



GENDER-BASED VIOLENCE

*An Analysis of the Implications for
the Nigeria For Women Project*

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Acknowledgments

Varalakshmi Vemuru, lead social development specialist, GSURR, World Bank, led this work as the task team leader for the Nigeria For Women Project (P161364). This report was prepared by Farwah Qasim, social development specialist, with inputs from Wumi Asubaro, gender-based violence (GBV) consultant. It draws on the work of the World Bank-commissioned report “Rapid Assessment of Gender Based Violence and Its Impact on Livelihoods and Women Economic Empowerment in Edo, Katsina, and Taraba States,” (Nwadinobi, Makanjuola, and Nyukalu 2018), which informed the design of the Nigeria For Women Project. The field assessment was undertaken by Dr. Eleanor Nwadinobi, senior GBV consultant, as well as Habiba Makanjuola and Paul Nyulaku, researchers.

We gratefully acknowledge the guidance and comments of Michael Ilesanmi, senior social development specialist; Rosa Maria Martinez, social development specialist; Verena Phipps, senior social development specialist; Diana Arango, senior GBV specialist; and Clara Alemann, senior GBV consultant. The study was funded by the State and Peacebuilding Fund (SPF) Grant.

We also appreciate the extremely thoughtful comments and suggestions of external peer reviewers Comfort Lamptey, country representative, UN Women; Dr. Zubeida Abukbar, national program analyst, United Nations Population Fund; and Tosin Akibu, project director, Integrated Reproductive Health and Mentoring Project, FHI 360.

Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
FMWASD	Federal Ministry of Women Affairs and Social Development
GBV	gender-based violence
ILO	International Labor Organization
IOM	International Organization for Migration
LGA	Local Government Area
NFWP	Nigeria For Women Project
WAG	Women's Affinity Group



1. Introduction

Gender-based violence, or GBV, is one of the most oppressive forms of gender inequality, posing a fundamental barrier to the equal participation of women and men in social, economic, and political spheres. As noted in “Voice and Agency: Empowering Women and Girls for Shared Prosperity,” the World Bank’s Inter Agency Standing Committee defines GBV as “an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (gender) differences between males and females” (Klugman et al. 2014). GBV affects both men and women, but women are much more vulnerable because violence reflects and reinforces existing

gender inequalities. Due to the high prevalence of female survivors, some organizations, such as UN Women and the U.K. Department for International Development, use the terms *violence against women* and *violence against women and girls* to describe the focus of their GBV-related work. The United Nations defines these terms as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life.” The two terms can therefore be used interchangeably (Arango et al. 2014).



GBV includes intimate partner violence, nonpartner sexual assault, female genital mutilation, sexual exploitation and abuse, child abuse, female infanticide, and child marriage (Arango et al. 2014). Such violence impedes gender equality and the achievement of a range of development outcomes. Experiencing violence precludes women from contributing to or benefiting from development initiatives by limiting their choices and ability to act (UN General Assembly 2006). The deprivation of women resulting from violence should be of central concern to governments and to societies at large as an intrinsic human rights issue and because of the epidemic's negative impact on economic growth and poverty reduction.

Exposure to intimate partner violence is linked with a multitude of adverse physical health outcomes, including acute injuries, chronic pain, gastrointestinal illness, gynecological problems, depression, and substance abuse (Taft and Watson 2008). The economic costs of GBV include expenditures on service provision, foregone income for women and their families, decreased productivity, and negative impacts on human capital formation, which are burdensome to developing economies. According to a recent World Bank report, the estimated costs of intimate partner violence across five countries is 1.2–3.7 percent of GDP, the same as what most governments spend on primary education (Klugman et al. 2014).

Rationale for the Study

In Nigeria, like in other jurisdictions, GBV remains a challenge that significantly constrains women's autonomy and opportunities. The *Nigeria Demographic Health Survey (NDHS) 2013* (NPC and ICF International 2014) indicates that 28 percent of women in Nigeria aged 15–49 have experienced some form of physical or sexual violence; 11 percent had experienced physical violence within the 12 months prior to the survey. Almost 45 percent of the women who had experienced

violence never sought help or told anyone about the incident. The harmful practices of child marriage and female genital mutilation are also prevalent across the country; and trafficking in women and children is endemic in Edo State. Conflict in Nigeria's North East geopolitical zone has further contributed to a steep rise in violence targeted against women and children by Boko Haram. Women are increasingly being used as instruments of war, for example, as suicide bombers or through forced marriage, which then makes them more vulnerable to stigmatization and rejection by their families and communities.

The Nigeria For Women Project (NFWP) is a US\$100 million World Bank-funded initiative implemented by the Federal Ministry of Women Affairs and Social Development (FMWASD) aimed at improving the livelihoods of women in targeted areas of Nigeria. It comprises four components:

- 1. Building social capital.** This component seeks to build social capital by galvanizing women to become members of Women's Affinity Groups (WAGs) and by strengthening new and existing groups to serve as institutional platforms for Nigerian women. Its subcomponents involve: influencing social norms; and creation and strengthening of WAGs.
- 2. Livelihoods program.** This component supports economically active women in WAGS by providing livelihood grants and holistic and targeted skills trainings. Its subcomponents seek to support individual livelihoods and livelihood collectives.
- 3. Innovations and partnerships.** This component aims to use Nigeria's talent pool to identify and deploy innovations that can transform the social and livelihood outcomes of women and improve project delivery, including monitoring and evaluation.

4. Project management, monitoring and evaluation, and learning. This component aims to uplift the socioeconomic status of women by advancing policy dialogue; strengthening technical and implementation capacities; and improving coordination among implementing partners at the federal, state, and local government area levels through the deployment of highly qualified technical professionals.

Because of the project's strong focus on the economic empowerment of women, FMWASD and the World Bank jointly commissioned an analysis of the prevalence and project-related risks of GBV, using field analysis across three Nigerian states. The study assesses the risks, defines linkages between women's economic empowerment and GBV risk reduction, and offers targeted recommendations to mitigate risks in project design and implementation. This report informed by desk and field research in addition to detailed information gathered by the task team from the federal and state governments and from other stakeholders during the project preparation phase. The selected states for field research are from three geopolitical zones and represent a variety of socio-cultural contexts: (1) Katsina State is rural, and its inhabitants are primarily Muslim, monoethnic, and monolingual, with the majority of the population Hausa or Fulani; (2) Edo is semi-urban and urban, with a population of mostly Christian and migrant communities that speak Edo; and (3) Taraba is a mix of Christian, Muslim, and traditional worshipper (Animist) communities affected by communal conflict and displacement from North East Nigeria. Edo and Taraba are among the six states covered under the first phase of NFWP, which also includes the states of Abia, Niger, Kebbi, and Ogun.

This study is grounded in comprehensive qualitative research, including a desk review and the collection of primary data gathered from the field. The prevalence

of GBV in project areas is determined by using information gleaned from nationally representative surveys: the "Nigeria Demographic and Health Survey 2013" (NPC and ICF International 2014); the "Nigeria—Multiple Indicator Cluster Survey 2016–2017" (UNICEF 2018); and the 2014 "Violence Against Children Survey," funded by the United Nations Children's Fund (UNICEF 2014). However, the major focus of this report is to assess community-level perceptions about and risk factors for GBV based on in-depth qualitative research in the three selected Nigerian states and to outline measures to prevent and respond to violence against women and girls in rural and semi-urban contexts using a survivor-centered approach (box 1.1). Key areas covered by the report include: (1) societal factors—laws, policies, and

Box 1.1.
Survivor-Centered Approach to Programming

A survivor-centered approach to programming means that everyone engaged in violence-against-women programming prioritize the rights, needs, and wishes of survivors. Based on a set of principles and skills designed to guide professionals—regardless of their roles—as they engage with women and girls who have experienced sexual or other forms of violence, the approach fosters a supportive environment where a survivor's rights are respected and where she is treated with dignity and respect. This promotes the survivor's recovery, helps her identify and express her needs and wishes, and reinforces her capacity to make decisions regarding possible interventions (UN Women 2011)

Figure 1.1.
Social Ecological Model of Analysis



institutions—related to GBV prevention and response in Nigeria; (2) perceptions and understanding of GBV among targeted communities and potential project beneficiaries; (3) community-level drivers of GBV; (4) how women-focused livelihood programs can exacerbate or mitigate GBV-related risks among women and girls; and (5) practical measures to mitigate risks throughout the project cycle using available on-the-ground resources and services. Although this study was undertaken in the context of NFWP, it seeks to extend its learning and guidance to the larger audience of those participating in development programs that could exacerbate the risk of GBV in Nigeria.

Structure of the Study: Social Ecological Model

The causes of violence against women and girls are multifaceted, including factors at the individual, relationship, community, and societal levels. This widely acknowledged social ecological model (figure 1.1) recognizes that the root cause of GBV is gender inequality, namely the societal-level factor of unequal distribution of power and resources between men and women. Gender-based discrimination and inequality can be expressed through different mechanisms, including discriminatory laws, unequal access to political and economic power, socially constructed norms of masculinity and femininity, and gender roles and stereotypes (UN Women 2015). In addition to the root causes of GBV, other factors operating at the individual and relationship levels can affect the probability that a woman or girl will experience violence. These factors include age, education level, alcohol or drug use, poverty, acceptance of violence, unemployment, and depression, among many others.

This report uses the social ecological model as the basis to analyze prevalent GBV risks in Nigeria. It first describes the legislative and policy level frameworks associated with violence against women and girls as well as their implementation at the national and subnational levels. It then provides a detailed analysis of specific social norms that have created acceptance for or at least a lack of condemnation of GBV at the community level. Finally, based on field research (the following section outlines the methodology), it delves deeper into some of the interpersonal and individual drivers of various forms of GBV in the selected communities.



2. Methodology

This study primarily relied on descriptive and explanatory techniques, drawing from a comprehensive desk review, multiple stakeholder consultations during country and state visits, field research conducted for this specific analysis, and other institutional and social analyses commissioned by the project.

The field research for the gender-based violence (GBV) assessment utilized qualitative and quantitative research methods for collecting data on the socio-economic conditions of women and understanding of GBV in three states: Edo, Taraba, and Katsina. All GBV prevalence rates are based on data collected through the “Nigeria Demographic Health Survey 2013” and other nationally representative surveys. Stakeholder consultations were conducted with the Federal and State Ministries of Women Affairs and Social Development, Office of the Vice President, UN Women, European Union’s Justice4all program, and various development partners and implementing agencies working on women’s socioeconomic programs. Interview questionnaires were designed to elicit information during four focus group discussions in six local government areas (LGAs) across the three selected states (table 2.1). Five key informant interviews were conducted in each LGA among traditional rulers; religious leaders; male and female cooperative group leaders; members of women associations; and male, female, and youth group members (table 2.2). Fifteen semi-structured questionnaires were administered to respondents per LGA across all key groups. Thirty questionnaires were administered per state, for a total of 90 across the three states.

Table 2.1.

Selected Areas for Gathering Field Data

State	Local Government Area
Edo	Uholor-Oredo (semi-urban)
	Ewossa-Igueben (rural)
Taraba	Ardo Kola (rural)
	Jalingo (semi-urban)
Katsina	Matazu (rural)
	Malumfashi (semi-urban)

Table 2.2.

Focus Group Discussion Sample

Participant Profile	Number of Focus Group Discussions		
	Edo	Katsina	Taraba
Female youth (aged 18–35)	2	2	2
Male youth (aged 18–35)	2	2	2
Female adult groups (aged 36+)	2	2	2
Male adult groups (aged 36+)	2	2	2
Total number of interviews or sessions	8	8	8

Study Limitations

The research study is not representative of the entire population of women and men in Nigeria. It is qualitative research, which provides robust contextual and local information, perceptions, and experiences around GBV, with special reference to the three study states.



3. Legal and Institutional Context for GBV in Nigeria

Policy and Legislative Frameworks

The Nigerian legal system is plural: there is statutory and sharia law in the northern zones coexisting with customary law in rural areas. The simultaneous application of this three-tier system creates varied degrees of protection for the rights of women and children. The country has an active federalist political system; and both the federal and state governments have the prerogative to pass laws affecting women and children. A state must pass (domesticate) a law for it to be legally binding in that state.

The federal government of Nigeria has ratified multiple international laws and conventions to address the historical discrimination and marginalization of women and girls, including GBV (al-Kyari et al. 2018). Examples include: (1) the Childs Rights Act

of 2003, which provides for detailed protection of a girl child until age 18, seeks to end forced labor and child marriages, and is aimed at ensuring health services for pregnant women; (2) the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), ratified in June 1985; (3) the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), ratified December 16, 2004; and (4) the Violence Against Persons Prohibition Act, which was finally passed in 2015, more than 10 years after it was first presented to the national assembly. Table 3.1 provides a summary of international and regional agreements on GBV, sexual exploitation, and abuse adopted by Nigeria at the federal level.



Table 3.1.

Agreements on GBV and Sexual Exploitation and Abuse Adopted at the Federal Level in Nigeria

Title	Year Adopted	Description	Status
Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	1979	<ul style="list-style-type: none"> Adopted in 1979, but the general recommendation 19 on violence against women was not adopted by the CEDAW committee until 1992. It recognizes GBV as a form of discrimination and recommends that states take measures to prevent and respond to violence against women. Article 6 calls for states to "suppress all forms of trafficking and exploitation of prostitution of women." 	Although the federal government ratified this in 1985, the Nigerian constitution requires domestication through adoption by the National Assembly and State Houses of Assembly. ^a
African Charter on Human and Peoples' Rights	1981	<ul style="list-style-type: none"> Calls for the elimination of discrimination against women and the protection of the rights of women and children. Prohibits all forms of exploitation, particularly slavery. 	Ratified in 1983.
Convention on the Rights of the Child	1989	<ul style="list-style-type: none"> Defines a child as a person under the age of 18. Commits state parties to protecting children from all forms of mental and physical violence, as well as sexual exploitation, child marriage, abuse, harmful traditional practices, and prostitution. 	Ratified in 1991.
African Union Charter on the Rights and Welfare of the Child	1990	<ul style="list-style-type: none"> Defines a child as a person under the age of 18. Commits states to protecting children from physical and sexual abuse. 	Ratified in 2000.
Rome Statute of the International Criminal Court	1998	<ul style="list-style-type: none"> Recognizes a spectrum of GBV as war crimes and crimes against humanity, including rape, sexual slavery, forced prostitution, and forced sterilization. 	Ratified in 2001.
Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention Against Transnational Organized Crime	2000	<ul style="list-style-type: none"> Calls on states to criminalize and take steps to prevent trafficking. Commits states to providing physical, psychosocial, and social support to trafficking victims. 	Ratified in 2001.
Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol)	2003	<ul style="list-style-type: none"> Calls on states to protect rights of women and girls, such as property rights, rights to a consensual marriage, protection against child marriage, widows' rights, inheritance rights, and protection against all forms of violence. 	Ratified in 2004.

Sources: Adapted from the World Bank 2018.

a. For further analysis of Nigeria and CEDAW domestication, see Nwankwo n.d.

GBV = gender-based violence.

However, these agreements have limited application to the states. Two key laws address GBV: the Child Rights Act and the Violence Against Persons Prohibition Act of 2015, both passed by the federal government but not by many of the 36 states, making them inapplicable in those areas. Twenty-four states have ratified the Child Rights Act; 12 northern states have yet to do so. The main barriers to the domestication of these laws are resistance based on entrenched norms of gender inequity and opposition to concepts around equality and rights that are perceived as foreign. In other respects, the law is significantly less controversial than the Violence Against Persons Prohibition Act, except for provisions that set a legal age for marriage and criminalize sexual interactions with minors.

The Nigerian government also approved a federal executive memorandum directing all government ministries, departments, and agencies to appoint gender focal persons within their directorate cadres to mainstream gender equality in various sectoral policies and programming. In 1995, the Federal Ministry of Women Affairs and Social Development (FMWASD) was created to provide an institutional home to address women's issues. The 1999 Nigerian constitution, chapter IV, section 42 (1), (a) and (b); (2); and (3) prohibits discrimination based on gender, religion, ethnicity, age, or circumstances of birth. The first National Women Policy was drafted in 2000, followed by the National Gender Policy of 2006. Both aimed to make gender equality a driver of growth; promote health, survival, and freedom from violence; and create an inclusive society devoid of gender discrimination. The National Plan of Action, which has a five-year target period (2014–19), includes a comprehensive strategy for delivering the national gender policy (FMWASD 2008). The plan prioritizes violence against women and children as a key issue and identifies specific actions to prevent and respond to this violence. The FMWASD also developed a

national referral pathway that identifies stakeholders in each state for the referral of GBV cases.

A snapshot of GBV-related legislation and policies in the states covered by the Nigeria For Women Project (NFWP), provided below, sets the context and demonstrates the commitments and readiness of state governments to prevent GBV.

Abia State

- **Violence Against Persons Prohibition Act (2003).** Domesticated in Abia State in 2004, this law provides for the protection and enforcement of the rights and welfare of persons susceptible of becoming survivors of violence.
- **Abolition of Widowhood Practices Bill (2017).** This bill aims to safeguard widows against all forms of discrimination, equalize their opportunities, and prevent physically and psychologically harmful practices against them. It has been presented by the state ministry at a public hearing but has yet to become law.

Edo State

- **Female Genital Mutilation Act (1999).** This legislation bans and criminalizes the traditional practices of female genital circumcision, commonly referred to as female genital mutilation, or FGM.
- **Inhuman Treatment of Widows (Prohibition) Law (2004).** Enacted in 2001 and amended in 2004, this law prohibits the inhuman treatment of widows.
- **HIV/AIDS Act (2006).** This legislation, enacted in 2006, provides people living with HIV/AIDS protection against stigmatization and discrimination. It mandates that private and public institutions provide services and extend opportunities to persons without regard to their status.
- **Agency for the Control of HIV/AIDS (2009).** This legislation establishes mechanisms for responding to HIV/AIDS, such as the State Agency for Control of Aids and the Governor's Council on HIV/AIDS.

- **Law on Violence Against Women (2007).** This law seeks to address violations against women and girls in Edo State.
- **Child Rights Law (2007).** This legislation, which prohibits acts that violate the rights of children, domesticates the Child Rights Convention in Edo State.

The reform-driven agenda of the current Edo State government has led to expectations that there will be other bills presented to the State House of Assembly to strengthen the cause of women’s empowerment, particularly legislation to combat the scourge of trafficked women. The Gender Equality Opportunity Bill 2016 and a bill to eliminate violence in private and public life prohibit all forms of violence against persons are pending. The state government is committed to affirmative action to seek 35 percent employment opportunities for women in governance (The Nation 2017).

Ogun State

- **Child Rights Act (2003).** This law was domesticated in Ogun State in 2004 and amended in 2013. It protects and enforces the rights and welfare of children.
- **Violence Against Persons Bill (2016).** This bill seeks to provide effective remedies for victims of violence. The State House of Assembly passed the legislation, but it has yet to become law.
- **Persons with Disabilities Bill (2017).** This legislation establishes an office to safeguard people with disabilities against all forms of discrimination and equalize their opportunities in all aspects of living. It has not yet been assented.

The states of Taraba, Kebbi, and Niger have not yet domesticated laws providing protection to GBV survivors. However, Kebbi State has expressed a commitment to domesticate the Child Rights Act.

From Policy to Practice

Despite many positive policy initiatives, Nigerian legal frameworks are limited—they do not provide adequate protection for GBV survivors. A report by the Nigeria CEDAW NGO Coalition (2008) notes that the penal code, section 55(4), which is applicable in the northern zones, makes legal the “corrective” beating of a child, student, servant, or wife, as long it does not cause grievous harm. Marital rape is excluded from the legal definition of rape in penal legislation in the north and under the criminal code in the south. A report by Amnesty International (2006) notes that discrepancies in the definition of rape by federal, state, sharia, and customary legal systems create a plural justice system that may be undermining the rights of women to seek legal redress. Indeed, current law can penalize the victim rather than the perpetrator. Muslim women are particularly constrained when seeking justice and redress for rape under sharia law because it requires a witness, making it more difficult to secure a successful prosecution.

The implementation of policies and treaties is constrained. FMWASD is underfunded and lacks the capacity to effectively coordinate and operationalize policies or to build its capacity to prevent and respond to GBV. Justice-sector institutions, such as the police, the judiciary, the National Human Rights Commission, and Legal Aid Council, lack the knowledge, understanding, or capacity to address cases of GBV with a survivor-centered approach. For example, the field research found that the police often refuse to intervene in cases of intimate partner violence, describing it as a “domestic issue.” Some justice sector officers are unaware of new GBV laws; and deficiencies in operational funding can hinder the execution of appropriate actions. The presence of female officers improves reporting rates among survivors, but their availability varies from state to state. Many women and children, particularly in rural and semi-urban areas, are

completely unaware of the laws and policies that exist to protect them. While a national GBV referral pathway exists, key stakeholders have not been educated or mobilized to take advantage of it. Further, the directory within the national referral protocol is outdated—most contacts are unavailable or have transferred to other ministries.

Despite these challenges, the institutional and legal context has improved. Some states have established special units within police stations to address issues of GBV with encouraging results so far.

In some states, including Lagos, Kaduna, and Enugu, government institutions like the Ministry of Justice, FMWASD, and the Ministry of Health have established sexual assault referral centers to respond to immediate GBV-related needs. These centers provide comprehensive support, including health care, legal services, psychosocial support, and physical protection. And some donor-funded programs and development partners have trained justice sector institutions, particularly the police, to identify and respond to GBV.





4. Prevalence, Norms, and Drivers of Gender-Based Violence

Prevalence and Perceptions

During the field research, participants expressed varying levels of understanding about what gender-based violence (GBV) is, their perceptions of it, and the terminology they use to describe it.

In the project states of Katsina and Taraba, terms include *chin mutincin mata* (harassment of women), *wulankanta mata* (degradation/disrespect/abuse), and *cin zarafin mata* (a collective name referring to beating, sexual assault, and public harassment of women). These context-dependent terms are used when a girl or a woman is beaten; raped; insulted; harassed; cheated out of money; denied matrimonial rights, such as shelter, clothing, or sex; forcibly married; or married at an early age.

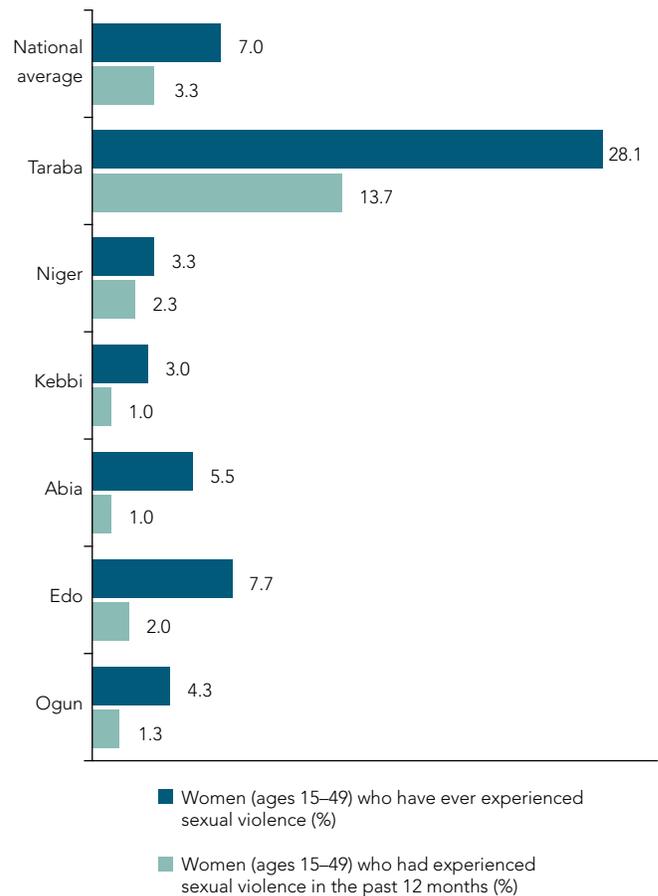
Sexual Violence

As shown in figure 4.1, sexual violence is highly prevalent in project states and is a cause for community concern. Sexual violence against children is one form of GBV that is reported and channeled into conflict dispute mechanisms, which refer cases to the police or other legal authorities. Women with disabilities are twice as likely to experience domestic violence or another form of GBV as other women and up to three times more likely to experience sexual assault by a stranger or acquaintance (NSRP 2015).

Marital rape is not viewed as a valid concept.

Most people at the community level believe that forced sexual relations are acceptable because a woman is thought to belong to her husband after he

Figure 4.1.
Prevalence of Sexual Violence



Source: NPC and ICF International 2014.

pays the “bride price.” A key informant in Ewossa explained, “How then can a man forcefully take what is his own.” In some communities, this idea is supported by the religious belief that refusing sex is a sin.

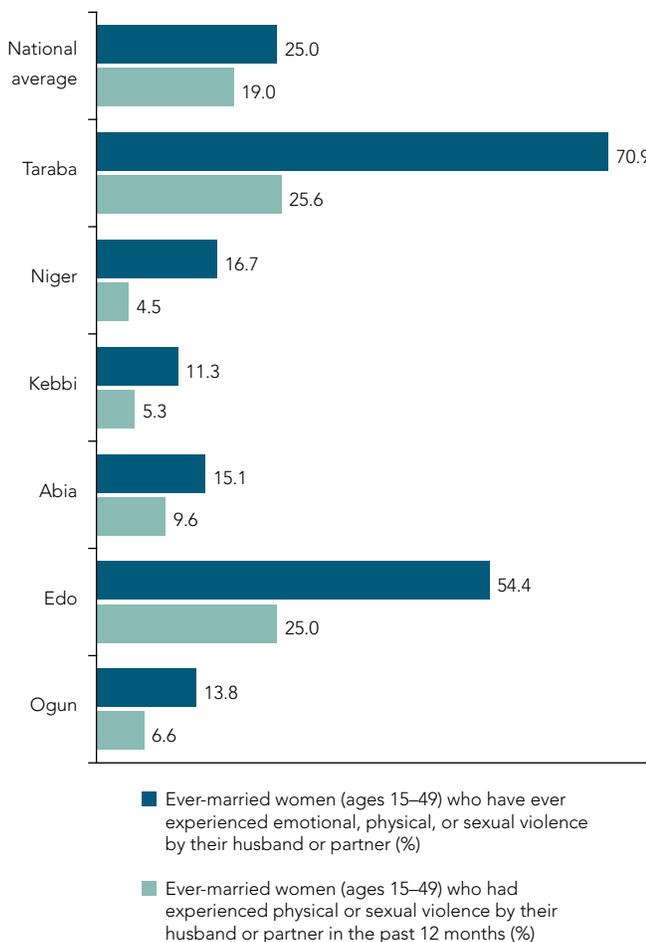
Intimate Partner Violence

Despite the high prevalence of wife beating, emotional and economic abuse, and marital rape, many Nigerians consider intimate partner violence to be a private issue about which the community should not intervene (figures 4.2 and 4.3). As highlighted in the ecological model earlier in this report (see figure 1.1), tolerant attitudes represent the highest correlated risk factor contributing to the incidence of intimate partner violence (The Lancet Global Health 2015). Using recent data from a demographic and health survey that included domestic violence history

and attitudes toward wife beating, one World Bank study (Klugman et al. 2014) quantifies and categorizes 21 countries, ranking Nigeria especially high for major risk factors, including:

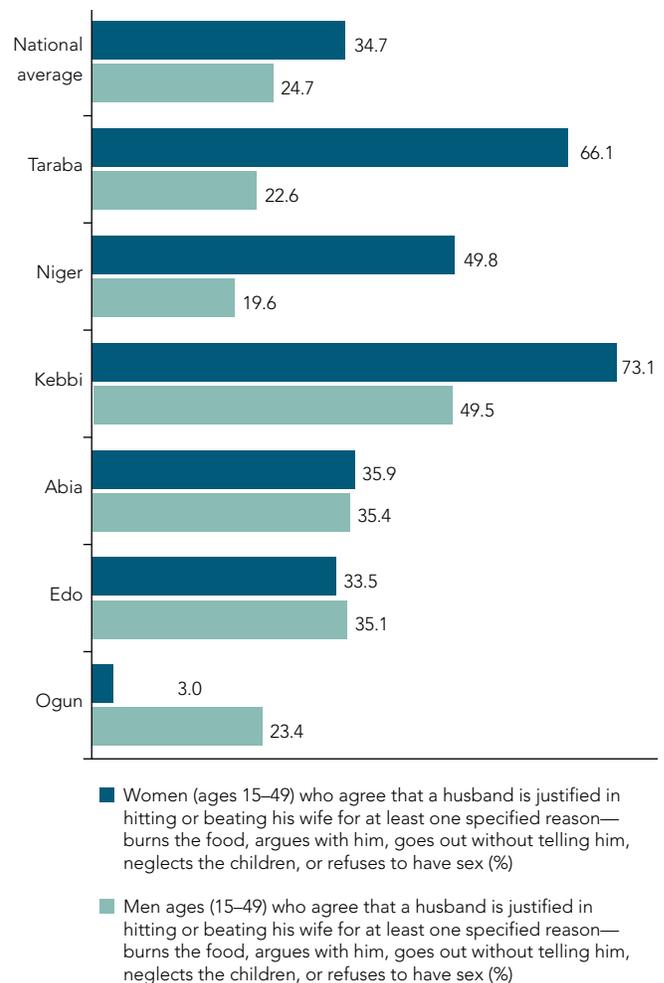
- **Acceptance of wife beating.** One in three surveyed women agree that a man is justified in beating his wife in some cases, including if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sexual intercourse with him (NPC and ICF International 2014).

Figure 4.2.
Prevalence of Intimate Partner Violence



Source: NPC and ICF International 2014.

Figure 4.3.
Tolerant Attitudes Toward Wife Beating



Source: NPC and ICF International 2014.

- **Polygamous marriage.** Thirty-three percent of women report that their husbands have more than one wife (NPC and ICF International 2014).
- **Early forced marriage.** Forty-three percent of girls in Nigeria are married before the age of 18 (UNICEF 2016).

Field research in Edo, Katsina, and Taraba confirm the finding of the 2013 demographic health survey (NPC and ICF International 2014) that the acceptance rate for wife beating is high. Some participants believe a husband is justified in hitting or beating his wife if he thinks she is of lower economic status, is disrespectful, refuses to have sex with him, or does not fulfill her household duties. Qualitative findings also demonstrate that GBV, particularly intimate partner violence, is tolerated at the societal and community levels, which is strongly linked to the inequitable gender norms that prescribe a woman to a household role; deviance from this role can result in violence.

Nigeria has one of the lowest rates of help-seeking behavior. Among women aged 15–49 who have survived physical or sexual violence, whether the perpetrator was an intimate partner or not, 45 percent never sought help or told anyone about the experience, only 31 percent sought help from any source, and 12 percent told someone about their experience but did not seek help (NPC and ICF International 2014). Help-seeking behavior is at its lowest level in Nigeria’s Northeast geopolitical zone, where 23 percent of female survivors of intimate partner violence have sought help; and at its highest in Southeast Nigeria, where 37 percent have done so. Forty-eight percent of divorced, separated, and widowed women and 32 percent of currently married women have sought help to stop violence. Help-seeking behaviors among urban and rural women are minimally different at 32 percent and 31 percent, respectively (NPC and ICF International 2014). The extremely low levels of help-seeking behavior by survivors is due to: the

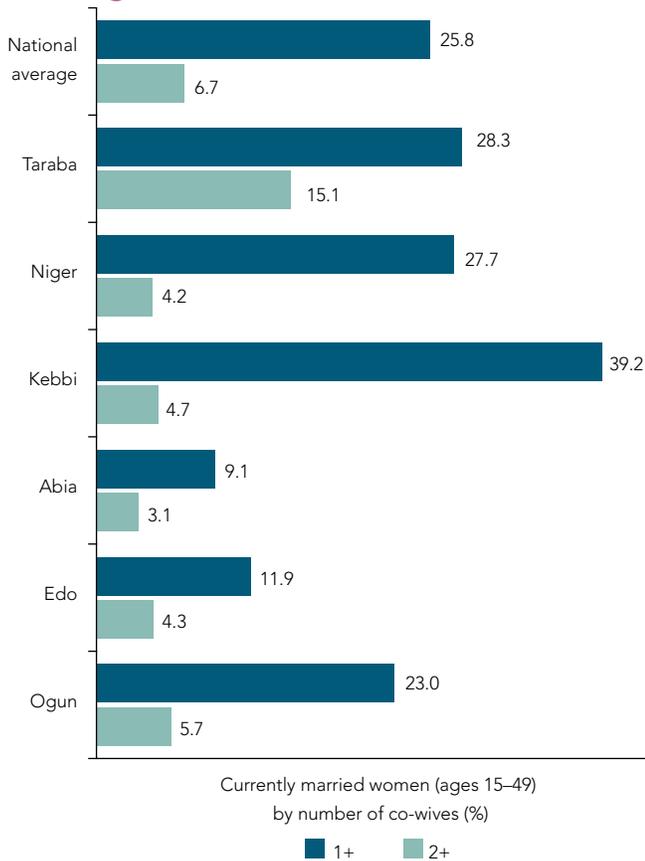
stigma around GBV; the idea that a woman is partially responsible for being victimized under the assumption that she must have transgressed in some way from her socially expected role and therefore deserves punishment; fear of family disgrace if the issue is not addressed privately; and a dearth of and lack of awareness of specialized GBV services. These attitudes reinforce the impunity and acceptance of GBV among survivors, their families, and their neighbors, who seek to cover up incidents. It is even common for health providers and justice and security officials to “look the other way” and ignore cases of GBV.

An overwhelming 95 percent of child survivors of violence report that they did not seek services due to individual-level barriers (UNICEF 2014). Reasons for not asking for help include fear of retaliation, feelings of guilt or embarrassment, a sense that the violence is not a problem, and not needing or wanting services. These are all rationalizations emerging out of social expectations that normalize GBV, blame the survivor for the violence, and do not promote awareness of rights, as well as a weak to nonexistent system for protecting children from abuse.

Polygyny and intimate partner violence

Polygyny—the practice of having more than one wife—is widely practiced in Nigeria, especially in the north (see figure 4.4). Polygyny is linked to intimate partner violence, including emotional, verbal, and physical abuse. For example, analyzing data from 171 countries, McDermott and Cowden (2015) find a relationship between high polygyny rates and an increase in behavioral constraints and health consequences for women and children, including a higher prevalence of female genital mutilation; a 147 percent increase in domestic violence, including nonpartner and partner rape and honor killings; a higher likelihood of women contracting HIV/AIDS and an increase in sex trafficking compared with countries where polygyny is less common.

Figure 4.4.
Prevalence of Women in Polygynous Marriage



Interviews conducted for this research reveal that many women in polygynous households secretly save earned income to use as a safety net in event that their husbands leave them for another woman. This practice reflects the daily emotional and economic abuse experienced by women in polygynous households. A woman from Katsina State explains:

“On my wedding night, my elderly aunty told me over and over again—that a woman has to be patient and tolerating in order to have a very successful family, you must do as your husband tells you all the time, but she did not warn me that he could dedicate so much attention to his other wives and disregard me.”

In some cases, young girls cohabit with men in return for financial support (see section on *transactional sex* on page 18). This practice often leaves them more vulnerable to emotional, verbal, and sexual abuse from partners due to the absence of a formal commitment and the community-level social stigma.

Harmful Widowhood Practices

A widow in Nigeria suffers great hardship from the prevalent belief she is “guilty for her husband’s death.” The husband’s relatives subject a woman to widowhood rites to prove her innocence. Often, women in traditional societies are blamed or scapegoated for familial or societal problems. They must live with great stigma and struggle to survive. Despite widowhood rites, community members find ways to ostracize and blame widows for the death of their husbands. For example, if the widow faces any misfortune, community members assume it is because she is guilty of her husband’s death and that she took a false “oath of innocence.” In some animist cultures in the north, widows are completely ostracized from society and not allowed to fully cover themselves or leave the home during the mourning period. The trauma resulting from these harmful practices prevents widows from living a normal life again. In addition, a widow is usually dispossessed of all family money, property, and assets without consideration to how she will care for her children. Land ownership laws as well as prevalent customary practices in some states exclude women from property ownership. Because of this, property is held under the man’s name and passed on through a patrilineal lineage within the group. In Southeast Nigeria, a widow’s right to own or even use the land is not secured, and relatives commonly seize the property of the widows.

Violence Against Women with Disabilities

Women and girls with disabilities are more likely to experience GBV and less able to escape, less likely to speak up, less likely to be believed, and

less likely to find services they can access. They can experience verbal, emotional, physical, and sexual abuse from caregivers, family members, colleagues, security agents, classmates, and friends. Globally, women with disabilities are twice as likely to experience domestic violence and other forms of GBV and up to three times more likely to experience rape by a stranger or acquaintance than women without disabilities (Ortoleva and Lewis 2012). A study in Nigeria found that social myths surrounding women with disabilities, such that having sex with them brings wealth, status, and power, make them more vulnerable to sexual violence (NSRP 2015). A woman with a disability is also at a disadvantage in terms of escaping potentially violent situations. For example, a physical disability can create mobility issues that might prevent her from quickly evading danger; or a hearing disability could prevent her from noticing danger approaching. Respondents for this research recalled that students at a school for deaf children with no water facilities were raped while walking to a nearby stream to fetch water. They attributed the attacks to the fact that the girls did not run away because they could not hear the perpetrators approaching. Women with visual impairments reported experiencing infringements on their privacy, for example when taking baths.

Sexual and Physical Harassment in Public Areas

Our field research revealed a high prevalence of women being publicly harassed, verbally insulted, and physically abused in public spaces. The harassment specifically targets women who are economically active and who are participating in social life in the public realm. A woman must deal with this type of provocation at the marketplace, at church, at community meetings, on the street, and at work—especially if she has ventured into a male-dominated occupation. Lessons learned from various programs on women and girls (NSRP 2016) reveal that girls hawkers in the street

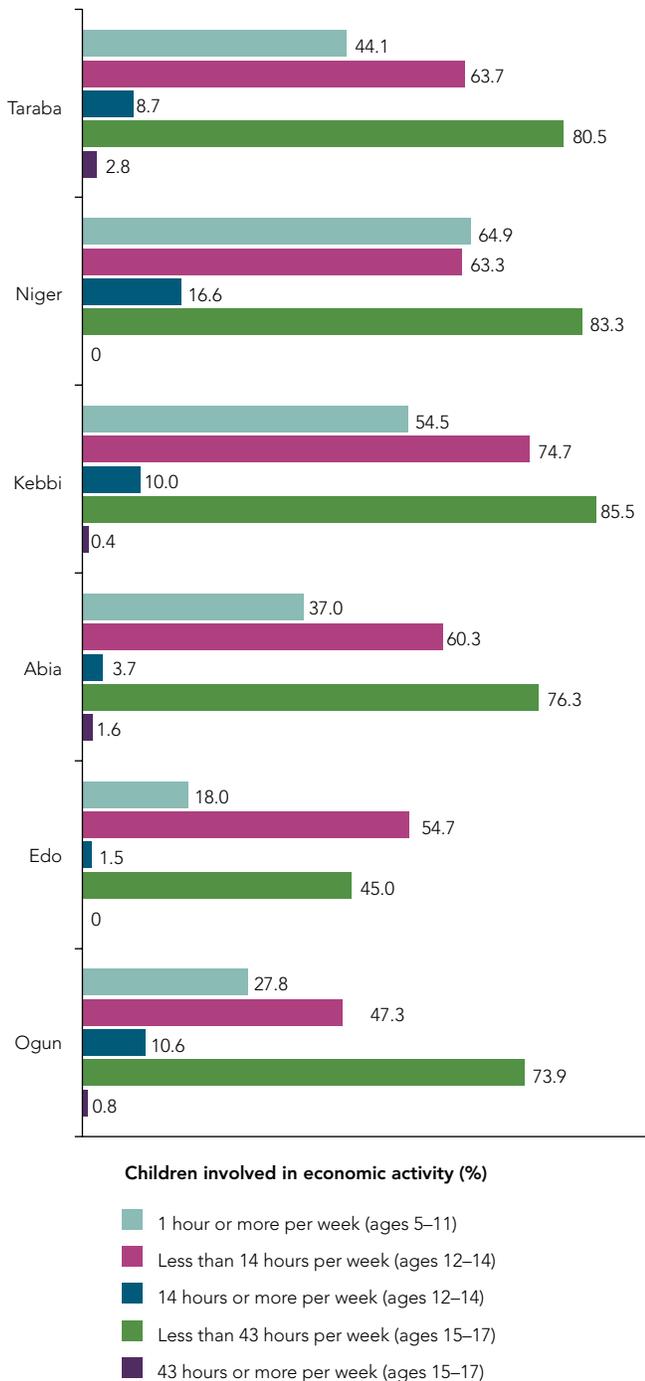
and in markets are at risk of multiple kinds of violence, including theft, verbal harassment, sexual assault, and manipulative “sugar daddy” relationships with adult males. Female focus group participants for this study expressed that being around a group of men can easily lead to harassment or sexual assault.

Women in male-dominated occupations, such as quarry work, shoe and bag making, farming (subsistence and large-scale cultivation), and cloth dyeing are particularly vulnerable to harassment and violence. Some of the female participants claim that the men often feel threatened by successful women and therefore harass or insult them as a way of discouraging them from participating. During key informant interviews, some men said that they perceived women working in male-dominated sectors to be “too ambitious” or “desperate for money.” Our field research also indicated that membership in some economic groups, such as cooperatives and trade groups, is highly restrictive, ensuring that only men can access their benefits. Women who have formed their own groups or who participate in similar activities are seen as challenging authority, putting them at greater risk of harassment.

Violence Against Children

According to the Violence Against Children survey, half of all children in Nigeria have experienced physical violence (50 percent of girls and 52 percent of boys). One in four girls (25 percent) and one in ten boys (11 percent) have experienced sexual violence. Among children reporting at least one incident of sexual abuse prior to age 18, 70.5 percent of girls and 69 percent of boys experienced multiple incidents. Females and males aged 18–24 who have experienced sexual abuse during childhood are significantly more likely to have experienced their first incident of sexual abuse between the ages of 16 to 17 (48 and 55 percent, respectively) than at any other age. Almost one third of female respondents (32 percent)

Figure 4.5.
Children in Project States Involved in Economic Activities (percent of population)



Source: UNICEF 2017.

experienced their first incident of sexual abuse between the age of 14 and 15, and a nonnegligible 20 percent first experienced abuse at or before the age of 13. Almost one third of males (29 percent) experienced their first incident when they were 13 years old or younger. For those whose first sexual intercourse was prior to age 18, females (25.5 percent) were significantly more likely than males (10 percent) to report it as unwanted (UNICEF 2014).

Children who engage in informal economic activities (see figure 4.5), either on their own or to help family members, are especially at risk of sexual exploitation and abuse, especially if they are unsupervised. *Girl-child defilement*, the sexual assault of a girl under the age of 13 is particularly concerning in some project areas. Girls who undertake any trade or endeavor in the public sphere are reportedly at risk of sexual abuse. Respondents explained that some people take advantage of these vulnerable girls and “violate” them through sexual assault, causing bodily harm, potentially leading to unwanted pregnancies, increasing their risk of contracting HIV and other sexually transmitted diseases, possibly triggering prolonged psychosocial trauma, and sometimes resulting in death.

Sex Trafficking

Nigeria is a source, transit, and destination country for human trafficking. According to the most recent data from the Global Slavery Index,¹ Nigeria ranks 32 out of 167 countries with the highest number of slaves—1,386,000; and the National Agency for the Prohibition of Trafficking in Persons for Nigeria reports that the average age of trafficked children in Nigeria is 15. The U.S. State Department ranks it as a Tier 2 Watchlist Country in its “Trafficking In Persons Report” (2018). According to the International Organization for Migration (IOM), in 2016,

1. The Global Slavery Index data for Nigeria is available at www.globallslaveryindex.org/2018/data/country-data/nigeria/.

approximately 11,000 women arrived into Italy via the Mediterranean Sea, mostly from Edo. An estimated 80 percent of young women arriving from Nigeria—whose numbers have soared from 1,454 in 2014 to 11,009 in 2016—will be forced into prostitution as sex trafficking victims (IOM 2017b). According to Italian authorities (AP 2018), there are 10,000–30,000 Nigerian women working as prostitutes on the streets of Italy. Ninety percent of migrant women arriving into Italy from Libya arrive with bruises and other signs of violence. In general, 83.5 percent of all Nigerians interviewed in 2017 report having suffered physical violence of some kind during their journey, most often in Libya (IOM 2017a). A UN report published in December 2018 records narratives by Nigerian migrants of unlawful killings, gang rape, prostitution, arbitrary detention, torture and inhumane treatment, unpaid wages, slavery, human trafficking, racism, and xenophobia in Libya (OHCHR 2018). Over the last three years, IOM has recorded an almost 600 percent increase in the number of potential sex trafficking victims arriving in Italy via the Mediterranean (IOM 2017).

Edo State is an internationally recognized sex trafficking hub, with built-in infrastructure and networks that support the sale of human bodies. An astounding 94 percent (UNODC 2006) of all Nigerian women trafficked to Europe for prostitution hail from Edo State, and Italy is the primary destination country. A 2003 United Nations Interregional Crime and Justice Research Institute report concludes that “virtually every Benin family has one member or the other involved in trafficking either as a victim, sponsor, madam or trafficker” (UNICRI 2003). The souls and bodies of survivors are turned into commodities for financial gain while the survivors themselves are held in debt bondage, severely abused (often gang raped and physically assaulted), starved, tortured, or infected with various sexually transmitted diseases before being deported back to Nigeria. Others who are victims of

“Don’t you see what is happening in the Mediterranean Sea, how people can see fire and get inside, but they are pushed by their situation. Poverty is the problem. When you get to Libya and see 100 illegal migrants, 60 are from Edo State and 40 from Benin, and mostly from upper Sakoba. In this axis, the one going to school is seen as stupid. Mothers organize men to deflower their girl children to prepare them for the trade. When you hear that 10 people died in the sea, the next week, 20 will move.”

– Traditional leader, Edo State

organ trafficking are murdered and never make it back to their homeland.

As this and other research affirms, poverty remains the primary risk factor that renders women and girls vulnerable to sex trafficking (PJI 2018). Limited educational and economic opportunities coupled with parental pressure to support the family compound their risk. Respondents for this study assert that there has been an upsurge in trafficking since the death of Moumar Gadhafi, the former president of Libya, who played a key role in regulating the inflow of illegal migrants by conducting regular patrols and search-and-rescue operations along the Mediterranean coast. One key informant asserted that the empowerment of women and girls would reduce trafficking and transactional sex in Edo State, emphasizing the need for economic empowerment schemes to address the problem.

However, some Nigerian scholars have criticized what they argue are overly simplistic paradigms that view women solely as victims of the trafficking industry. They note that the growing acceptance of transactional sex has made some families quite wealthy; that women who were once victims have capitalized on their position to become entrepreneurial “madams” in the Italian sex trade; and that there is vertical socioeconomic mobility in the industry (Lo Iacono 2014). Madams manipulate and coax other women into sex work, who agree due to extreme household poverty, parental pressure, and a personal relationship with the madam. The Nigerian trafficking industry is distinctive: it is a female-dominated criminal enterprise that has a self-reproducing organizational structure with vertical mobility (Lo Iacono 2014). This analysis explores the complexities underlying the sex trade, especially in Edo State, but poverty clearly remains the major driver behind women risking their lives to engage in sex work. It may seem to some that women choose this work, but in fact, pressure from family, dire economic circumstances, and false promises influence what may not be an informed choice.

Transactional Sex

Transactional sex is similar to sex work in some ways. Both involve nonmarital relationships in which gifts or cash are exchanged for sex. However, they differ in important ways. With transactional sex, participants are referred to as “girlfriends and boyfriends” rather than “prostitutes and clients.” In addition, the exchange of gifts for sex is part of a broader set of arrangements and obligations that might not involve a predetermined payment (Hunter 2002). In Nigeria, a culture of transactional sex has become increasingly more prevalent. A few studies elaborate on this (see below), but there is a dearth of data and analysis of transactional sex prevalence and drivers in Nigeria that could be explored in a standalone study.

One study in the North Central zone shows that young women (aged 16–25) have explicitly

constructed their involvement in sexual relationships as an economic survival strategy or as a way to improve their economic status (Babatunde and Durowaiye 2014). In another qualitative study in Edo State, focus group participants—boys and girls of secondary school age—frequently mentioned the exchange of sex for goods as a common practice (Barnett et al. 2011). An ActionAid study reported that male school staff seek out opportunities to obtain sexual favors, exploiting the poverty of students who struggle to pay their fees and who lack uniforms and books. Female students and their parents have complained to authorities about this occurring but appeared powerless to stop it (ActionAid 2011).

The ActionAid study also noted an increase in unwanted pregnancies alongside an increase in the incidence of transactional sex. Unwanted pregnancies, which are reportedly higher in Edo State than Taraba, are generally common and have a significant negative social and economic impact on women and girls. Field research shows that when a man does not take responsibility for a pregnancy, the woman who is left alone with the child is stigmatized and economically vulnerable. One key informant, the head of a women’s vocational center, explains:

“Unwanted pregnancy is common, sometimes it’s the girl who is careless, sometimes she has just been deceived with small money, sometimes it could even be that she was forced by her boyfriend Whatever the case—unwanted pregnancy is not openly discussed in this community. It is a taboo, especially if those involved disagree to marry.”

Early Marriage

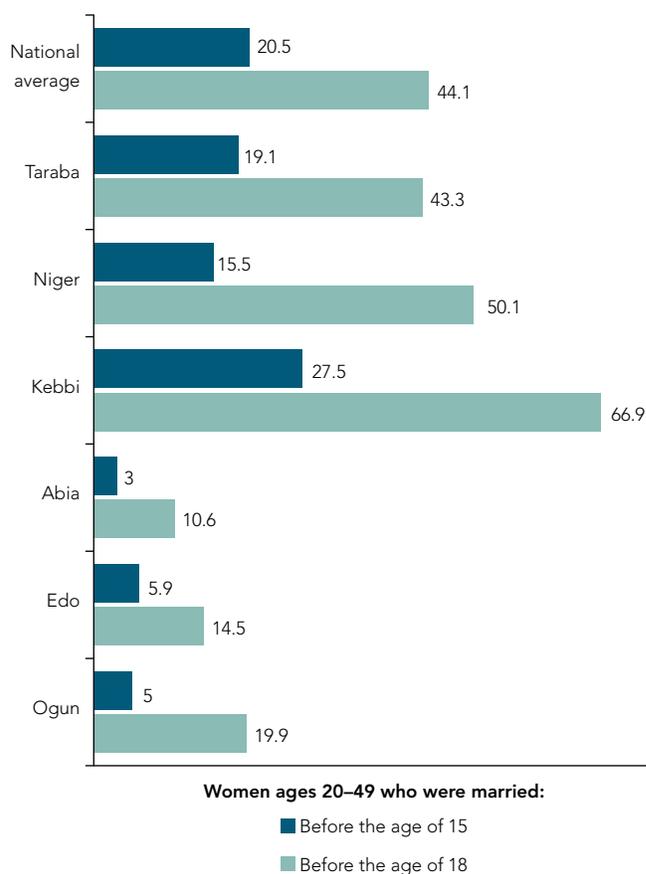
According to 2017 data from the Multiple Indicator Cluster Survey (UNICEF 2018), child marriage is much more prevalent in the northern than southern zones. The state with the highest proportion of girls married by age 15 is Zamfara at 48.6 percent; the state

with the highest proportion of girls married by age 18 is Jigawa at 87.4 percent (UNICEF 2018). Among project states, the highest rate of girls being married by age 18 is in Kebbi State at 66.9 percent, followed by Taraba State at 43.3 percent (figure 4.6). The culture of early marriage is extremely harmful to women. Global evidence shows that girls married before the age of 18 have higher rates of repeated unwanted pregnancies, obstetric fistula and intimate partner violence (Erulkar 2013). The harmful effects of child marriage are not just limited to the girl, but affect the prospects of her child. Children of young mothers are likely to be less educated and have poorer health and financial prospects than children born to adult mothers (UNFPA 2013). In Nigeria specifically, with limited resources, parents tend to invest less in the education of girls, who are destined to be married. Girls are relegated to domestic roles, such as caring for younger siblings or supporting the family through petty trading or hawking. Girls are married off at a young age for dowry, to reduce household expenses or to do a favor for the spouse—who is usually much older than the girl—and his family. Early marriage is also seen as a pathway, as one participant explained to “avoid waywardness among girls that may result in unwanted pregnancy thereby bringing shame to the family.” These girls are deprived of an education; live under harsh restrictions on their mobility and decision making; and suffer serious health consequences related to early childbirth, including prolonged labor, vesico-vaginal fistulae, recto-vaginal fistulae, and sometimes death.

Early marriage is more common in rural areas.

In Katsina State, this study finds that cases of forced early marriage are not viewed as GBV in rural Matazu but that there is strong opposition to the practice in semi-urban areas. Similarly, in Taraba State, 71 percent of respondents in the semi-urban area of Jalingo indicate that early or forced marriage are forms of GBV, but only 27 percent of respondents in the rural settlement of Ardo Kola believe this to be the case. Instead, many believe that forced marriage can be “necessary

Figure 4.6.
Rates of Early Marriage in Project States
Among Women (Aged 20–49)



Source: UNICEF 2017.

to avoid promiscuity or waywardness.” Disaggregation by age reveals generational differences of support for the practice in Taraba State: 17 percent support among adult women, 5 percent among adult men, 3 percent among male youth, and 2 percent among female youth. Figures 4.7 and 4.8 illustrate state-specific snapshots of these attitudes.

Drivers

Social Norms

The social ecological model emphasizes the role that community-level, socially constructed gender norms play in shaping individual attitudes toward GBV. These views are ultimately critical to either

Figure 4.7.
Community- and Household-Level Perceptions on Prevalence of GBV

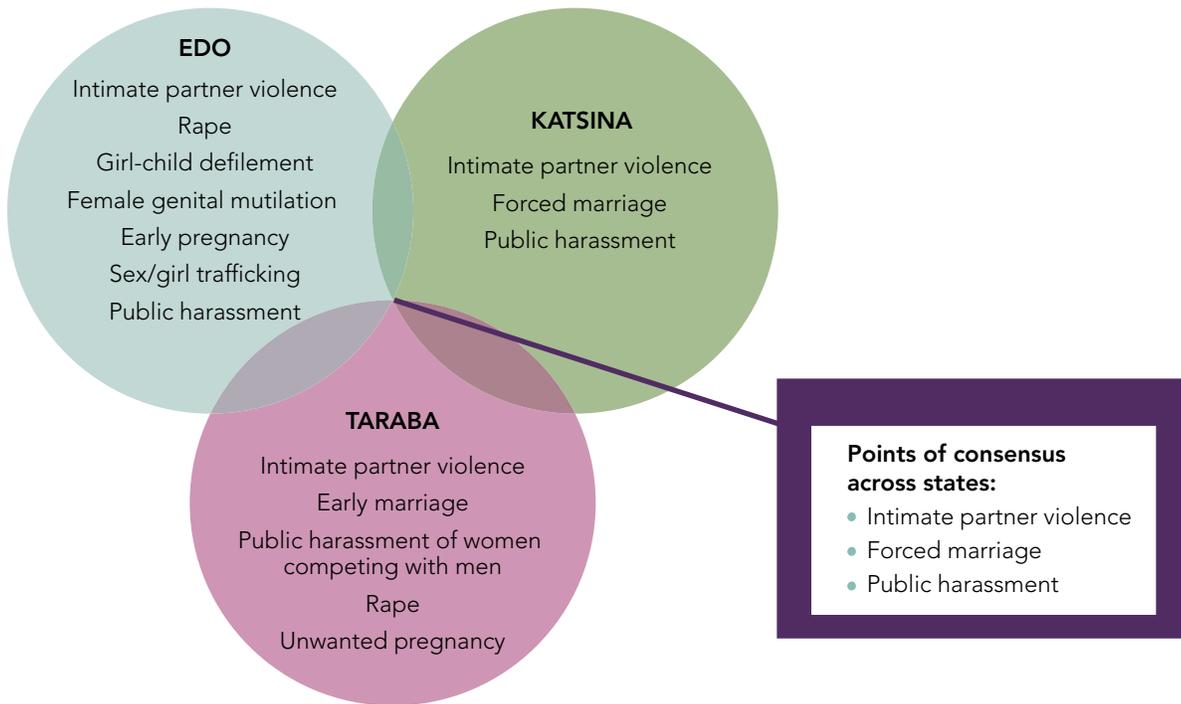
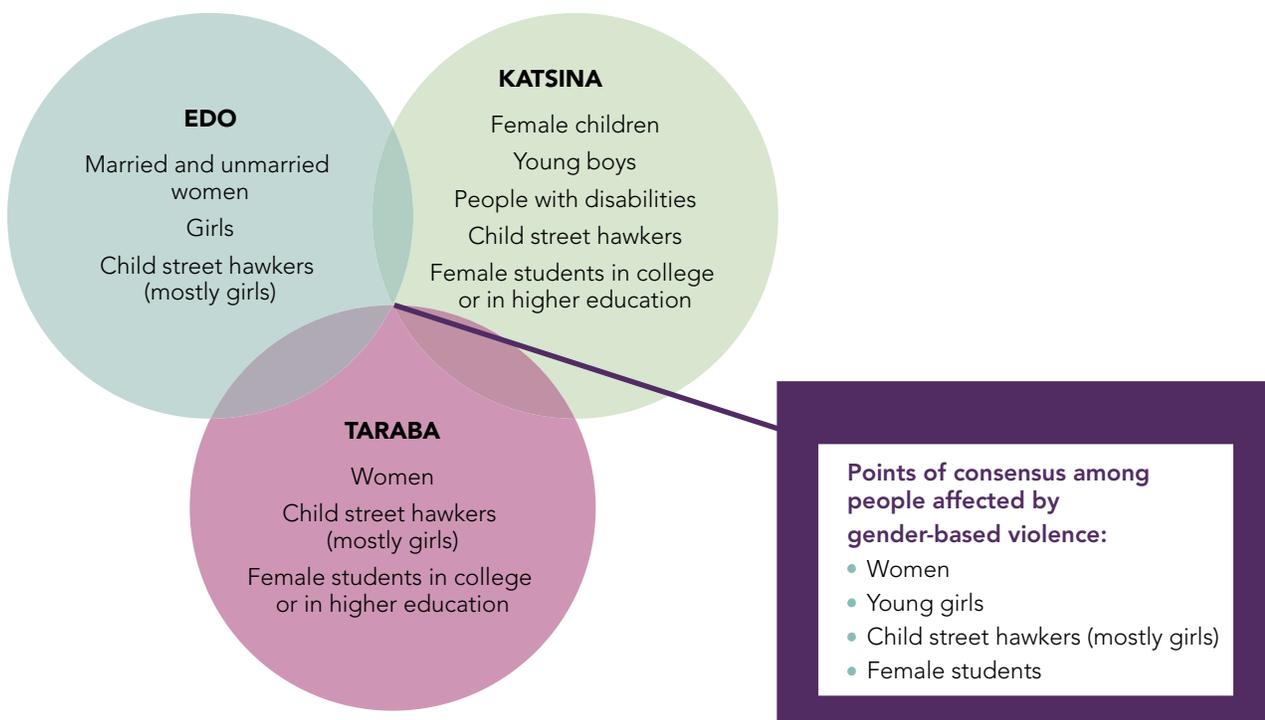


Figure 4.8.
State Profiles of Affected Persons



preventing or facilitating violence. Social norms are shared beliefs about what is typical and appropriate behavior in a valued reference group. They are rules of behavior to which a person conforms in the belief that most of the other people in the group conform to them and that most of the group believes that they *should* conform to them. These norms shape mutual expectations of appropriate behaviors and thereby the

actual behaviors of individuals in groups. In addition to the research conducted in selected states, this study builds on the work of the Voices for Change program, which was funded by the U.K. Department for International Development. It identifies and categorizes social norms that contribute to GBV in Nigeria generally. Box 4.1 lists these norms and their relationships with specific forms of GBV.

Box 4.1.

Harmful Social Norms Around Gender-Based Violence

Intimate Partner Violence

- Men are socially superior to women and have the right to assert power over them.
- A man has the right to “correct” or discipline a woman’s behavior if he considers it “disrespectful,” “childish,” or “idle.”
- A man has the right to control his wife’s mobility and access to social and economic opportunities.
- Physical violence is an acceptable way to resolve conflicts within a relationship.
- The woman is responsible for making a marriage work.
- Domestic violence is a “private affair.”
- Discussing intimate partner violence is taboo.
- Reporting abuse is disrespectful.
- Financially independent women are difficult to control.
- Divorce is shameful. This view is especially prevalent in the south, where a divorced woman is considered promiscuous, “wayward,” or incapable of being controlled by her superior—the man.
- A dowry or bride price (a financial payment from the husband to the bride’s family) is equivalent to purchasing and thus owning a wife.

Sexual Violence

- Sex is a man’s right in marriage; it is the wife’s duty to bear but not enjoy it.
- Women who work all day, especially in the formal sector, are tired at the end of the day, so a man must forcefully take what is his.
- Girls are responsible for controlling a man’s sexual urges. Victims of sexual assault are blamed for the type of dress they wore.
- Sexual violence is an acceptable way of putting a woman in her place or punishing her.
- It is taboo to discuss sex and sexuality.
- Being the victim of sexual assault or other sexual violence is shameful. This norm discourages victims from disclosure.

Sexual Harassment

- Empowered and influential women are proud and promiscuous.
- If a woman is dressed “indecently” or in a revealing manner than she “is asking for it.”
- Movements by women that are undisclosed, “suspicious,” or that occur late at night mean that they want sexual attention.

(continued)

Box 4.1. Continued

Transactional Sex

- Economically independent, unmarried women derive their wealth by dating men for money.
- Sexual favors for economic gains are acceptable in some circumstances. This attitude is specific to Edo and some other semi-urban areas.

Widowhood

- Widows should show solemn dedication to their husbands by shaving their hair and restricting themselves to their home.
- A woman should be suspected of wrongdoing if her husband dies.

Child Maltreatment

- A female child has less value than a male child because a girl leaves her family for another through marriage.
- Female children have less social and economic potential than male children.

- Children should not determine or be part of decisions that involve their lives or well-being. A child's status in society and within a family is low.
- Physical punishment as a form of correction and instilling values is an acceptable and normal part of child rearing.
- Female circumcision is necessary for a girl to become a woman and for the community to accept her; it is a cleansing rite a woman needs before she can deliver a child; uncircumcised women are unclean; circumcision reduces promiscuity by lowering excessive desire in women.
- A girl should be married by the time she reaches puberty before she becomes promiscuous and uncontrollable.

These social norms clearly indicate that, in many areas covered by this study as well as those served by the Voices for Change program, there is social acceptance of wife beating, and there are legal and communal sanctions regarding a man's right to discipline and control female behavior. The environment therefore condones GBV, including in project areas. There is stigma associated with a woman who seeks a divorce to escape an abusive environment, which leads to her being socially isolated. Many consider the discussion of GBV as taboo or a "domestic" issue, except child sexual assault, which most people think is a serious issue. Many people justify these social norms with particular interpretations of religious

teachings, further solidifying discriminatory gender roles and keeping women in a vulnerable position.

An unmarried woman has more freedom of movement than a young married woman. However, each is at risk of being labelled a "wayward girl" and being ostracized for participating in certain types of work—mainly male dominated occupations—or for working late at night. These attitudes put women who work outside the home at higher risk of sexual harassment or nonpartner assault. This point of view is more entrenched in areas where harmful social norms against women are particularly prominent, such as in Katsina State.

“In the past, it was considered shameful for a parent to have a girl child abroad for prostitution, but in recent times having a child abroad is a status symbol ... mothers brag about their new status and become influential in the family and community, as a result of the wealth and assets that the child enables the parent to have, through the illicit practice.”

– Key informant interview participant, Edo State

Another interesting finding of this research involves a recent increase in the social acceptance of transactional sex and sex trafficking. In Edo State, this change of attitude is attributable to the drastic improvement in socioeconomic status that families of sex workers experience. As a result, many men have begun supporting the trafficking of their wives to enrich themselves. As one male respondent explains: “Poverty will make a man swallow his pride and send his wife abroad.” He also recounts a specific example of a man who sent his wife abroad to earn money through sex work. The man was able to construct a concrete building with the money his wife earned. Whenever the man was ridiculed, he would boastfully reply “dollar ewa-wa,” or “dollars are not taboo.” When the wife returned, the couple performed cleansing rites and are now back living comfortably together as a couple. The trend toward a common acceptance of transactional sex as a means of socioeconomic mobility is also evident in other parts of Nigeria, including educational institutions, as described earlier in the section on transactional sex. However, these findings are based on limited research; there is a need for more targeted research on GBV and transactional sex.

Interpersonal and Individual Factors

Gender roles

An economically active woman may attain some financial independence, but this does not translate into a change in her social role as the provider of care for the household. Even if a woman participates in economic activities requiring hours of manual labor, her primary duties are to care for household needs, to support her husband, and to dress modestly. Boys are taught to be aggressive due to their role as protectors. They are raised to carry out strenuous tasks, such as hunting, shooting with bows and arrows, farming, and protecting the family. Girls are raised to perform more subservient tasks, such as sweeping, scrubbing walls, and collecting firewood. They are taught to cook for the family so that they can become good wives and mothers in the future. Other gender role expectations for a woman include wearing the hijab outside the home (for muslim women), cooking and cleaning, raising children with good moral values, seeking permission before leaving the home, and more generally to be a “good wife” or a “good woman.”

When a woman deviates from this role, either by contributing more to the household income than her husband or by neglecting her wifely duties, such as cooking, caring for children, or having sex with her husband, it can lead to tension and conflict. Such a deviation is a major contributor to intimate partner violence in households. Women participating in male-dominated occupations, such as quarry work, are blamed and abused by their husbands and families-in-law for not fulfilling their wifely or domestic duties.

However, the recent economic recession, which affected many families, did allow some space for women to participate in economic activity and contribute more to household incomes. But while attitudes have evolved toward accepting women working outside the home, they are still expected to fulfill their domestic roles, especially in

“The moment you tell your man that you don’t feel like having sex, just tonight o! not that you say that always—he simply jumps to the conclusion saying that you have exhausted all your strength at the quarry and are unable to give him attention in bed.”

– Female quarry worker, Taraba State

more conservative areas, which puts great social and economic pressure on women and results in increasing mental and physical stress.

Extended family

This research found that relatives on a husband’s side of the family—his mother, father, sisters, and brothers in-law—give sole credit for any success or socioeconomic improvement of a household to his efforts; they therefore expect to reap its benefits.

In some instances, this results in a wife who seeks to sustain and safeguard her own income-generating activity being subjected to violence as her immediate and extended family believe themselves entitled to any gains. A woman who earns more than her husband, and/or has more decision-making authority than he, can be seen to be challenging the authority of the matriarch—often the husband’s mother, which can then spark conflict between husband and wife, putting her at greater risk of being victimized by intimate partner violence.

Economic stress

Participants cited poverty-induced tensions, especially due to macroeconomic stressors in Nigeria, as major drivers of conflict, tension, and GBV in the home. Many men feel frustrated by their inability

to fulfill their strictly defined gender role as family provider; and if a man is criticized by his wife, it can lead to conflict. His need to feel a sense of control can manifest as intimate partner violence. The incidence of this violence increases as men feel heightened pressure to provide for their families, for example, when the school year resumes, during festive seasons, and at community festivals. Similarly, the incidence of GBV increases during the planting season, when men feel pressure to invest their money and hard labor without seeing much financial return; the incidence rate decreases during the harvest season. Many men feel an enormous burden and great stress about their inability to adequately provide for their families; this often provokes them into violence toward women. This research suggests that many quarrels begin when a woman who is unable or reluctant to pay some of the bills borrows money from a neighbor or friend.

In addition, as previously indicated, illegal migration, including to engage in sex work, is fundamentally a survival mechanism for people living in poverty. Regardless of the hardships that migrants face in transit, flows continue to rise. A community leader explains that while many traditional leaders strongly encourage people not to risk the lives of their children at sea, their efforts have been unsuccessful because they cannot provide any alternative financial support.

“There are more quarrels in the home if you dare ask for money for an item as cheap as matches—he pounces on you as though you have asked for gold. And this is all because he is broke.”

– Female respondent, Katsina State

“Nobody likes to suffer and travel through the desert, at times when the boat is unstable in transit people are thrown out into the water ... but the number of those illegally migrating is still on the rise ... They go there because they believe that their parents have been suffering and migration is a way of saving them from poverty.”

– Male respondent, Edo State

Assertion of female autonomy

Women whose socioeconomic status improves due to a livelihood or women’s empowerment program must also deal with the negative repercussions of being perceived as “uncontrollable,” “wayward,” or “promiscuous.” Many people think that the increasing

voice of women in households regarding decisions such as how to spend money is disrespectful, prideful, and aggressive toward the family. These attitudes can result in conflict and tension, resulting in acts of violence against the women. Household power dynamics change if a woman becomes financially independent; a man can feel threatened by the change and is then more likely to use violence to reestablish his control over decisions and resources.

“A man is proud and conscious of his position as the head of the home... an empowered woman who does not respect her husband, or is authoritative in her demeanor will attract battering from her husband, and dislike from his relatives.”

– Female respondent, Bini, Edo State

Belief in male superiority

In many areas where field research was conducted, the male is clearly perceived as the superior sex.

This view is tied to his role as the breadwinner and the patriarch who makes all decisions. Some people use religious and cultural arguments to justify the man’s superiority and woman’s subservience. Some men say that wife beating and marital rape is justified if the wife refuses sex, does not dress modestly, or is disrespectful to her husband. Many women interviewed for this study also support the idea that abuse is sometimes justifiable because they share the basic belief that men are superior to women. In many cases, when men cannot establish financial supremacy over their wives due to a lack of economic opportunities, they resort to violence to exert control and power in another way.

“If a man cannot establish his authority economically over his family members, he would tend to do so physically.”

– Female respondent, Katsina State

Women’s Economic Empowerment Programs

Women’s empowerment programs in Nigeria aim at reducing gender inequality. These programs seek to:

(1) provide women with socioeconomic opportunities by providing them with access to better information and skills to improve their livelihoods; (2) improve women’s ability to make decisions; and (3) give women a greater voice in public and private spaces. Activities implemented under these projects encourage women to leave their homes to participate in trainings and group meetings and teach them skills to help them become more vocal in their communities. As women develop their voices and agency, as some begin to

earn more than their partners, enjoy their improved socioeconomic status, challenge traditional gender roles, become more active in public spaces, and exercise more autonomy in decision-making, entrenched household- and community-level power dynamics are

threatened. This is especially true in Nigeria, where intimate partner violence is closely linked with such programs. Figure 4.9 illustrates key linkages, and box 4.2 presents evidence from the field to demonstrate how this dynamic unfolds for many women and girls.

Figure 4.9.

Impacts of Women’s Economic Empowerment Programs in Nigeria and Their Implications for Gender-Based Violence



Box 4.2.

GBV Among Economically Active Women and Girls: Voices from Nigeria

Physical, Sexual and Verbal Harassment of Economically Active Women in Public Spaces

“People argue often. At homes, schools, markets, etc... but I have seen tense arguments happening at locations like public garages or areas with more groups of area boys...Yes, these places where you are a decent woman or not, you will always get provoked and harassed.” • Man from Taraba State

“There are more young girls that hawk. Most married women are not allowed to do business outside of their homes; these girls mostly hawk food items or snacks. Their customers are mostly adult males or young males since most of the stores are owned and run by men. Often men harass girls, they even touch them in private places and the girls are usually too ashamed to talk about it because they fear that he may not pay up or even refuse to buy from them tomorrow.” • Woman from Katsina State

“There was a time I saw a Lebanese woman in Kano selling beautiful abbayas, I would have loved for my wife to do this—to wake up in the morning, open her shop in the market and do her thing, but I am scared about how she would get home in case she closes late. She could easily fall pray into the hands of all those rough guys and nothing will happen if she is raped or assaulted.” • Man from Katsina State

Women Entering Male-Dominated Occupations

“One man even told me, saying, Madam why you come and do laborer work? That your husband is irresponsible.” • Woman from Taraba State

“No matter how much money she will make, I don't think I will allow my woman or sister to stay out late into the night selling or providing any form of service. It is not in our traditions that women should hustle that much—it would seem as if there is no man in her life.” • Male from Taraba

On Female Gender Roles

“If you are woman and you really want to be taken seriously anywhere in this community, then you will have to appear looking decent, respectfully dressed and well covered at the essential areas.” • Woman from Taraba State

“We have our culture and values, children spend more time with their mothers, this is why a woman has to do her business at home so that she is not seen mingling with the wrong set of people that will negatively influence what others think of her, especially the young ones that she is raising.” • Man from Katsina State

The Potential for Women's Economic Empowerment Programs to Prevent or Reduce GBV

There is considerable evidence to suggest that women's economic empowerment interventions, including targeted activities to promote gender equality, can reduce rates of intimate partner violence, transactional sex, and other forms of GBV over the long term. Women can become less vulnerable to economic violence, which gives them better bargaining power and allows them to influence decision making. Financial independence also allows a woman to leave an abusive relationship because she can meet the needs of her family rather than being completely dependent on her husband. Studies suggest that the best approach for reducing GBV is to combine economic empowerment and gender equity efforts and to coordinate with nontraditional partners, such as male peers of women, religious and tribal leaders, and community groups (Goetz and Gupta 1996; Kim and Watts 2005). For example, a randomized controlled pilot study evaluated the incremental impact of adding a gender dialogue group component to an economic empowerment program for women in Côte d'Ivoire on rates of intimate partner violence. The groups, comprising women and their partners, sought to change gender norms. When compared with a control group, these efforts proved successful in reducing: (1) the acceptance of intimate partner violence; (2) the incidence of physical and sexual intimate partner violence; and (3) the incidence of economic abuse (Gupta et al. 2013). Life skills courses embedded in women's empowerment programs can reduce early marriage rates (Pande et al., 2006). Kim et al. (2007) examined the impact of using both livelihood and empowerment strategies to address gender

issues, HIV, and violence against women living in rural South Africa. The tested intervention combined micro-financing with 10 participatory training and skills-building sessions on HIV, cultural beliefs, communication, and violence. After two years, a cluster-randomized trial revealed a 55 percent reduction in reports of physical and sexual violence toward women by their partners; economic assessments suggest that such interventions are also cost-effective.

A paper reviewing evidence for interventions to reduce the prevalence and incidence of violence against women and girls showed that group-based programming, especially in low- and middle-income countries, have seen promising results in the prevention and reduction of GBV (Ellsberg et al. 2015). Group training programs provide entry points for normative changes in attitudes, with men and women each addressing underlying expectations around male and female roles and behavior. These programs also support the development of communication and conflict resolution skills through a process of critical reflection, discussion, and practice. An example of this is "Stepping Stones," a program that uses participatory learning to build HIV-risk awareness, knowledge, and communication. Group-based delivery of an intervention, with separate groups for men and women, resulted in a significant reduction of reported cases of intimate partner violence in Eastern Cape, South Africa (Jewkes et al., 2008). When a women's economic empowerment program is coupled with interventions to mitigate GBV, it can reduce levels of intimate partner violence, address harmful gender norms, and create an enabling environment for women and children to thrive at the community and societal levels.



5. Informal and Formal Services Available for Survivors

Informal Services

Findings from the 2013 Nigeria Demographic Health Survey (NPC and ICF International 2014) suggest that many survivors of gender-based violence (GBV), especially in rural and semi-urban areas, use informal pathways to report and settle cases. Informal systems, such as family networks and local community structures, are geographically closer and can respond to such cases more quickly. Representatives of traditional and informal institutions are usually community members themselves, so most household-based incidents, such as intimate partner violence, harassment, or abuse by family members, are reported to someone who is already familiar with the household members, including the perpetrator and the victim. Community members are also more aware of communal dynamics and factors underlying incidences. Offences such as sexual assault, causing of unwanted pregnancies, theft, and strong disagreements resulting in threats or fatalities are reported to the Nigerian Civil Defense Corps or to police.

Informal institutions are usually the only redressal services available in most rural and semi-urban areas.

Shelters, hospitals, psychosocial, and legal aid for survivors, are confined to urban centers and the state capital. There is also much stigma attached to reporting cases of GBV, especially intimate partner violence, sexual harassment, harmful widowhood practices, and female genital mutilation, because the community frequently sanctions the action or considers it a private matter. Table 5.1 provides an overview of the local GBV-redressal mechanisms, and figure 5.1 illustrates the reporting chain for community-level, GBV-related complaints in most of rural and peri-urban Nigeria.

Parents, guardians, and relatives. The first point of contact in reporting cases of GBV is a parent, guardian, or close relative of the survivor. Respondents explain that the survivor is primarily responsible for disclosing the incident. Interviews with adult women and female youth groups indicate that women in a community or household are usually the first to receive information about incidents regardless of if they occur at home or in public.

Table 5.1.
Community-Level Redressal Mechanisms for Gender-Based Violence

Type of GBV	Redressal Mechanisms
Verbal abuse and tension	Verbal report to parents or other relatives
Beating	Verbal report to traditional leaders or, if severe, report to police; stigma against reporting
Cases of denied pregnancy ^a	Relatives or police
Harassment	None; police notified if situation escalates or results in a fatality
Sexual assault	Relatives, traditional leaders, and police
Forced marriage	None

GBV = gender-based violence.

a. These are cases where the biological father denies paternity and assumes no responsibility toward the pregnancy or the child.

Figure 5.1.
GBV Reporting Chain at the Community Level



Traditional/tribal mediation and settlements.

The next level for reporting GBV cases involves contacting the ward/traditional leader, the chief (*onoghe*), the chief’s wife; and groups of elderly and experienced women—known as *adan* in Ewossa and *ikhewo* in Uholor, to settle the dispute and provide counsel to the survivor. Chiefs are frequently involved if there is a violent confrontation with the survivor’s family or friends and the suspected perpetrator. Usually, cases are resolved through mediation or forgiveness, and sometimes through monetary compensation. A severe case may escalate to the police station, especially if it involves items or assets of high monetary value or if it results in a fatality.

Some cases escalate to semi-formal or formal structures, including civil society, community and faith-based organizations, the police, and security agencies. In some areas, international nongovernmental organizations, civil society organizations, and community-based organizations refer cases of GBV and provide integrated confidential information and data to the police. There used to be a disconnect between community representatives, the police, and the Nigeria Civil Defense Corps, but civil society groups are increasingly bridging it. In Edo State, for example, the Enoghe’s Wives Association provides counseling and

support to survivors in an informal manner and escalates serious cases to the police and security agencies. Most cases of harassment or intimate partner violence leading to violence against women are kept within families or communities. Cases are reported to security agencies only if there is severe physical harm.

Formal Services

The Federal and State Ministries of Women Affairs have prioritized the mitigation of GBV in the national gender policy and action plan. In

2008, the Federal Ministry of Health worked with the World Health Organization and a host of other partners to produce the first national GBV referral policy and guidelines, primarily focused on clarifying broad intervention policy principles and the roles and responsibilities of stakeholders. They clearly define the responsibilities of government institutions and officials, including health and social welfare officers, as well as protocols for case management and referral to services (FMWASD 2013). They also include a referral directory—mostly outdated—of focal points at the ministry, women rights organizations, legal services, and health services for survivors in each state.

Formal services available to survivors of GBV include:

- **Shelters housed in state ministries.** These shelters seek to provide refuge to GBV survivors. By law, a shelter must be located in every state ministry. They should provide a secure home for survivors escaping abuse. However, due to budget constraints and improper management, sometimes shelters exist but are not functional, lacking water or electricity; some are too unsanitary for people to inhabit. In addition, there are shelters provided by civil society organizations; some include counseling and health support, such as Project Alert, Women Rights Advancement and Protection Alternative, Women Aid Collective, and Action Health.
- **Police stations.** The police are occasionally asked to respond to sexual assault cases through gender desks, however, these are not available in numerous states. Reportedly, police officers do not even register cases of intimate partner violence because they consider it to be a domestic issue; instead, they suggest that the survivor resolve the problem at home. Most police officers have no training with a survivor-centered approach, which leads to breaches of ethical guidelines and confidentiality concerns. Some civil society and international organizations have provided relevant training and capacity building and have linked the police to partners to improve their response. However, in areas with conflicting legislative frameworks for survivors, even the best trained police officials have very limited authority to act.
- **Sexual assault referral centers.** These centers provide holistic medical and psychosocial services to sexual assault survivors. At the Mirabel

Centre, for example, survivors of rape or sexual assault—whether man, woman, or child and regardless of when the incident occurred—can receive free and comprehensive medical care, counseling, legal aid, and aftercare services delivered in a professional and timely manner to assist them in overcoming the trauma. Most of the referral centers are located inside hospitals or medical centers, which protects victims from any associated stigma. They are currently operational in the states of Lagos, Enugu, Kaduna, Kano, Akwa Ibom, Niger, Jigawa, and Yobe, with interest among international donors to expand them to other states.

- **Legal aid services.** The International Federation of Women Lawyers, Nigeria is a network of lawyers who provide legal support to survivors, often at no cost. Other women's rights organizations also provide legal services for free, but most vulnerable rural populations are unable to access such services.
- **Health services.** This study does not assess health services for survivors, including the availability of first aid, postexposure prophylaxis, and emergency contraceptives. However, such services are available in some states in hospitals located in state capitals or city centers. They are also available at tertiary and secondary facilities funded by the President's Emergency Plan for AIDS Relief (PEPFAR) across the country. Accessibility remains an issue for many survivors due to long distances, transportation costs, and limited physical mobility.



6. GBV Risks and Mitigation Plan

Triggering Risks

The “do no harm” principle, first introduced in the context of humanitarian work, applies to vulnerable populations that could be harmed inadvertently by project interventions. It applies to gender just as it does to conflict (Garred, Booth, and Barnard-Webster 2018). It recognizes that action taken in a given context is never neutral. The programming actions of development agencies, governments, and partners *will* affect relationships, for better or worse. In contexts where

women’s rights and social inclusion are threatened, development practitioners are minimally obligated to pay attention to these dynamics so that they do not inadvertently exacerbate them.

The specific risks of gender-based violence (GBV) that will likely be triggered by the Nigeria For Women project (NFWP), which aims to mobilize and enhance the participation and voice of Nigerian women and improve their livelihoods, are outlined below.



Intimate partner violence. Potential changes in household-level power dynamics are envisaged due to women's improved livelihood opportunities, their increased mobility, their participation in Women's Affinity Groups (WAGs) and public forums, and a demonstration of their greater confidence and self-esteem. The authority of male figures and women matriarchs in the household, such as a mother-in-law or a husband's first wife, may be challenged, resulting in increased sanctions as well as verbal and physical abuse against the beneficiaries.

Increased vulnerability to sexual assault. Women's increased presence in public spaces, including commuting to and being present at meeting venues, training centers, processing centers, markets, and farms, could increase their vulnerability to sexual assault. Such violence might be used as a tool to limit women from participating in male-dominated economic activities and responsibilities.

Harassment. Harassment includes verbal and physical abuse as well as inappropriate language and touch. Women face harassment in marketplaces, churches, community meetings, on the street, and at work due to social taboos that restrict women from fully participating in markets and critical sectors, especially male-dominated occupations.

Transactional sex. Due to the prevalent culture in some areas, project participants may be at risk of sexual exploitation by a facilitator, a trainer, or other implementing entity in return for project benefits; this can occur wherever there is a power disparity.

Harmful widowhood practices. Widows are vulnerable and are often the sole providers for their families. They suffer GBV in the form of offensive widowhood rites and being forced to give up their money and assets. Widows benefitting from the NFWP could experience backlash from community members who enforce these rites, and this could lead to widows being ostracized and separated from their children.



Recommendations for GBV-Sensitive Project Design

To mitigate the risks of GBV and to ensure the project has effective prevention and response mechanisms in place, NFWP should incorporate the following elements into the project design:

- Ensure that families, including husbands, are aware of the project's aims, objectives, activities, and benefits. There are effective models aimed at improving household relations and gender dynamics that the project can use to reduce the incidence of GBV.
- Make sure that information campaigns reach the most vulnerable through multiple communication channels to ensure that beneficiaries are aware of potential risks and that they are equipped with information on how and where to get support, protection, and services.
- Ensure the involvement of community members, religious leaders, community groups, and male gatekeepers for project buy-in.

- Incorporate a robust behavior change communications campaign alongside other behavioral change interventions to challenge harmful gender norms that promote GBV, including:
 - Correct misconceptions regarding the religious teachings and texts used to justify GBV by mobilizing religious leaders and scholars who can provide accurate information;
 - Promote ideas about the shared roles and responsibilities of men and women in providing for the family; and deliver the tools needed to apply these ideas through targeted group dialogue activities, which can reduce GBV induced by economic stress; and
 - Change the negative narrative around “empowered women,” by instead using a locally relevant concept, such as *adaze*, which means a virtuous, peaceful, hard-working, and kind-hearted woman who is considerate and is always happy to assist her husband and to help both her extended family and her neighbors.
- Work with informal and formal GBV service providers at the community, state, and national level, especially with actors already active in this space to: strengthen service delivery and survivor-centered response and improve the quality of services through quality support.
- Use WAGs as a platform to provide immediate psychosocial, emotional, and referral support to survivors.
- Hold group meetings and trainings in safe spaces that are acceptable to the community’s ethical and moral standards, and do not expose women to many men. Utilize existing safe space programs in the country.
- Ensure that project activities involving women take place in the morning or afternoon to reduce their need to seek permission and the risk of travelling in the evening.
- Make sure that the social accountability framework, the human resources manual, and the project implementation manual consider GBV risks, develop community-driven mechanisms and reporting to monitor the risks, and empower women to address them in a survivor-centered manner.

Action-Oriented Risk Mitigation Plan

The NFWP should incorporate specific measures to effectively prevent and respond to GBV-related risks in a survivor-centered manner, as outlined below.

GBV Service Mapping

As part of the project’s local government area (LGA) diagnostics exercise, the project should map services for GBV survivors that include health services—first aid, postexposure prophylaxis, and emergency contraceptives—as well as psychosocial services, legal aid, police, civil society organizations, and any other informal structures that could support survivors. Apart from identifying these structures, actors leading the assignment should be given tools to assess minimum service standards. This will ensure that survivors are provided with adequate support. Where capacity does not exist, the project should invest in technical assistance to improve the quality of services.

Behavior Change Campaign

The campaign should focus on addressing negative social norms that perpetuate GBV with activities that have demonstrated positive results in reducing GBV risks and incidence in other contexts. Three key activities are suggested:

1. Messaging disseminated through project-related communications

- Key messaging can be embedded in communications to emphasize how the project will invest in women to support the well-being of their households. Link the increase in women's income and livelihoods to improved education, health, and nutrition outcomes for the family; and stress the importance of community members, especially men, in enabling the participating women's success.
- To decrease the sense of insecurity and competition among men, emphasize entry points for men to participate and benefit from the project, including as community facilitators, champions for women's advancement, business counselors, and social audit committee members. The project's communications team should develop state-specific resource guides to improve understanding of GBV and to generate awareness of existing national- and state-level laws that protect women and children. Information leaflets and community mobilization and sensitization activities should create awareness around what constitutes GBV, including harassment, sexual assault, and verbal abuse. As part of this effort, existing services and support for survivors identified in the LGA diagnostic should be disseminated.

2. GBV prevention programming targeting community actors, including local leaders, chiefs, and opinion makers

- Chiefs, youth leaders, and prominent men in the community can serve as role models and champions for women. There have been various approaches taken by partners that have effectively utilized this approach for violence prevention efforts and to improve understanding

of GBV-related issues. In Nigeria, the Voices for Change program engaged with religious and traditional leaders to promote gender equality. As a result, over two-thirds of the 403 religious and traditional leaders who took part in the workshops have taken actions against discriminatory beliefs that prevent young women from realizing their socioeconomic potential, directly sharing their gender-justice messages with more than 400,000 people through sermons, conferences, and workshops. Many more have been indirectly reached through the participation of religious and traditional leaders in radio, television, and social media (Voices for Change 2017). This model could be replicated in the project states.

- Such trainings should aim to influence beliefs around and understanding of intimate partner violence—considered a “private affair”—and promote the community's responsibility in supporting GBV survivors and ensuring their safety.

3. Gender dialogue groups

- These community group models engage men and women in discussions around child-rearing, household budgeting, and nonviolent conflict resolution to reduce GBV, especially intimate partner violence. Some organizations operating in Nigeria have modules to facilitate such activities. For example, the International Rescue Committee, which has developed and implemented such groups in other countries, works extensively in Nigeria and could serve as a partner in providing technical assistance to the Ministry of Women Affairs and Social Development to operationalize this effort.

Equipping WAGs to be GBV First Responders

Due to the very limited availability of services for GBV survivors, especially in remote rural, rural, and semi-urban project areas, some community-level capacity should be built to respond to risks. Women's groups have been trained in other countries to provide this type of first-level survivor-centered response in the form of psychosocial support, first aid, and referral to services. As part of the various trainings offered by WAGs supported under NFWP, a subset of women should be trained with the basic competencies to provide this response. The United Nations Population Fund is a potential partner in this effort. It has trained nonspecialist women in other countries—and even in Northeast Nigeria—to provide such support at the community level. The project should, where possible, select community-level health care providers, such as nurses and traditional birth attendants, to participate in the training because they are more likely to have basic knowledge about the type of health support that survivors need.

Use of Safe Spaces for Meetings, Trainings, and Other Project Activities

The LGA diagnostic should identify safe spaces for women to convene, such as community centers, training centers, homes, or other sites sanctioned by women and men in the community, to ensure the safety of women and minimize their vulnerability. The project should explore the use of these safe spaces for confidential reporting of GBV-related complaints about the project and as an entry point for identifying cases and providing support to survivors. The project should leverage existing initiatives, such as the United Nations Population Fund support for friendly safe spaces for women and girls in Northeast Nigeria and the adolescent girls' safe spaces program.

Training for Project Implementers to Effectively Mitigate and Respond to GBV with a Survivor-Centered Model

Key NFWP implementers at the federal, state, LGA, and ward levels should receive training on monitoring GBV risks and responding in a survivor-centered manner, including basic training about what constitutes GBV, policies and legislation that protect survivors, and key steps to take when an incident is reported. Implementers should receive: (1) training on conducting ethical consultations to monitor GBV risks; (2) guidance about specifications in the codes of conduct, the importance of visible signage around project sites, and other communications and sensitization activities to ensure communities are informed about the codes for project staff and implementing partners; (3) information on available services and partners for referrals based on national guidelines; and (4) training on confidentiality and protocol to respect a survivor's decision regarding follow-up actions (legal or other).

Codes of Conduct to Protect Beneficiaries

Ensure that implementing partners, including facilitators, trainers, and contractors, adhere to specific codes of conduct that restrict behaviors with the potential to harm beneficiaries. These codes should be included in implementing partners' contracts and should specifically prohibit engaging in any actions that could contribute to sexual exploitation and abuse—defined as sexual relations with anyone below the age of 18. Project staff and implementing partners should be briefed and trained so they understand and implement these rules; they should be held responsible for providing this information to all contractors with whom they engage. Community members should also be sensitized on the codes of conduct so they can hold actors accountable if such incidences take place during the course of the project.



Grievance Redress Mechanism and Social Accountability Framework

There should be specific protocols in the project's grievance-redress mechanism and social accountability framework to monitor and respond to GBV risks. The use of safe spaces and representatives from WAGs to report GBV should be explored during implementation. The project should utilize innovative citizen engagement platforms that will allow confidential reporting, especially through technological tools and other communication platforms, such as mobile phones, radios, and dry erase boards. The grievance-redress mechanism will develop protocols specific to GBV complaints that allow for confidential reporting. It will have a response mechanism in line with the urgency of the complaint. Serious GBV cases will be escalated to the state and federal project coordinating units and to the World Bank task team leader for a real-time response.

Immediate Actions to Reduce Risk

The key actions that the NFWP could undertake to reduce the risk of GBV, sexual exploitation, and abuse over the short to medium term include the following.

Establish linkages with the Domestic Violence and Sexual Abuse Response Team (DVSART) initiative in project states. This recent initiative by the Office of Vice President has set up teams in 12 states to strengthen the coordinated response to GBV by improving services for survivors. Teams include representatives from the police department, the Human Rights Commission, State Ministry of Women Affairs and Social Development, civil society organizations, sexual assault referral centers, and the ministries of justice and health, which have assumed responsibility for rapidly responding to cases of GBV. The Federal Ministry of Women's Affairs and Social Development (FMWASD) should engage in a policy dialogue with

the Office of the Vice President to expand these teams, ensuring an integrated, formal response for survivors in project states. Adequate resources should be mobilized in operationalizing these teams to deliver services to the most marginalized groups.

Leverage GBV service mapping completed by other World Bank projects. Various World Bank projects have commissioned service mappings in various states to identify and assess GBV services available to survivors. The project should use these reports to ensure that timely and survivor-centered referrals are available to project beneficiaries in overlapping states. For example, the Rural Accessibility and Mobility Project in Nigeria is mapping these services in the states of Kebbi, Abia, and Ogun. The NFWP team could easily use and disseminate this information among project implementers and beneficiaries.

Collaborate with the donor partner group on gender, the GBV subsector working group, and other development partners. NFWP should establish effective partnerships that will allow it to mobilize human and financial resources while implementing the GBV risk-mitigation plan.

Leverage the experience of the Lagos State government institutions for GBV response. The project and FMWASD should engage with the Lagos State government, which has been working on this issue through multiple initiatives, as well as other development partners with global experience in this area, to develop a GBV action plan grounded in good practice. To do this, FMWASD should organize a study tour to Lagos for representatives from project states to learn from their successful experience in curbing GBV, sexual exploitation, and abuse through systematic efforts and services for survivors.

Work with the sexual assault referral center network. In project states where centers are available, the project should include them in its referral network and establish an active partnership with them to ensure survivors have access to their services.

Establish partnerships and collaborate with law enforcement officials and the judiciary. This is vital because these officials are aware of existing laws to protect and support women seeking redress. The project should consider communicating these laws as part of the communications and sensitization campaign by developing effective partnership with these agencies.

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