



NATIONAL HUMAN
RIGHTS COMMISSION

SEXUAL AND GENDER-BASED
VIOLENCE/HARMFUL
TRADITIONAL PRACTICES AGAINST
WOMEN AND GIRLS
ACROSS NIGERIA



AN ASSESSMENT OF THE 16 DAYS OF
ACTIVISM ON ELIMINATION OF VIOLENCE
AGAINST WOMEN AND GIRLS

(25TH NOVEMBER - 10TH DECEMBER 2020)



NATIONAL
HUMAN
RIGHTS
COMMISSION



NATIONAL HUMAN RIGHTS COMMISSION

SEXUAL AND GENDER-BASED
VIOLENCE/HARMFUL
TRADITIONAL PRACTICES AGAINST
WOMEN AND GIRLS
ACROSS NIGERIA

AN ASSESSMENT OF THE 16 DAYS OF
ACTIVISM ON ELIMINATION OF VIOLENCE
AGAINST WOMEN AND GIRLS
(25TH NOVEMBER - 10TH DECEMBER 2020)

EDITED BY
TONY OJUKWU
AND
OKAY BENEDICT AGU



TABLE CONTENTS

I.	Acknowledgements	
II.	Acronyms	
III.	Executive summary	
IV.	Context	
1.0.	Introduction of Concept - - - - -	8
1.1.	Overview and scope of violence against women and girls in Nigeria - -	9
1.2.	Overview of the Legal instruments and policies against violence against women	9
2.0	Identified violence against women and girls - - - - -	11
2.1.	Sexual Violence - - - - -	12
2.2.	Domestic Violence - - - - -	14
2.3.	Harmful Traditional Practices - - - - -	16
2.4.	Human/Female Trafficking - - - - -	18
2.5.	Infanticide and Stigmatization - - - - -	18
2.6.	Educational Inequality/ Almajiri System - - - - -	18
2.7.	Lack of Social Inclusion - - - - -	19
	Pictural Presentation - - - - -	20
3.0.	Harm resulting from sexual and gender-based violence - - - - -	26
3.1.	Physical harm/Serious injuries - - - - -	26
3.2.	Death - - - - -	27
3.3.	Trauma - - - - -	27
3.4.	Serious Injuries - - - - -	27
4.0.	Accessibility of health facilities - - - - -	29
4.1.	Outreach and mobile clinic programme - - - - -	29
4.2.	Readiness of medical care for rape survivors - - - - -	29
4.3.	Clinical management of rape - - - - -	30
4.4.	Treatment of injuries - - - - -	30
4.5.	Human immunodeficiency virus and other sexually transmitted infections -	32
4.6.	Access to reproductive health - - - - -	32
4.7.	Availability of medication and Counselling - - - - -	32
4.8.	Health worker ratio and skills - - - - -	33
4.9.	Social barriers/Stigmatisation - - - - -	33
5.0.	Policy and Legal framework - - - - -	35
5.1.	Legal framework at State Levels - - - - -	36
5.2.	Sustainable Development Goals and the humanitarian-development nexus -	39
6.0.	Response from the Government - - - - -	40
7.0.	Challenges, Conclusion, and recommendations - - - - -	41
7.1.	Challenges - - - - -	41
7.2.	Conclusion - - - - -	42
7.3.	Recommendations - - - - -	42

ACKNOWLEDGMENT

The National Human Rights Commission acknowledges the efforts and sacrifice of members of staff of the Commission that took part in the 16 days activism on the Elimination of Violence against Women and Girls (VAWG) in the 36 States of the Federation including the FCT. Indeed, the awareness raising campaigns, roundtable discussions and advocacy meetings across the country is reflected in this assessment which highlights the incidences of Sexual and Gender Based Violence in the Country.

The Commission recognizes the profound support and drive of the Executive Secretary, Tony Okechukwu Ojukwu Esq towards the successful campaign culminating in this assessment. Our profound appreciation also goes to Okwa Morphy and Benedict Agu who coordinated the compilation of findings from across the States.

Finally, we acknowledge our partners, including the various State governments' offices of the First Ladies, NBA, FIDA, SGBV clusters, traditional rulers and other CSOs, too numerous to mention. The Commission expresses its debt of gratitude for your collaboration towards the success of the campaign on the elimination of violence against women and girls in Nigeria.

ACRONYMS

AMO	Abuja Metropolitan Office
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CFRN	Constitution of the Federal Republic of Nigeria 1999
CRA	Child Rights Act NHRC – National Human Rights Commission
CMR	Clinical Management of Rape
CSO	Civil Society Organisations
CWGL	Center for Women's Global Leadership
FCT	Federal Capital Territory
FIDA	Federacion Internacional De Abogadas (International Federation of Women Lawyers)
FGD	Focal Group Discussion
FBOs	Faith based Organizations
FGM	Female Genital Mutilation
GENACIS	Gender, alcohol, and culture: an international study
GBV	Gender Based Violence
HIV	Human Immune Virus
HRH	His Royal Highness
IVAWS	International Violence Against Women Survey
IDPs	Internally Displaced Persons
LAC	Legal Aid Council
Maputo Protocol	African Charter on Human and People's Rights on the Rights of Women in Africa
NGOs	Non-Governmental Organisations
NBA	Nigerian Bar Association
PEP	Post Exposure Prophylaxis
PEP	Pre/Post Exposure Prophylaxis drugs
PC	Penal Code
PMO	Principal Medical Officer
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender Based Violence
SSG	Secretary to the State Government
STDs	Sexually Transmitted Disease
SARC	Sexual Assault Referral Center
SHA	State House of Assembly
STI	Sexually Transmitted Infection
STD	Sexually Transmitted Disease
UNFPA	United Nation Fund for Population Activities
VAWG	Violence Against Women and Girls
VAPP Act/Law	Violence Against Persons Prohibition Act/Law
VVF	Visicovaginal Fistula
WHO	World Health Organisation

Partners the Commission collaborated with during the 16 Days of Activism

ADSACA	Adamawa State Agency for the Control of HIV/AIDs
CAJR	Centre for Advocacy, Justice and Rights
CAN	Christian Association of Nigeria
CAPP	Community Action for Peace Program
CWEENS	Christian Women for Excellence and Empowerment in Nigeria
CHEFHURI	Chiezedinma Foundation on Human Rights
FIDA	Federacion Internacional De Abogadas (International Federation of Women Lawyers)
FOMWAN	Federation of Muslim Women's Association of Nigeria
GCRM	Global Care Rescue Mission
HRN	Human Rights Network
ISHA	Imo State Government House of Assembly
IMGH	Imo State Government House
MWASD	Ministry of Women Affairs and Social Development
NPF	The Nigeria Police Force
MOWA	Ministry of Women Affairs
NBA	Nigeria Bar Association
MWAN	Medical Women Association of Nigeria
MC	Mirabel Center
NBA	Nigerian Bar Association
NCWS	National Council for Women Societies
PAAAVRF	Peace Advancement Action against Violence and Rape Foundation
PLSG	Plateau State Government
WCAR	Women Coalition against Rape
WARIF	Women at Risk International Foundation
YABS	Youth Awake for Better Society
YIAVHA	Youth Initiative against Violence and Human Rights Abuse



EXECUTIVE SUMMARY

The National Human Rights Commission (the Commission) together with the international community commemorated the 2020 16 Days of Activism on the Elimination of Violence against Women and Girls from 25th November 2020 to 10th December 2020.

The theme for the year 2020 campaign was fund, respond, prevent, collect with focus on prioritizing adequate funding for women right organisations, zero tolerance policy for gender-based violence, strengthened criminal justice response and collection of data for the improvement of gender-based violence services and programs. The campaign commenced on 25 November 2020 with the celebration of the International Day on Elimination of Violence against Women and Girls (VAWG) in the 36 States of the Federation including the FCT.

During the 16 days period, the Commission in collaboration with stakeholders, including the Nigerian Bar Association (NBA) and the Federation of Women Lawyers (FIDA), embarked on awareness creation activities, visited the legislative, judiciary and executive arms of government and some governance institutions including health facilities. Across the States, it was found that there is several violence perpetrated against women and girls, based on their ascribed gender. Such violence includes, but not limited to sexual violence, physical and psychological assaults, deprivation of economic power and resources, denial of access to children, neglect of women by their intimate partners, harmful cultural/traditional practices (including widowhood practices), female genital mutilation, the almajiri socio-cultural practice (particularly in the Northern part of Nigeria). Most of the violence go unreported or under-reported due to stigma or fear of reprisal.

At the end of the 16 days of activism, on 10 December, marking the commemoration of the International Human Rights Day, the Commission, and its partners, issued communiques. The Communiques called on the governments of the various States to take positive steps towards ending violence against women and girls, ensure the domestication of the VAPP Act in the States and accountability for victims. The Commission further committed to, throughout the 2020/2021 cycle, embark on awareness and sensitisation, including advocacy for legislation that will oust the violence and harmful practices against women and girls.

Methodology

During the 16 days of activism, the Commission engaged in advocacy with both state and non-state actors. It raised awareness on the rights of women to a violent free society, promulgation of States to pass laws to outlaw harmful traditional practices against women and girls, hold perpetrators accountable, develop policies that seek to protect women and girls and take a stand against SGBV. The Commission, through its State Offices, organized rallies, roundtable discussions with stakeholders, including the Nigerian Bar Association, Federation of Women Lawyers (FIDA), CSOs, NGOs, governance institutions, religious and traditional institutions as well as women and youth's groups. Through this initiative, stakeholders identified and advocated for joint efforts to curb violence against women and girls through legislation, policy change, as well as accountability.

Tony Ojukwu, Esq
Executive Secretary
National Human Rights Commission
Abuja Nigeria.

CONTEXT

The 16 Days of Activism against Gender-Based Violence is an international campaign that takes place each year commencing on 25 November, the International Day for the Elimination of Violence against Women, ending 10 December, Human Rights Day, indicating that violence against women is the most pervasive breach of human rights worldwide. The campaign is used as an organizing strategy by individuals, institutions, and organizations around the world to call for the prevention and elimination of violence against women and girls.

Violence against women and girls was exacerbated during the implementation and enforcement of COVID 19 Regulation imposed by government following the declaration of the COVID-19 as a pandemic on March 11, 2020 by World Health Organization (WHO). It was widely reported that violence against women and girls (VAWG), and particularly domestic violence, escalated around the world. Thus, there was alarming increase in multiple forms of violence against women and girls, especially physical, psychological, sexual violence, fueled by household economic and food insecurity and confined living conditions due to lockdown and social isolation measures. School closures, financial and food insecurity have heightened the risk of violence for girls including sexual exploitation, harassment, and child marriage. Seemingly necessary actions such as social isolation have negatively impacted on mental health thereby increasing the risk of coping behaviors including family violence and conflict.



1.0. INTRODUCTION OF CONCEPT

Between 25 November and 10 December each year, the international community marks the 16 days of activism, aimed at raising awareness and energizing campaigns on violence against women and girls, and promote human rights. To commemorate the 2020 16 days of activism, the Commission embarked on various activities, aimed at creating awareness, sensitizing the public, and advocating for end to violence against women and girls, under the 2020 global theme – **“Orange the World: Fund, Respond, Prevent, Collect!”**.

Globally, there have been increased reports on violence against women and girls, which was exacerbated by the lockdown introduced across countries to curb the spread of the COVID-19 pandemic. Nigeria was no less affected as the Commission was inundated with reports of various forms of violence against women and girls, such as rape, domestic violence (assault and battery), and other forms of harmful practices, prompting the need to create awareness and sensitize the citizens on SGBV. Suffice to say that between March and June 2020, the Commission received more than 232 reports on sexual and gender-based violence (SGBV), while the Nigerian Police Force reportedly received about 799 cases of rape from across the 36 States of Nigeria, including the Federal Capital Territory. These reports and the numbers recorded indicate that there is no one state that is immune from the global violence against women and girls.

Women and girls experience various forms of Gender Based Violence (GBV) notwithstanding that Constitution of the Federal Republic of Nigeria 1999 as amended as well as extant legislation guarantee the respect and enforcement of the rights of the citizenry and sanctity of human life. Furthermore, Nigeria is a party to all major regional and international human rights instruments including but not limited to the International Covenant on Civil and Political Rights, Convention Against Torture, Cruel, Inhuman and degrading Treatment and Punishment, the Convention on the Elimination of All Forms of Discrimination Against Women and the Maputu Protocol.

Most forms of violence experienced by women and girls include rape, domestic violence, forced/early marriage, harmful traditional practices (including widowhood practices and denial of inheritance), physical assault, sexual assault and female genital mutilation, among other human rights violations. One of the main contributing factors to gender-based violence is the deliberate misunderstanding of women and girls' human rights, and the generalized society's approval of cultural practices and attitudes that violate women and girls' rights.

These abuses are perpetrated with impunity and few of the perpetrators are held accountable for the abuse. One of the challenges faced in addressing these abuses is inadequate information and late reporting to relevant authorities which inhibits effective redress on behalf of victims/survivors. This may not be unconnected with societal tolerance or complicity of family members, neighbours or other persons who may engage in reprisal attacks. It is sad to mention that even for the abuses that are reported, the police or relevant authorities maintain a “non-interference” approach in order not to be seen as responsible for marriage break up or causing family problems.

It is appalling that this phenomenon continues to affect women and girls at the time that Nigeria is part of the global call for action and the 2030 Agenda for Sustainable Development Goals where no one is left behind towards achieving an all-inclusive action against inequality, poverty, security and climate change. Thus, GBV will impede the realization of Goals 1, 2, 3, 4 5 and 16 relating to ending hunger, good health, education, gender equality, peace and security.

1.1. Overview and scope of violence against women and girls in Nigeria

In Nigeria, violence against women has taken a crisis dimension which was exacerbated by the Corona Virus (COVID-19) pandemic that hit the world in January 2020, and declaration of global pandemic in March 2020. This led to lockdowns, closure of businesses and loss of earnings. With the lockdown, more reports on violence against women and girls were recorded.

The Commission, between March and June, received and treated about 232 cases from across the country. These include cases of rape and attempted rape of both adult and minor females, physical assault, forced and early marriages, emotional trauma/abuses, denial of livelihood etc. Besides the violence that came to the fore due to the lockdown, there were reported cases of harmful traditional practices such as denial of inheritance rights, widowhood practices, survival sex, trafficking, early and forced marriages, forced prostitution, exploitation for accommodation, female genital mutilation, among others.

This assessment therefore seeks to highlight the pattern of violence that are perpetrated against women and girls, the facilities available to respond to the violence, the available laws and policies across the 36 States of the federation including the FCT.

1.2. Overview of the Legal instruments and policies against violence against women

Nigeria is a party to core regional and international human rights instruments including the International Covenant on Civil and Political Rights, the United Nations Convention Against Torture, Cruel, Inhuman and Degrading Treatment and Punishment, Convention on the Elimination of All Forms of Discrimination Against Women, the African Charter on Human and Peoples' Rights and the Maputo Protocol.

The domestic framework for the protection of the rights of women and the girl child is predicated on the Constitution of the Federal Republic of Nigeria 1999 as amended, the VAAP Act 2015, ACJA 2015, the Penal Code, Criminal Code and the Child Rights Act 2003.

Besides the laws, there are policies and programmes which have been formulated to protect women and girls from violence. At the National level, the policies include the National Gender Policy, National Action Plan for the Implementation of the UNSCR 1325 and Related Resolutions in Nigeria and the National Policy and Action Plan for the Elimination of Female Genital Mutilation in Nigeria

In Lagos State, there is the Domestic and Sexual Violence Response Team under the auspices of Ministry of Justice set up to ensure a coordinated community response to domestic and sexual violence. The framework is a deliberate policy on the part of the Lagos State government, consisting state and non- state actors, providing response services within the state, to ensure the protection of survivors, through a coordinated response by service providers.

In most of the other States, there is the Sexual Assault and Referral Centers (SARC), where survivors meet professional, have safe space to tell their story and be attended to by professional trained to offers medical, legal, economic, and psychosocial supports. SARC is comprised of the Ministries of Health, Women Affairs, Justice, the Nigeria Police Force, Nigeria Security and Civil Defence Corps, representatives of CSOs and the media. It is domiciled in most of the general

hospitals or medical centers in the city center and provides free services to survivors. SARC has been established in 25 States and have been accessed by estimated 13,075 survivors as of June 2020, since its first launch in Lagos in 2013. These policies are besides some States efforts at establishing sex-offenders registers to name and shame sex offenders in the State.



2.0. IDENTIFIED VIOLENCE AGAINST WOMEN AND GIRLS

The United Nations Convention on the Elimination of all Forms of Violence against Women (CEDAW) states that:

violence against women is a manifestation of historically unequal power relations between men and women which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women.

It further provides that violence against women is one of the racial social mechanisms by which women are forced into a subordinate position compared to men. In addition, violence against women and girls is an act of gender-based violence, resulting in or likely to result in physical, mental and sexual sufferings to women and girls. It may include the act of coercion, threats, arbitrary deprivation of liberty, as well as violation of right to dignity. Violence against women and girls is a worldwide menace, which has been described by the WHO as a problem that affects the health status of women and girls, their reproductive health, economic and social powers as well as emotional state.

While it is widely believed that violence against women and girls (VAWG) is perpetrated by their male counterparts, in some parts of Nigeria, VAWG is perpetrated by both males and females based on the patriarchal society. The females that perpetrate the violence against men believe they are merely implementing the “traditional and cultural teachings, which has been handed down from generation to generation”, of the sub-ordination of women to men, given the patriarchal nature of Nigerian societies.

The Nigerian society is a patriarchal society with a structure which justifies violence against women and girls, while in some societies, it is seen as a tool used to discipline the female gender. For instance, in the South East, the “Umu-Ada” are the daughters of the lineage or community married, single or separated, who often take up the role of ensuring that their female counterparts obey the customs and culture of the society, especially in defining the role of a woman within that society.

In the South-South, among the Kalabari in Rivers State, Efik in Cross River and Ibibios in Akwa Ibom State, there is the traditional “fattening Room”, where maidens are kept in separate homes for upward of three months, and some elderly women teach the maidens how to be 'good wives' to their husbands, they are taught marriage etiquettes, acceptable social behaviours and custom. Acceptance into the fattening room is viewed as possessing virtues, sexual purity, and proven virginity.

In the Northern part of the country, women are admonished by the culture to be submissive to their husbands and any male counterpart. The women in the family ensures that this aspect of the culture is upheld and ostracizes the female child or their female counterparts who dares to question the status quo.

The patriarchal structure is embedded in tradition, culture and religion practiced by the people. This is further emboldened by religious and traditional leaders which perpetrate this violence by ensuring that the female in the society respect it to the later or are stigmatized and labelled 'rebels.' Women and girls are perceived as second to their male counterparts and must obey the male counterparts.

Across the States and the FCT, the Commission, during the 16 days of activism and interaction with various stakeholders and partners, identified several violence committed against women and girls, based on their gender. The common issues that cut across all the States are – sexual violence (rape or attempted rape), battery/physical assault, denial of livelihood, deprivation of economic powers, defilement, and trafficking. Others are Acid bathing, Female Genital Mutilation (FGM), forced and early marriage, child betrothal, harmful traditional practices, survival sex (forced prostitution).

Some States have peculiar violations that take place within the states, due to their cultural bias. In the Northern States, besides the aforementioned violence, there was identified early and forced marriages, child prostitution and phonography, survival sex, exploitation for accommodation. (peculiar in Adamawa State), sodomy (kano State). In the South East, there is the practice of harmful widowhood practices, reproductive coercion and forced prostitution (Sexual Slavery) etc.

2.1. Sexual Violence (SV)

Sexual violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments, or advances, or acts to traffic, or otherwise, directed, against a person's sexuality using coercion/force, by any person, regardless of their relationship to the victim, in any setting, including, but not limited to home and work. Apart from physical force, it may involve psychological intimidation, blackmail, or other threats – for instance, the threat of physical harm, of being dismissed from a job, or of not obtaining a job that is sought. It may also occur when the person being targeted is unable to give consent – for instance, while drunk, drugged, asleep or mentally incapable of understanding the situation. Sexual violence includes rape, defined as physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, or any opening, using a penis, other body parts or an object. The attempt has forces sexual act, without penetration is referred to as attempted rape. Rape can be committed by a single perpetrator or more.

Sexual violence may take place in peace time, conflict, or post conflict situations. It undermines a person's sexual or gender integrity and violates human rights, particularly the freedom from cruel inhuman and degrading treatment, dignity, private life, freedom from discrimination and right to health, among others. In situations of conflict, as it is in the North East, sexual violence is sometimes used as a weapon of war, causing the victims and the community, or opposing side severe pain and suffering. It is perpetrated against individuals or group of individuals to force them to divulge information or to conquer them.

According to the 2020 UN Secretary General Annual Report on Children and Armed Conflict, sexual violence perpetrated by Boko Haram affected 30 girls, between the ages of 12 and 16, including 23 who were abducted and subsequently raped or forcibly married to Boko Haram elements.

Often survivors of sexual violence are stigmatized and sometimes ostracized from the community. They are made to feel shamed and often blame themselves for what had happened to them. They feel less human and are may be prone to psychological and emotional trauma, are suicidal and children born out of rape are rejected by the community as well.

SV has impact on the physical and mental health of survivors, causes severe injuries (physical or emotional), and it is linked with increased risk of a range of sexual and reproductive health problems, with both immediate and long-term consequences. In Nigeria, as in most part of the world, there is no accurate record on the number of persons that have suffered from sexual violence,

due to lack of reporting, seeking of services/assistance, stigmatization/discrimination, and shame related to being sexually violated.

For instance, in some parts of the country, survivors are discriminated against, at home, in the community or in accessing services such as medical or justice. Female victims are made to marry the perpetrator and that perpetrates the cycle of violence. In another instance, survivors of sexual violence lose their means of livelihood, due to depression or effect of diseases contacted as a result of the sexual violence. Stigmatization drives them away from the society and participation in economic or social events. Survivors sometimes present with life-long repercussions of health and well-being. They are likely to suffer from alcohol and substance abuse, depression, acquire sexually transmitted diseases or HIV, and sometimes unwanted pregnancies, which may lead to unsafe abortion, to avoid stigmatization to them and the child born out of rape.

i. Rape/attempted Rape:

Rape is defined by the Criminal Code in section 357 & 358 as *“having an unlawful carnal knowledge of a woman or girl without her consent, if consent is obtained by force or by means of threat or intimidation of any kind or by fear of harm or by means of false act, or, in case of a married woman, by impersonating her husband.”* This offence is punishable by imprisonment for life, with or without caning.

Similarly, Section 282 of the Penal Code Act states that: *“A man is said to commit rape who, except in the case referred to in subsection (2) of this section, has sexual intercourse with a woman in any of the following circumstances-*

- (a) against her will.*
- (b) without her consent.*
- (c) with her consent, when her consent has been obtained by putting her in fear of death or of hurt.*
- (d) with her consent, when the man knows that he is not her husband and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married:*
- (e) with or without her consent when she is under fourteen years of age or of unsound mind”.*

On the other hand, Violence Against Persons Prohibition Act (VAPP), 2015 in Section 1 define rape as follows: *“A person commits the offence of rape if he or she intentionally penetrates the vagina, anus or mouth of another person with any other part of his/her body or anything else without consent, or the consent is obtained by force.”*

Meanwhile, the Child Rights Act, 2003, at section 31 prohibits any form of sexual act with a child. It states:

- (1) No person shall have sexual intercourse with a child.
- (2) A person who contravenes the provision of Subsection (1) of this section commits an offence of rape and is liable on conviction to imprisonment for life.
- (3) Where a person is charged with an offence under this section, it is immaterial that-
 - (a) the offender believed the person to be of or above the age of eighteen years; or
 - (b) the sexual intercourse was with the consent of the child.

It has been estimated that about 1 in 3 women have experienced rape or sexual violence in Nigeria. In 2019, the Ministry of Women Affairs and Social Development at the unveiling of the sex



offenders register during the marking the 2019 International Day of Elimination of Violence against Women reported that over 2 million women and girls are raped annually in Nigeria. The Nigeria's Inspector General of Police in June 2020 reported that between January and May 2020, the Nigeria Police Force arrested 799 suspects associated with 717 rape cases, out of which six hundred and thirty-one (631) cases were charged to court and 55 cases were still being investigated.

Suffice to say that in 2020, between March and June, at the peak of the lockdown due to the COVID-19 pandemic, several cases of rape were reported. For instance, between April and June 2020, the Social Media as well as the traditional media was agog with calls for justice of victims of rape. For example, there was the call for justice for Jennifer, who was reportedly gangraped by five boys in Kaduna State on 27 April 2020, by some boys who, reportedly, are familiar to her. There was also Uwaila, 22 years, who was raped and killed by her assailants in a church in Benin on 27 May 2020. Barakat, 18 years, was raped and murdered on 1 June 2020 at her home in Ibadan. Equally, in Ekiti State, a 17-year-old sachet water and soft drinks hawker was attacked, threatened with broken bottles and gangraped by three men. In Lagos State, a 12-year-old girl was reportedly defiled by four men who invaded her compound while she was playing, while in Jigawa State, a 12-year-old girl was raped on different occasions by 11 men.

Reports from the various States indicates that rape is prevalent, and the ages of the victims are between 3 months to 14 years, and most of the perpetrators are family members or neighbours. In Yobe State for instance, there were reported 14 cases of rape including 2 incest in the State Capital and Fika LGA and in Plateau State, 133 cases were recorded in Jos metropolis. In a similar vein, Taraba State recorded 25 reported cases of rape, while in Bayesa State, it was reported that a total of 38 cases of rape and 22 cases of defilements were recorded between January and December 2020, with a speak between March and July, at the peak of the lockdown. While in Kano State, it is reported that the SARC receives an average of 13 cases each day.

According to reports obtained from the Adamawa State Sexual Assault Referral Center (SARC), 100 cases of rape were reported at the Specialist Hospital between January and December 2020, while the Ministry of Women Affairs, Adamawa State, data shows that in 2020, rape constituted 16% of GBV cases reported to service providers in the State, out of which about 53% visited a health facility or were referred to one, irrespective of their time of reporting.

Due to lack of knowledge on what to do when sexually assaulted, most of the victims do not access medical assistance within the medically stipulated window of 72 hours. In Adamawa State for instance, 45% of rape survivors accessed health service providers or were referred to one, and in this number, only 28% went into the clinics within 72 hours. 60% of rapes were reported after a month, while 12% accessed medical assistance between 96 hours and 1 month.

Given the prevalence of rape in Nigeria, the government at both the Federal and state levels, in June 2020, declared a state of emergency against rape. The Governors Forum on 11 June 2020, called on all State Government that have not passed the VAPP law, the Child Rights Act and the reformed Penal Code to increase protection for women and children and ensure speedy investigation and prosecution of perpetrators in addition to creating a sex offender register in each state to name and shame offenders.

2.2. Domestic Violence

Domestic violence refers to the violence, which takes place within the home, meted out on



individuals, mostly females, by family members. It takes the form of psychological or physical violence, or deprivation of economic powers. It violates the right to liberty, freedom of expression, freedom from inhuman and degrading treatment or punishment, right to life, when death occurs as a result of domestic violence. It is one of the most prevalent form of gender-based violence in Nigeria, given its patriarchal nature. It has been described as a public health issue, as it affects the victims, (females) physically and psychologically. According to WHO key facts on Violence Against Women, 1 in every 3 women globally have suffered from one form of violence or the other and more women are in danger of dying from violence from intimate partners within the home.

Because Nigeria is a patriarchal society, the females in the homes are seen as 'objects', or 'properties owned by the husband', who must obey the biddings of their husbands or males within the family. The husband is at liberty to “discipline the wife” for any wrongdoing, and this can take the form of beating or deprivation of some sort. This was exacerbated during the lockdown between March and September 2020, due to COVID-19 pandemic.

Domestic violence though widespread, is underreported and is often considered socially acceptable. as women are often reluctant to report such crimes to the law enforcement or seek assistance outside the home, for fear of been ostracized by the family or face stigmatization from the community for daring to report her husband to the law enforcement. In some cases, the law enforcement officers treat cases of domestic violence as “family matter” They often say to victims “go and settle it at home. You want us to arrest your husband? Do you not have children with hum? What will happen when he is sent to prison? Would you be satisfied?” and so on.

In some cases, the women are bold enough to seek redress, not from the law enforcement agents, but from quasi-judicial system, seeking mediation and reconciliation rather than punitive justice. For instance, Plateau State recorded 283 reported cases of domestic violence between January and December 2020 reported to the Commission and some CSO partners focusing on SGBV.

During the period of review, some form of domestic violence reported in Nigeria are herein stated

i. Battery and Physical Assault:

Wife battery and assault are reported as the most common act of violence against women and girls across the States. According to reports from the different States of the Federation, wife battery and assault is reportedly so common to the extent that it viewed by both victims, perpetrators, and security personnel as a way of living. Beating a woman is allowed in most cultures as a way of disciplining and admonishing her for being recalcitrant. It is viewed as too trivial an issue to the extent that law enforcement agents in the State hardly regard it as a case to be investigated when reported and the society ask the question – “what did you do? You will not obey your husband”. For instance, Taraba State reported 71 cases of assault on women between January and December 2020.

ii. Family abandonment and neglect

Across the country, it was reported that there are various cases of the male members of the families abandoning their wives and leaving them to fend for the children. This is reported to be another form of violence, suffered by women, exacerbated by the lockdown, due to the Corona Virus pandemic and loose of livelihoods. These practice most often go unreported, as the woman views it as her responsibility to ensure that the children of the marriage/union or her offspring do not suffer neglect. The act has reportedly caused trauma and exposed women to various form of human rights abuses and violation. Some have reportedly been forced into prostitution to fend for their families, or the girls in the family hawk or prostitute to fend for her siblings. In the North East States of

Adamawa, Yobe and Borno, it was reported that under-age girls are forced into prostitution, in order that they can support their displaced families, either because their fathers are not working, have been killed in the conflict or cannot go to the field to cultivate, for fear of being abducted. Yobe State reported about 110 girls on the street of Yobe, hawking to support their families. Yobe State, 22 cases and Taraba State reported 11 cases of family abandonment were reported, while Plateau State recorded 196.

The tale is not different in the South, where the girl child is forced to fend for the family that have been abandoned by the father. For instance, Bayelsa State reportedly recorded four (4) families reporting cases of abandonment in 2020.

2.3. Harmful practices

Harmful practices vary across Nigeria and it is prevalent, despite the provision of the Constitution of the Federal Republic of Nigeria 1999, the Child Rights Act/Laws, VAPP Act/Laws, and other legal provisions and human rights instruments, prohibiting practices that may lead to deprivation of human rights and are discriminatory in terms of race, gender, or circumstances of birth. Harmful practices violate the right to freedom from torture, inhuman and degrading treatment, and punishment, right to dignity and freedom from discrimination. The Committee on discrimination against women and committee on the rights of the child states that harmful traditional practices are deeply rooted in social attitudes that regards women and girls as inferior to men and boys. It puts women and girls at risk, affects their reproductive health and their dignity.

i. Harmful widowhood practices

In Nigeria, harmful traditional practices include widowhood practices where the female is made to undergo certain practices such as forced to shave her hair, seat on the floor or on mat thrown on the floor, wear black or white cloth, or sleep in the same room as the corpse of her husband is lying in state, to prove that he loves him or that she was not responsible for his dead. Though some of these traditional practices has waned with the passing of time, it is still being practiced in some areas, given that there are cultural practices. Most of the States reported cases of harmful widowhood practices, however, since it is believed that it is a cultural practice in honour of a late husband, it is grossly under reported. Plateau State Office reported 14 cases of widowhood practices.

ii. Denial of female inheritance

Another form of harmful traditional practices is denial of female inheritance. The father or husband passes, the family of the man ensures that the wife and female children have nothing from the man's estate. It made worst when the woman has no male child for the late husband. She is striped of the property and left alone to fend for the daughters. In other instance, denial of the females the right to owning landed properties, right to education, the right to reproductive choices, freedom of choice and expressions. Harmful practices are the root cause of early and forced marriages, FGM, and perpetrates violence against women and girls. From Plateau State, the Commission and its partners reported 13 cases of various harmful traditional practices, including denial of access to property practices and 38 cases of disinheritance.

iii. Female Genital Mutilation (FGM)

The FGM is a traditional practice in most parts of Nigeria, where the clitoris is cut by some commissioned males or females in the community where it is practiced. According to widely held myth, female circumcision reduces promiscuity in the female child thus preventing her bringing shame to the family. In some instances, it is carried out on women when they are pregnant with their

first child, as a form of initiation into womanhood, or to ensure safe delivery during childbirth.

Across the country, this practice is not reported, as it is conducted at homes, by non-medical personnel. The unhygienic method in which it is conducted may lead to some infections and affects the reproductive system of the females. During the period under review, it was reported that in Yobe State, 3 female minors were circumcised in 2020. Other states reported the practices, but no figure is given. The practice is still going on, despite concerted efforts to outlaw it by advocacy and laws. For instance, VAPP Act 2015 prohibits FGM and prescribed punishment for any perpetrator as follows:

Section 6 of the VAPP Act prohibits FGM and provides for set of punishments for FGM, including:

1. The circumcision or genital mutilation of the girl child or woman is hereby prohibited.'
2. Anybody who performs or engages another to perform FGM on any person is liable to a term of imprisonment not exceeding 4 years or to a fine not exceeding N200,000 or to both.
3. Anybody who attempts, aids, abets, or incites another to carry out FGM is liable to a term not exceeding 2 years imprisonment or to a fine not exceeding N100,000 or to both

However, VAPP is not applicable in all states of Nigeria, except FCT, because of the federal system of government, and most States are yet to pass VAPP into law. According to reports from across the Country, the practice is ongoing but never reported. These is principally as a result of the laws prohibiting the practices in most of the States and in some cases viewing the act as a cultural practice that must be performed. However, Yobe State reported 2 cases, which came to the fore.

Due to the awareness created around the practices of FGM and the use of traditional circumcisers, with non-sterilized objects to perform FGM, and outlawing it in some states by Law, it has been found that some communities or parents are working at medicalizing the practice. Dr Chris Aimakhu an obstetrician and gynaecologist (OB/GYN) and the Secretary General of Society of Gynaecology and Obstetrics of Nigeria (SOGON), was reported to have stated that it has become a practice sought by parents. He said, *“You'd be surprised that some parents pay health workers as much as US\$100 to circumcise their female child”*. He reiterated that there is no health benefit of FGM, rather it is humiliating, and poses serious health threat such as tetanus infections, excessive bleeding, urinary problems and in some cases, death. WHO is reportedly working with the Federal Government to stop the medicalization of FGM, as in the context of universal health coverage and human rights under the SDG 2030, mandate that stakeholders address FGM regardless of individual circumstances, cultural or social norms.

iv. Early/forced marriage

Marriage is viewed as a union between two consenting adults. In Nigeria, marriages are conducted under three legal systems, customary (traditional), Islamic and statutory marriages. In all three, it is expected that it will be a union between two consenting adults, however in some parts of Nigeria, early and forced marriage is prevalent. Girls who are defined under the law as legal minors are forced to get married, either for economic reasons or cultural beliefs that once a girl, not minding the age from birth starts menstruating, she is matured enough to be married. In some instances, the stance is that early marriages reduce the chances of promiscuity, and bringing “shame to the family”, it is a means of “social integration”, “wellbeing and religious beliefs”. Though the

percentage of early and forced marriages in Nigeria is not known as it happens mostly in rural areas where records are not taken, it is speculated that about 16% of girls are married by age 15 while 43% are married before age 18.

Across Nigeria, there are several reports of early and forced marriages, some of which have resulted in early pregnancies and damages to the reproductive system of the girls such as VVF, spine injuries, perforated wombs, and damages to the uterus. In Yobe State, there were reported 4 cases of early marriages, that occurred in one of the IDP camps, while in Taraba State, 2 cases were recorded. The finding from Bauchi state indicated that early marriage is prevalent, and it is attributed to religious or cultural beliefs, abuse of power, poverty, ignorance, and inadequate and or poor implementation of laws, where there exist.

2.4. Human/female trafficking

Trafficking in women and girls has contributed to forms of gender-based violence and human right abuses. Women and girls are trafficked through the porous borders through Niger Republic in a bid to get to Europe. For instance, most of the States in the North borders Niger Republic and serves as one of the routes to Europe, providing an avenue for moving women and girls for economic gain. From Yobe State, victims are moved through Damaturu to Niger Republic and subsequently to Europe. From the South, the girls are taken all the way through these Northern States to Niger on their way to Europe. Some are taken through the airports, with arranged passports and “work permits”, for sexual exploitation or cheap labour.

In some cases, girls are trafficked from the rural areas to urban areas to serve as domestic staff or cheap labour in factories or small businesses. The causes of trafficking include poverty, desperation to escape violence, corruption, unemployment, illiteracy, and ignorance etc.

2.5. Infanticide and Stigmatization

During the 16 days of activism, the Commission was informed that some communities in the FCT practice infanticide, as they view the birth of twins as a cultural taboo. The woman who gives birth is reportedly cleansed and the children killed to abate curses. Children, mostly girl child, are labeled witches and stigmatized, denied access to critical human rights like education, health, freedom from discrimination, freedom of association, freedom from torture, etc. Despite being a growing contributory factor to human rights abuses, witchcraft stigmatization has historically received little attention within the human rights discourse, largely as a result of a combination of lack of awareness concerning its existence.

Survivors of rape and SGBV are often stigmatized. They are made to feel guilty and often re-traumatized, made to withdraw from the society and unwanted. In some cases, they are ostracized from their peer groups or associations. In some instances, stigmatization has led to suicide and mental health challenges.

2.6. Educational Inequality/Almajiri System

Women and girls are mostly disadvantaged in access to education, across the country. The girl child is made to stay at home and take care of her sibling while the male is sent to school. She is withdrawn from school, when her mother, brothers, grandparents, or any member of the family is ill, so she can provide care. This is based on the societal myth that the female is a caregiver and home maker.

In the North, with the socio-cultural Almajiri system, children, including boys and girls, usually from less privileged homes, are sent to “Islamic boarding schools ” for religious education. Many, however, end up on the streets as child beggars, seeking alms and menial jobs for daily survival. Successive Governments have failed to incorporate it into the formal school system, leaving children exposed to harmful practices and abuses prohibited by the Convention on the Rights of the Child, the African Children's Charter, and the Child's Rights Act, the CRA and the CFRN, 1999.

Another factor that intensifies the educational inequality between the girl child and the boys is the fact that in some parts of Nigeria, the girl child drops out of school once she starts menstruation. She is either bullied in school or told at home that she is matured enough to be married. She is therefore withdrawn and given out in marriage to a man that may be twice her age. In some instances, if she is not withdrawn or dropped out, she is made to miss classes for the four or five days she is menstruating for lack of sanitary ware.

2.7. Lack of social inclusion

Women and girls are deliberately generalized and placed under a believed of been not able to do better, and equally cultural practices and attitudes of society have refuted and placed them under less valued creation. Hence women are denied the access to be included into communal activities, thereby approving violation of the right to participation on decision on issues that affect their development. The rate of women involvement in the government affairs and other social role is just a few. This refers to issues such as lack of access of women to work, control over their own income, ownership of land in a patriarchal nation as Nigeria and the issue of denying the girl-child the opportunity to participate in some social activities which are viewed as men's space.



PICTURE OF ACTIVITIES BY STATE OFFICES ACROSS NIGERIA



**Youth-Women leaders
of various Communities, Awka.**



**CP FCT, with some Senior Police
Officers and AMO Staff2**



**Flagging Off of the 16 Days
Activism on SGBV, Awka**



**Kwara State Office Sensitization
of Students on SGBV Matters**



**ZAMFARA State coordinator
Interview with Media houses.**



Kwara State During Sensitization

PICTURE OF ACTIVITIES BY STATE OFFICES ACROSS NIGERIA



**Kwara State Office With
Christian Association of Nigeria**



**Adamawa State Office
with Commissioner Of Police**



**AMO Staff with Redeemer
Secondary School Student Karu**



AMO Staff at Noble Heights Academy Karu



**Ebonyi State Office With A Rep of the
First Lady of Ebonyi State**



**Cross Section of Stakeholders
During the Flag off in Bauchi State**



PICTURE OF ACTIVITIES BY STATE OFFICES ACROSS NIGERIA



AMO Staff with Student of Noble Heights Academy Karu



Kwara State Office With Muslim Clerics



Adamawa State Office Visitation to Christian Association of Nigeria



Visit to schools to create awareness on SGBV



Road Show in Collaboration with CSOs, NBA, FIDA, NSCDC and other Stakeholders from NHRC Office, Federal Secretariat to Ministry of Women Affairs for the Official Launching of the 16 Days Activism.



sensitization of women and girls at Nkwo-Amaenyi (Amaenyi Market), Awka



PICTURE OF ACTIVITIES BY STATE OFFICES ACROSS NIGERIA



**AMO Staff on sensitization
work around Karu**



**Ebonyi State Office
with Health Workers**



**Flagging Off of the 16 Days
Activism on SGBV, Awka**



**Launching by the First Lady
of Bauchi State 2**



**Meeting with NBA, FIDA and CSOs on
Legal Provisions on Rights of
Women and Girls in Oyo State**



**Meeting with the Commissioner of
Police And Other Stakeholders**



PICTURE OF ACTIVITIES BY STATE OFFICES ACROSS NIGERIA



**ZAMFARA State With
Hrh Emir of Gusau Alh Ibrahim Bello**



**Ebonyi State Staff with the
Chief Judge Of Ebonyi State.**



**Meeting with CSOs
and FIDA in Yobe State**



**Flag off of 16 Days Activism
with Stakeholders, Awka**



**Visit to the Office of the
First Lady, Niger State**



**Niger State Office Visit to Health Facilities
to Sensitize Health Workers on SGBV**



PICTURE OF ACTIVITIES BY STATE OFFICES ACROSS NIGERIA



**Presentation of communique to the
Secretary to Jigawa State Government**



**Bauchi State Office Visitation to
Christian Association of Nigeria**



3.0. HARM RESULTING FROM SEXUAL AND GENDER-BASED VIOLENCE

Violence is an act of coercion involving physical force intended to hurt, damage, or kill someone or something, resulting to harm/damage. The damage may be physical, psychological or both. It may be intentional and used against a person leading to either physical or mental harm. It affects the victim in several ways and can be classified as violation of the rights to freedom from cruel and inhuman treatments. Violence Prevention Alliance (VPA) define violence as “the intentional use of force or power, threatened or actual, against oneself another person or against a group or community that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”.

Deriving from above, violence against women and girls can be classified as an intentional use of force or power against women and girls on the basis of their sex, with the likelihood of causing them either physical or psychological harm. In most cases, violence has had devastating effect of women and girls across the globe. According to WHO report on “Violence Against Women: Key Facts”, violence against women and girls is particularly committed by intimate partners, it's a public health problem and violates the rights of women; 1 in 3 (35%) of women globally have suffered from one form of violence or the other, while 38% have been killed by either their intimate partners or family. Violence negatively affects women physically, mentally, sexual, and reproductive health, and increases their chances of being infected by diseases such as Sexually Transmitted Diseases/Infections such as HIV etc. The perpetrators are most likely to be males, but in some clime, females also perpetrate violence against their fellow females as the tradition may dictate.

Nigeria is not left out in these statistics of the number of violence perpetrated against women and girls. It has been found from interaction with stakeholders that the rate of violence against women and girls in Nigeria reached its peak during the COVID-19 lockdown. Between March and June 2020, the Commission received about 232 cases of violence against women and girls, ranging from physical to psychological violence and denial of economic powers.

3.1. Physical harm/serious injuries

Physical harm is referred to as a non-accidental trauma, injury inflicted on a person, that may result in death, permanent or temporary disability, inadequate nourishment, illness, or disfigurement. It can take either the form of hitting, strangulation, acid bathing, deprivation of nourishment etc. According to a study commissioned by the Ministry of Women's Affairs and Social Development supported by the United Nations Population Fund (UNPFA) and Norwegian Government, 28% of the Nigerian women aged 25 – 29 have experienced some form of physical violence since at the age of 15, while 15% of women experienced physical violence, the survey further reported that the level of exposure to the risk of violence varied based on marital status and that 44% of divorced, separated or widowed women reported experiencing violence since at age 15, while 25% of married women or those living with their spouses have experienced violence .

The brutality and violence employed by perpetrators of rape has often left the victims with serious injuries and resulted in medical complications, particularly among young girls, elderly women and even women in marriages. In some cases, injuries or infections resulting from rape has led to death. Common form of physical harm from sexual violence reportedly encountered by survivors are vaginal tearing, laceration, injury to the cervices, fractured bones, vaginal fistula (VVF), and damage to reproductive system. For pregnant victims, there are at risk of miscarriage, pre-term labour, and injury to the fetus.

In 2020, Adamawa State recorded about 200 cases of VVF, 111 cases were successfully treated in

September 2020 at the Adamawa Specialist hospital in collaboration with UNFPA and Center for Reproductive Health, University of Ibadan. However, the scar remains with the victims, who in some cases are stigmatized and abandoned by families. There are also injuries like rapture of wombs or spine cord injury in underage girls getting pregnant and unable to carry the pregnancy or from prolonged labour.

In addition, Jos Plateau State, two hundred and eighty-three (283) cases of domestic violence leading to one form of physical harm or the other was recorded between January and November 2020, while Yobe State reported 12 recorded cases of physical harm and trauma.

3.2. Death

Death may occur in some instances of SGBV, due to the brutality employed by perpetrators, especially rape or assault. In some of the States, there have been reported death, resulting from the effects of sexual or gender-based violence. However, such situations are under reported. For instance, it was reported that in Yobe State, one minor, died after trying to procure illegal abortion, when she realized that she was pregnant after being raped. In Benin, Edo State, a 22-year-old was raped and killed, in Ibadan, Oyo State, an 18-year-old was also raped to death, while in Bayelsa State, it was reported that 4 women were killed by their partners as a result of violence, and 1 attempted murder was reported.

3.3. Trauma

The mental health consequences of rape can be severe and long-lasting on the survivor. SGBV leaves lasting trauma on survivors be it psychological, emotional, or physical and the survivor may struggle with depression and a range of other psychological and mental challenges facing higher risk for suicide. These challenges may deny survivors from reaching their full potential and contributing to the well-being of the community. Due to the trauma associated with sexual violence particularly, most women henceforth recoil and attempts at getting intimate bring back waves of memories, thus affecting their sexual lives.

Mental health and psychosocial support service providers reported that there is insufficient mental health care in Nigeria. Many survivors are likely suffering from untreated symptoms of conditions including post-traumatic stress disorder (PTSD), depression and anxiety. The symptoms of these conditions may include social withdrawal, feelings of shame and hopelessness, difficulty concentrating, nightmares, flashbacks, anxiety and panic attacks, and acts of self-harm, including suicide. Because of the social stigma associated with mental health in Nigeria, most survivors do not seek assistance and when they do, they are stigmatised by either families or community, labelled as “mad” and or “cursed”. In the background of Nigeria, where there has been conflict and insecurity, sexual violence has been used to tear apart the social fabric of families and communities, and to inflict individual and collective trauma.

Despite the mental effect of SGBV on survivors, there is a gap in the provision of mental health in Nigeria. In Plateau State for instance, it was reported that only two Non-Governmental Organisations, present in the metropolis has trained personnel and facilities to offer trauma support to survivors, while in most other states there are no clear information on availability of specialized that offer trauma healing.

3.4. Serious injuries

Serious injuries refer to injuries that leave either permanent or temporal disabilities on survivors. Most women have been found to be deformed as a result of violence committed against them by



their male counterparts. The Yobe State office of NHRC, reported that about **3** women were presented to the hospital in Yobe with serious injuries inflicted on them by their spouses. One reportedly had her hand cut off by her husband on allegation of infidelity, while the other had swollen bruised faces and eye injuries, broken nose as a result of beating from beating partners. This was also reported from other States of the federation, though figure is available.

4.0. ACCESSIBILITY OF HEALTH FACILITIES

Health services for victims/survivors of SGBV are largely available in major towns or around the state capital. However remote areas of the state can only boast of Primary Health Care Clinics which are ill equipped to handle basic health care challenges and so the provision of health care to SGBV is lacking, given the specialized health needs of survivors.

4.1. Outreach and mobile clinic programme

Mobile clinics and outreaches breach the gap between the accessibility of facility-based clinic and the patient, especially survivors who may need to access medical facilities with 72 hours of being raped. To overcome the challenges of accessibility inherent to a facility-based health care system, some governments have developed ad hoc mobile clinic programmes to reach out to local communities, as it is seen as a key tool to accessing population at risk, those in the rural areas, where the medical facilities are either underfunded, ill equipped, or lack qualified personnel. Unfortunately, most of the states in Nigeria do not have mobile clinics or outreaches, while the Primary Health Care Centers are not well equipped, leaving citizens to seek medical attention from unqualified persons. It was reported that the challenges of access to health in Adamawa state is the lack of dedicated ambulances to transfer referred patients from the rural areas to the Capital, like in most of the States in Nigeria.

In the absence of specialized clinics to handle certain cases, including SGBV, some state government have outreach and mobile clinics, with equipped ambulances to evacuate citizens in case of emergencies. Most states, including Bauchi, Yobe and Imo State reported the availability of mobile clinics in the form of a well-equipped ambulance to evacuate persons where necessary. In Bauchi state for instance, it was reported that the mobile clinic carries out outreach activities, but it has some limitations, as it is not often available. In Yobe State, though there are no mobile clinics, there are outreach services in some major cities/towns such as Damaturu, Potiskum, Nguru, Gashua and also the State Specialist hospital served as facility that provide health services, supported by the British Government and SARC.

However, the case in Imo State is different, as the in 2020, the government of Imo State revived the mobile clinic in the State. This has increased the number of citizens that access health care, especially in an emergency situation. Ambulances and medical personnel are strategically positioned for quick response and intervention. On 19 August 2020, the State launched the Innovative Mobile Health Insurance program with the Technical support from World Health Organization. These actions are all geared towards coverage of a large population of citizens to access health care at affordable rates.

Across the States, it was reported that survivors have access to the hospital and received treatment free. The state government program on free drugs to women and children have further enhance access to the clinics.

4.2. Readiness of medical care for survivors

In most of the State hospitals visited during the 16 days of activism, the medical officers informed the Commission that they are ready and willing to attend to survivors of SGBV. In some states, there are SARC, with the support of EU and British Council, dedicated to respond to survivors of rape and other GBV cases. Most of these centers are established within the specialist hospitals or general hospitals at the capital, leaving the rural areas, without support as cases of rape and other form of gender-based violence go unreported.

In Yobe State for instance, the Medical Officer at the Specialist Hospital reported the readiness of

the medical team in taking care of survivors. According to the officer, survivor(s) of rape are either brought to hospital by the Police or relatives, sometimes after 72 hours or when it is discovered that the survivor is pregnant. The Officer stated that through the SARC, survivors are given free medical treatment, and attended to by dedicated medical doctors and nurses, designated at each of the SARC centers who attends to rape survivors.

Also, in Yobe State, through the support of British Council and EU, established SARCs in Damaturu, Potiskum, Nguru, and Gashua to ensure that survivors have access to treatment free. There is also state government program on free drugs to women and children have further enhance access to the clinics.

In Adamawa State, it was reported that most of the health facilities are easy access by citizens generally and survivors as well. However, in cases of referrals to the Specialist Hospital in the capital Yola, there are no dedicated ambulances to transfer patients.

Equally in Imo State, there is availability of clinical management for survivors of rape/defilement include the availability of trained staff, emergency contraception, drugs for Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis (PEP) and other cocktail of drugs. The Imo State specialist hospital reportedly provides the required medical treatment for survivors. Their service for HIV/AIDS treatment is also free of charge.

Furthermore, Plateau State reports that the facilities are able to treat injuries sustained as a result of SGBV as well as possible diseases resulting from SGBV including offering free post exposure prophylaxis (PEP) and psycho-social support to victims/survivors of SGBV, however, they have insufficient trained personnel.

In Kano State, the only referral center for survivors is said to be SARC at the Murtala Mohammad Specialist Hospital. It was however reported that the facility is grossly underfunded, and there are no kits and personnel.

Additionally, in Lagos State, there are several centers established both by the government and NGOs to carter for survivors. For instance, there is the One Stop Sexual Assault Referral Center (Mirabel Center) within the Lagos University Teaching Hospital (LASUTH); Women at Risk International Foundation (WARIF) a Sexual Assault Referral Center providing full medical and forensic medical examinations and psychosocial counselling and support to survivors of SGBV.

Throughout the States and FCT, it was reported that the hospitals are ready and equipped to attend to survivors, providing clinical management and psychosocial supports. The hospitals visited report that there are availability of Pre and Post Exposure cocktail of drugs, which are dispensed free to the survivors. Where the perpetrators are known and reports are made to the police, the alleged perpetrators are made to bear the cost of treatment.

SARC is located in 25 other states of the federation and provide dedicated health care to survivors.

4.3. Clinical management of rape

The clinical management of rape or sexual violence should set in between 0 – 72 hours of rape. This is to prevent any form of STI or unwanted pregnancy. Clinical management of rape is to be treated as an emergency case and it is the responsibility of health actors to ensure that the health practitioners

are sufficiently trained to clinically manage survivors. The Clinical management of rape is centered on five main interventions: treatment of STI, treatment of injuries and wounds, the prevention of HIV infection; the prevention of pregnancy; and the provision of psychological first aid.

However, before any intervention, the survivor's case history, which is the standard diagnosis for intake into the hospitals, which may include physical and genital examination, with survivors understanding and consent, is taken, in order to understand the social background and content in which the rape occurred, and to determine the course of treatment. This is done with the consent of the survivor and where the survivor is a minor, the consent of a legal guardian.

Across Nigeria, it was found that there are clinical management of rape by trained personnel, who are well positioned to offer medical support. They treat injuries and administer cocktail of drugs as medically approved, after appropriate medical examination. However, the survivors are not shielded from other patients who present to the hospital, as they are seen by the general practitioner and referred to the laboratory for test to be conducted. The survivors are first made to obtain hospital card and then examined by doctor who at the end of it recommends medical tests, which includes, HIV, Hepatitis B and C, pregnancy, and other STIs, before drugs are prescribed. Such drugs include HIV prevention and antibiotics drugs. In the same vein, in Imo State, the availability of clinical management for survivors of rape/defilement include the availability of trained staff, emergency drugs such as Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis (PEP) and other cocktail of drugs. The Imo State specialist hospital provides all the necessary care at the onset of reported cases of rape.

In Adamawa State, the CMR services at the clinics include medical and psychosocial services (PSS), mental health counseling, administration of Pre and Post Exposure Prophylaxis. It was reported that the challenge faced by the CMR team is the late reporting of sexual violence by survivors. Where survivors report within 72 hours, the clinics are able to provide the full range of CMR services including PEP kits, treatment of injuries and administration of anti-tetanus. In addition to the CMR, Adamawa State has a safe home at the Women Development Centre available for all victims of SGBV.

Also, Jos reported that there are clinical management of survivors of SGBV. Clinical Officers in two major hospitals within the Jos metropolis indicated that the facilities are in a position clinically manage survivors including offering of free post exposure prophylaxis (PEP) and psycho-social support to victims/survivors of SGBV. However, they have insufficient trained personnel and testing equipment. Bayelsa reported that the clinical management of rape is carried out by the medical team at the outpatient department.

4.4. Treatment of injuries

The violence against women and girls' cases in the state are recorded with injuries, that victims were brutalized with bruises on the bodies and sometimes with broken nose and mouth. According to various groups and partners that the Commission interacted with, about 65% cases of physical or domestic violence results in injuries and most of them are caused by intimate partners. Medical personnel in some of the States reported that the victims are treated at the hospital when they visit the facilities. In some cases where the law enforcement is involved, the cost of treatment is transferred to the alleged perpetrator(s) to settled.

4.5. Human immunodeficiency virus and other sexually transmitted infections

Interaction with health care providers, and some focus group discussions with women, and other CSO, the Commission was repeatedly informed of the high prevalence of HIV, Hepatitis B and other infections resulting from rape. According to medical specialists, the risk of infection is indeed higher in survivors of sexual violence in general, due to the increased likelihood of genital injury and the high undetected HIV prevalence in the society. While syphilis may be treated and cured if diagnosed at an early stage, HIV infection requires the survivor to be treated with antiretroviral medication on a continual basis.

4.6. Access to reproductive health

Reproductive health care is not readily available to women and girls, as it is viewed in some parts of the country as a taboo for a woman or girl to seek family planning. In the male dominated society, any woman who wants to assert her right to reproductive health is termed promiscuous. Some society view children as gifts from God and no woman should be an impediment to procreation. This myth is spread and taken far, without paying attention to the health of the woman who carries the pregnancy. Also, it is illegal to procure abortion in Nigeria and anyone found to have procured or aided the procurement of abortion is held liable for having committed a crime of murder. The basis of inadequate reproductive health rights is based on some cultural norms and ideology and this impedes access to reproductive health service leading to high rates of maternal and perinatal mortality and morbidity, high incidences of unsafe abortions and its consequences, high rates of vesicovaginal fistula, high contraceptive prevalence and other reproductive health challenges.

Across the States, while it was reported that there were available clinics offering reproductive health services, it is limited to contraceptives and only if the male counterpart approves, not minding the rights of the woman to choose. It is not available to girls, because it is seen as “spoiling our daughters” and making them promiscuous. In some states it was reported that the services are discriminatory, based on the social standing of the person seeking the services.

Unwanted pregnancy resulting from rape is one of the main reasons leading survivors to seek medical care. Women and girls who become pregnant because of rape often face the risk of being ostracized or rejected by their families and communities, and have no opportunity of aborting the unwanted pregnancy, given the illegality of doing so. In the absence of a legal regime specifying that abortion can be procured under circumstances of pregnancy out of rape, survivors are left to seek unsafe ways of procuring aborting, with its consequences of either death or damage to reproductive system.

4.7. Availability of medication and Counselling

It is generally affirmed that counseling of victims of SGBV is absolutely essential and should be done as a matter of priority for survivors. The process should begin with the first contact with any partner that provides services to survivors of SGBV. Counseling for SGBV Survivors should be done by professionals in a safe, secured, protected and confidential environment, given the state of the survivors and the issues involved. Currently, there is a great gap in providing counselling and psycho-social support to SGBV survivors across Nigeria. Except for some few States which reported availability of robust centers for provision of services including psychosocial support, most of the States reported limited services. However, in some States where there is the SARC available, these provisions are provided by specialized personnel.

Another issue in provision of service is the lack of safe homes to provide shelter and protection to

survivors. The only States that reported availability of safe homes are Lagos and Adamawa States. Plateau state reported lack of safe homes and trained professional, even among the Police personnel manning the gender desk at the Police Stations and the Plateau State hospital having insufficient trained personnel to offer psychosocial supports. Aside from the Plateau State hospital, only two privately run organizations (CWEENS and Grace Gardens), within the Jos Metropolis, have trained personnel and facilities to expertly handle SGBV cases especially, in cases where the victims are minors. Unfortunately, these facilities are often over stretched due to the demand for the services they offer.

According to the officers at the Family Support Hospital, Damaturu, Yobe State, the General Hospital and four (4) SARC centers received supplies of PEP and other drugs from British Council for treatment of SGBV survivor(s) and the State government supplies drugs for free to women on delivery. The Clinics also provides counselling to GBV survivors who are identified in the course of diagnosis and are referred for psychosocial counselling. In Sokoto State, it was reported that there is available at the Nana Khadija referral centre supported by Spotlight Initiative, at Sokoto specialist hospital, access to medication and counselling, given free to survivors.

To a very large extent, Nigeria hospitals and survivor provision centers rely on international donor partners, (health pooled Fund or World Bank), for essential drugs and facilities to support survivors. SARC established in 25 States of the Federation is supported by EU and the British Council. Government health facilities must seek additional supplies on a regular basis, from the budgetary allocations.

4.8. Health worker ratio and skills

Health worker ratio to survivors is not clearly established in most of the States in the Federation, as cases of sexual and gender-based violence apart from the ones that present with HIV infection are treated as normal medical cases reported to the State Health Facilities. So, in most states where there is no SARC available, the ration is not available. For States with SARC, such as Yobe (Damaturu), reported 3 doctors among 1 male, 2 females and 2 nurses at the SARC, coordinating activities of the center, while Adamawa reported 21 skilled personnel including doctors, nurses, psychologist, and pharmacist at the center.

In other to close the gap of health workers to patients, there is need for special training of those who attend to such cases in order to acquire the needed skills to handle such cases were raised by the health institutions.

4.9. Social barriers/Stigmatisation

Social barriers created as a result of stigmatization were noted as part of the challenges inhibiting survivors from reporting violations meted out on them and seeking the available services. Stigma associated with SGBV exacerbates its physical and mental health impacts as well as the chances of experiencing additional violence.

This is increased were the survivors are made to blame themselves for what has happened, feel that they have attracted the violence and should be ashamed and their concerns are not readily identified by the service providers or families. As a result, most victims/survivors of SGBV are unable to seek the required and available services for fear of being stigmatized. The social isolation and stigmatization are made worst were the survivor get pregnant or is infected with HIV and STDs. The stigmatization or social isolation has led to divorces, death, or mental illness in survivors

Another barrier is the lack of awareness on the steps to be taken by survivors, families or service providers when confronted by a survivor or issues of stigmatization. To avoid societal judgement, most victims would simply go home and take a bath or be washed by their parents after the incident to satisfy myth that once a survivor's washes, he/she becomes clean after the traumatic experience.

To curb the problem of social exclusion and stigmatization, some States have taken steps to establish safe homes, special centers for attending to survivors by service providers, and even courts to hear and determine cases of SGBV with the high level of confidentiality it deserves. Such centers include the SARC centers, the special courts in Lagos and Rivers States, Nana Khadija referral centre in Sokoto State, safe home in Adamawa, Mirable Center in Lagos Teaching Hospital, among others.

5.0. POLICY AND LEGAL FRAMEWORK

By all standards, Nigeria has plethora of laws that has made provisions against SGBV and yet, the crime still prevails and most of the offenders go unpunished. These laws are passed by both the National and State parliaments, prescribing punishments for violence in general and violence against women and girls in particular.

There is the 1999 Constitution of the Federal Republic of Nigeria (CFRN 1999), which provides for the security, safety, promotion, respect, and enforcement of human rights without discrimination, among other legal provisions. Chapters 2 and 4 provide for rights available to all citizens and persons within the jurisdiction of Nigeria. Particularly, Section 34 provides for the dignity of the human person, including freedom from torture, inhuman and degrading treatments or punishment, and Section 42 providing for non-discrimination on whatever grounds, including sex.

Other laws in place are

- i. The Child Rights Act
- ii. Violence Against Persons Prohibition Act, 2015
- iii. The Administration of Criminal Justice Act
- iv. The National Human Rights Commission Act
- v. The National Agency for the Prohibition of Traffic in Persons Act
- vi. The Legal Aid Council of Nigeria Act
- vii. The Universal Basic Education Act
- viii. Penal Codes – Applicable in the North
- ix. Criminal Code – applicable in the South

Above is besides some State specific laws.

In addition, in response to the menace of violence against women and viewing it as human rights that must be respected, protected, and enforced, the Nigerian Government has put in place policies and laws, that seek to protect women and girls from violence. Such policies include the National Gender Policy, 2006, which seeks to promote a society that believes in inclusion, synergizing its potentials without bias of gender. It also seeks to achieve the promotion of fundamental human rights and protect health, social, economic and the political sustenance of all citizens, in order to achieve equitable rapid economic growth. In addition, the Policy is aimed at evolving an evidence-based planning and governance system where human, social, financial, and technological resources are efficiently and effectively deployed for sustainable development. The National Gender Policy was endorsed in 2006 by all states in Nigeria. The policy has sixteen thematic areas which include gender-based violence, poverty and economic empowerment, education and training, health and employment and sets the objective of thirty five percent (35%) quota for female representation in appointed and elected post. The policy places responsibility on the Ministry of Women Affairs and Social Development to be effective in the states. Unfortunately, these lofty ideals are yet to be met as a result of paucity of funds, lack of political will etc.

Also, in response to the violence against women issues, there was established the National Referral Pathway Guideline for Prevention and Response to Gender Based Violence. This facilitates primary duty bearers, actors and first responders with information on how to respond to SGBV cases and to guide survivors on where to seek assistance and enlighten them on available services at different referral points. It also reduces duplication of response interventions.

In 2020, the Federal and State governments declared a State of Emergency on violence against

women and girls, and all State Governments were urged to ensure the passage of Violence Against Persons Law and establish offenders' register. Ekiti and Lagos States have taken lead in these aspects, by establishing the sex offenders register domiciled in the Ministry of Justice.

Furthermore, there is the establishment of the Sexual Violence Referral Centers (SARC), in 25 States as of June 2020. These centers are aimed at ensuring that survivors meet and access services including, medical, psychosocial support, legal and economic supports from professionals. This is partner funded, to compliment the efforts of the government in service provision to survivors. Also, across the Police Stations in Nigeria, there are the SGBV gender-desk, manned by police personnel, trained in intake of cases of SGBV and treatment of survivors who report.

The position of the government is complimented by donor funded programmes and projects across the States.

5.1. Legal framework at State level

State Legal Frameworks

The various States of the Federation have House of Assemblies, which make laws on subject matters listed on the concurrent or Residual list. For instance, the various States must pass laws on matters listed in both List as State laws for it to be applicable in the State. In an effort commended by some section of the society, some States, including Kaduna and Zamfara States have imposed death penalty on rapist. Below are listed laws by States:

Lagos State

- Criminal Code of Lagos State
- Protection against domestic violence law (2007)
- Child rights law (2007) amended 2015
- HIV/AIDS anti-discrimination law (2007) Law
- Law on rights of persons living with disabilities (2010)
- Criminal Conduct Code (2011)
- Maternal and childcare health policy

Bayelsa State

- The Child Rights law of Bayelsa State, 2016
- Mutilation Laws of Bayelsa State 2002.
- Rights of Persons living with disabilities PLWD 2019
Pending before SHA –
- VAPP: The VAPP Law of Bayelsa state is at the Committee state in the Bayelsa State Houses of Assembly

Yobe State Laws

- Violence Against Persons (Prohibition) Law

The VAPP Law 2020 was passed by the Yobe SHA on 22nd December 2020 and awaits executive assenting to form part of laws that ameliorate violence against women and girls in the state.

- The Penal Code Act 1960

The Penal Code is applicable in the Northern states of the country and has imbedded provision against sexual violence. The Penal Code Act, 1960 Section 45 addresses assault or criminal force to women with intent to outrage modesty against women. Section 275 made provision for procreation of minor girl. While the issue of rape is address in section 268 under the Penal Code where a man has



sexual intercourse with a woman in any of the following circumstances: against her will, without her consent, with her consent when obtained by putting her in fear of death or hurt, with her consent when the man knows that he is not her husband and that her consent is given because, she believes he is another man to whom she is or believes herself to be lawfully married. And with or without her consent, when she is under fourteen years of age or of unsound mind. *The Yobe SHA has amended section 268 of the PC in the state and provided punishment of rape offenders imposing a death sentence for rape of a child and life imprisonment for rape of an adult women.*

- The Childs Right Act, 2003

The Child Rights Law has been passed by the Yobe State House of Assembly, but it is yet to be accented to by the Governor, who has the riding power to sign the bill into a law of the State. This law provides for the protection of children especially girls-child against all forms of violence and human rights violations.

- Rights of Persons living with disabilities PLWD 2019

The PLWD Law was passed by the Yobe SHA in September 2020, and it awaits executive assent. The bill is aimed at protecting all persons with disabilities and promotes their fundamental rights and wellbeing.

Bauchi State

Bauchi State has passed the following laws, besides the Penal Code, which is generally applicable in the North.

- Administration of Criminal Justice Law
- Violence Against Persons Law

Plateau State

- Child's Right Law, 2005

Plateau State passed the CRL in 2005 domesticating the Childs Right Act (CRA) 2003, the law sets out the right of every child to be free from physical, mental, or emotional injury abuse, neglect or maltreatment including sexual abuse and provides a robust framework for the Child protection system. The CRL places responsibility on the state government to safeguard and promote the welfare of children by providing a range of services to families and children including identifying and responding to children in need of protection. In pursuance of this the State designated a High Court and a Magistrate Court as family courts to hear matters related to children covered by the Law.

- Gender and Equal Opportunities Law, 2015

The Plateau State House of Assembly passed the Gender and Equal Opportunities law in 2015. The law prohibits discrimination, abolishes discriminatory laws and policies, eliminates gender-based discrimination, promotes equality before the law, provides for equal opportunities and prohibits violence. The law authorizes the establishment of institutions to promote equal opportunities and protect the rights of women, such as the Gender and Equal Opportunities Commission whose mandate is to monitor the implementation of the law and to enforce compliance. The law also authorizes the establishment the Conflict Resolution and Mediation Centre to look into cases brought by spouses or family members first before they are taken to court.

However, these institutions created by the law are yet to be established and funded. In reality therefore, there is no institution to deal with matters related to creating gender equality and protect women.

- Administration of Criminal Justice Law, 2015

The Administration of Criminal Justice Law (ACJL) of Plateau State was signed into Law on the 2nd of September with the intention of introducing fundamental reform envisioned by the Administration of Criminal Justice Act (ACJA) of 2015. The law which is not particular to women only intends to deal with criminal justice issues such as delay in criminal trials, human rights abuse, abuse of power by law enforcements officers etc. all of which are necessary to win the fight against SGBV

- Penal Code Law, 2017

The Plateau State Penal Code Law replaced the Penal Code Law of Northern Nigeria, 1963 as the law which regulates crimes or offences in Plateau State. Notably in the review of the Law, the offence of rape was upgraded to remove hurdles such as proving penetration and establishing corroboration. The punishment for rape was also increased from fourteen (14) years to life imprisonment. Repugnant provisions such as a man's liberty to chastise his wife were removed.

Adamawa State

- Adamawa State protection of women and children rights to Inheritance, Law 2002.
- Adamawa State Administration of Criminal Justice Law (compensation and support of survivors of Sexual Gender Based Violence)
- The Adamawa State Penal Code Law, 2018

Ebonyi State

- The Child Rights Law of Ebonyi State
- Violence Against Persons (Prohibition) Law
- Administration of Criminal Justice Law
- Traffic in Persons (Prohibition) Law Enforcement and Administrative Act, aimed at curbing trafficking of women or girls for slavery, forced labor, prostitution etc.

Cross River State

- The VAPP law has passed its 2nd reading at the CRSHA
- Criminal Code, amended to provide life imprisonment as punishment for rape offenders
- The Childs Right Law, 2009

Imo State

- Child Rights Act (2003)
- Violence Against Persons Bill (VAPP BILL) pending before the State House of Assembly
- Administration of Criminal Justice Law
- Female Genital Mutilation Law (2017)
- Child Rights Law (2004)

Kano State

- Children's and Young Person's Law,
- Girl child hawking prohibition law,
- Street hawking law,
- Kano State Penal code
- Free and Compulsory Education law

Pending before the State House of Assembly are

- Kano state Child Protection Law
- Violence against person prohibition law (VAPP)

- Reviewed Kano state Penal code

Sokoto State

- Violence Against Persons Bill (VAPP BILL) pending before the State House of Assembly
- Child Rights Law – Pending before the SHA

Rivers State

- VAPP Law, 2020.
- Childs Right Act, 2010

5.2. Sustainable Development Goals and the humanitarian-development nexus

The attainment of the Sustainable Development Goals (SDGs), and its promise to leave no one behind cannot be fulfilled without putting an end to violence against women and girls. This is because violence against women and girls is viewed as violation of human rights, which is at the core of all sustainable development goals. Violence against women and girls impedes progress in many areas of their lives, including poverty eradication (SDG 1), attainments of zero hunger (SDG 2); good health (SDG 3); education (SDG 4); gender equality (SDG 5) and peace & security (SDG 16). Nigeria however appears to be far from achieving the SDG by 2030 including addressing the insecurity in parts of the Country that perpetrates poverty, hunger, medical care, and impedes peace and security.

Nigeria has pledged to attain all development goals by 2030 and to achieve this, and be counted among the community of nations, it must, as a matter of priority, strive to achieve the sustainable development goals. However, with the nominal involvement of the government in public health sector, low budgetary allocation and lack of concrete efforts at retaining medical personnel in the public health sector, and then protracted security challenges in parts of the country, Nigeria appears to be off track in achieving the SDG by 2030, including addressing security, social and economic challenges that exacerbates violence against women and girls.

Agenda 2030 has reinforced global health as a political priority, more so, with the COVID 19 pandemic which has affected the whole world and exposed the fact that the right to health is not a right in isolation of right to life and other rights viewed as fundamental. It has reinforced the need for urgent and concerted efforts at ensuring that global health is a means to ending poverty, promoting peaceful and an inclusive society. To achieve this, the Nigerian government has to review its processes, through an open, inclusive, and transparent means for all the people, introduce general health insurance, in a manner that leaves no one behind in accessing health facilities.



6.0. RESPONSE FROM THE GOVERNMENT

The response from the government to curb the menace of violence against women and girls, the Federal and State Governments of Nigeria have adopted some measures, by enacting laws and making policies that aim to guard against it. Though it has been impressive to some extent, more still needs to be done, especially in areas of budget allocation to health sector and equipping the law enforcement agencies especially the Police, to respond to reports of SGBV.



70. CHALLENGES, CONCLUSION, AND RECOMMENDATIONS

7.1. Challenges

Across the States, there were recorded challenges that inhibit the realization of a society free from SGBV or reducing the menace to the barest minimum. Some of the listed challenges include

- Social exclusion and stigmatization, which prevents survivors and families to report cases of SGBV, or seek available services
- Low level of awareness among the survivors and families, or law enforcement agencies on actions to take when confronted by violence against women and girls. In some instance, the survivors or the perpetrators especially of domestic violence, do not realise that the act constitutes a criminal act and punished by the law,
- Public perception of SGBV as a misdemeanor by the perpetrator often caused by the victim of SGBV or a third party which can be 'forgiven'.
- Lack of the knowledge of the legal frameworks available for the enforcement of the rights of women and girls.
- Weak laws and policies that will bring appropriate punishments to perpetrators and enable victims/survivors of SGBV to get appropriate justice or redress.
- Non-availability of health facilities especially in the rural areas to attend to survivors timeously
- Inability to fully implement some provisions of the laws, especially the Criminal Code which provided stiffer punishment on rape,
- Prolong procedures on investigating rape case, delayed on technicalities used by counsels to prolong SGBV cases before the Courts,
- Increase number of out of school and street children in the State that allowed trafficking of women and girls within and outside the state as sexual slaves/ workers,
- Delayed and refusal to report SGBV matter by parents, parents/relatives of survivors' rejection for continuation of cases,
- Inability of survivors and relatives to access their rights in the services available, including medical and legal, due to low economic power and distance from service providers
- Government and its law enforcement agencies are not proactive in dealing with SGBV cases.
- Cultural, traditional, and religious Practices: Most of the act of violence against women and girls are embedded in the cultures, religion, and tradition of the local jurisdiction of commission of violence, principally attributable to the patriarchal system
- Inadequate knowledge by the stakeholders including human rights defenders, securities agency, and judiciary on the intricate nature of SGBV and treatment of survivors
- Lack of political will by some States to enact laws that will outlaw harmful practices and violence against women and girls, and/or translating existing laws and policies to concrete actions that is beneficial to the survivors.
- Lack of synergy between service providers and government institutions
- Insufficient and inadequate professional care to cater to the mental health of survivors of SGBV. If anything, the COVID 19 pandemic has exposed the unfortunate neglect of mental health and the insufficiency of well-trained mental health practitioners and facilities.
- Inadequate care providers and support system, especially safe homes, economic support, or livelihood for survivors. Without the support system, the survivor tends to return to her abuser and the cycle continues.
- Lack of data collation and preservation on issues of SGBV by service providers, both State and non-State actors

7.2. Conclusion

From the activities conducted across the States including the Federal Capital Territory, it became apparent to the Commission that violence against women and girls is still a crisis that requires multi stakeholder intervention. It affects socio-economic development and defeats the objectivity of equality. The act of violence against women and girls' derails progress on basic rights and freedoms. It is evident from findings that there is still much work to be done by all stakeholders, the need for a responsive partners and Government with political will is also apparent. This is evident in the fact that in theory there are available laws in to curb SGBV however, these laws and policies do not have the required framework to function effectively and so gradually becoming dormant. The most significant of the laws, VAPP, is yet to be passed in most of the State.

It was also worrisome to the Commission that most of the institutions visited during the 16 days of Activism, did not have record related to SGBV, where it is present, it is not properly synchronized to achieve the desired outcomes.

The 16 days of activism conducted by the Commission has initiated a momentum within the various States which many stakeholders keyed into. Hopefully, the momentum will be sustained and translated into tangible action, especially in the passage of laws and development of policies that ensure accountability and end impunity in the fight on violence against women and girls.

7.3. Recommendations

Federal Government

1. Provide adequate facilities to the law enforcement officers, especially the police to respond to reports of SGBV
2. Train and re-train the officers on intake, documenting, investigation and prosecuting SGBV cases
3. Provide adequate budgetary allocation to health to fund hospitals and provide personnel and drugs for survivors

State Governments

1. For states that are yet to pass the VAPP law, urged to do so without further delay, as it will aid the enforcement of offences of SGBV
2. Pass the Child Rights Law
3. Put in place institutions that enable the handling and treatment of SGBV cases, especially equipping medical personnel in State hospital with necessary skills and space to handle SGBV cases
4. Work collaboratively with CSOs/NGOs in the area of SGBV and traditional institutions to outlaw harmful practices against women and girls
5. State government should establishment the Sex Offenders Register, to act as a name and shame record of sex offenders.
6. Establishment or strengthen Family Courts in all the Local Governments in to ensure speedy trial of SGBV cases
7. The government should create a platform for collaboration of all agencies and organizations forming a network to synchronies data and effectively fight against all forms of violence.

The Commission and Partners

1. Institutionalise sensitisation and awareness on the rights of women and on available services across the States
2. Monitor, document, and report on cases of SGBV as a matter of urgency and flag it as human rights emergency. Create a data base on reports of SGBV
3. The Commission and partners should work with all relevant bodies including Police, judiciary, NBA and FIDA and other service providers, towards ensuring that they are on the frontlines of committed advocacy on evidence preservation and documentation of GBV cases as it occurs.
4. The Commission should work with other partners to establish easy to access referral pathways and create awareness on its availability.



No. 19 Aguiyi Ironsi Street, Maitama, P.M.B. 444 Garki, Abuja, Nigeria
Tel: +234-092908829, 092903746, 08006472428 (toll free)
Email: info@nhrc.gov.ng, nhrcanigeria@gmail.com, Website: www.nhrc.gov.ng