

GENDER AND COVID-19 IN NIGERIA



VIOLENCE AGAINST WOMEN AND GIRLS

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THE INITIATIVE FOR
EQUAL RIGHTS



OSIWA
Open Society Initiative for West Africa



Education as a Vaccine

Nigeria saw epidemic levels of violence against women and girls (VAWG) prior to the COVID-19 pandemic. The past six months have seen a spike in reports and a number of high profile cases. Public outcry and advocacy of women's rights activists caused the Nigerian Governors' Forum to declare a state of emergency and President Buhari to commit his administration to act. Yet, over two months later, while some promising actions have been taken by relevant Ministries, Departments, and Agencies (MDAs), insufficient progress has been made. This paper outlines how pandemic related restrictions have increased all forms of VAWG and what needs to be done.

ALREADY EPIDEMIC LEVELS OF VIOLENCE HAVE SHARPLY RISEN

In just the first two weeks of COVID-19 restrictions, reports of violence rose by 56% around the country.

UN Women, Gender-Based Violence in Nigeria during the COVID19 Crisis: The Shadow Pandemic, 2020

Intimate partner violence is more likely, frequent, and severe in situations with higher poverty, food insecurity, household tensions, mental health issues, and men's inability to meet gender norms of being family breadwinners,¹ all seen at present. Abusive partners – in married and unmarried couples and same-sex and opposite-sex couples alike - have both perpetrated violence for the first time and increased their violence. In places where there were strict movement restrictions, those subjected to violence were trapped in abusive homes, increasing the possibility of tensions turning violent and the frequency of violence, with no respite.

- Husbands and boyfriends beat sex workers due to their inability to provide.
- Abusive partners and caregivers have greater control over women and girls with disabilities.
- Reports of violence in same-sex relationships to The Initiative for Equal Rights rose by 87%.

Violence against girls has grown. The immense stress parents are under heightens risk of violence against children. Campaigners fear rates of early and forced marriage and genital mutilation/ cutting, both already high in Nigeria, will rise further.² Sexual violence against girls, perpetrated

Before the pandemic

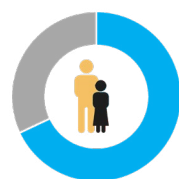
- 1 in 4 girls experienced sexual violence before 18 years.



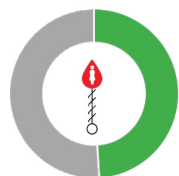
- 17% of girls and women aged 15-49 experienced physical and/or sexual violence from intimate partners at least once.



- 68% of girls in the northwest were married before 18.



- 49% of girls and women aged 15-49 experienced genital mutilation/ cutting in the south west



Nigeria Demographic and Health Survey (2013); National Bureau of Statistics, Multiple Indicator Cluster Survey 2016-17, 2017

¹ Andrew Gibbs, Kristin Dunkle, Leane Ramsoomar, Samantha Wilson, Nwabisa Shai, Sangeeta Chatterji, Ruchira Navel and Rachel Jewkes, 'New Learnings on Drivers of Men's Perpetration, and Women's Experiences, of Physical and/ or Sexual Intimate Partner Violence and the Implications for Prevention Interventions,' (What Works to Prevent Violence, 2020).

² The United Nations Population Fund predicts an addition 13 million girls globally will be married and progress towards ending female genital mutilation/ cutting will be reduced by a third by 2020 due to COVID-19's impacts: UNFPA, Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage, 2020.

by men of all ages, socio-economic classes, and ethnic and religious background has intensified. It has occurred in the home, in neighbourhoods, in places of worship, and in camps for internally displaced people. Men have broken into homes to rape teenage girls while sleeping. There have been cases of fathers raping daughters (and sometimes inviting their friends to do the same).

Sexual violence against women has soared but draws lesser attention than that against children.³ Women tend to be more blamed for violence and do not report. Yet, more women are discussing marital rape in communities and seeking advice. Husbands can threaten divorce to force them to have sex. More cases of corrective rape of lesbian and bisexual women were reported to The Initiative for Equal Rights in four months than the preceding three years. Further, sexual exploitation whereby food, water, shelter, protection, and other necessities are conditioned on sex has increased due to economic hardship and increased power of men over women and girls.

Social exclusion, neglect, and abuse of people with disabilities has risen. Their support structures, access to services, and social networks have decreased. They are at risk of stigmatisation due to false association with COVID-19 infection, for example if they have respiratory issues. Disability rights activists say caregivers are less attentive and more neglectful due to loss of income, scarcity of resources, and increased stress. As a result, people with disabilities are less able to leave the house, meet others socially and be outside.

In Liberia during the Ebola outbreak:

- 80% of disabled vs 31% of non-disabled households reported decreased social life.
- 84% of people with disabilities in communities said they were rejected, shunned, and treated as an outsider.
- 17% of people with disabilities were not allowed to return home.

Leonard Cheshire, Research Briefing on the Impact of the 2013-2016 West African Ebola Epidemic on People with Disabilities, 2020.

Lesbian, gay, bisexual, trans, queer and intersex (LGBTQI) people have experienced more familial verbal and physical abuse. Many have had to spend more time with family, including through having to move in with them due to reduced incomes or schools closing. They have been thrown out and made homeless by parents after their sexual orientation or gender identity was discovered. They have been forced to stay in abusive relationships or with abusive ex-partners. They have been forcefully outed, blackmailed, beaten and threatened, including with being killed.

Unsafe abortion rates have risen. During the pandemic, husbands and boyfriends are spending more time at home, sexual violence has increased, and families are less economically buoyant. At the same time, it is harder to access contraceptives due to movement restrictions, unavailability of transport, harassment by security agents, unwillingness to go to health centres due to COVID-19 fears, increased care burdens, and delays in distribution of items. Already, an estimated 2.7 million abortions take place in Nigeria annually, 65.6 percent done in ways least safe (81 percent for women with no education and 82 percent for the

³ The case of Vera Uwaila Omozuwa, raped and killed while studying in a church in Benin, is a notable exception.

⁴ PMA 2020, Abortion Survey Results: Nigeria, 2018.



poorest women), and unsafe abortion is a leading cause of maternal death.⁴ These figures are set to climb further still. One health provider said the number of women and girls who present to clinics for post-abortion care has doubled, with more women and girls than usual unable to access healthcare if needed.

Theft, robbery, and violence in public spaces has increased. Theft and robbery are particularly targeted at market and hawkers women and girls and makes them feel less safe. Sex workers, pushed into more precarious and dangerous forms of earning a living due to police raids on bars, brothels and clubs and clampdown on street sex work, are subjected to increased physical violence from clients and others. People who do not dress or present in gender stereotyped ways have seen more street harassment, verbal abuse, threats, and physical beating.

Extortion and violence by the police, charged with monitoring compliance with government restrictions, has been especially targeted at market women, girl and women hawkers, and male keke napep and okada riders. In a number of cases, perpetrators have reported survivors to the police for fictitious offences after they reported violence and police officers have arrested these survivors, held them in detention, and only released them after money was paid. Police officers have also engaged in 'contact tracing' of lesbian, gay and bisexual people through questioning and searching people allegedly violating government restrictions. If evidence of same-sex sexual activity is found, these officers engage in blackmail and extortion, forcing them to reveal identities of others, whom they then arrest, blackmail, extort money, and force them to divulge more names.

Online violence in the form of cyber-bullying, internet attacks, and slut-shaming has risen as people (mostly men) spend more time online. Women and girls who fight back, support those under attack, or campaign against violence are particularly targeted. As meeting in person for unmarried couples has not always been possible during this time, there is more sharing of intimate messages, photographs and videos. When girls and women want to end relationships, men and boys can (threaten to) share them with others. Entrapment of lesbian, gay, and bisexual people has led to photographs and videos shared with family members or uploaded online.

Women human rights defenders are at risk when responding to cases. Having to go to homes as survivors are unable to come to them, they are more likely to come across perpetrators than before. They also receive insults, threats, and trolling online. At least one activist has been arrested on the instigation of the perpetrator in the case she was working on. Not only do these acts impact their mental health and constitute violence in and themselves but there is also a risk of perpetrators carrying through on threats and committing physical and/ or sexual violence.

SERVICES HAVE BEEN HAMPERED FROM PROVIDING QUICK AND EFFECTIVE RESPONSE

Significant gaps in service provision existed before the pandemic. Many states had no shelters, clear referral pathways, or security measures in place for survivors who faced intimidation, stigmatisation, and victim-blaming. During the pandemic:

- Some shelters closed their doors, no longer admit survivors, are isolation

centres, or require time consuming COVID test results as a prerequisite to admission.

- Counselling services moved online, affecting confidentiality and effectiveness, particularly for survivors who do not have their own telephone lines or live in crowded households.
- Health services, focused on the pandemic, are less welcoming and accessible to survivors who are afraid of going to them for fear of contracting or being diagnosed with COVID-19.
- Police focused personnel, vehicles, and other resources on monitoring compliance with restrictions and did not prioritise VAWG, particularly at the start.
- Courts, closed by the Chief Judge, see significant delays even after they moved proceedings online, so more survivors have withdrawn from cases and/or settled out of court.

Delays in response are unavoidable as services have not increased staffing or funding but sharp rises in demand, increased complexity of cases, and new challenges. For example, staff have had to go to communities to collect women as they are unable to come to centres themselves.

Movement restrictions affect service providers. Initially not considered services and granted exemption permits, many services were forced to advise women and girls subjected to violence to contact family, friends, and neighbours rather than providing assistance. After much advocacy, service providers obtained permits but police officers continue to question, harass,

and detain those responding to reports of violence. Meanwhile, survivors are often left in situations experiencing violence or feel they have no other option but to return to the perpetrator.

The risk of infection has required many services to develop contingency plans, put in place physical distancing and other mitigation measures, and purchase hygiene materials, masks, and other protective equipment. Doing so has required significant amounts of time and resources and meant facilities were temporarily closed, further disrupting provision of services.

Disability inclusion is lacking in many services despite women and girls with disabilities being more likely to face violence.⁵ Many services are not physically accessible and do not have sign language interpreters on call. Staff are not trained on how to care for people with disabilities in ways that ensures their dignity and maintains respect. Moreover, campaigns to encourage reporting have largely not been accessible to or aimed to reach them.

Barriers to reporting are greater. Perpetrators control access to and monitor mobile telephones so survivors cannot seek help. They are also unable to escape violence due to security agents enforcing restrictions, as keke napeps and okadas are not available, and lack of finances. Many women and girls, particularly those subjected to poverty, with low literacy, in rural areas, and/ or without access to telephones and network, do not know help is available and how to access it.

⁵Women with disabilities are 2-4 times more likely to experience intimate partner violence. Disability also increases risks of non-partner sexual violence. Stigma compounds risk and reduces ability to seek help: Kristin Dunkle, Ingrid van der Heijden, Erin Stern and Esnat Chirwa, 'Disability and violence against women and girls: Emerging evidence from the what works to prevent violence against women and girls global programme,' (What Works, July 2018).



ACTION ON PREVENTION CONTINUES TO BE MISSING

Outreach and response not prevention have been the focus of most mobilisation. Efforts have, understandably, focused on encouraging reporting and sharing services' contact details rather than stopping violence happening in the first place. There are very few conversations on how to undertake preventative work in a context where there are ethical and legal difficulties with directly interacting with or bringing people together. Donors are reluctant to fund prevention work and, when they do, efforts are not based on evidence and clear theories of change.

Lack of understanding of what works to prevent violence hinders effectiveness of work that exists. Emphasis is placed on prosecution and punishment of perpetrators automatically leading to deterrence – with little evidence proving a link. Further, prevention is seen as synonymous with sensitisation and engaging community and religious leaders with no evaluations to show this has impact. There is hardly any awareness of the global body of evidence around prevention or analysis of how to address the drivers of different forms of violence in Nigeria.

FEDERAL AND STATE GOVERNMENT STILL DO NOT PRIORITISE VIOLENCE AGAINST WOMEN AND GIRLS

Widespread inattention and lack of action on VAWG has been exposed during this time. Federal and state government largely did not integrate it into pandemic thinking, planning and intervention, despite evidence it would increase. Lagos was an exception to some extent due to its already existing Domestic and Sexual Violence Response

Team and proactive advocacy by women's rights activists within state institutions and in civil society. Despite the declaration of a state of emergency, federal and state governments are yet to adequately reflect and prioritise VAWG. For example, there is, as yet, very little analysis and action on how to mitigate the rise in early and forced marriage and the reality that many girls will not resume school.

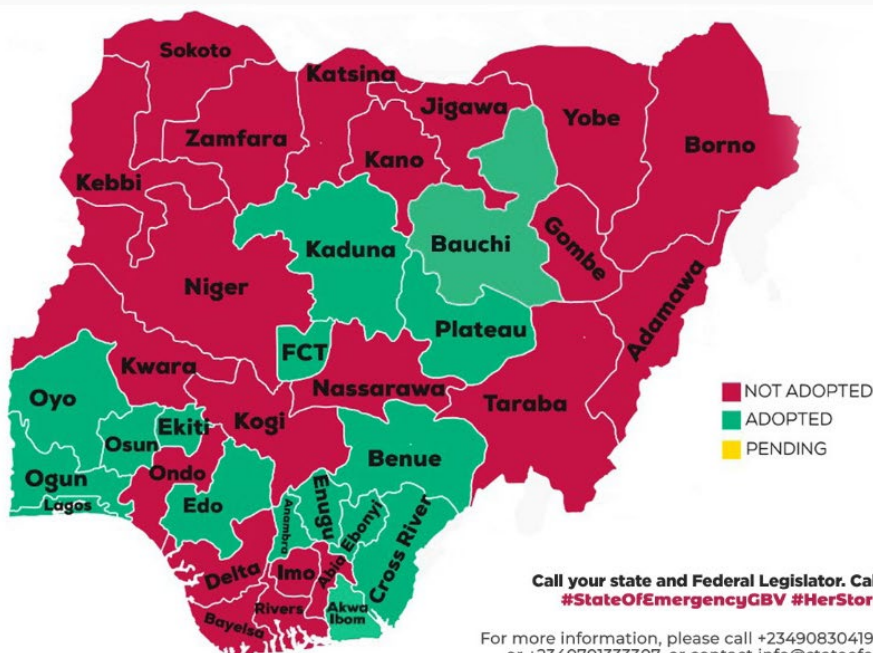
Uneven and low government capacity, despite some improvement, hinders effective and survivor-centred action. Standards and protocols, even if they exist, are used inconsistently. Some health workers and police officers stigmatise survivors, refuse them access to treatment without a police report, and push them to settle out of court. Lawyers, judges and other court personnel do not know how to handle cases in survivor-centred ways. Community leaders hinder rather than enable access to justice. Moreover, focus tends to be on sexual violence against children (outside marriage) not the full spectrum of violence. Very little is done to prevent violence.

Patchy domestication of relevant legislation sends a powerful message: that Nigeria does not condemn and take seriously its high levels of VAWG. In five years, only 15 out of 36 states have adopted the Violence Against Persons Prohibition (VAPP) Act 2015. After seventeen years, 11 states are yet to adopt the Child Rights Act 2003. Other relevant legislation yet to be universally domesticated includes the Administration of Criminal Justice Act 2015, which provides important rights and promises to reduce the time taken from start to conclusion of a case, and the Discrimination against Persons with Disabilities Prohibition (DPDP) Act 2019



STATES THAT HAVE ADOPTED THE VIOLENCE AGAINST PERSONS PROHIBITION (VAPP) ACT (2015) AS AT 1ST AUGUST 2020

The VAPP Act was signed into law 2015, and is the robust piece of legislation that responds to **sexual and gender-based violence of girls and women; boys and men.**



Source: State of Emergency Coalition, 2020

Lack of systematic data collection and analysis system prevents understanding what is happening and feeding this knowledge into policy and programming. The Ministry of Women's Affairs is currently developing a data synthesis system but, given funds are only available to make it operational in six states, the extent to which it provides a national picture is unclear.



RECOMMENDATIONS

The sharp increase in numbers and severity of VAWG during the pandemic has engendered unprecedented levels of public awareness and political promises. To translate them into meaningful change, the following actions must be taken:

<p>Presidency</p>	<p>Use influence to push for domestication of the VAPP Act 2015, CRA 2003, ACJA 2015, and DPDP Act 2019 across the nation.</p> <p>Direct the inclusion of women’s rights organisations and the Ministry of Women’s Affairs in the Presidential Taskforce on COVID-19 so proper gendered analysis and violence mitigation informs decision-making.</p> <p>Provide funds to prevent, respond to, and otherwise act on all forms of VAWG.</p>
<p>National Assembly</p>	<p>Ask relevant MDAs to report on progress made since Resolutions were passed in June 2020.</p> <p>Fund prevention and response to VAWG and ensure release of funds to relevant Ministries, Departments, and Agencies.</p> <p>Use influence with State Houses of Assembly to push for domestication of the VAPP Act 2015, CRA 2003, ACJA 2015, and DPDP Act 2019 across the nation.</p> <p>Pass the Gender and Equal Opportunities Bill.</p>
<p>Governors</p>	<p>Introduce VAPP Act 2015, CRA 2003, ACJA 2015, and DPDP Act 2019 as executive bills in state legislatures if not domesticated and provide assent.</p> <p>Direct the inclusion of women’s rights organisations and the Ministry of Women’s Affairs in State Taskforces on COVID-19 so proper gendered analysis and violence mitigation informs decision-making</p>
<p>State Houses of Assembly</p>	<p>Domesticate VAPP Act 2015, CRA 2003, ACJA 2015, and DPDP Act 2019 in states where legislation has yet to be passed Adequately fund VAWG services</p>
<p>Federal and State Ministries of Health</p>	<p>Include and champion VAWG services in annual budgets submitted to the National Assembly and State Houses of Assembly</p> <p>Ensure those posted to work in such services are trained on VAWG, both clinically and how to interact with survivors</p> <p>Ask services to be more open to and welcoming of survivors with disabilities and consult women headed disability rights groups on what is needed⁶</p>

⁶ For example, physical access, having a list of sign languages interpreters on hand, and proactively reaching out to the disability communities in the state to raise awareness of the existence of these services and how to access them.

<p><i>Federal and State Ministries of Justice</i></p>	<p>Set up a Special Court on GBV as part of the existing High Court to enable speedy resolution of these cases in accordance with due process rights.</p> <p>Send out a practice direction on VAWG.</p> <p>Train lawyers, judges and court personnel in handling cases of VAWG and conduct outreach to police, NSCDC and communities.</p> <p>Impose disciplinary measures against prosecutors who do not handle cases of VAWG diligently.</p> <p>Draw up procedures to protect survivors and suspects.</p> <p>Properly initiate the Inter-Ministerial Committee on Gender-Based Violence, institutionalise its work, include women's rights organisations among its members, and replicate it in states where similar structures do not yet exist.</p>
<p><i>State Ministries of Local Government & Chieftaincy Affairs</i></p>	<p>Set up a programme with a cadre of trainers with in-depth knowledge on violence and training skills to train community leaders on gender, human rights, and all forms of VAWG, with emphasis on how to support survivors and their families.</p>
<p><i>Federal and State Ministries of Women's Affairs</i></p>	<p>Expand the centralised data collection and analysis system currently being put in place to all 36 states and FCT, include its costs in annual budgets, and push for release of funds to enable sustainability once donor funding ends.</p> <p>Set up shelters in states where they do not exist, post and train people to run them, include costs in annual budgets, and push for release of funds.</p> <p>Engage with the National Bureau of Statistics on data collection and analysis of the gendered impacts of COVID-19 so informs policy-making.</p>
<p><i>National Bureau of Statistics</i></p>	<p>Provide evidence of how COVID-19 impacts differ according to gender by sex-disaggregating data as well as collecting data on areas that particularly impact women and girls such as violence and changes in levels of unpaid care</p>
<p><i>National Human Rights Commission</i></p>	<p>Continue to monitor and investigate cases of violence, provide support to survivors, and engage in public sensitisation and advocacy.</p> <p>Partner with civil society in states that are yet to domesticate the VAPP Act 2015, CRA 2003, ACJA 2015, and DPDP Act 2019 to push for legislation.</p> <p>Train personnel responding to VAWG, particularly in inclusive responses.</p> <p>Review NHRC budgets to ensure adequate funds for work on VAWG</p>
<p><i>National Orientation Agency</i></p>	<p>Improve knowledge and shift attitudes on VAWG, including on what consent means, what healthy relationships look like, and where to report violence.</p>



<p><i>Defence Headquarters/ Chief of Defence Staff</i></p>	<p>Implement a zero-tolerance policy for VAWG which includes publicising court martials so justice is seen as done and giving orders to commanders to warn that perpetrators will face consequences and to reach out to local NGOs to encourage (but not force) reporting of trends and specific incidents.</p>
<p><i>Inspector General of Police</i></p>	<p>Integrate how to respond to survivors of violence into police training, focusing not only on investigative aspects but also how to relate with survivors in non-judgemental, supportive, and caring ways.</p> <p>Institute a victim and witness protection programme and engage with survivors and witnesses on their protection needs throughout the process.</p> <p>Provide adequate funds for proper and timely investigation.</p> <p>Deploy women police officers to all LGAs to enable better access to security and justice for women and girls living there.</p> <p>Pass and publicise a directive that people working for VAWG services are exempt from movement restrictions.</p> <p>Pass a directive to all police stations to be forwarded to health centres that police reports are not required for VAWG treatment.</p> <p>Ask State Criminal Investigation Departments to inform Family Support Units how cases are progressing so they can keep survivors informed.</p> <p>Punish officers who intimidate or assault survivors or mishandle cases.</p> <p>Ask Commissioners of Police to raise awareness of and encourage reporting to Family Support Units and the Police Complaints Response Unit.</p> <p>Ask Commissioners of Police to strengthen links to groups working on VAWG to ensure referrals and survivor care.</p>
<p><i>Nigerian civil society including women's rights organisations</i></p>	<p>Expand service provision, awareness raising, advocacy, and prevention work to look at all forms of violence, beyond sexual violence against children.</p> <p>Integrate inclusion of people with disabilities and other socially excluded and marginalised groups into all violence work, including through strengthening links between movements e.g. disability and women's rights organisations.</p> <p>Increase focus on anti-stigma campaigns as stigma is both a form of violence in itself and prevents survivors from seeking help.</p> <p>Pilot evidence-based programmes to prevent violence, developing knowledge on drivers of particular forms and what works to prevent them.</p> <p>Explore alternative means of punishing perpetrators e.g. through increasing community censure and stigma and decreasing income generation and marriage prospects rather than relying solely on the criminal justice process.</p>

<p>Donors</p>	<p>Fund research on different forms of violence and their drivers, how violence affects categories of survivors such as women and girls with disabilities and LGBTQI people, and on under-researched areas of the country to inform specific (not generic) theories of change and programme design.</p> <p>Build up knowledge and expertise on what works to prevent violence among civil society, government and security agencies, and donors.</p> <p>Provide multi-year and flexible funds to women’s rights organisations to work on violence, particularly on evidence-based prevention interventions.</p> <p>Hold regular discussions with women’s rights organisations and ensure they inform decisions around funding, programming, and diplomatic engagement.</p> <p>Work with women human rights defenders to support their safety, security, and well-being as this mitigates violence and ensures sustainability.</p> <p>Support the Ministry of Women’s Affairs and state governments on the collection of data from states to feed into the national repository.</p> <p>Provide technical assistance to MDAs to take more intersectional approaches examining all forms of violence and ways violence affects particular groups such as women and girls with disabilities, sex workers, and LGBTQI people.</p> <p>Require the institutionalisation of sexual harassment policies when supporting and/ or funding all government institutions and civil society.</p>
<p>Health Training Institutes</p>	<p>Integrate how to provide services to survivors of all forms of violence into health worker training, focusing on clinical aspects and also how to relate with survivors in non-judgemental, supportive, and caring ways.</p>
<p>Media Organisations</p>	<p>Train journalists and editors on VAWG reporting, in particular not divulging the names, identities, and identifying characteristics of survivors and not blaming them for violence to which they have been subjected.</p>
<p>National Union of Journalists</p>	<p>Develop guidelines for VAWG reporting in conjunction with women’s rights organisations, the Premium Times Centre for Investigative Journalism, and the Wole Soyinka Centre for Investigative Journalism.</p>



ACKNOWLEDGEMENTS

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LIST OF SIGNATORIES

1. 9jafeminista
2. Abiodun Essiet Initiative for Girls
3. ACE Charity Foundation
4. A - Health Foundation, Kaduna (AHF)
5. Alliances for Africa (AFA)
6. Amy Oyekunle
7. Association of Positive Youths Living with HIV/AIDS in Nigeria (APYIN)
8. Association of Women Living with HIV/AIDS in Nigeria (ASWHAN)
9. BraveHeart Initiative
10. Bridge Connect Africa Initiative
11. Center for Girls Education (CGE)
12. Change Managers International Network
13. Charmaine Pereira
14. Dorothy Njemanze Foundation (DNF)
15. Drug Harm Reduction Advocacy Network Nigeria (DHRAN)
16. Fame Foundation
17. Kids & Teens Resource Center
18. Legal Defence and Assistant Project (LEDAP)
19. Media Concern Initiative
20. Mojirayo Ogunlana - Nkanga
21. Nigeria Feminist Forum (NFF)
22. Nkechi Ilochi-Omekedo
23. Silverchip Fox
24. Stand to End Rape (STER)
25. TechHer
26. Vision Spring Initiative
27. Women Advocates Research and Documentation Centre (WARDC)
28. Women Africa
29. Women's Crisis Center Owerri
30. Women's Health and Equal Right Initiative (WHER)
31. Women Law and Development Initiative Africa (WOLDI)
32. YouthHub Africa



