

Exploring the lived experiences of gender-based violence survivors among female sex -workers in Rivers State, Nigeria.

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ABSTRACT

Gender-based violence (GBV) remains a global challenge, with women and young girls being the major victims. Female sex workers are also adversely affected. However, there is limited evidence about the lived experiences and coping strategies of Female Sex Workers (FSW) in Rivers State, Nigeria. Hence, this study was guided by objectives that focused on determining: the effect of GBV on FSW in Rivers State and coping strategies adopted by Gender-based violence survivors to manage the challenges associated with it. Data were collected from 12 female sex workers using semi-structured interviews and were analyzed thematically using the NVivo12 software. Findings showed that enforcement agents, intimate partners, relatives, friends, clients, and recruiters were perpetrators of gender-based violence. The participants identified their lack of agency, poverty, lack of alternative means of livelihood, and desire to protect their parents as drivers of gender-based violence. The participants admitted having experienced physical and mental health challenges. The participants adopted several coping mechanisms: substance abuse, religion, self-defence, and relocation. The researchers concluded that increased awareness about available services, unbiased service provision, designated human rights officers, and prosecution of perpetrators would encourage disclosure and boost access and uptake of services.

Keywords: Gender-based violence, female sex worker, lived experience, discrimination, coping, social support services

Introduction

The United Nations defines gender-based violence (GBV) as "an act of violence that results in the physical, sexual, or psychological harm or suffering of women, girls, men, or boys, as well as threats, coercion, or the arbitrary deprivation of liberty whether occurring in public or in private life" (Muluneh et al., 2020, p. 1). Similarly, Chime et al. (2022) attributed GBV to be a form of violence that is based on a person's biological sex, gender identity or expression, or perceived adherence to socially defined expectations of one's gender. GBV

is exhibited through intimate partner violence, non-partner sexual assault, female genital mutilation, sexual exploitation, child abuse, female infanticide, and child marriage (García-Moreno et al., 2013). It is further characterized as the most persistent yet least evident human rights violation in the world, cutting across age, gender, religion, social and economic boundaries (Chime et al., 2022).

Gender-based violence has been recognized and discussed for decades as a global health and human rights problem that causes high morbidity and mortality in women (Muluneh et al., 2020). Due to perceived stigmatization from family and friends, GBV remains hidden in a culture of silence despite these repercussions. Many survivors who seek justice are accused, subjected to retaliation, or shunned by their families and communities, which drives them farther into deprivation, loneliness, and violent crime (Abrahams et al., 2014). This situation deters additional survivors from coming forward with their experiences with GBV or seeking medical attention since culture prioritizes preserving family honour and reputation over pursuing justice for this horrible crime (Palermo et al., 2014).

Men and women perpetuate GBV. However, most GBV incidents include a female victim and a male offender, and even when GBV occurs against boys or men, male perpetrators are still involved (García-Moreno et al., 2013). Due to their vulnerability, women and girls are more likely to experience abuse and are typically less equipped to defend themselves (García-Moreno et al., 2013). In some cultural contexts with a predilection for men, where women are seen as the property of their husbands and treated as second-class citizens, this constitutes why GBV against women is highly prevalent (Chime et al., 2022).

The African region, primarily sub-Saharan Africa, showed the most significant rate (65.64%) of physical or sexual intimate partner violence (Beyene et al., 2019). Several reports regarding the prevalence of GBV amongst women have been reported in Nigeria, Africa's most populated country. Two recent studies stated that 15% and 27% of young females reported forced penetrative and attempted rape, respectively, while 44% said they faced unwanted touches (Chime et al., 2022). In another survey in Ogun state, 33% of women between the ages of 15 and 49 have experienced either physical or sexual violence; 24% have experienced only physical violence, 2% have experienced only sexual violence, and 7% have experienced both types of abuse (Chime et al., 2022). Nigerian women have reported, aside from the physical and sexual abuse, socio-economic and psychological violence. Abrahams et al. (2014) mentioned that women with low socio-economic status, illiteracy, and nations with lax legal systems are more likely to experience GBV.

Female sex workers (FSWs) are one of the categories of women disproportionately affected by GBV in Nigeria because they are a marginalized and vulnerable population. Rivers State, Nigeria, is no exception, where FSWs are subjected to various forms of GBV, including sexual assault, physical violence, and verbal abuse. Rivers State is the nerve centre of Nigeria's famous oil and gas industry. It is the focal point of activities in the Niger Delta region and has profound social implications for sexual activity in the State (Peter-Kio & Ene-Bongilli, 2017). Sex work in Nigeria is illegal; the Rivers state Governor recently banned sex work and nightclub activities, including night-time and street trading (Nwachukwu, 2022). The criminalization of sex work and other factors such as social stigma and discrimination, poverty, substance abuse, and limited access to healthcare and support services have contributed to the high prevalence of GBV experienced by the FSWs.

According to a study by Peter-Kio and Ene-Bongilli (2017), 62.5% of FSWs in Port Harcourt, the capital of Rivers State, reported experiencing GBV in the previous six months. The study defined gender base violence as physical violence, sexual violence, emotional violence, and economic violence (Peter-Kio & Ene-Bongilli, 2017). Of the FSWs who reported experiencing GBV, 44.6% reported physical violence, 23.3% reported sexual violence, and 53.3% reported emotional violence (Peter-Kio & Ene-Bongilli, 2017). These participants reported experiencing emotional violence as abusive words, threats of sexual or physical assault, coercion, intimidation, and bullying. A majority also reported having experienced economic violence as some people manipulate them with money or resources to go against their wishes, hurt them, restrict their access to funds or resources and refuse to pay for their services. Others also reported physical and sexual abuse such as rape, refusal to wear a condom, coercion to engage in a sexual activity, arrest or threat of arrest, restricted access to health care, and unwarranted detention. Perpetrators included immediate family members, especially males, peers, friends, children's fathers, clients, brothel owners and employers, police, and healthcare workers (Evens et al., 2019).

The consequences of GBV on FSW are severe and have severe long-term implications on their physical, emotional, and social well-being, overall quality of life, and other economic implications effects (Peter-Kio & Ene-Bongilli, 2017). Some of the economic impacts of GBV on female sex workers include loss of income, subjection to extortion by clients, pimps, or law enforcement individuals, barriers to alternative jobs due to stigma, and healthcare expenses (Abrahams et al., 2014). However, such discourse rarely covers the human rights violations and abuses experienced by female sex workers. In another study, FSWs admitted consequences such as feelings of worthlessness, suicidal thoughts, fear, and anxiety, among others. However, they revealed that police officers did not act on their report as they felt the abuse was a norm and expected

part of their work experiences. Some did not access support because of ignorance about available services and believed they would not get the needed help. They felt their experiences did not warrant reporting, and some felt getting help was too stressful. They expressed a desire for mental health or counselling services, improved police services, employment opportunities, or support for job placements (Evens et al., 2019).

Female sex workers often have limited access to care and support and are marginalized socially and economically. Most FSWs have low levels of education and unemployment. As a result of these inequities, they are vulnerable to abusive clients and practices that might predispose them to depression. According to Yusof et al. (2022), GBV survivors revealed that they manage the effects of GBV by engaging in activities to occupy time, having a positive mindset, accessing support services from social workers, using religious approaches, and seeking counsel from significant others.

Female sex workers frequently use maladaptive coping strategies to reduce and avoid the stress that comes from GBV. Some of these strategies may seem harmless in the short term but could have adverse long-term psychological effects (Moritz, et al., 2016). Ironically, FSWs' ability to effectively cope with the stress of GBV may be related to their inability to obtain legal employment that would eliminate the source of that stress (Kangiwa, 2015). Most FSWs have low self-esteem due to mental distress, something they seek to overcome by developing a false sense of self-worth. FSWs need some form of recuperative therapy to understand self-value; they especially need financial help to find jobs that would allow them to live decent lives (Kangiwa, 2015).

Social workers are perceived as an effective formal agency that supports these survivors in coping with their challenges. Some of their services include sensitizing survivors about their rights and thus empowering them to manage their challenges better. Social workers provide a range of services, such as outreach, counselling, and access to healthcare, aiming to empower these women with knowledge and skills to increase their confidence and courage to challenge norms promoting violence against them and create safer environments. By fostering trust and rapport, social workers can help female sex workers understand their rights, access resources, and navigate legal processes. Social workers can advocate for legal reforms; policy changes are essential to protect their rights and prevent violence (Kiboro et al., 2014).

This study drew assumptions from the ecological model of gender-based violence. This framework recognizes that GBV is influenced by multiple factors at different levels of the social ecology, such as individual, interpersonal, community, and societal characteristics (Evens et al., 2019). The ecological model explores how these factors interact and shape the experiences and

responses of female sex workers to GBV. At the individual level, the theory examined how personal characteristics, such as age, education, income, substance use, mental health, and HIV status, affect the risk and impact of GBV among female sex workers. At the interpersonal level, the study explored how relationships with clients, partners, peers, family, and friends influence the occurrence and disclosure of GBV. At the community level, it investigated how the physical and social environment, such as the location of sex work, the availability of services, the presence of stigma and discrimination, and the level of social support, affect the exposure and coping of female sex workers to GBV. At the societal level, the theory analyzes how the broader structural factors, such as laws, policies, norms, values, and power dynamics, shape the vulnerability and resilience of female sex workers to GBV.

Existing studies on FSWs in Nigeria often focus on risk factors, prevalence, and the impact of violence while paying less attention to the coping strategies FSWs use to navigate these experiences (Mtaita et al., 2021). Further research is needed to understand how contextual factors (cultural norms, social dynamics, and legal frameworks) shape adaptive coping strategies (Bungay & Guta, 2018). Hence, this study bridged the gap in knowledge by investigating how FSW survivors cope with GBV and its effects. These research questions guided the study: What are the effects of GBV on FSW in Rivers State? What coping strategies are adopted by these survivors to manage the challenges associated with GBV?

Methods

Design and Study Setting

The study adopted a qualitative phenomenological approach to delve into the subjective experiences and coping strategies of FSWs who have faced GBV in Rivers State. Phenomenology allows an in-depth exploration of individual experiences, meanings, and perspectives.

Rivers State is in the southern geopolitical zone of Nigeria. The State has a diverse population of over 7 million and over 40 ethnic groups. English, Igbo, and pidgin English are the major languages spoken in the State. Rivers State is a major industrial and commercial centre and hub for the country's booming oil industry (Vipene & Agbovu, 2023). The study site is nestled in Obiakpor, a local government area. The study site was the Community Health Centre, Obiakpor LGA. This site was selected because it has a One-Stop Shop (OSS) centre that provides HIV and STI prevention and treatment services for female sex workers in a culturally sensitive and friendly environment. The facility has a dedicated safe space where FSWs visit to access healthcare and social freedom. The study site maintains clients' privacy and provides a safe space where FSWs feel comfortable accessing HIV healthcare services. The centres are operated by

trained, FSW-friendly staff, which includes physicians, counsellors, nurses, laboratory personnel, and pharmacists.

Sampling Procedure

The target population were female sex workers who had experienced gender-based violence (GBV). Participants were purposefully selected to obtain in-depth information about the phenomenon under study (Adeoye-Olatunde & Olenik, 2021). The sample selection was based on specific inclusion criteria, ensuring the data collected was rich, similar, and accurate to achieve saturation. A total of 12 FSWs were interviewed. All the participants were fluent in either English or Pidgin English.

The study participants were 18 to 35 years old and identified as survivors of all forms of GBV, including physical, emotional, sexual, and economic violence based on their gender and occupation. The participants have worked as sex workers for at least one year. FSWs who did not work on the street, had never been physically assaulted, arrested, raped, or extorted, or were younger than 18 years or older than 35 years were excluded from the study. Considering the sensitivity of this study, FSWs who were violent, psychologically unstable, or were accessing psychological care for severe mental health issues were excluded from the study. The study was conducted for five weeks.

Data Collection

A semi-structured interview guide with open-ended questions was developed. The interview guide was pretested among FSWs accessing healthcare services at a similar organization in Khana Local Government Area of Rivers State, Nigeria. About 10% of the total study sample size participated in the pretest. These data collection tools were pretested to avoid errors in word ambiguity and improve the information's validity (Hurst et al., 2015).

The primary research investigator recruited and selected two research assistants from the Rivers State Ministry of Health's existing researchers' database. These research assistants had experience conducting interviews with FSWs. A two-day training was conducted for the hired research assistants on the study protocol, expectations, and research ethics by the primary research investigator. The participatory training spanned between 9 am and 4 pm daily, with role-plays and practical/mock sessions. Emphasis was made on minimizing response biases, eliciting sensitive information, and being mindful of ethical considerations when working with human research subjects, particularly a vulnerable and stigmatized population.

The consent of the study participants was sought and obtained by the research assistants before the commencement of the study. The research assistants explained to the participants the consent form, the purpose of the study,

potential risks and benefits of participation, how data would be collected and protected, and the research ethics involved. The participants were informed that their participation was voluntary and that they could leave whenever they felt uncomfortable. They were also free to ignore any question they were uncomfortable answering. Participants were given pseudonyms (RFW1 - RFW 12) to keep them anonymous and protect their identity. All participants consented to participate in the study.

After the pretest, the final interview guide was administered among the selected study participants to capture the lived experiences, perceptions, and coping strategies of these GBV survivors. The interviews were conducted in a safe and confidential environment, respecting the participants' privacy and comfort. The interview guides were written in English and translated to Pidgin English by a certified translator. The interview explored the prevalence, frequency, and types of GBV experienced, coping strategies, availability, and access to existing support services. The interview sessions lasted for about 60- 90 minutes. The sessions were recorded digitally and transcribed verbatim into electronic document format.

Data Analysis

The data collected were transcribed verbatim, and themes were inductively generated and inputted into the NVivo-12 software, where the transcripts were coded and results were generated. The coding was done in line with Lopez et al., 2008 that themes link the correct responses to the appropriate themes or codes, providing meaning to our experiences. The participants were given pseudonyms such as (RFW5) to describe the fifth participant. All data from this study, including recorded interviews, signed consent forms, surveys, and pretest interviews, will be stored in Google Cloud space for 18 months.

Results

Socio-demographic characteristics

The socio-demographic characteristics of female sex workers experiencing GBV in Rivers State portray a multifaceted picture of vulnerabilities shaped by age, education and socio-economic status. Gender-based violence (GBV) against female sex workers is a pervasive issue with complex socio-demographic factors. In Rivers State, Nigeria, female sex workers face heightened vulnerability to various forms of GBV due to intersecting socio-economic, cultural, and structural factors. Understanding the socio-demographic characteristics of these women is crucial for effective intervention strategies to mitigate GBV and protect their rights.

Table 1.0: Socio-demographic characteristics of the participants

Participant's codes	State of Origin	Age	Educational Qualification	Monthly Income
RFW 1	Rivers	25	SSCE	150,000
RFW 2	Rivers	19	FSLC	135,000
RFW 3	Imo	29	SSCE	140,000
RFW 4	Rivers	33	FSLC	120,000
RFW 5	Enugu	20	FSLC	110,000
RFW 6	Rivers	35	SSCE	90,000
RFW 7	Anambra	32	SSCE	120,000
RFW 8	Rivers	21	SSCE	130,000
RFW 9	Rivers	18	FSLC	150,000
RFW 10	Rivers	33	SSCE	100,000
RFW 11	Rivers	28	SSCE	100,000
RFW 12	Abia	24	OND	130,000

Source: Researchers Field work, 2023

All the respondents are practicing Christians and single. They came from lower socio-economic backgrounds, facing financial instability, poverty, and a lack of resources, making them more susceptible to exploitation and violence. The respondents are between 18 to 35 years, speak either fluent English or Pidgin, and six of the 12 respondents have a special boyfriend they are in love with. The respondents have limited formal education, affecting their access to alternative livelihoods and knowledge about their rights and available support systems. Four respondents relocated from the country's southeast region to Port Harcourt.

In contrast, five respondents relocated from other local governments within Rivers State, facing increased vulnerabilities due to a lack of social connections or support systems. Understanding these socio-demographic characteristics is crucial for developing targeted interventions and support services aimed at addressing gender-based violence among female sex workers in Rivers State, Nigeria. It helps tailor programs and initiatives to meet this vulnerable population's needs and implement effective prevention and support strategies.

Respondents' Understanding of GBV

Findings revealed that the study participants had a good knowledge of Gender-Based Violence. They described it as coercion against one's will, harassment, physical assault, rape, and unpaid or underpaid sex. A participant further stated that the perpetrators could either be male or female.

... to my own understanding. I feel gender-based violence could be when the male or the female partner makes the other partner do things against their will. Making them do things that probably ordinarily by they 'wouldn't want to do. So, I feel you are forcing or making them do

what they don't want to do. That is an abuse of their rights. **(Participant 6, 35yrs)**

Another stated that Gender-based violence is “how my partner harasses me, beats me or the way my partner maltreats me” **(Participant 7, 24yrs)**. Across board, participants explained that they had been raped, forced to engage in unprotected sex, beaten, extorted, harassed and insulted. Their experiences could be classified as sexual abuse, physical abuse, emotional or verbal abuse and economic abuse. Their responses revealed the power imbalance between them and their clients or partners, which made them vulnerable to abuse. They established having experienced multiple forms of violence at the same time. Buttressing further on this, a participant stated thus “You will run if I show you my back. They beat me with belt wires; there is nothing I don't collect on my back, and all these are painful” **(Participant 9, 18yrs)**. Another has this to say; “it's not that I purposely want to do what I did. Firstly, the guy forced me, so I have to, and at the end of the day, it results to fighting, both of us. **(Participant 1, 25yrs)** Another participant also noted that men usually abuse them verbally before patronizing them. She puts it this way: “They will see us and say “see this one now, ashewo, see as she is”. They will first verbally abuse after which they will still sleep with you.” **(Participant 8, 21yrs)**.

Perpetrators and Drivers of Gender-Based Violence

Participants had been abused by their friends, intimate sex partners, relatives, clients, recruiters and law enforcement agents. The abuse often occurred in brothels, intimate partners' and friends' residences. According to them, they had been physically assaulted, raped and extorted by their clients, law enforcement agents, and intimate sex partners. They also regrettably admitted instances of verbal and emotional abuse by their recruiters or employees. They also stated that friends, relatives, and intimate sex partners had exploited their vulnerabilities to sexually abuse them as a trade for money or accommodation. One of the participants stated thus;

We work extra on Friday nights because we will pay for the room, pay police, and other smaller fees. But the police is very painful because they can pass through the backyard to sleep with you, after which they will not pay you because they are Police officers. If you refuse them or stand your ground against them, they will leave at that moment but will come back and level one allegation against you without any reason, and before you know it, you will use 10,000, 20,000 or 30,000 to bail yourself from the police. **(Participant 6, 35yrs,)**

Survivors of GBV reported that several factors, such as their profession as female sex workers, poverty, homelessness, low-income family background, and their lack of agency, facilitated their vulnerabilities. Participants also admitted that they had been subjected to inhumane sexual practices to get paid

and foot their bills, as some believed that sex work was a quicker and more accessible means of livelihood. According to one participant, "But for me, I see that this work as the shortest route to make money because as bad as it is, all we do is just to bend our waist, and money will come out..." (**Participant 11, 28yrs**). The same respondents noted that:

"You can be stranded here without transport fare to go back to your village, and before you can feed, the man will first sleep with you. Sometimes, a man can ...what do they call it, bully sex; they will beat you before they sleep with you...so we do not have any choice but to engage in the bully sex to have money to feed and we will still pay the owners of the brothels" (**Participant 11, 28yrs**).

Supporting the narrative, participants also disclosed that they had tolerated their abusive relatives or partners since they had no alternative accommodation or source of income, and their parents were also dependent on their abusive partners. She said that; "The man will beat me because we were in the same house and I don't have where to run to, I don't have anybody to talk to. (**Participant 1, 32yrs**)

Effects of Gender-Based Violence

Participants revealed that they had experienced health conditions that necessitated medical treatment, and their bodies were scarred from previous physical assaults. Aside from these visible impacts, some experienced mental health issues such as anxiety, post-traumatic stress disorder (PTSD), depression and suicidal ideations. One of the participants reported that;

"...We used to have different kinds of body pains, sometimes we have sharp back pains, and sometimes we have strange illness that doctors will even tell us to find an alternative medicine or go and sort ourselves out with another means of solution when we go to the hospital for complaint." (**Participant 11, 28yrs**)

The emotional toll of violence described by the respondents affected their relationships, leading to strained relationships with friends and family. Some participants talked about fear of discrimination or judgment of seeking healthcare because of their work as sex workers, which increases their vulnerability to health issues, including STIs, HIV, and reproductive health concerns. Some respondents mentioned that they often face legal challenges, and reporting violence may expose them to legal repercussions that deter them from seeking justice. According to one of the participants,

"So, sometimes when things happen like that, I will enter the room, think of God and tell Him, "Father, I know you were the one that created me, but this is not the life I planned to live. See, as I am feeling bad now, it seems I should just go and buy sniper and drink" (**Participant 12, 24yrs**).

Negative interactions with law enforcement during reporting or investigations can erode trust in authorities, making it less likely for sex workers to seek help or justice. Hence, participants mentioned the heightened risk of substance abuse as a coping mechanism for survival.

Available Support Services and Survivors' Coping Strategies

Few survivors claimed to have sought help from their friends and acquaintances, police officers, and non-governmental organizations that advocate for human rights protection. However, only one participant claimed to have successfully gotten the needed help from the NGO, while the majority needed help accessing the anticipated support. She said that;

...one of the female facilitators approached me and asked what happened to my mouth. I explained to her that my boyfriend beat me and injured my mouth. She asked for details, and I told her what happened. So, she now told me that next time, if he beats me again, I should call their office that this is their phone number and that they have people they call 'paralegals'. So, I asked if she was sure that something like that exists, she said "yes oh" and that they work as an NGO **(Participant 12, 24yrs)**

As a result of their limited access to institutional help, survivors reported to have devised specific ways of managing the consequences of their abusive relationships. These strategies included drug or substance abuse, meditation, music, change of environment, avoiding abusers, recall of good memories, self-defence skills, and religious practices and activities. According to them, these methods had been effective. One participant captures it this way; "One way we cope is that...you know we take drugs sometimes. Sometimes, we take tramadol or eugenol. So, our body will be agile irrespective of how they have sex with us, we will be there to do it." **(Participant 11, 28yrs)**.

From the narrative, the researchers found that some survivors use listening to good music as a coping strategy. Buttressing further on this, one of the participants stated thus; "I won't lie to you. There are times I feel like giving up. So, anytime I feel this way, I will play music to make myself feel okay. I also stroll down the road, trek back, and avoid talking to anyone" **(Participant 8, 21yrs)**. Another person noted that "sometimes, a church is close to our brothel. I will stand up and go to the church. By the time they do, I will forgive myself with the word of God." **(Participant 12, 24yrs)**. Finally, a change of location was mentioned as a strategy. According to the participant "I will change my environment if I feel pressured. I will change my location away from where I am working... " **(Participant 5, 28yrs)**

Help-Seeking Behaviour Enablers and Barriers

The only participant who successfully accessed the needed support revealed that she was enlightened about her rights and the available support she could access at the facility, even as a Female Sex Worker. This empowered her to challenge her abusive partner to educate and advocate for other sex workers. She said that;

So, I asked if she was sure that something like that exists, she said, "Yes, oh," and that they work as an NGO. I then asked if NGOs can defend me if I get beaten up in this brothel, and she affirmed that. So, since then, I built my confidence and am now happy. So, the next time he wanted to molest me, I now had the mind to stand up for myself. I told him that I now have the backing of the Paralegal from the NGO, and that the female facilitator that came to give us condoms had told me about Paralegal. After making this confrontation, I started to have this fear whether this man will come back to beat me again, so, I ran to the NGO office for a discussion and they opened my eyes to so many things **(Participant 12, 24yrs)**.

However, other participants revealed that they could not access the available support because of some structural barriers. These barriers include stigma, being ignored, and being shamed by service providers such as law enforcement agents. According to some participants, police officers claimed not to meddle in intimate partner violence or normalized violence against sex workers as one of their expected work hazards, thereby revealing an existing culture of silence and the normalization of violence that is promoted. One of the participants stated thus; "No support at all. They said they don't interfere in boyfriend and girlfriend relationship issue" **(Participant 7, 32yrs)**. One participant noted that they do not usually report when abused because the police do not take them serious simply because they are sex workers. Hear her;

There is a way someone will beat you, and you won't even want to report it to the police because they will not answer you if. The police will say, "Aren't you a sex worker? Isn't that what you should be experiencing"? **(Participant 11, 28yrs)**.

Given the culture of silence and violence normalization, participants had to improvise specific coping strategies. Participants justified their stance by sharing experiences where they attempted to access GBV support services but were stigmatized, ignored or shamed by service providers. One of the participants reported thus;

We tend not to seek help because normally, what you're doing, you feel you're hiding it. So, you are now going for help. It's like exposing what you do, so anything that happens to you, you take it hook, line and sinker... So, we've never tried or thought about seeking help. Of course, who do you go for help? **(Participant 6, 35yrs)**

Discussion

This study established that female sex workers in Rivers State experience all forms of GBV, as defined by the United Nations. Participants affirmed that they had been physically, sexually, economically, and emotionally abused due to their gender and occupation as female sex workers. This study identified perpetrators as intimate partners, clients, relatives, and law enforcement agents. This corroborates García-Moreno et al., (2013) views when they stated that GBV is exhibited in several ways, including intimate partner violence, non-partner sexual assault, and sexual exploitation. According to García-Moreno et al., (2013), more often than not, GBV perpetrators are usually men, just as found in the study where all the perpetrators were men.

Some survivors had attempted to bring their perpetrators to book but were unsuccessful as law enforcement agents ignored or shamed them. Ironically, some of their friends or acquaintances they had reported to also attempted to extort them sexually. Unfortunately, as stated by Abrahams et al., (2014), these barriers promote a culture of silence, predispose them to emotional issues such as depression, suicidal ideation, low self-esteem, and anxiety, and drive them further into deprivation, loneliness, and criminal activities. Out of the 12 participants, only one FSW had successfully accessed the desired help, which was facilitated by her interaction with a social worker who linked her to care and was subsequently educated on her rights and available support. This empowered her against her abuser and to support other FSWs. This corroborates the assertions of Kiboro et al. (2014) that social workers foster trust and rapport by helping FSWs understand their rights, access resources, and navigate legal processes.

A previous study by Peter-Kio and Ene-Bongilli, (2017) stated that FSWs often have severe and long-lasting implications on their social, emotional, and economic health. This study corroborated the findings of our current study as survivors disclosed consequences such as physical injuries, anxiety, stigma, depression, and suicidal ideations. The emotional impact of this violence was described by participants to have fostered strained relationships with friends and family. Therefore, it formed the basis for heightened abuse of drugs as a coping mechanism among the participants.

Theoretically, the study hinges on the Ecological model of gender-based violence, which posits that GBV is influenced by four different levels of the social ecology: individual, interpersonal, community, and society (Evens et al., 2019). In this study, survivors revealed that factors such as poverty, lack of agency, and low-income family background made them vulnerable to abuse. At the interpersonal level, participants discussed the roles of their friends, clients, parents, and relatives in influencing their vulnerability to GBV and help-seeking. At the community level, stigma, judgmental service providers,

availability of support services, and low social support also exploited their vulnerability to GBV and uptake or access to care. Participants also established that societal-level factors such as the imbalanced power dynamics, unfavourable laws and policies between them and the perpetrators encouraged GBV and increased survivors' vulnerability.

The barriers revealed by the study's investigation highlight poor access to social support, healthcare, and rehabilitation for FSWs. Although there are no laws against sex work at the federal, state community and societal level, the normalization of all forms of violence by members of society demonstrates how these prejudices and biases exacerbate environments that treat and consider FSWs as second-class citizens. This is recognized by the effect of GBV that hinders the ability of those victims to speak for themselves and contributes to the growth of society, sustainable peace, and development of their community. While Nigeria has made significant strides in enacting laws against GBV, implementation remains challenging. Social workers often face difficulties securing survivors' justice due to inadequate legal frameworks and law enforcement practices. The economic crisis and hardship in the country through the increasing levels of poverty intensifies sex workers' experience with gender-based violence, which further hinders their access to medical and social services. The financial situation is even more aggravated for single mothers and internally displaced persons who also do sex work. For Single mothers, it exposes their children to unlimited rape, emotional abuse, and physical violence, among others, as they are likely to be initiated into sex work at an early age, thereby fostering a continuum for gender-based violence. Hence, this is fundamental for developing intricate support systems promoting FSW-friendly holistic social services.

Kiboro et al. (2014) asserted that social workers can advocate for legal reforms and policy changes essential to protect the rights of FSW and prevent Gender-Based Violence. Hence, the government (health sector, law enforcement, and the judicial system) needs to collaborate with relevant stakeholders, particularly the social workers, FSW-led organizations, CSOs, and community representatives, in formulating and implementing favourable policies and programs to improve the lived experiences of GBV survivors among Female Sex Workers in Rivers States. Therefore, federal and state governments must equip social workers with finances and resources to improve the lived experience of FSWs in Rivers State. Such includes implementing health and psychosocial interventions such as support groups, safe spaces and shelters, which play a vital role in addressing the needs of GBV survivors.

Social workers are primarily responsible for vulnerable populations globally and even in Nigeria. They are trained and empowered to function effectively. Such includes linking these survivors to legal protection. Female sex workers

are sensitized about their rights, available services, and where to access them. Their role in fostering collaboration among NGOs, health providers, law enforcement, and social services promotes opportunities to decriminalize sex work and strengthen and rigorously enforce existing laws that criminalize GBV, ensuring that perpetrators are brought to justice, regardless of the victim's occupation or gender. This allows sex workers to report violence without the fear of being arrested or harassed by law enforcement. Others are community engagement, which serves as an important platform to desensitize the stigma associated with sex work, and expanding access to empowerment schemes among FSWs that will enable them to gain independence and improve their agencies.

This study captured the lived experiences of female sex workers in Rivers State by assessing their understanding of GBV and investigating the perpetrators of GBV, coping strategies, available support services and enablers and barriers to these services. Also, the effect of GBV was emphasized, and its ability to hamper the relationship skills of these GBV survivors. However, this study was conducted in Rivers State among 12 FSWs, and only one FSW reported having successfully accessed social services, given that a few of them had reported having also sourced but not received social support services. This piqued the interest of one of the researchers to explore the prevalence of this occurrence. Estimating this with the number of participants from this study would not be possible as it will require exploring the objective using a quantitative approach. Secondly, the participants who accessed social support services did not disclose what made the service different from other services. This raises the research question of whether social workers are limited, unavailable, or unprofessional in providing services to FSWs. Exploring this research question could serve as an opportunity to elicit more information on their experience with social workers or welfare focal persons when reporting gender-based violence. Therefore, it also serves as a prospect for understanding how to reach, improve and provide friendlier support services to victims of gender-based violence.

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