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SEXUAL VIOLENCE IN INTERNALLY DISPLACED PERSONS CAMPS (IDP): MITIGATING THE EFFECT ON WOMEN IN NORTHEAST NIGERIA

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Abstract

This study investigated sexual violence and strategies for mitigating its effects on women in Internally Displaced Persons (IDP) camps in Northeast Nigeria. The study adopted a descriptive survey research design and was carried out in IDP camps across Borno, Adamawa, and Yobe States, which host approximately 2,200,000 displaced persons (Borno – 1,600,000; Adamawa – 350,000; Yobe – 250,000). The population consisted of adult women aged 18 years and above residing in officially recognized IDP camps. A multi-stage sampling technique was employed: first, three IDP camps were purposively selected from each state, and then 30 women were randomly chosen from each camp, resulting in a sample size of 270 respondents. In addition, 10 key informants (camp officials, healthcare providers, and NGO staff) were purposively selected for interviews. Data were collected using a structured questionnaire and key informant interviews, validated by three experts and tested for reliability using Cronbach's Alpha, which yielded a coefficient of 0.82. Quantitative data were analyzed using descriptive statistics, while qualitative data were analyzed thematically. Findings revealed that sexual violence is highly prevalent in the camps, with armed groups, camp security personnel, male IDPs, and local militias identified as the main perpetrators. Survivors suffer multiple consequences, including sexually transmitted infections, unwanted pregnancies, trauma, stigma, spousal abandonment, and loss of livelihood. The study concluded that weak law enforcement and inadequate survivor-centered services enable sexual violence to persist. It recommended stronger legal enforcement and accountability, improved protection and support services, and the implementation of livelihood and awareness programs to reduce vulnerability and stigma

Keywords: Sexual violence, Internally Displaced Persons, Women, IDP camps, Consequences, Mitigation Strategies

Introduction

The World Health Organization (WHO) defines sexual violence as *"any sexual act, attempt to obtain a sexual act, unwanted sexual remarks or advances, or acts to traffic or otherwise directed against a person's*

sexuality using coercion" across any setting. This broad definition encompasses acts such as rape, sexual harassment, forced prostitution, sexual slavery, forced pregnancy, and forced marriage (WHO, 2002). Rape, as WHO elaborates, refers to non-consensual vaginal or anal penetration—by penis, body part, or object—typically employed to intimidate, humiliate, and exert power over victims. Furthermore, the United Nations Expert Group on Violence Against Women (DEVAW) in its 2012 declaration emphasized that forced marriage, coerced reproduction, trafficking, and denial of contraception or abortion services also constitute sexual violence (UN Expert Group, 2012).

A major meta-analysis led by WHO and the South African Medical Research Council established that approximately 7% of women globally experience non-partner sexual violence, while in sub-Saharan Africa the rates are significantly higher—estimated around 17% to 21% (WHO et al., 2013). Another systematic review focused on refugees and internally displaced persons worldwide estimated prevalence of sexual violence among displaced women at about 21% (Kinyanda et al., 2013). In addition, Nobel Peace Prize laureate Dr. Denis Mukwege, writing in collaboration with Angelina Jolie, notes that conflict-related sexual violence has surged—documenting a 50% rise in incidents as surveyed by the UN Secretary-General in 2023 (Mukwege & Jolie, 2024). In humanitarian emergencies across Africa—from Sierra Leone to Liberia to Sierra Leone again—sexual exploitation and abuse has emerged as persistent challenges, often perpetrated by aid workers, peacekeepers, and local officials who capitalize on recipients' vulnerability to trade essential goods for sexual favors (UNHCR/Save the Children report, 2002).

Jessica Stern and Denis Mukwege, writing for ISS Africa in 2024, highlight that sexual violence in conflict zones such as the Democratic Republic of Congo, South Sudan, Sudan, and Nigeria is often employed as a deliberate tool of war to displace, punish, or terrorize communities (Stern & Mukwege, 2024). Le & Nguyen (2022) further show how armed conflict reshapes social norms long after active fighting ends, indirectly increasing intimate partner violence and normalized sexual exploitation by disrupting traditional protective structures.

Specific to northeast Nigeria, Marlow et al. (2022) report that Boko Haram-led displacement forced girls into survival sex, early marriage, and repeated sexual assault in Maiduguri-area camps. Similarly, Bashir, *et al.* (2025) conducted a cross-sectional study among IDP camps in Maiduguri and found widespread sexual abuse—including rape and associated unwanted pregnancies—calling for stronger interventions by government and NGOs. Human Rights Watch (2016) documented systemic exploitation by camp officials, soldiers, vigilantes, and aid distributors, where access to food, service, or shelter was frequently conditioned on sexual submission; fewer than five of 43 survivors interviewed reported receiving any post-assault counseling (Human Rights Watch, 2016). In April 2025, Global Rights Nigeria, via fieldwork in ten camps across Borno, Adamawa, Yobe, and the Abuja area, revealed sexual transactions for basic services as widespread and rarely reported due to fear, shame, and lack of redress mechanisms (Global Rights Nigeria, 2025).

The Boko Haram insurgency originated in 2002 as a radical Islamist sect under Mohammed Yusuf, but it became extremely violent after Yusuf's death in police custody in 2009. The group declared war on the Nigerian state and launched attacks on civilians, security forces, and government institutions (Wikipedia Contributors, 2025). By 2010, Boko Haram escalated its operations through large-scale prison breaks and suicide bombings, including in

Abuja. Under the leadership of Abubakar Shekau, Boko Haram captured vast territories across Borno and neighboring states, committing atrocities such as the abduction of over 200 schoolgirls in Chibok in 2014 and mass killings in towns like Baga and Damasak. These attacks led to widespread destruction of communities, collapse of economic activities, and large-scale displacement of populations (Wikipedia Contributors, 2025). Despite repeated military offensives, splinter factions like the Islamic State West Africa Province (ISWAP) emerged, and Boko Haram continues to pose a serious security threat, contributing to prolonged humanitarian crises across northeast Nigeria (Guardian, 2025).

The Boko Haram insurgency has resulted in massive internal displacement. The International Organization for Migration (IOM) reported in 2022 that there were about 2.20 million internally displaced persons (IDPs) and 1.98 million returnees in the BAY states—Borno, Adamawa, and Yobe—with Borno State hosting the largest proportion (IOM, 2022). Genocide Watch (2023) further reported 2.30 million IDPs, of whom 40% resided in formal camps and 60% in host communities. Another assessment by Alao and Tafida (2023) estimated 2.37 million IDPs across the northeast, with over 220,000 located in Adamawa State alone. These figures highlight the scale of displacement and the protracted nature of the crisis in the region.

Living conditions in IDP camps across northeast Nigeria remain extremely poor. Crisis Group (2024) reported alarming malnutrition levels, particularly in Bama camp in Borno State, where the prevalence of malnutrition among children exceeded emergency thresholds. Camps are overcrowded, with inadequate access to food, safe water, sanitation, and healthcare services. The Global Protection Cluster (2024) documented serious protection risks, including kidnappings, extortion, and property destruction within and around camps, showing the fragile security situation.

Maternal and child health indicators have deteriorated sharply. UNICEF data cited by Sahara Reporters (2024) showed maternal mortality in Borno increasing from 166 deaths per 100,000 live births in 2008 to 564 per 100,000 in recent years, largely due to unattended births, malnutrition, and inadequate health services. A comprehensive assessment by Fact Foundation (2024) found that IDPs face multidimensional challenges, including hunger, debt dependence, lack of livelihoods, psychosocial stress, and limited humanitarian assistance. Adewale (2016), Agunyai and Phago (2024), and Adekola et al. (2024) have criticized the Nigerian IDP policy for fragmented governance and weak infrastructure, which has left many displaced persons in precarious shelters with poor WASH services and heightened exposure to gender-based violence, trafficking, and early marriage.

Multiple reports document pervasive sexual violence and exploitation of displaced women and girls in Nigerian IDP camps. Human Rights Watch (2016) found survivors in Maiduguri camps who exchanged sex for food, medicine, or freedom of movement. Fewer than five of 43 interviewed survivors had accessed formal counseling after assault, while cases of HIV and other STIs rose from roughly 200 to over 500 within two years (Human Rights Watch, 2016). In addition, a study in a large camp in Borno State identified nearly fifty cases of sexual violence-related pregnancy (SVRP) among survivors formerly held by Boko Haram; these women were overwhelmingly minors, with an average age of 15.3 years (PubMed, 2018).

Abductions by Boko Haram often lead to forced marriages and rape (Human Rights Watch, 2014). Within camps, violence comes from multiple actors—

soldiers, police, vigilante groups, camp officials, and even other displaced people—who exploit power imbalances to demand sex for access to aid, registration, or passes (Odihpn on humanitarian practices; Global Protection Cluster, 2024). One Dalori camp resident recounted being sexually assaulted by security personnel during movement permission procedures (CMI research on informal peacebuilding in North East Nigeria).

Cultural stigma and fear of reprisal discourage survivors from reporting abuse. Many women avoid camp clinics out of shame—especially after unwanted pregnancies (Frontiers in Reproductive Health study). The UN special rapporteur on IDPs reported that Nigerian authorities tend to downplay sexual violence in displacement settings, which fosters impunity and under-reporting (Human Rights Watch, 2016). A survey by Daily Trust echoed similar findings: about one-third of women in northeast IDP camps experienced sexual violence, but most did not report it due to fear and social exclusion (Ojengbede et al., cited in Daily Trust).

Sexual violence against women in IDP camps has severe physical, psychological, and socio-economic consequences. Physically, survivors often suffer injuries, unwanted pregnancies, and sexually transmitted infections, with medical staff in camp clinics reporting rising cases of HIV and other STIs, while studies have documented numerous sexual violence-related pregnancies among teenage survivors with limited access to healthcare. Psychologically, many victims experience profound trauma manifesting as anxiety, depression, post-traumatic stress disorder, nightmares, isolation, and suicidal ideation, often compounded by feelings of helplessness and shame due to inadequate psychosocial support services. Socio-economically, survivors face long-term stigma, social exclusion, and barriers to reintegration, with many being abandoned by partners or families or coerced into early or survival-based marriages, all of which diminish their opportunities for livelihoods and sustainable recovery.

Sexual violence in Nigeria's IDP camps remains a pervasive humanitarian and human rights crisis. Evidence from multiple studies and reports confirms that women and girls in camps are frequently subjected to rape, sexual exploitation, and coerced sexual relationships, often perpetrated by security personnel, camp officials, armed groups, and even fellow IDPs. Deep-rooted socio-cultural stigma, fear of reprisal, and lack of trust in authorities discourage survivors from reporting abuse, leaving many without medical, psychological, or legal support. The consequences of such violence are severe—physically, survivors face injuries, unwanted pregnancies, and sexually transmitted infections; psychologically, many experience trauma, depression, and post-traumatic stress; and socio-economically, they endure rejection, isolation, and barriers to reintegration.

Although Nigeria has established legal frameworks such as the Violence Against Persons (Prohibition) Act to address gender-based violence, weak enforcement in the Northeast and poorly coordinated humanitarian responses have greatly reduced the effectiveness of these measures. While national agencies, NGOs, and international organizations have implemented interventions to provide psychosocial support, healthcare, legal aid, and advocacy for survivors, significant gaps persist in protection mechanisms, accountability structures, and the availability of survivor-centered services. It is within this context of inadequate response and persistent abuse that the present study, sought to examine the challenges and propose effective strategies to protect and support displaced women.

Statement of the Problem

Sexual violence against women in IDP camps in Northeast Nigeria has become a critical humanitarian and human rights concern. Despite the existence of legal frameworks such as the Violence Against Persons (Prohibition) Act and the efforts of national agencies and international organizations, weak enforcement, poor coordination of humanitarian responses, and inadequate survivor-centered services have allowed sexual exploitation and abuse to persist. Reports have documented cases where women and girls are coerced into transactional sex for food, freedom of movement, or access to aid, with perpetrators including security personnel, camp officials, armed groups, and even fellow IDPs. Survivors face severe physical, psychological, and socio-economic consequences, including injuries, unwanted pregnancies, sexually transmitted infections, trauma, social stigma, and barriers to reintegration. However, gaps in protection mechanisms, lack of accountability, and cultural stigma discourage reporting and limit access to justice and support services. These challenges underscore the urgent need for research into effective strategies to mitigate the effects of sexual violence on women in IDP camps in Northeast Nigeria.

Purpose of the Study

The purpose of this study is to investigate sexual violence against women in IDP camps in Northeast Nigeria: The sought:

1. To determine how widespread sexual violence is among women living in IDP camps in Northeast Nigeria.
2. To identify the main groups or individuals responsible for committing sexual violence in the camps in Northeast Nigeria.
3. To describe the physical, psychological, and socio-economic impacts of sexual violence on affected women in Northeast Nigeria.

Research Questions

1 How prevalent is sexual violence among women living in IDP camps in Northeast Nigeria?

2 Who are the main perpetrators of sexual violence in the IDP camps in Northeast Nigeria?

3 What are the physical, psychological, and socio-economic impacts of sexual violence on women in the camps in Northeast Nigeria?

Methodology

This study adopted a descriptive survey research design, which was appropriate for investigating the prevalence of sexual violence against women in IDP camps. The design enabled the collection of both quantitative and qualitative data from a large group of respondents to provide a comprehensive understanding of the problem. The study was carried out in selected IDP camps located in Borno, Adamawa, and Yobe States in Northeast Nigeria. These three states were chosen because they hosted the highest number of displaced persons as a result of the Boko Haram insurgency. According to the International Organization for Migration (2022), the total population of internally displaced persons in the three states was approximately 2,200,000, distributed as follows: Borno State – 1,600,000 IDPs, Adamawa State – 350,000 IDPs, and Yobe State – 250,000 IDPs. From this population, the study focused on adult women aged 18 years and above residing in officially recognized IDP camps.

A multi-stage sampling technique was employed. In the first stage, three IDP camps were purposively selected from each state, making a total of nine camps.

In the second stage, simple random sampling was used to select respondents. A total of 30 women were randomly selected from each camp, giving a sample size of 270 women respondents. In addition, 10 key informants comprising camp officials, healthcare workers, and NGO staff were purposively selected for interviews based on their roles and experience in camp management and humanitarian activities.

Data were collected using a structured questionnaire and a Key Informant Interview (KII) guide. The questionnaire consisted of sections on demographic information, prevalence of sexual violence, perpetrators, consequences, and existing interventions. The KII guide was used to obtain qualitative information from key informants to complement the quantitative data. The instruments were validated by three experts in gender studies, public health, and research methodology, whose feedback was used to make necessary adjustments.

For reliability, a pilot test was conducted in an IDP camp outside the study area. The responses were analyzed using Cronbach's Alpha, which produced a coefficient of 0.82, indicating that the instrument was reliable. Data collection was done with the assistance of trained research assistants, who administered the questionnaires and conducted the interviews. Ethical considerations such as informed consent, confidentiality, and voluntary participation were strictly observed, and participants showing distress during data collection were referred to psychosocial support services. The quantitative data collected were analyzed using descriptive statistics such as mean and standard deviation to answer the research questions. The qualitative data obtained from interviews were analyzed thematically, and the emerging themes were integrated with the quantitative findings to provide a comprehensive understanding of the problem.

Results

Research Question 1: How prevalent is sexual violence among women living in IDP camps in Northeast Nigeria?

Table 1: Prevalence of Sexual Violence Among Women in IDP Camps

		N = 270		
S/N	**Questionnaire Statement**	$\bar{x}$	**SD**	**Remark**
1	Many women in this camp have experienced sexual violence.	4.20	0.75	Agreed
2	Sexual violence is a common issue in this IDP camp.	4.05	0.82	Agreed
3	Women in this camp fear being sexually assaulted.	3.90	0.91	Agreed
4	There are frequent reports of rape in this camp.	3.80	0.95	Agreed
5	Women avoid certain areas of the camp due to fear of sexual violence.	3.70	1.02	Agreed
6	Sexual violence cases are underreported in this camp.	4.10	0.78	Agreed
7	Survivors of sexual violence in this camp lack adequate support.	3.95	0.87	Agreed
8	Women in this camp have been forced into sexual acts for survival.	3.60	1.05	Agreed
9	There is no proper security to protect women from sexual violence.	3.85	0.93	Agreed
10	Many women do not report sexual violence due to stigma.	4.25	0.72	Agreed

Table 1 shows that all items had mean scores between **3.60 and 4.25**, indicating that respondents agreed sexual violence is widespread in IDP camps. The highest mean (**4.25**) was for the statement that many

women do not report cases due to stigma, followed by the agreement that many women have experienced sexual violence (**4.20**) and that cases are underreported (**4.10**). The results suggest that sexual violence is common, survivors fear assault, and many are forced into sexual acts for survival, but reporting is limited due to stigma and lack of support.

From the KII:

Camp Health Officer: "*Sexual violence is very common in the camp. Many women come to the clinic with sexually transmitted infections or pregnancies that they say were a result of rape. Most cases are not reported because women are afraid of stigma or retaliation*."

NGO Field Worker: "*We receive frequent reports of sexual exploitation, especially where women have to exchange sex for food or other basic needs. The problem is worse in camps with poor security and limited humanitarian assistance*."

Research Question 2: Who are the main perpetrators of sexual violence in the IDP camps in Northeast Nigeria?

Table 2: Perpetrators of Sexual Violence in IDP Camps

S/N	Questionnaire Statement	$\bar{x}$	SD	Remark
1	Armed groups (e.g., Boko Haram) are major perpetrators of sexual violence.	4.30	0.68	Agreed
2	Camp security personnel sometimes sexually assault women.	3.95	0.85	Agreed
3	Male IDP residents also commit sexual violence against women.	3.75	0.92	Agreed
4	Humanitarian workers have been involved in sexual exploitation.	3.40	1.10	Disagreed
5	Local militias exploit women in the camps.	3.85	0.88	Agreed
6	Some women are forced into transactional sex for basic needs.	4.00	0.80	Agreed
7	Perpetrators often act with impunity due to weak law enforcement.	4.15	0.75	Agreed
8	Women are most at risk of assault when collecting firewood or food.	3.90	0.90	Agreed
9	Some perpetrators are strangers who infiltrate the camp.	3.65	0.95	Agreed
10	Women fear retaliation if they report perpetrators.	4.20	0.70	Agreed

Table 2 shows that the main perpetrators of sexual violence in IDP camps were identified as armed groups ($\bar{x} = 4.30$), camp security personnel ($\bar{x} = 3.95$), local militias ($\bar{x} = 3.85$), and male IDP residents ($\bar{x} = 3.75$). Respondents agreed that weak law enforcement ($\bar{x} = 4.15$) and fear of retaliation ($\bar{x} = 4.20$) allow these perpetrators to act with impunity, while many women are forced into transactional sex for basic needs ($\bar{x} = 4.00$). The suggest that armed groups and individuals in positions of authority within the camps are the primary perpetrators, and lack of accountability worsens the problem.

From the KII:

Camp Security Liaison Officer: "*Unfortunately, some security personnel have been implicated in abusing women. There are also cases involving fellow male IDPs and local vigilantes. Armed groups like Boko Haram commit sexual violence during abductions, and some women become victims again even after returning to the camps*."

Humanitarian Protection Officer: "*Perpetrators include camp officials who take advantage of their positions to demand sexual favours in exchange for aid. There are also strangers who infiltrate camps and assault women, especially when they leave to fetch*

firewood or water."

Research Question 3: What are the physical, psychological, and socio-economic impacts of sexual violence on women in IDP camps in Northeast Nigeria?

Table 3: Comprehensive Impacts of Sexual Violence on Women in IDP Camps

Category	S/N	Questionnaire Statement	$\bar{x}$	SD	Remark
Physical Impacts	1	Survivors suffer from sexually transmitted infections (STIs).	4.25	0.70	Agreed
	2	Many women experience unwanted pregnancies due to rape.	3.95	0.85	Agreed
	3	Sexual violence leads to chronic pelvic pain.	3.80	0.90	Agreed
	4	Some survivors sustain physical injuries from assaults.	3.70	0.95	Agreed
	5	Lack of medical care worsens physical health conditions.	4.10	0.75	Agreed
Psychological Impacts	6	Survivors experience depression and anxiety.	4.30	0.65	Agreed
	7	Many women suffer from post-traumatic stress disorder (PTSD).	4.15	0.72	Agreed
	8	Some survivors have suicidal thoughts.	3.90	0.88	Agreed
	9	Stigma leads to social isolation.	4.20	0.70	Agreed
	10	Women feel constant fear and helplessness.	4.05	0.80	Agreed
Socio-Economic Impacts	11	Survivors are often abandoned by their spouses.	3.85	0.92	Agreed
	12	Many women lose livelihood opportunities due to stigma.	3.75	0.95	Agreed
	13	Girls drop out of school after sexual violence.	3.90	0.87	Agreed
	14	Women face discrimination in aid distribution.	3.60	1.00	Agreed
	15	Sexual violence increases dependency on harmful coping mechanisms.	3.95	0.85	Agreed

Table 3 shows that respondents agreed sexual violence has serious physical, psychological, and socio-economic impacts on women in IDP camps. The highest mean scores were for depression and anxiety ($\bar{x} = 4.30$), sexually transmitted infections ($\bar{x} = 4.25$), and stigma leading to social isolation ($\bar{x} = 4.20$). Other major effects included post-traumatic stress disorder ($\bar{x} = 4.15$), lack of medical care worsening health conditions ($\bar{x} = 4.10$), and feelings of fear and helplessness ($\bar{x} = 4.05$). Socio-economic impacts such as loss of livelihood ($\bar{x} = 3.75$), school dropout ($\bar{x} = 3.90$), and spousal abandonment ($\bar{x} = 3.85$) were also reported. The result shows that sexual violence leaves women with multiple health complications, severe psychological trauma, and long-term social and economic disadvantages, which hinder their recovery and reintegration.

From the KII:

Medical Officer in IDP Clinic: "*We treat many women for injuries, sexually transmitted infections, and unwanted pregnancies caused by rape. Teenage pregnancies are especially common among survivors*."
Psychosocial Support Worker: "*Survivors often suffer depression, trauma, and feelings of hopelessness. Some attempt suicide or withdraw completely from others because of stigma*."
Livelihood Program Coordinator: "*Sexual violence leaves long-term effects on women. Many are abandoned by their husbands or families, which makes it difficult for them to provide for themselves. Girls*

who become pregnant often drop out of school, which affects their future opportunities."

Discussion of Findings

The findings revealed that sexual violence is highly prevalent among women in IDP camps in Northeast Nigeria, with many survivors experiencing rape, sexual exploitation, and coercion in exchange for food or basic needs. Most cases go unreported due to fear of stigma and retaliation. These findings align with Human Rights Watch (2016), which documented widespread sexual abuse of displaced women in Borno State camps, often perpetrated by individuals in positions of power. Similarly, Ojengbede, Adeoye, and Bello (2020) found that nearly one-third of displaced women in the region had experienced sexual violence, but only a small proportion reported the cases due to cultural barriers. Médecins Sans Frontières (2023) also confirmed an increase in cases of sexual violence-related injuries and infections in IDP camp clinics, pointing to the scale of the problem.

The results showed that the main perpetrators of sexual violence in the camps are armed groups such as Boko Haram, camp security personnel, male IDP residents, and local militias. Respondents also noted that weak law enforcement and fear of retaliation allow these perpetrators to act with impunity. This finding supports Human Rights Watch (2014), which reported that Boko Haram frequently abducted and raped women during attacks and that camp officials and security personnel also engaged in sexual exploitation. Campbell and Raja (2021) similarly noted that gaps in accountability within humanitarian responses enable perpetrators to abuse women without consequences. Global Protection Cluster (2024) further highlighted that the absence of effective protection mechanisms and reporting channels worsens the problem of sexual exploitation in Nigerian IDP camps.

The study found that sexual violence has serious physical, psychological, and socio-economic impacts on survivors. Women commonly suffer from sexually transmitted infections, unwanted pregnancies, depression, post-traumatic stress disorder, and social isolation. Many survivors also face spousal abandonment, school dropout, and loss of livelihood opportunities due to stigma. These findings agree with Frontiers in Reproductive Health (2022), which reported increased cases of sexual violence-related pregnancies and health complications among displaced women. Human Rights Watch (2016) also highlighted the lack of adequate psychosocial support, resulting in long-term trauma and depression among survivors. Additionally, Ojengbede, Adeoye, and Bello (2020) emphasized that stigma and economic exclusion make it difficult for survivors to reintegrate, further deepening their vulnerability.

Conclusion

The study established that sexual violence is a serious and pervasive problem among women living in IDP camps in Northeast Nigeria. Armed groups, camp security personnel, male IDP residents, and local militias were identified as the main perpetrators, with weak law enforcement and fear of retaliation enabling impunity. The consequences of sexual violence were found to be severe, cutting across physical, psychological, and socio-economic dimensions, including sexually transmitted infections, unwanted pregnancies, trauma, depression, stigma, spousal abandonment, and loss of livelihood opportunities. Although national and international organizations have made efforts to provide support services, gaps in legal enforcement, survivor-centered care, and protection mechanisms persist.

Recommendations

1 Government agencies should ensure full domestication and enforcement of the Violence Against Persons (Prohibition) Act

2 2015 across all Northeast states. Security personnel and camp officials found guilty of sexual violence should be prosecuted to end impunity.

3 Humanitarian agencies should enhance security in IDP camps, especially in high-risk areas, and establish confidential reporting channels. Comprehensive medical care, psychosocial support, and legal aid services should be made easily accessible to survivors.

4 NGOs and government agencies should provide livelihood opportunities and educational programs for women to reduce dependency on transactional sex. Awareness campaigns should also be carried out to reduce stigma and encourage reporting of sexual violence.

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