, and say what they did was wrong. Sometimes, his family members will beg you to develop sympathy for the perpetrator, and the survivor will have sympathy for them and let them go free."*

Sub-theme 3.2: Shame and emotional exhaustion

Shame, stigma, emotional exhaustion, fear of not being believed, and lack of knowledge of reporting structures limited disclosure.

AG 1 narrated: *"I was living with my grandmother then, and I was just 14. I was afraid when it happened. I did not report the first case because I did not know where to report, was afraid, and thought they would not believe me and turn around to blame me…"*

AG 6 shared: *"Some of the victims feel that whenever they pass by, people talk about them, so because of shame, they keep it to themselves. At other times, it is the fear of being stigmatized that hinders reporting."*

AG 9, MYW 1,3,10 explained: *"Some girls are shy of reporting sexual abuse. So they keep it to themselves due to shame, stigma, or fear of being judged…"*

Sub-theme 3.3: Concerns about family reputation

Family-level barriers included fear of blame, dependence on the perpetrator, risk of reprisal, and pressure to protect family reputation.

AG 3 narrated: *"I was 17 when it happened. My mom had traveled to the village for a burial. My dad is a pastor and businessman in Enugu. When my mom came, I reported to her, but she said we should not say anything about it to protect the family's reputation. She told my dad, who also asked us to bury the case because of the family's reputation. My parents do not want the case reported, and they do not want the boys arrested; they did not want any form of scandal or stigma (Cries profusely). I will not have peace of mind until the perpetrators are arrested and sentenced. When I turn 18, I will fight for my rights."*

AG 7 explained: *"Some parents will not do anything about the matter to avoid stigma and humiliation…If the girl becomes pregnant in the*

process, they will do away with the pregnancy to conceal the abuse."
AG 9 explained: *"Adolescent girls do not report their experiences to family members, particularly their parents, because at times the girl becomes overwhelmed by the incident and by thoughts of what will happen to her. If the girl gets pregnant, her parents will tell her to keep the baby, and if she is a student, she will stop going to school. At times, they will force the girl to marry the boy. This prevents many girls from reporting to their parents."*

MYW 2,3,7 stated: *"Women may stay silent to protect family reputation, or for the sake of their children, or due to fear of retaliation by the man and his family members."*

Sub-theme 3.4: Victim blaming and normative silence
Community-level barriers included ridicule, gossip, discrimination, reputational damage, victim-blaming, and expectations that women should endure abuse.
AG 2,3 narrated: *"If the community members know it, they will use it and abuse you whenever you pass by, reminding you of the past incident…My community members will really talk; they will say it is because you don't talk to anybody, or you like to insult people. They will blame you and mock you until you are ashamed. Like me, I used to cry and avoid those places. They will say you used to "form big girl," that you are always on your own, and they blame and mock anything I pass by."*
AG 4 reported that blame was directed at survivors based on behavior, dress, or perceived provocation. *"My community will talk and gossip about you without knowing the cause, blaming girls for the way we talk and dress. Community members will talk and discriminate against you in a way that you won't even want to go outside. They won't care to know about your experience. They will even blame you for wanting it more than the perpetrator…"*

Married participants described community expectations that women endure abuse, even in extreme cases.

MYW 1 shared: *"The community does not support the woman. Even if the man is killing you, they still expect you to stay."*

MYW 2, 3, 7 explained: *"If you report the issue, the news will spread throughout the community, leading to serious discrimination and stigmatization."*

MYW 5 and AG 6,8-9 reported non-disclosure *"due to embarrassment, fear, and anticipated stigma."*

MYW 6 described dismissal of complaints by traditional leadership structures, and explained: *"In my place, a woman reported to the Clan Head, who told her to go home."*

Theme 4: Systemic barriers to support service utilization
This theme describes treatment delays, referral requirements, and procedural barriers faced by survivors seeking support. Three sub-themes emerged: healthcare system barriers, institutional and systemic failures, and community and institutional collusion.

Sub-theme 4.1: Healthcare system barriers
Participants described health-system barriers including requirements for police reports before treatment, limited youth-friendly services, provider shortages, delays, confidentiality concerns, and insufficient provider training.
AG 2 recounted: *"I was taken to the clinic, but the nurses said they could not do anything because the doctor wasn't around. My father begged, but they told me not to bathe until the doctor came the next day; then they referred us to the police station…"*
AG 5 recounted: *"When we got to the hospital, they did not want to treat me; I was supposed to go for an operation due to the formed pus inside me. They said I should get a police report first, in case I died…"*

Sub-theme 4.2: Institutional and systemic failures
Participants reported institutional failures including poor counselling, breaches of confidentiality, police inaction, corruption, delayed legal processes, selective justice, and exploitation by officials.
AG 3 recounted a lack of counseling and unintended disclosure of sensitive information to family members by healthcare providers: *"Later, my boyfriend took me to the General Hospital, and the nurse gave me some drugs. She did not even counsel*

me. She said she will call my mom and report to her, but I said no. Eventually, she called her and told her everything… It was at Basic Rights that I received counseling that helped me regain myself."

AG 2 narrated: *"My father reported to the police special force, 'anti-cultist'. One day, my mom saw two of the guys in the market and called my dad. My dad and my uncle called the police, who went to the market and arrested one of the guys, but refused to arrest the other because they were close."*

AG 3 described attempted sexual coercion by a state security officer in exchange for assistance: *"After the incident, my boyfriend called me, and I told him everything. He then called his friend at the State Security Service (SSS) to pick me up and take me to the station. When the SSS man came, he promised to help me on one condition: that he must have sex with me before he could help further my case. At that point, I told him no, that I don't need his help again. He said that if I don't need his help again, I should give him the transport fare home. I went to the house, took one thousand naira, and gave it to him. He collected it and left."*

AG 4 lamented: *"Reporting to the police often results in delays or demands for bribes, so survivors seek NGOs for immediate action."*

AG 5 reiterated: *"Reporting it to the police is nonsense, especially if the person who did the thing, or their family members, has money. Money is their focus, and once they have it, they will let the people go free. In my case, the police arrested the perpetrator, but he paid a huge amount of money, and his lawyer bailed him out so that he wouldn't die since he was old and already getting sick."*

SYW 3 explained: *"Sometimes the police don't take our reports seriously; it was after much persuasion that they agreed to listen and document my case."*

Participants described a lack of government support, economic hardship after reporting, and the absence of welfare services for survivors and their children, while lamenting institutional inaction and insensitivity to survivors' plight, which further exacerbates survivors' pain:

MYW 1 lamented: *"Yes. But not just reporting, but what is the government doing about it after reporting? There is no support system for the women. The woman bears the brunt of child care. That's why women continue to stay in their manipulative homes, because even if they leave, there is no welfare upkeep for the woman and the children. The government has said we should speak out; we have spoken out, yet you people are not doing anything… The men are out there drinking and enjoying themselves with other women…We report, and nothing is done…It is choking me because there is no support (Cries profusely). You live with a man for about 2-3years, you sacrifice your loyalty, your body, everything, and the man still beats you and maltreats you. You speak out, and nothing is done at the end of the day. I thank God I am here today to express myself."*

Sub-theme 4.3: Community and Institutional Collusion

Participants reported community and institutional collusion through bribery, informal negotiation, withdrawal or sabotage of cases, and inconsistent enforcement in favour of perpetrators.

SYW 6 shared: *"Police may arrest the person, but sometimes they free him when he begs or gives them money."*

AG 2 shared: *"My dad, with the help of Mama G (the women's leader in my community), followed up on the case, and the perpetrators were arrested. Mama G linked us to MOWA (Ministry of Women's Affairs), but while MOWA was still handling the case, she told my dad to kill the case. We did not even know that she had gone behind to collect money from the perpetrator and connived with the police to kill the case. My daddy was angry with Mama G, even though she was the one who introduced us to the Women's Affairs.*

Discussion

This study explored the lived experiences of GBV survivors and barriers to disclosure and support service utilization in Calabar, Nigeria. The findings show that GBV was experienced not as isolated incidents but as a continuum of physical, sexual, psychological, and economic harm embedded in family life, intimate relationships, community settings, and institutions. Perpetrators included intimate partners, relatives, neighbours, and community actors, indicating that spaces expected to provide protection may also become sites of harm. This supports ecological perspectives that locate GBV within interacting individual,

relational, community, and structural systems.[17,3]

Making meanings of gender-based violence

Survivors' understanding of GBV extended beyond formal definitions to include physical assault, sexual coercion, emotional abuse, economic deprivation, neglect, and control within relationships. Their narratives showed how violence was interpreted through lived experience and shaped by gendered expectations, economic dependence, alcohol use, family conflict, and community tolerance of abuse. Similar evidence from Nigeria and sub-Saharan Africa shows that poverty, unequal power relations, harmful social norms, and economic vulnerability continue to normalize violence and delay recognition of abuse.[28,1,18,29]

Living with violence as a disruption to everyday life

GBV was described as cumulative and life-disrupting, beginning in childhood for some participants and continuing into adolescence and adulthood. Repeated sexual abuse, intimate partner violence, family neglect, hardship, and polyvictimization affected participants' physical health, emotional well-being, social relationships, schooling, parenting, and livelihood. These findings are consistent with evidence that GBV produces long-term physical, mental, reproductive, and social consequences, including trauma, depression, social withdrawal, and impaired functioning.[30,28,31] The findings further show how poverty, childcare responsibilities, and lack of safe alternatives can entrap survivors in abusive relationships.[32,1]

Multi-level barriers to gender-based violence disclosure

Disclosure was shaped by fear of reprisal, shame, stigma, victim-blaming, family reputation, and community silence. Perpetrators' threats, proximity to survivors, and perceived social power made disclosure risky. At the family level, survivors described pressure to remain silent, reconcile, or endure abuse to protect family honour or preserve marriage. At the community level, gossip, ridicule, and discrimination reinforced silence. These findings align with global and Nigerian evidence showing that fear of retaliation, anticipated stigma, shame, and weak protection systems remain major barriers to disclosure and help-seeking among GBV survivors.[33,29,28,18,3]

Systemic barriers to support service utilization

Support service utilization was constrained by delays in treatment, police report requirements, poor counselling, confidentiality breaches, financial barriers, police inaction, bribery, selective enforcement, and weak referral coordination. Some participants described moving between health facilities, police institutions, the Ministry of Women's Affairs, NGOs, and informal support systems without coordinated care. These findings reflect evidence from Nigeria and other low-resource settings that fragmented services, procedural bottlenecks, weak stakeholder coordination, and poor institutional accountability undermine survivor-centred care.[34-37,3] Strengthening confidentiality, removing procedural barriers to emergency care, improving provider responsiveness, and linking health, psychosocial, legal, and social welfare services are therefore essential.

The findings have practical implications for GBV prevention and response. Survivor-centred systems must move beyond encouraging disclosure to ensuring that disclosure leads to safety, timely care, psychosocial support, legal protection, and material assistance. Community interventions should address victim-blaming, harmful gender norms, and informal settlement practices, while health and justice systems should strengthen accountability, confidentiality, referral coordination, and adolescent-friendly services. Economic empowerment and social protection are also important, given the role of financial dependence in sustaining abuse.

Strengths and limitations

A major strength of this study is its in-depth qualitative engagement with survivors' narratives, which provides insight beyond prevalence-based accounts. The use of a socio-ecological lens strengthened interpretation of how individual, relational, community, and institutional factors shape GBV, disclosure, and service use in Calabar. However, the study is limited by its retrospective design, which may be affected by recall bias, and by the sensitivity of GBV, which may have influenced

what participants were willing to share. Its context-specific nature also limits broad generalization, although the findings may be transferable to similar urban and sociocultural settings. The absence of service providers' and institutional actors' perspectives also limits triangulation of system-level barriers.

Conclusion and recommendations

GBV in Calabar is sustained by intersecting systems of violence, silence, economic dependence, harmful social norms, and institutional weakness. Survivors experienced physical, sexual, psychological, and economic harm across the life course, while disclosure and support service utilization were constrained by fear, stigma, family and community pressure, weak confidentiality safeguards, financial barriers, and fragmented health and justice responses. Coordinated, survivor-centred, trauma-informed, and multisectoral systems are needed to improve timely care, protection, referral, and long-term recovery. Community education, provider training, institutional accountability, confidential reporting pathways, and economic support for survivors should be strengthened to reduce silence and improve GBV prevention and response.

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Data availability statement

All necessary data are included in the manuscript.

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Authors contributions

GMEN conceptualized the study, acquired funding, led project planning and administration, and contributed to investigation, data curation, resources, software, formal analysis, validation, manuscript drafting, and final editing. GOI and EPA contributed to the methodology, investigation, data curation, and resources, while EPA also contributed to software support. TMM contributed to formal analysis, supervision, validation, and critical review of the initial manuscript draft. GMEN drafted the initial manuscript, TMM reviewed the initial draft, and GMEN edited the final version. All authors read and approved the final version of the manuscript.

Competing interest

The authors declared no competing interests.

Use of Artificial Intelligence

The authors used an artificial intelligence language model to refine the language and improve the manuscript's readability. The tool was used solely for editorial support. All conceptualization, data collection, data analysis, interpretation of findings, and conclusions were independently conducted by the authors. The authors thoroughly reviewed, edited, and approved the final manuscript and take full responsibility for its accuracy, integrity, and originality.

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