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RESEARCH REPORT



An Inclusive Study on Violence Against Women in Nigeria



An Inclusive Study On Violence Against Women In Nigeria

Funded by: The Ford Foundation

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About TIERs

TIERs has grown from a local initiative to a sub-regional initiative targeted at anglophone West Africa, specifically, Nigeria, Ghana, Sierra Leone and Liberia, providing technical support and providing nascent activists with advocacy tools in their regions ranging from human rights documentation to capacity building. TIERs transitioned from a gay-men focused advocacy organization, and in the past years has expanded its work into understanding and catering to the rights of women who identify as lesbian, bisexual, transgender and/or queer. Now a feminist and LGBTQIA+ rights organisation, the organisation formulates and implements comprehensive programmes that are specifically designed to meet the human rights needs of LGBTQIA+ persons and lead the discourse on the intersectionality of human rights of sexual minorities and women.

About this Research Project

With funding from Ford Foundation, this research work is in response to a long-existing gap on the data available on violence against women in Nigeria. For too long, certain groups of women have been excluded from conversations and programming on response to and prevention of violence against women. This project was birthed from the perspective that no woman is free until all women are free; and of the recognition that efforts to tackle violence against women are only adequate if they collate the unique experiences of all groups of women. Under this seminal research project on violence against women in Nigeria, we have studied and analysed the forms of violence experienced by all women including heterosexual, lesbian, bisexual, queer, cis gender, trans gender, intersex women, female sex workers, and women living with disabilities.

LIST OF ACRONYMS

FCT	Federal Capital Territory
FSW	Female Sex Workers
GBV	Gender Based Violence
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
IPV	Intimate Partner Violence
KIIs	Key Informant Interviews
LBQTI	Lesbian, Bisexual, Queer, Transgender and Intersex
LBGT	Lesbian, Bisexual, Queer, and Transgender
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and other sexual and gender minorities.
NAPTIP	National Agency for the Prohibition of Trafficking in Persons
NGO	Non-Governmental Organization
NDHS	Nigerian Demographic and Health Survey
NHRC	National Human Rights Commission
NPR	National Public Radio
PEP	Post Exposure Prophylaxis
SSIPV	Same Sex Intimate Partner Violence
WLWD	Women living with disabilities

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An Inclusive Study Of Violence Against Women In Nigeria

EXECUTIVE SUMMARY

Women in Nigeria have been subjected to varying degrees of violence, cutting across sociodemographic factors including age, social status/class, educational background, ethnicity, religion, sexual orientation, mental and physical ability. All over the world, this form of violence against women, otherwise known as gender-based violence, has been traced to several factors, most notably the prevailing systems of gender inequality. Among underrepresented groups of women, violence occurs and continues unabated with limited intervention from state and non-state actors. Despite laws that criminalise violence against women and girls and continued advocacy against gender-based violence, acts of violence against women are pervasive. Women who belong to underrepresented groups are more susceptible to these acts.

Several studies have been conducted on violence against women in Nigeria. However, all these studies have focused on cisgender and heterosexual women, thus ignoring the realities of underrepresented

women, particularly lesbian, bisexual, queer, trans and intersex (LBQTI) women, female sex workers and women living with disabilities. This carefully designed inclusive and holistic study aims to close this representation gap, drawing on the experiences of all groups of women in Nigeria on gender-based violence, including underrepresented and sexual minority women, in the 36 states and the Federal Capital Territory of Nigeria.

In carrying out this research work, we utilised data compiled from online and offline questionnaires dispersed across the country, including rural areas, and in-depth engagements with key organisations and agencies providing support and essential services for women in Nigeria. The findings from this research work create a dataset inclusive of underrepresented women in Nigeria whose different perspectives and unique experiences have not been sufficiently explored in previous studies conducted on violence against women in Nigeria until now.

Our findings

1. Prevalence of violence and abuse:

Violence against all cadres of women in Nigeria remains widespread, occurring in various forms across all areas of the country, including remote areas. Women of all ages, levels of ability, sexual orientation and sex characteristics are adversely affected by gender-based violence, albeit in varying degrees. The forms of violent acts perpetrated against women in Nigeria include inappropriate touching; verbal abuse; sexual harassment and assault including

rape, and corrective rape for LBQTI women; emotional and psychological abuse; financial abuse; physical violence including beatings, female genital mutilation (FGM) and intersex genital mutilation (IGM); early and forced marriages; and cyberbullying and online harassment; among others. Unfortunately, LBQTI women are disproportionately affected given that in addition to dealing with limited or non-existent options for justice, they also experience widespread homophobia and transphobia through practices and laws such as the Same Sex Marriage Prohibition Act 2015. In the same way, female sex workers experience high levels of violence from state and non-state actors, including partners, “madams”, and the police. For women living with disabilities, they face violence and abuse from caregivers, family members, intimate



partners and in other occasions, the general public. Violence in this respect consists of psychological and emotional abuse, financial abuse, physical and sexual abuse. In most cases, women belonging to these underrepresented groups will experience a compounding effect owing to the discrimination and stigma associated with their statuses combined with their gender. The COVID-19 pandemic also increased the prevalence of violence against women, especially intimate partner violence.

2. Perpetrators of violence against women in Nigeria: Men act as the main perpetrators of violence against women. In Nigeria, the three most prevalent groups of these perpetrators consist of friends at 28.5%, strangers at 27.8% and intimate partners or spouses at 26.1%. Other categories of perpetrators include extended family members, parents, colleagues, teachers, and employers. For women in same-sex relationships abused by their intimate partners, and for female sex workers abused by “madams” and women living with disabilities abused by their women caregivers, the perpetrators of violence in this regard are women. However, this occurs on a

smaller scale compared to the violence perpetrated against women by men.

3. Peculiar and additional forms of violence suffered by LBQTI women in Nigeria: Our current findings prove that a wide range of persons perpetrates acts of violence against women who are lesbian, bisexual, queer, transgender, and/or intersex (LBQTI), aimed at “correcting” or “converting” them from their sexual orientation, their gender identity (for trans women) or altering and demonising their sex characteristics in the case of intersex persons. These acts are initiated primarily by parents and family members. Due to the laws criminalising same-sex relationships in Nigeria and the prevalent socio-cultural biases against LBQTI women, this group of women are at a higher risk of experiencing violence without real chances of legal redress.

4. Forms of violence experienced by women living with disabilities in Nigeria: Women living with disabilities face numerous disadvantages in the country in terms of their status and access to resources. Our findings show that they are more likely to experience

abuse from persons with easy access to them, such as caregivers and teachers. Abuse in this category occurs mainly in verbal, physical, financial, and emotional forms. Although they experience high levels of gender-based violence, they are less likely to be believed by persons who can protect them. They are therefore less likely to disclose incidences of abuse. Our findings also show that women living with disabilities are less likely to find accessible services. People living with disabilities are reportedly more than twice likely to report that health care providers are not sufficiently skilled to meet their needs. They also frequently report being treated badly by healthcare providers including experiencing outright denial of services, more than other groups.

5. Female sex workers and the Nigerian legal system: Our findings show that female sex workers experienced increased levels of physical and sexual violence from clients, intimate partners, their “madams”, and law enforcement officials. They also suffer higher levels of intimidation, humiliation, and threats from various parties, like the police that take advantage of the criminalisation of

aspects of sex work in Nigeria and the general stigmatisation of sex workers in a patriarchal society.

6. The state of laws that protect women against violence in Nigeria:

The existing legal framework in Nigeria consists of laws that do not sufficiently protect women against the forms of violence women in Nigeria experience. On the contrary, there exist discriminatory laws that sanction and sustain gender-based violence in the country. Furthermore, the plurality of the Nigerian legal system poses a significant barrier in improving the laws to protect women’s rights. Numerous grey areas exist in the definitions and applicability of the laws. This ambiguity allows for various harmful interpretations, contributing to the insufficient protection of women from violence. Several international and regional human rights instruments relevant to protecting women’s rights against abuse have either not been ratified or not been domesticated and/or implemented. These instruments and local laws need to be adequately implemented to achieve their objectives and regularly revised across Nigeria to cater to all forms of violence experienced by all women in Nigeria.

The way forward

Based on the findings of this seminal study on violence against all classes of women in Nigeria, we have put forward recommendations to aid in reducing and eliminating the perpetration of violence against women and girls in the country. These recommendations include the following:

- We recommend institutional changes covering extensive law reviews while ensuring that gender-discriminatory provisions are removed, the domestication of the VAPP Act across all states of Nigeria, holding state actors who perpetrate violence against women, among other steps.
- We also recommend stakeholder participation to increase community and NHRC support for LBQTI women, female sex workers and women living with disabilities.
- We have also made recommendations for further studies, especially those assessing the impact of discriminatory laws on LBQTI women and female sex workers.



INTROD

BACKGROUND

Violence against women is described as the most pervasive yet under-recognised human rights violation in the world” (Hakimi et al., 2002). It sabotages women’s dignity, health, autonomy, and security and is experienced by all women irrespective of age, ethnicity, educational status, sexual orientation, ability or social status. It is so prevalent that 2021 estimates by the World Health Organisation (WHO) show that 1 in 3 women aged at least 15 years has experienced violence, whether by an intimate partner or by someone who is not a partner or both at least once in their lives.

Violence against women (VAW), also referred to as gender-based violence (GBV), has numerous consequences for women and society, both in the short and long term. In particular, women’s mental, physical, reproductive, and sexual health is adversely affected. Violence against

women gives rise to health complications such as physical and genital injuries, STIs including HIV, unwanted pregnancies, pelvic pain, fistula, urinary tract infections, and so on. Globally, sexual and/or intimate partner violence, a form of GBV, is the leading cause of homicide death in women (Stöckl et al., 2013). Survivors of gender-based violence also experience depression, anxiety, substance abuse, self-harming, suicidal ideation and behaviour, sleep disturbances and Post Traumatic Stress Disorder, among other mental ailments. Societal norms based on gender inequality lead people to victim-blame, stigmatise, shame and isolate survivors of gender-based violence, increasing theirs’ and others’ risks of experiencing violence from perpetrators who are consistently not held accountable. In addition to these, gender-based violence has direct economic impacts against victims involving loss of earnings, increased healthcare costs, reduction of productivity, and so on. Violence against women remains part of a continuum of

UCTION

violence that negatively impacts the civil, political, economic, social, and cultural rights of women and girls. The prevalence of violence undermines development efforts and drives the depreciation of physical, human, and social capital (Garcia-Moreno et al., 2005). It equally promotes the hierarchy of gender identities, i.e., gender inequality. (Kangas et al., 2015).

Violence against women is an offshoot of gender inequality and discrimination. Although men and boys experience physical and sexual violence, women are much more likely to experience more instances and forms of gender-based violence due to entrenched systems of gender inequality. The UN Declaration on the Elimination of Violence against Women highlights the power imbalance that has been the fulcrum of the unfair treatment of women throughout history (UNGA, 1993). This imbalance manipulated to enforce sets of rules unfavourable to women's advancement in society.

In Africa, existing data shows that while boys and men are mainly victims of homicide (perpetrated chiefly by other men), women in the continent are at most risk globally for exposure to domestic and intimate partner violence (UNODC, n.d). We see this situation play out in Nigeria, where girls and women experience disproportionately higher risks of discrimination and violence.

During crises such as civil unrest, government breakdowns, and health crises, there follows an exponential increase in violence perpetration. During war situations, military personnel are known to utilised physical and sexual violence against women as a tool of aggression. Refugee or internally displaced women experience physical and sexual violence from camp officials and soldiers (TheConversation, 2020).

At the rise of the COVID-19 pandemic in Nigeria, where the government imposed a lockdown, the reported cases



of domestic violence increased by 297% between March and April 2020 (IGC, 2020). Advocacy efforts led to the declaration of a state of emergency over GBV across the country due to this rapid spike in cases of violence against women (GlobalCitizen, 2020).

Actions to curb GBV should recognise that it is both interpersonal and structural. It is interpersonal because individuals (mostly men) carry out economic, physical, psychological, sexual, and other forms of violence against other individuals (primarily women). Other the other hand, it is structural or systemic where entrenched gender inequality and discrimination sustain the subordination of women in the society. As countries and stakeholders respond to GBV, it is crucial to identify all the forms of violence experienced by different groups of women and how these forms of oppression are connected to deal with gender-based violence holistically. Thus, the background to this study.

Previous studies on VAW in Nigeria have aimed at improving services for women exposed to violence and informing policymakers. However, these studies do

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not appear to have meaningfully gone beyond women who are heterosexual, non-disabled, and not sex workers. Thus, the experiences of women who are lesbian, bisexual, queer, transgender, and or intersex (LBQTI), women living with disabilities, and female sex workers concerning GBV are left unknown and unaddressed. This exclusion can be traced to laws that criminalise same-sex relationships, certain forms of sexual behaviour, and aspects of sex work. It can also allude to a legal system that does not adequately cater to persons living with disabilities and socio-cultural norms and ideologies that discriminate against and promote silence around issues affecting these women. In addition to these, the limited data available on the numerous forms of harassment and abuse faced by gay men also excludes LBQTI women, making their voices twice unrepresented.

This inclusive and holistic study is necessitated by the need for inclusive data that accurately captures the plight of all women in Nigeria, particularly the above-identified groups of underrepresented women. Discourses on VAW/GBV should address all forms of violence directed at all women comprising verbal, physical,

sexual, emotional, psychological, and financial abuse without the exclusion of groups largely discriminated against. Although women experience these various forms of violence, there are other forms of discrimination and challenges unique to women in sexual minority groups, women who do sex work and women living with disabilities. A lack of research that addresses these specific forms of violence contributes to a lack of inclusive data, which misrepresents and denies the actual state of human rights violations against women in the country. Thus, accurate data is a significant factor in developing strategies to eliminate gender-based violence as this will reveal trends, paint a more accurate picture of the nature of violence and adequately inform policymakers, programme formulators and implementers, so no group of women is left behind.

Carried out between March 2020 to June 2021, this study aims to document the state of violence against women with deliberate attempts to include unique discriminations and challenges faced by LBQTI women, female sex workers and women living with disabilities in Nigeria.

SCOPE

This research on violence against women is focused on all classes and groups of women in Nigeria, including women LBQTI women, female sex workers and women living with disabilities. It is worth noting that while the population of women in Nigeria is estimated as 99.1 million, the exact population of LBQTI women and female sex workers are currently unknown. The population of women living with disabilities is estimated from the 19 million persons living with disabilities. This study aims to bring to the fore forms of violence experienced by all groups of women, including the forms peculiar to identify underrepresented women and increase knowledge and visibility on these issues to promote inclusive and effective programming to curb VAW in Nigeria. The specific objectives of this study are outlined below.

METHOD

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DOLOGY

Objectives of the Study

The specific objectives of this study are:

- To create a new and inclusive body of knowledge on gender-based violence against women in Nigeria.
- To bring to light under-documented forms of violence against underrepresented groups of women alongside those plaguing women on a general plane.

Documenting the findings on the various forms and impacts of violence peculiar to underrepresented groups of women in Nigeria will increase the general knowledge of these issues and improve responses to violence against women. These will also set the stage for a candid and robust discussion on inclusive intervention approaches to violence cases from traditional women's rights organisations, donors, policymakers, and service providers regarding future planning, approaches and activities. We expect that this study will encourage accurate and sensitive reporting of issues affecting LBQTI women, female sex workers (FSWs) and women living with disabilities to improve the quality of women's lives in Nigeria.

DATA COLLECTION

In carrying out this research, we utilised both quantitative and qualitative data collection methods. Primary and secondary data collection were carried out using the key document review/desk research methods, survey/questionnaires, and key informant interviews (KIIs).

At the initial stages of designing this research, we considered also utilising focus groups and participant observation research methods due to the behavioural elements contained in this study. However, primarily due to the COVID-19 pandemic and time constraints, we focused on equally beneficial KIIs, questionnaires and document review.

Desk Research

A pre-mapping study was conducted using desk research to form a baseline which determined unavailable data from previous research. The second phase of this study was desk research that reviewed selected data from the baseline study conducted on the subject matter, including a comprehensive review of relevant laws, policies, legislative documents, and grey literature on gender-based violence and violence against minority groups in

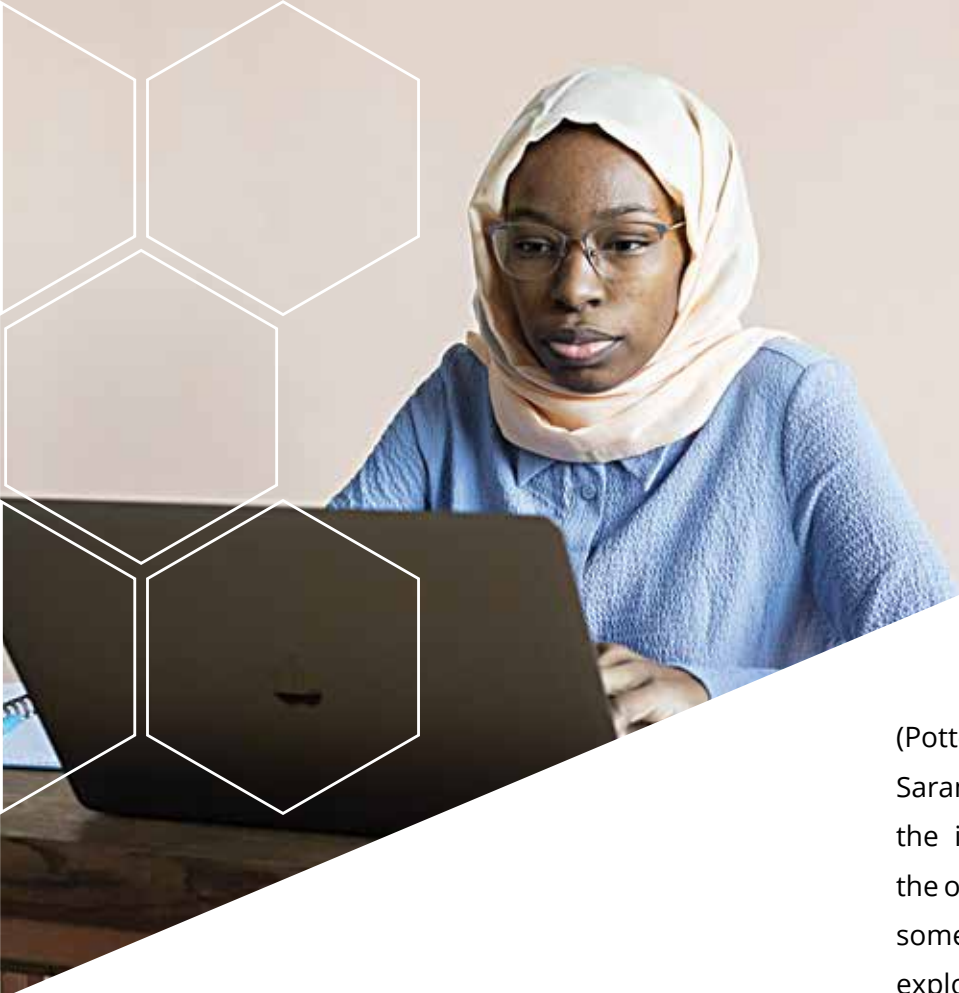
Nigeria. The third phase of this research was focused on collecting quantitative data through questionnaires.

Questionnaires

Questionnaires were chosen for this research as a reliable and efficient method of collecting information from multiple respondents in the 36 states of Nigeria and the Federal Capital Territory. Questionnaires are an effective method for obtaining holistic data for a quantitative study and research study like this with several complex objectives (Greenfield, 2002; Silverman, 2004; Bell, 2005). Questionnaires are also used when addressing sensitive topics because it eliminates participant identification as no personally identifiable information is collected using this method. Thus, respondents are more likely to disclose truthful information (Simply Psychology, 2018). Although we had delineated five months to complete the research, the data collection period was extended as the COVID-19 pandemic posed numerous constraints on reaching respondents for accurate data collection. Additional data was collected using the same methodologies decided with Phase 1 of the research project with the extended time.

The questionnaire was designed to optimise the comprehension of information by respondents and to maintain objectivity. We disseminated the questionnaire through two primary channels – through an online survey and offline disbursement of questionnaires to parts of Nigeria where residents have limited access to the internet. Data were obtained in two streams. For the initial data collection, most questionnaires were administered in person by enumerators who physically met respondents in different locations. The data from this was collated and transmitted digitally for location integrity, and hard data copies from specific locations sent to the Abuja research team for data entries. The second round of questionnaire collection involved the trained enumerators conducting primarily offline data collection using the Survey Monkey Anywhere application, allowing data collection in locations with limited internet access.

The questionnaire had 58 questions in total, with 26 questions in a general category with fewer questions targeted specifically at minority women to understand their peculiar experiences. A total of 3,416 women responded to the questionnaire. Of these, 30 women stated that they did not live in Nigeria



and were thus disqualified from further participation.

Key Informant Interviews with Relevant Organisations and Agencies

The final phase of this research involved structured interviews consisting of several questions with key informants working on violence against women and girls in Nigeria. The interviews were conducted over Zoom as travel was restricted at the time due to the COVID-19 pandemic. These KIIs are complementary to the questionnaires as the flexibility of the questions provided an opportunity for more in-depth, open discussions and more informal, free interactions between the interviewer and the interviewee

(Potter, 2002; Winchester, 1999; Sarantakos, 2013). The flexible format of the interviews contributed positively to the outcomes of this study. This is because some nuances of the research, such as exploring “emotions”, “lived experiences”, and “work-driven experience”, are best captured from flexible interviews and not fixed questionnaires. In addition, the key informant interviews (KIIs) offered a valuable opportunity to speak with experts and experienced service providers, responders and other support groups to victims and survivors of violence against women/girls in Nigeria.

A total of 11 KIIs were carried out across organisations. The list of organisations interviewed can be found annexed to this paper; the identities of the exact interviewees have been hidden to preserve anonymity.

DATA ANALYSIS

The quantitative data obtained through the survey was analysed using Survey

Monkey and Excel. All responses from the 1st round of data collection were uploaded on Survey Monkey for analysis uniformity. For the KIIs, the data were analysed using NVIVO with an organisational analysis unit.

LIMITATIONS

There are certain limitations to this study. As a result, the research report should be read with these considerations in mind:

1. COVID-19: The COVID-19 pandemic was at its peak during the 1st phase of data collection and impacted this research. The field researchers were about to commence data collection when most states and eventually the entire country went on lockdown in March 2020. The lockdown lasted about four months, and by August 2020, the country was just gradually opening up after the 1st round of data collection. Utilising online questionnaires during this period ensured that sufficient data was collected through the online version. Still, it reduced the enumerator collection of data that was earlier planned and delayed the progress of the study. During the 2nd phase of data collection, which began in January 2021, the impact of the pandemic on the study persisted as

respondents were increasingly wary of being approached by strangers and following the safety standards of social distancing recommended by the Government of Nigeria. These events led to many proposed respondents declining to participate in offline data collection efforts, despite the field researchers' compliance with social distancing measures. Furthermore, the economic effects of the pandemic, which led to increased hardship and poverty levels in the country, also made respondents more reluctant to participate in the surveys without any monetary compensation, especially the minority groups. Within the budget constraints, provisions were made to compensate respondents for their time and effort, and some enumerators gained access to certain minority groups by taking small tokens to them.

2. Sensitivity of the study: Questions and discussions related to gender-based violence are always sensitive due to the prevalence of stigma and shame imposed on survivors through societal norms. Thus, survivors of GBV will often struggle to disclose their experiences fully. Sensitivity and awareness increased with the inclusion



of groups such as LBQTI women and female sex workers. These groups of women are still rightfully distrustful of the Nigerian society and may not answer some questions truthfully for fear of abuse. The increased anonymity of online questionnaires helped reduce this fear as much as possible during the 1st round of data collection. However, during the 2nd round of collection, which was required to reach groups of women with limited or no access to the internet, multiple enumerators reported that they were turned down upon visiting locations with minority women. The scope of the

research also raised cultural challenges as several persons were suspicious of the motives of research that discussed issues deemed illegal in Nigeria and were thus unwilling to participate.

3. Generalisation: The questionnaire results represent a small, random sampling of the population of women across Nigeria. The quantitative data is only representative and does not seek to pose as the only views of each woman in Nigeria, especially LBQTI women, women living with disabilities and female sex workers. However, this does not diminish from the richness, quality, and validity of its findings in the detailed experiences of these groups of women.

4. Conflict-ridden locations: Nigeria has experienced and is experiencing numerous conflict situations that have led to the internal displacement of millions of citizens. Many internally displaced persons are forced to live in camps, and high levels of GBV against the girls and women living in these camps have been documented (Ojengbende et al., 2019). In this research, obtaining data from the more conflict-prone areas like in Borno State was extremely difficult as field

enumerators could not gain access to possible participants and would have been exposed to heightened risks. Our field researchers, therefore, obtained data was thus obtained from other parts of the states with reduced risks. As a result, women's experiences in ongoing and direct conflict cannot be directly accounted for under this study.

ETHICAL CONSIDERATIONS

There were salient ethical issues which the researchers considered and addressed in the course of this research project. The most important one concerns participants who do not speak or understand the English language fluently. While most participants could read and understand the English language and thus sign the informed consent forms and fill the questionnaires, some could not. All participants were informed in advance about the purposes of this project and gave their consent before participating. The research enumerators bridged the language gap by explaining and translating the content of the consent forms and questionnaires into Pidgin English so participants could understand. This process contributed to lengthening the time spent in completing

the survey questions. Importantly, no one was tricked into answering any questions and respondents of both the offline and online surveys were free to stop answering questions at any point of their choosing. Field enumerators also assured participants of their anonymity and confidentiality of their responses. These assurances and emphasis on their choice to discontinue made respondents feel more in control and more relaxed throughout the data collection process, both offline and online. It encouraged participants to be more open to providing honest and holistic answers, including during the KIIs. Unfortunately, despite these efforts, many women, especially women belonging to underrepresented groups, did not feel comfortable disclosing their sexual history. In this respect, future ethnographic studies may be used to build trust and create closer relationships with participants to explore their perspectives deeply.

On maintaining confidentiality, the in-person/offline surveys were anonymised, while the online surveys used technology that did not collect participants' IP addresses. The identities of contact persons in the organisations involved in the interviews have also been kept strictly confidential.



FINDINGS

This section presents the research findings in three parts: desk research, offline and online surveys, and key informant interviews.

LEGAL FRAMEWORK FOR THE PROTECTION OF WOMEN IN NIGERIA

In Nigeria, the legal framework for protecting women and girls against violence is a multi-tiered system of local legislation, customary laws and international/regional treaties domesticated by the Federal Government. Despite existing laws, women's rights to be protected against violence and

discrimination are left unfilled. Many of the laws existing in the country either do not adequately cater to all the forms of violence perpetrated against women or inadvertently sanction these forms of violence against women and girls and the derogation of other rights that should accrue to women and girls. In addition, where laws exist, they are grossly under-implemented in most parts of the country.

International and regional treaties

The Federal Government of Nigeria has ratified several international and regional treaties formulated on women's rights

and curbing gender-based violence (Al-Kyari et al., 2018). Some of these treaties contain provisions explicitly addressing discrimination against women and girls and criminalising torture, inhuman and degrading treatment. They include:

1. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), ratified in June 1985.
2. The Convention on the Rights of the Child ratified in 1991. It commits state parties to protect all children from various forms of violence. This Convention has been domesticated as a local law through the Child Rights Act, 2003.
3. The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), ratified in December 2004.
4. The Rome Statute of the International Criminal Court, as ratified in 2001. It recognises criminalises certain GBV acts, including rape, sexual slavery and forced prostitution.
5. The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, ratified in

1984. It prohibits and bans all forms of torture. Under this Convention, torture is defined as "an act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes including... those based on discrimination of any kind."

6. The African Union Charter on the Rights and Welfare of the Child ratified in 2000. Under this Charter, children (persons under the age of 18) are protected children from physical and sexual abuse.

By the provisions of section 12 of the Constitution of the Federal Republic of Nigeria (as amended), international or regional treaties do not have the force of law in the country, except when the National Assembly has locally enacted them. As a result, despite ratifying these and other treaties, citizens cannot enjoy the rights protected in those documents until the National Assembly has made them into local laws.

The Child Rights Act was enacted in 2003, 12 years after the ratification of the Convention of the Rights of the Child in 1991 and 3 years after the ratification of the African Union Charter on the Rights

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and Welfare of the Child in 2000. CEDAW was ratified in 1985, and in 2021, the National Assembly has not made any legislation domesticating its provisions. The Gender and Equal Opportunities Bill set out to domesticate the Maputo Protocol ratified in 2004, but the Nigerian Senate voted it out in March 2015 (LOC, 2016). It has again been modified and presented before the Senate.

The major impediments to the domestication of these international and regional treaties include a lack of interest in protecting women's rights in the country. This factor is accompanied by a non-progressive judiciary and the absence of feminist leadership in the country's political system.

The section below outlines the extent of implementation and impact of the enacted laws.

Relevant local laws

The Nigerian legal system is pluralised with the coexistence of statutory law, customary law and sharia law. Statutory law is enacted by both the Federal and State legislatures, while customary law is the law from norms and practices which applies in nearly all areas of Nigeria. In addition, there is the Sharia Law that

applies in several northern states. 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. Matters affecting women and children are legislated within the concurrent list, meaning that the federal and state governments have equal powers to make laws for the wellbeing of women and children. A state must pass (domesticate) a law made by the National Assembly to legally apply in that state. This secondary domestication has multiple implications. The simultaneous application of this



three-tier system creates varying degrees of protection for women's rights. It equally adds numerous complications as sometimes the laws will create a grey area where multiple misinterpretations are possible. For example, there is no uniformity in protecting women and girls and persons against gender-based violence, rape and or sexual assault and domestic violence in Nigeria. While some states are somewhat legally progressive, others are not due to cultural, religious, or political reasons which prevent or slow down the domestication of specific laws.

Local laws related to women's and girl's rights include:

- The Violence Against Persons (Prohibition) (VAPP) Act of 2015. The VAPP Act prohibits violence against all persons, including women, in private and public life. It was enacted more than ten years after being first presented to the National Assembly amidst long-drawn advocacy. The VAPP Act has been domesticated in 21 out of 36 states and the Federal Capital Territory.
- The Child's Rights Act of 2003 (CRA) provides for detailed protection of

girls' rights until age 18. Among other provisions, it protects girls against forced labour and child marriage. Currently, 25 states out of 36 states have domesticated the CRA, while 11 states (all in Northern Nigeria) are yet to do so.

- The Protection Against Domestic Violence Law of Lagos, 2007. Applicable only in Lagos State, this law protects against various violent acts, including emotional, verbal, sexual and economic abuse.
- The Criminal Code Act
- The Penal Code

CHALLENGES WITH LOCAL AND CUSTOMARY LAWS

This section reviews specific laws that seek to protect women and elaborates their inadequacies and barriers that prevent implementation for women's benefit. A key factor with local laws is that the Federal and State governments both have powers to make laws on these issues that protect women's rights. Laws enacted at the state level may differ from laws made at the federal level resulting in

a conflict and leaving perpetrators with a wriggle room depending on the law under which they are charged. What we now have in many cases are new laws (such as the VAPP Act) co-existing with older and unfriendly provisions such as in the Criminal Code Act and Penal Code. Furthermore, many beneficiaries of the laws are unaware of how their rights are protected in the country.

The laws on rape, intimate partner violence and other forms of gender-based violence are either very limiting or sanction offences against women, as seen below.

Rape

Rape is provided for under the major criminal laws in Nigeria. The Criminal Code defines rape in section 357: ***“Any person who has unlawful carnal knowledge of a woman or girl, without her consent, or with her consent, if the consent is obtained by force or by means of threats or intimidation of any kind, or by fear of harm, or by means of false and fraudulent representation as to the nature of the act, or, in the case of a married woman, by impersonating her husband, is guilty of an offence which is called rape.”***

Similarly, section 282 of the Penal Code states that: ***“A man is said to commit rape who has sexual intercourse with a woman in any of the following circumstances: against her will; without her consent; with her consent, when the consent is obtained by putting her in fear of death or of hurt.”***

This limiting approach is mirrored in state laws criminalising rape. For instance, section 258 of the Criminal Law of Lagos provides that: “Any man who has unlawful sexual intercourse with a woman or girl without her consent, is guilty of the offence of rape and liable to imprisonment for life.”

The Criminal Code Act and the Penal Code presuppose that rape is only possible when done against a woman or girl through penetration. These laws do not recognise same-sex relationships, including that any person could perpetrate rape against another person of the same or different gender. In fact, the Criminal Code criminalises certain sexual behaviours between persons on the premise that they are “against the order of nature.”



Similarly, these laws exclude marital rape, which many women in Nigeria experience, especially as such acts are sanctioned by customary practices. “Unlawful carnal knowledge” is expressly stated by section 6 of the Criminal Code to exclude marital relations. According to the law, it means ‘carnal connection which takes place otherwise than between husband and wife.’ These long-existing and widely accepted criminal laws have narrowly defined the offence of rape to consist of only three factors: lack of consent, penetration, done by a man who is not the victim’s husband.

This limiting definition of rape, the narrow interpretation of the provisions by judges, and the high standards of proof for the crime all contribute to the many instances of unsuccessful convictions in rape cases. The Sexual Offences Bill of 2013 attempted to address this defect by including rape committed by women and criminalising penetration by non-genital body parts or objects, but it never received Presidential Assent. Aiming to correct this situation, the VAPP Act expands the definition of rape to include oral and anal penetration. It acknowledges that the “instrument” of rape (penetration) can be other body parts and objects like fingers, hands, dildos and even pens/pencils.

However, the VAPP Act does not expressly criminalise marital rape. The issue of marital rape is left vague, to positive interpretation by progressive judges. This ambiguity is because section 46 of the VAPP Act prohibits violence in both private and public spheres. Firstly, it defines 'violence' to mean "an act or attempted act, which causes any person physical, sexual, psychological, verbal, emotional or economic harm whether this occurs in private or public life, in peacetime and in conflict situations." The Act goes ahead to define 'violence in the private sphere' to mean 'any act or attempted act perpetrated by a member of the family, relative, neighbour or member of a community, which causes or may cause any person physical, sexual, psychological, verbal, emotional or economic harm'. Therefore, the argument supporting the protection of women from marital rape is that, although this provision does not expressly mention 'husband' or 'wife' or 'marriage', it can be purposefully interpreted to criminalise and punish spousal/marital rape.

One of the more critical limitations found in the VAPP Act is that punishment is left discretionary for judges, depending on the circumstances of the case. This discretion leaves loopholes for prosecutors who can decide to charge perpetrators under

offences with lower punishment for various reasons. For example, section 2(b) of the VAPP Act states that a person convicted under the offence of rape shall be subject to a minimum sentence of 12 years imprisonment. Meanwhile, section 25(a) provides that a person who commits incest without consent (i.e. rape of a family member) is subject to a sentence of 10 years imprisonment. Suppose the incest occurs with consent; the imprisonment sentence is 5 years imprisonment (with consent). There are multiple angles to this, as discussed below:

- a. This difference in penalties implies that while incestuous sexual relations are wrong, even when there is no consent, they are not regarded as seriously as rape that occurs outside familial relationships. This has the effect of underestimating the problem and is contrary to multiple previous reports and data collected by this study showing that family members represent a large percentage of perpetrators in rape cases in Nigeria.
- b. The VAPP Act also fails to define consent. A definition is necessary because such incestuous rape can occur between an adult and a child. This means that such actions should be

punished under the same punishment section for rape, without giving such ambiguity for perpetrators to have wiggle room. In addition, if incest occurs between persons under the age of 18, i.e., children, it is difficult to determine how and if consent could have been validly given or obtained.

Child Marriage

Child marriage is another pervasive form of gender-based violence that affects many women and girls in Nigeria. It is a marriage that occurs before the child (primarily girls) turns 18. Estimates show that 44% of women in Nigeria are married before 18, making the country host of the 11th highest rate of child marriages globally (UNICEF, 2013). This harmful act against women is sustained by laws, practices, and the provisions of the 1999 Constitution of the Federal Republic of Nigeria (the Constitution).

Firstly, according to section 29(4) of the Constitution, although full age is recognised as 18 years, a married woman or girl is recognised as a person of full age, irrespective of how old she is. The meaning of this is that the Constitution legitimises child marriage, one of the most pressing forms of violence against women and girls

in Nigeria. Child marriages are usually performed according to customary and Islamic laws in Nigeria. Meanwhile, in Item 61 of Schedule II (Exclusive List), the Constitution also removes marriages performed based on customary and Islamic laws from the purview of the Federal Government. Girls from as young as 9 (or lower) are subjected to marriage to men who are, on most occasions, several times older. Betrothal of young girls occurs at childbirth or infancy. The effect of this provision is that until revised, states have the liberty to continue these practices even as they are harmful to women and girls and directly contravene the provisions of sections 21 to 23 of the Child Rights Act. Again, most states in northern Nigeria have not domesticated the CRA.

The plurality of the Nigerian legal system once again presents a grey area that creates an environment sustaining the abuse of women and girls.

Domestic and Intimate partner violence
Domestic violence is not only prevalent and normalised in Nigeria; certain acts of domestic and intimate partner violence are also legalised. As seen above in the discussion on laws governing rape,

under the Criminal Code Act and Penal Code, consent is presupposed on the grounds of marriage. This derogation of women's rights and bodily autonomy is also sanctioned through religious and cultural practices. In the same way, section 55 of the Penal Code permits a man to physically assault his wife under the guise of "discipline". Section 55(1) (d) provides that, subject to lawful customs a man can beat his wife for the purpose of correction, as long as it doesn't result in grievous hurt and is proportional to the age and status of woman. "Grievous hurt" is defined in Section 241 of the Penal Code as "(a) emasculation; (b) permanent deprivation of the sight of an eye, of the hearing of an ear or the power of speech; (c) deprivation of any member or joint; (d) destruction or permanent impairing of the powers of any member or joint; (e) permanent disfiguration of the head or face; (f) fracture or dislocation of a bone or tooth; (g) any hurt which endangers life or which causes the sufferer to be during the space of twenty days in severe bodily pain or unable to follow his ordinary pursuits." This provision directly endorses violence against women and should be expunged. Additionally, the Criminal Code categorises violence against women under a lesser charge; it considers assault

on a woman as a misdemeanour while the assault on a man is a felony. This lower sentence of 2 years means that assault on a woman is not regarded as severe as an assault on a man.

Sex Work

The criminalisation of certain aspects of sex work in Nigeria increases the discrimination, violence, and abuse meted out on female sex workers, preventing sex from accessing essential services and support even after experiencing violence. For instance, section 532 of the Penal Code Act criminalises prostitution and solicitation. The law states that: "An 'idle person' shall include a common prostitute behaving in a disorderly or indecent manner in a public place or persistently importuning or soliciting persons for the purpose of prostitution." Persons convicted under this provision face a penalty of fine or imprisonment for two years.

While the Criminal Code does not directly criminalise sex work, it criminalises keeping/owning a brothel and pimping. Section 223 of the Criminal Code states that: "Any person who procures a girl or woman who is under the age of eighteen years to have unlawful carnal connection

with any other person or persons, either in Nigeria or elsewhere”; “Or procures a woman or girl to leave her usual place of abode in Nigeria, with intent that she may, for the purposes of prostitution, become an inmate of a brothel, either in Nigeria or elsewhere; is guilty of a misdemeanor, and is liable to imprisonment for two years”. Even without the express criminalisation of sex work, female sex workers still suffer incessant harassment and abuse at the hands of law enforcement (Premium Times, 2014). As brothel owners work to circumvent the law, the brunt of this is felt by the female sex workers themselves through higher rents, forced sex trade, and physical violence by the pimps and “madams” against sex workers.

Same-Sex Relationships

On January 7, 2014, the Same Sex and Marriages Prohibition Act (SSMPA) was signed into law by President Goodluck Ebele Jonathan, and it criminalised same-sex relationships and marriages. In addition to prohibiting same-sex marriage, the law forbids any cohabitation between same-sex sexual partners; bans any “public show of same-sex amorous relationship.” It equally prohibits anyone from forming, operating, or supporting gay clubs, societies, and organisations (Human Rights Watch Oct. 2016, 1).

Punishments prescribed in the law are severe, ranging from 10 to 14 years in prison. The SSMPA further restated that only unions contracted between men and women would be recognised as legal in Nigeria. These provisions build on existing legislation formulated in the colonial era in Nigeria.

Under the Sharia law adopted in 12 northern States, same-sex intimacy is criminalised. For example, sections 134-135 of the Sharia Law of Jigawa State criminalise sexual acts between women (Sihag) with the punishment of 50 lashes and 6 months imprisonment for women caught in such acts. Sections 130-131 of the same law criminalise “sodomy” and prescribe 100 lashes and 1-year imprisonment for unmarried persons and stoning to death for married persons (IRBC, 2001).

The enactment of the SSMPA increased the widespread homophobia in Nigeria, leading to higher rates of violence against LGBTQI+ persons and gender-based violence against LBQTI women. The SSMPA and other repressive laws have made it difficult for LBQTI women to report instances of violence to or even interact with the police and other law enforcement officials. Individuals,



groups, state, and non-state actors have perpetrated violent acts based on their actual or perceived sexual orientation, gender identity/expression, or sex characteristics. They rely on and feel empowered by the SSMPA and similar criminal laws to defend their perpetration of human rights abuses.

Other Gender-Discriminatory Laws

Other laws also promote the discrimination of women and the sustenance of gender-based violence in Nigeria. Findings on VAW show that women experience high levels of discrimination in the workplace. Yet, the existing laws do not sufficiently protect them; some even contain discriminatory provisions. For one, section 55 of the Labour Act prevents women from working in specific industries at certain hours of the day, especially at night, whereas men are allowed to do so. The supposed rationale for this is not to expose women to certain dangers, but this 'benevolent sexism' has the effect of preventing the full participation of women in these fields, which can impede their progress to managerial roles.



Another evident and pressing concern is the lack of implementation of the more progressive laws such as the Child Rights Act and the Violence Against Persons Act. Despite being enacted 17 years ago, the Child Rights Act has still not been passed in all states. Currently, only 25 states have domesticated the Act. The Violence Against Persons Prohibition Act passed in 2015 has been domesticated by 21 states out of 36 in the Federation. Fully implementing these laws is crucial to safeguard women's and girls' rights in Nigeria.

Customary Practices Promoting GBV In Nigeria

In addition to the inadequate legal protection of women against VAW and other challenges embedded in Nigerian laws, certain customary practices and beliefs work along these laws to enable

various forms of abuse against women and girls in Nigeria.

Female Genital Mutilation

Female genital mutilation (FGM) or female genital cutting (FGC) is a cultural tradition involving the partial or total removal of or any other injury made to the external female genitalia. It is usually carried on girls upon or just before puberty and is often aimed at maintaining sexual purity or controlling girls' sexual behaviour, not for medical reasons. According to Mpofu et al. (2017), female genital mutilation (FGM) is performed to control

female sexuality as it is believed that it will reduce promiscuity among young women. Research has shown that there is no observable association between performing genital mutilation and the outcomes of sexual behaviour. FGM/FGC has no benefits, medical or otherwise. Rather, it is damaging to women's and girl's health and interferes with natural body functions. It also causes immediate and long-term complications, including severe pain, urinary, sexual, vaginal infections and problems, increased complications with childbirth, psychological problems, etc. Although advocacy efforts have contributed to reducing the practice



through increased awareness of its harmful effects and violation of women's rights, the practice continues in many parts of Nigeria.

Although the VAPP Act outlaws FGM, it has limited applicability within the country. The Child Rights Act and the Constitution promote the right of children and persons to dignity and freedom from torture, inhuman or degrading treatment. These provisions can also be used to protect women and girls from FGM. Several states in the southern part of Nigeria also have specific legislation targeted at eliminating FGM and violence against children. However, this cultural practice has the status of customary law all over the country, and specific legislation must be enacted and implemented to eliminate FGM.

Widowhood Practices and Property Rights/Inheritance Laws

Under several customary laws in Nigeria, when a woman loses her husband, she must undergo certain widowhood practices depending on the region. These practices often consist of inhumane and harmful acts done to the woman, including complete hair removal, forcing her to

drink the water used to wash the corpse and forced marriage to the deceased person's relative. While federal and state laws have outlawed widowhood practices, many women in isolated communities are unaware of their rights and are still subject to these practices (Adelike, 2013). Examples of these laws are the Prohibition of Infringement of a Widow or Widower's fundamental rights of Enugu State 2001 and Malpractices Against Widows and Widowers (Prohibition) Law of Anambra State 2005.

Some customary laws also prevent the economic growth of girls and women. Many practices under various customs involve disinheriting women from benefiting from their husbands' and fathers' property, although some have been declared unconstitutional by the courts. Practices like this contribute to poverty levels disproportionately affecting women and the financial dependence of women on men.

In concluding this section, there are several challenges rife in the laws and customs of Nigeria that create an enabling situation for violence against women and girls. Efforts to eliminate GBV must holistically address the laws and practices.





THE PREVALENCE AND FORMS OF VIOLENCE AGAINST WOMEN IN NIGERIA

CONCEPTUAL CLARIFICATIONS

Violence

The Collins dictionary defines violence as behaviour intended to kill, hurt or injure people or “an unjust, unwarranted, or unlawful display of force, especially such as tends to overawe or intimidate.” According to the World Health Organisation (WHO), it is a global experience common to all humans, with wide-reaching impacts. Violence accounts for over a million lives per year and is one of the top causes of death in people aged 15-44 years. Violence occurs during wars, civil unrest, terrorist attacks, domestic spaces, workplaces, and public and private institutions. In many cases, victims are too young, weak, or ill to protect themselves, while others are forced by social conventions or pressures to keep silent about their experiences.

SURVEY FINDINGS

This study covers all forms of violence specifically experienced by women within different groups and contexts in Nigeria. These forms of violence occur within family units, the general community and can be committed and/or condoned by state institutions. The forms of violence explored include intimate partner violence occurring as sexual, physical, emotional/psychological and economic violence.

Gender-Based Violence (GBV)

Gender-based violence (GBV) is violence against a person because of their gender identity and/or expression. GBV disproportionately impacts girls and women is mainly grounded in the power imbalances between genders where men are elevated to superiority over women. It is sustained by numerous factors, including socio-cultural norms, stigmatisation, and ineffective legal systems. GBV can also be exacerbated by high-pressure situations such as conflict and displacement due to collapse in social systems, lack of law enforcement, and limited access to health facilities. In these situations of unrest, violence against women is used as war instruments through forced marriages, increased sexual abuse, and forceful use of women as suicide bombers.

Womanhood

The Canadian Institute of Health Research defines sex as biological attributes in humans and animals primarily associated with physical and physiological features such as reproductive organs/sexual anatomy, chromosomal expressions, hormone levels and function. Gender is determined by socially constructed behaviours, expressions, identities, and roles of people.

In this document, the terms 'womanhood' and 'woman' include persons born female and conform to the traditional expectations of womanhood and non-biologically female persons who identify as women.

Gender identity and sexual orientation are often confused for the same thing. Sexual orientation refers to the patterns of emotional, romantic, and or sexual attraction. It includes heterosexuality, homosexuality, bisexuality, pansexuality, and asexuality (HealthLink, n.d.).

FINDINGS FROM ONLINE AND OFFLINE SURVEYS

In presenting the findings of the field and online surveys, it is essential to categorise

the critical characteristics of respondents (all women) to the survey in terms of location, age, highest educational level and relationship status.

Location of Respondents

The dispersion of respondents by state are listed in this section. The states with the most respondents are Lagos with 7.8%, Niger with 7.6% and FCT-Abuja with 7.5%. From 26 other states, the number of respondents ranges between 1.3% to 4.2%. 7 states have respondents representing under 1% each. These are Sokoto, Taraba, Yobe, Jigawa, Adamawa, Bayelsa and Edo. The states with the lowest number of respondents located in north-eastern Nigeria, a conflict-ridden area. As stated earlier, engaging women in these areas proved extremely difficult. 2 states in the southern part of the country, Bayelsa and Edo, presented low respondents due to limited responses from the women and specific enumerator challenges. Please see the full breakdown of the 36 States in the annexe to this report.

Age of Respondents

Most respondents surveyed fall within the 26-35 age range at 40.6%, followed by the

18-25 range at 32.1%, at 36-45 at 19%. The lowest age groups represented are age 46-55 with 6.7% and 56+ with 1.6%. Our survey did not target or include persons below 18. See Table 1.

Highest Level of Education of Respondents

Approximately 47% of the respondents are educated up to a tertiary level. 29.3% are educated up to a secondary level and 10% educated with post-graduate levels. Women with no formal education make up 7.7% of respondents, while those educated up to a primary level are at 5.8%. Our researchers endeavoured to include women in rural and remote areas to ensure a comprehensive representation of women in Nigeria.

Relationship Status

The majority of women represented under this study are single at 42% of respondents, followed by married women at 34% and 8% of respondents in a relationship. Women separated from their partners stand at 5.2%, those living with an intimate partner at about 4%, while widows make up 3.3% and divorcees 2.9% of respondents.

Table 1: Age, Highest Education Level and Relationship Status of Respondents

Age (n=3234)	Frequency	Percent (%)
18-25 years	1036	32.03
26-35 years	1313	40.60
36-45 years	611	18.89
46-55 years	219	6.77
56+	55	1.70
Highest level of Education (n=3,222)		
No formal education	249	7.73
Primary	187	5.80
Secondary	934	28.99
Tertiary	1524	47.30
Postgraduate	328	10.18
Relationship status (n=3,243)		
Divorced	96	2.96
In a relationship	276	8.51
Living with an intimate partner	126	3.89
Married	1113	34.32
Separated	168	5.18
Single	1356	41.81
Widow	108	3.33

Findings on the Forms and Prevalence of Violence against Women in Nigeria

1. Inappropriate Touching

The culture of groping and inappropriate touching in Nigeria must be understood to draw some insights into its prevalence. It is common for men traders in marketplaces to grope and physically harass women in these spaces (Guardian, 2019). These acts are normalized under the guise of attempting to attract women to their stores to patronise them. (NPR, 2019). Men who visit these markets do not get similar treatment either from other men or women traders. This differential treatment shows the prevalent culture of entitlement to women's bodies by the generality of men in the country.

In response to this, there have been several outcries by women lamenting this unaddressed violent behaviour. Women have taken to protecting themselves by going to market in pairs/groups, arming themselves with pepper spray and yelling/ fighting back the men who harass or try to grope them.

In 2018, about 20 women physically protested against the harassment and bullying faced by women in the Yaba market in Lagos state, a market whose traders are pretty notorious for this violation of women's rights. The protest garnered online support, with multiple women sharing stories of similar experiences in markets across the country (Guardian, 2019). The types of inappropriate touching experienced in marketplaces include unsolicited touching and groping of body parts; arms, breasts, and buttocks (Guardian, 2019).



It was thus crucial to explore inappropriate touching as one of the forms of gender-based violence perpetrated against women in Nigeria. When asked if they had been touched inappropriately in various settings, including the street, at home or in the workplace, etc., 57% of respondents answered Yes, and 43% answered No.

sexually inappropriate acts towards girls and women.

This prevalence of inappropriate touching shown by our current findings at 57% being affirmative responses corresponds with polls and similar studies that show women experience high levels



Some theorists have linked sexual harassment with the dominant economic power of men over women. (Farley, 1978; MacKinnon, 1979) These theorists posit that where traditional inequitable power dynamics exist between men and women, women who most often have less power and control are more likely to

experience sexual harassment, including inappropriate touching. This unequal power dynamics stems from systemic patriarchy and exists in Nigeria. With men occupying more positions of authority in religious organisations, schools, and workplaces, many utilise their positions to extort, manipulate, and perform various

of inappropriate contact in various settings. One study conducted in Taraba State documented the prevalence of inappropriate touching and other forms of sexual harassment against female university students of a tertiary education institution within the State (Onoyase, 2019). Another study showed that 81.5% of street hawkers from two urban cities in Anambra experienced inappropriate touches (Ikechebelu et al., 2008)

In the workplace, inappropriate touching takes another form. It includes acts like shoulder rubs/pats, massages, brushing bodies, and so on. These acts are mainly carried out by male colleagues who are often superior to the women (Haruna et al., 2016). These experiences often lead to physical and psychological consequences (Fitzgerald et al., 1988), such as strained work relations, job dissatisfaction and emotional distress (Dey et al., 1996).

2. Physical Abuse

Physical abuse was defined as an instance where a person “punches you with fists or hits you with something that could hurt you or in any way injures your body.” 37% of the 3,416 respondents affirmed that they had experienced gender-based violence in terms of physical abuse. Physical abuse is not accidentally carried out. It is an

intentional act aimed at causing injury or hurt to another person, usually to assert the perpetrator’s dominance and make the victim act by the perpetrator’s wishes. Although it is and should be a criminal act, many cultures and laws applicable sustain the physical abuse done by men against women, especially women who are these men’s wives, intimate partners, children, dependents or even work subordinates. Victims of physical abuse experience lasting effects on their physical and mental health.

3. Sexual Abuse

Sexual abuse, within this study, was defined as a situation where a person “physically forces you or forces you with threats or coercion to have sexual intercourse or carry out other sexual act”. Sexual abuse or violence within this study is viewed in private and public spaces; and includes marital rape, sexual harassment, commercial sexual exploitation and ‘corrective rape’. In this research, 29% of the 3,416 respondents stated they had experienced sexual abuse at least once in their lives.

This finding supports previous surveys on VAW in Nigeria. For example, a 2014 UNICEF report showed that 1 in 4 women had experienced sexual violence in



childhood, with multiple incidents in over 70% of respondents (UNICEF, 2016). Of the 24.8% of women aged 18 to 24 who experienced sexual abuse before 18, only 5% sought help; and 3.5% of that figure received some form of assistance. These figures are still vastly underestimated as many cases of sexual assault and rape go unreported in Nigeria (NOIPolls, 2019). Not only are the instances of reporting low, prosecution and conviction rates (of the reported cases) are also very low. For example, in Anambra State, out of 155 reports of sexual violence, only 12 were pursued by the police with no successful convictions (Tade and Udechukwu, 2020). Similarly, just 10 out of 283 cases

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One study conducted in Taraba State documented the prevalence of inappropriate touching and other forms of sexual harassment against female university students of a tertiary education institution within the State (Onoyase, 2019).

of sexual violence against children were prosecuted until conviction in Lagos in 2016 (Akpoghome et al., 2016).

The comparatively low number of cases reported, prosecuted and offenders convicted is due to many factors. The deeply entrenched culture of victim-blaming and shaming permeates social organizations, workplaces, public institutions, religious and family settings. Socio-cultural practices burden victims with proving that they did not “tempt” or “lure” men through their clothing or behaviour. People have been conditioned to ask victims and survivors of sexual abuse questions like: “What were you wearing?” “Were you drunk?” “Did you go out at night?” “Were you friendly with him before then?” Women living with disabilities are met with outright disbelief. Law enforcement agents and medical first responders exhibit condescending attitudes and biases against victims/survivors of sexual abuse. LBQTI women are seen as non-conforming and therefore “abnormal”, facing additional stigmatisation. This group of women and sex workers are regarded as “illegal” by law enforcement officers who should thus be punished for their offences. Families, groups, and individuals protect

perpetrators who are mostly men, to the detriment of survivors/victims.

These factors actively discourage women, including LBQTI women, sex workers and women living with disabilities, from disclosing their experiences. Sexual abuse is seen as an experience that disgraces the victim, not the perpetrator. Coupled with the culture of male entitlement, rape culture is sustained, and sexual abuse continues.

4. Cyberbullying

With the advancement of technology, violent practices and bullying have also evolved to take place on internet platforms like social media. As people use online and social media platforms, increased exposure to and experiences of cyberbullying are observed (Circello, 2013). The online social environment is less constraining, creating an illusion of freedom. People express themselves more freely; this freedom and illusion led to sometimes a more aggressive form of bullying (Caspi & Gorsky, 2006). This online environment also allows cyberbullying by distributing unsolicited texts and images that may be used to embarrass and blackmail others, including revenge porn (Mishna, Saini, & Solomon, 2009).



For this study, cyberbullying is defined as **“online stalking, harassment or bullying using electronic means.”** About 12% of respondents expressed that they have experienced or been victims of cyberbullying. In Nigeria, documented experiences of cyberbullying are becoming more prevalent on social media platforms against women, women who are activists, LBQTI women, secondary school and university students (Adebayo, Ninggal and Ajiboye, 2019). Some researchers have argued that the

increase in cyberbullying among these groups results from the increased usage of social media platforms. As the internet proliferation continues, there is a high possibility of bullying being transferred increasingly to online spaces (Olumide, Adams and Amodu, 2016).

The intersection between sexual abuse and cyberbullying

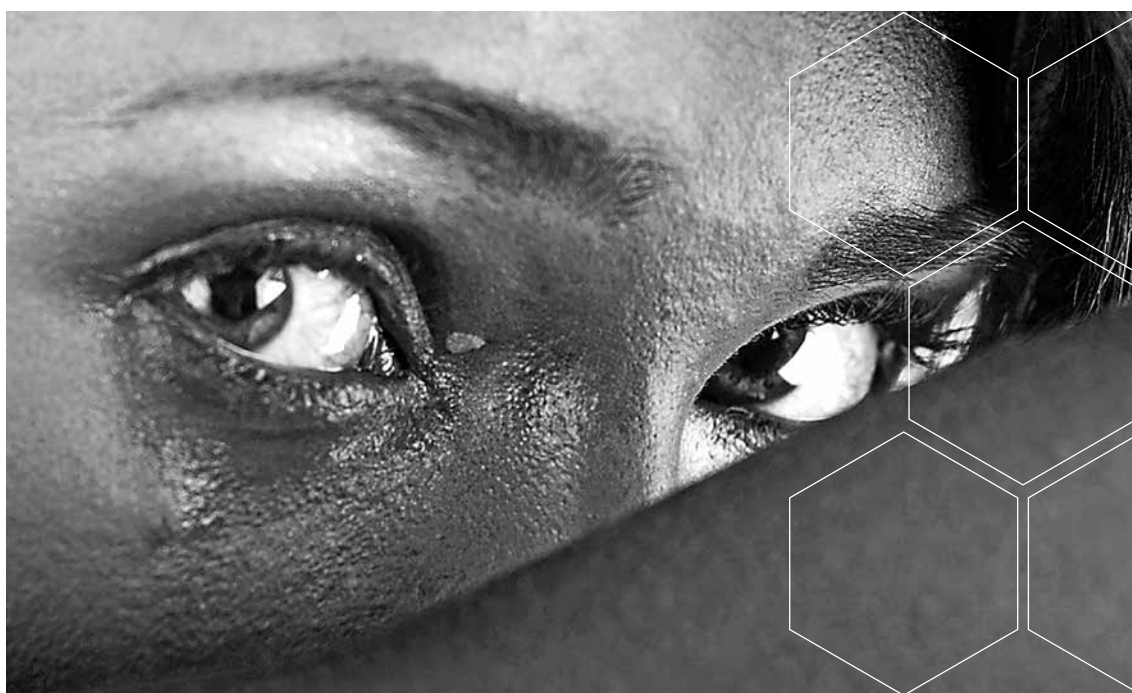
Sexual abuse or harassment also occur on online platforms and can intersect

An Inclusive Study of Violence Against Women in Nigeria

with cyberbullying. While the full extent of this intersection was not explored in the questionnaire, the survey collected information on respondents' cyberbullying experiences. The intersectionality of cyberbullying and sexual abuse was also somewhat addressed during the key informant interviews (KIIs), and the prevalence of this form of violence against women repeatedly stated.

The intersection of cyberbullying and sexual abuse falls under revenge porn or "image-based sexual abuse". Perpetrators will, without consent, create, distribute, or threaten to distribute nude or sexual images belonging to victims to family members and the public. These

perpetrators are primarily intimate partners, persons known to the victims, acquaintances and less often, strangers. Their motivations range from monetary gain, sexual gratification, and retribution when they have been rejected and voyeurism (Henry et al., 2019). Aborisade (2021) documented women's experiences with revenge porn stating the motivations of the perpetrators and consequences to the victims. Blackmailing is frequent in revenge porn cases, with vast potential consequences. In one case from 2017, a victim's sextape with her same-sex partner was leaked on social media platforms by persons known to her, exposing them to increased hatred and violence. (Daily Post, 2017). Another documented case



occurred where a lesbian was deceived into sharing intimate photos with an alleged prospective lover who turned out to be a man who threatened exposure of the photos online and sexually assaulted her upon their meeting (Reuters, 2020). LBQT women remain at high risk of cyberbullying via threats to “out” them. In Nigeria, imaged based sexual crimes are forbidden under the Cybercrimes Act enacted in 2015. Specific accommodations under the Criminal Code Act, as detailed in section 233D, criminalize the publications of obscene images. However, there has not been any notable enforcement of these laws in the prosecuting of cyber-related crimes.

5. Verbal Abuse

“Verbal abuse” is defined in the survey as when a person “says or does something to humiliate you in front of others or in private.” About 50% of respondents confirmed that they had experiences of verbal abuse. This finding correlates with studies that describe verbal abuse as one of the most prevalent forms of violence globally. It is often the hardest to prove as evidence is sometimes more challenging to collect and defend (Tomison and Tucci, 1997). This difficulty also exists where

there are laws exist to protect persons from verbal abuse and harassment. Although section 14(1) of the VAPP Act penalised offences of verbal abuse, there have been no documented prosecutions of verbal abuse under that provision.

However, the realness of verbal abuse and its long-lasting effects on victims is not lessened because it is difficult to identify. It involves name-calling, threats, harsh/unfair criticism, blaming, gaslighting and even “prolonged silent treatment”. Despite being so commonplace that victims many not readily identify that have experienced or are experience verbal abuse, it has severe impacts on



the lives of victims. These effects can be extended for long periods and include PTSD, anxiety, decreased self-esteem, mood shifts, chronic stress, feelings of guilt and shame.

6. Forced Marriage

Forced marriage was defined as a marriage that “takes place against your will; or a marriage that you agreed to, but you did not really have a choice.” 4% of respondents said they had experienced this. 49% of respondents who had been forced into marriage experienced it between 14-19 years, about 34% after 20 years and 2% under 13 years. This finding affirms the high prevalence of child marriages in Nigeria despite efforts to curb this cultural norm. It also highlights the deeply entrenched beliefs on the elevation of marriage as something which betters women and the utilisation of marriage as a tool of controlling women’s sexuality of “correcting” sexual orientation from homosexuality or bisexuality to heterosexuality.

7. Genital Mutilation

In the surveys, we defined “genital mutilation” as “cutting or removal of some or all the external genitalia.” 3.8%

of respondents affirmed that they had experienced this form of mutilation. This finding supports the fact that while advocacy and government efforts have led to a reduction in the practice of FGM/FGC, it still exists due to entrenched beliefs in tradition. Persons who continue to adopt this practice see it as a tradition that must not be derogated from or utilise it for economic gain. While this study did not focus on intersex genital mutilation, which affects persons in Nigeria, including women, many intersex persons experience these surgeries aimed at “correcting” their genitalia to fit into notions of binary male and female bodies. This is holistically addressed under another study.

Other responses on experiences of gender-based violence

When asked the forms of abuse experienced, 1.2% of respondents stated that they had experienced “other” forms than were listed and are discussed above. Some respondents disclosed these forms to include emotional or psychological abuse, verbal coercion, unwanted touching by older people as children, among others. 4% of respondents indicated that there were “not sure”.

This response includes both not being sure whether they have experienced the listed forms of violence and if they have experienced gender-based violence at all. As discussed above, many forms of violence are difficult to identify. With a patriarchal culture, the subjugation and silencing of women and the perpetration of violence against women are so normalised that many people cannot tell that many acts amount to violence.

Also, 23% of respondents indicated that they had never experienced any form of abuse. Due to the strictly defined forms of abuse in the questionnaire, some respondents may have been dissuaded from selecting a category if they felt their experiences were not accurately captured. Similarly, the finding corroborates previous findings showing that an overwhelming majority of women experience gender-based violence, not every single woman ever born.

PREVALENCE OF ABUSE BY AGE, EDUCATION AND MARITAL STATUS

This sub-section cross-tabulates the prevalence of some forms of abuse by age, level of education and marital status.

Physical Abuse

Physical abuse was most prevalent among respondents with primary, secondary education and those with no formal education with 31.7%, 31.1% and 25.4% of respondents experiencing these forms compared to 23.4% and 22.5% for tertiary and post-graduate education, respectively. Some other studies have argued that the perpetration and experience of violence directly link with education, where people with lesser education are more likely to perpetrate violence, and uneducated women are more likely to experience violence (Sexual Violence Research Initiative, n.d.). Low or no education is an individual-level risk factor for being a victim of intimate partner violence (Jewkes, 2002). While the findings in our research support this assertion, the levels of physical abuse perpetrated against women with higher education are still high. However, the justification of physical violence is more prevalent in women and men who are illiterate, low-educated, traditionalists and reside in rural areas, according to a study conducted using the 2008 Nigerian Demographic and Health Surveys (Okenwa-Emegwa, Lawoko and Jansson, 2016).



There are no significant correlations between physical abuse and age and marital status.

Forced Marriage

Forced marriage was most prevalent among respondents aged over 35, with the highest rates occurring in women aged 56+. Present findings showed that 12% of the respondents in that age group had experienced forced marriage, although most of the total respondents who have been forced to marry experienced this between the ages 14-19. The data obtained on forced marriage also showed a correlation with educational

attainment. Respondents with no formal education presented the highest levels of forced marriage with 14%, followed by women with primary education with 6.7%. This finding is unsurprising because existing data shows that girls' education is cut short for the purpose of sending them into marriages. More so, cultures whose adherents believe that women are homemakers solely are not likely to educate their girl children before forcing them into marriages. The data also supports the widespread locations in which the questionnaires were disbursed as remote and rural areas may not prioritise formal, western education.

Figure 1: Prevalence of GBV among respondents

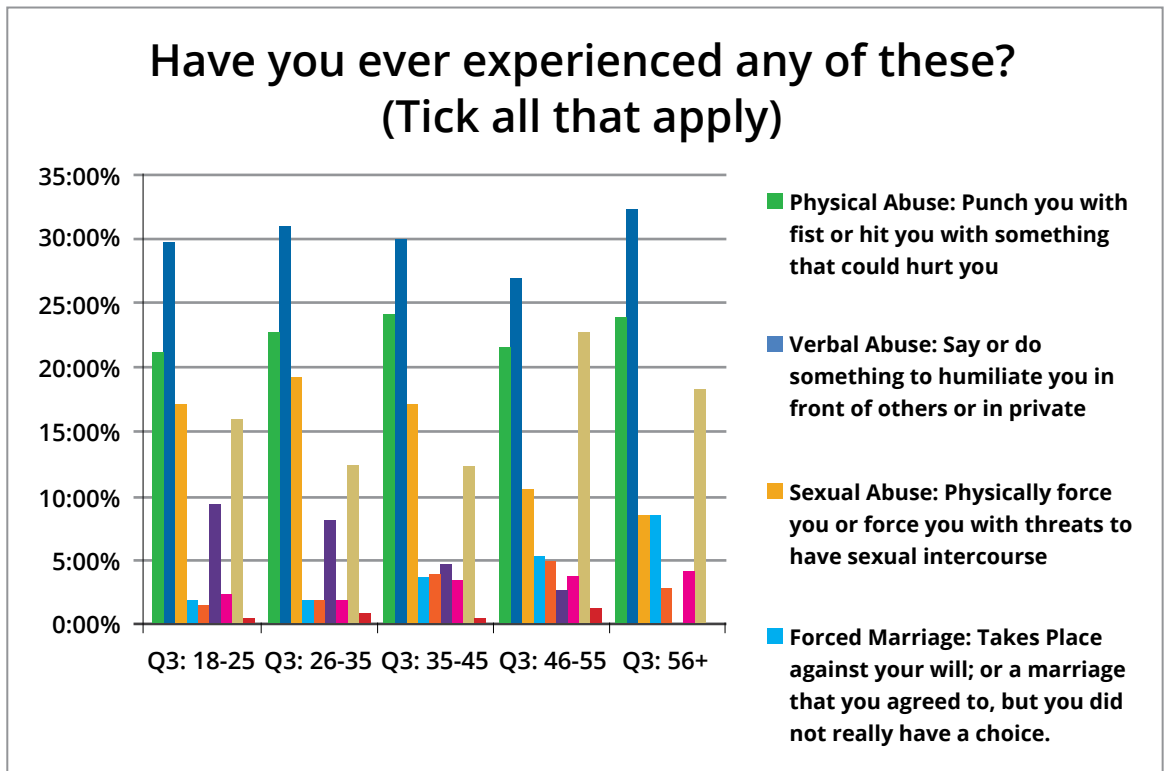
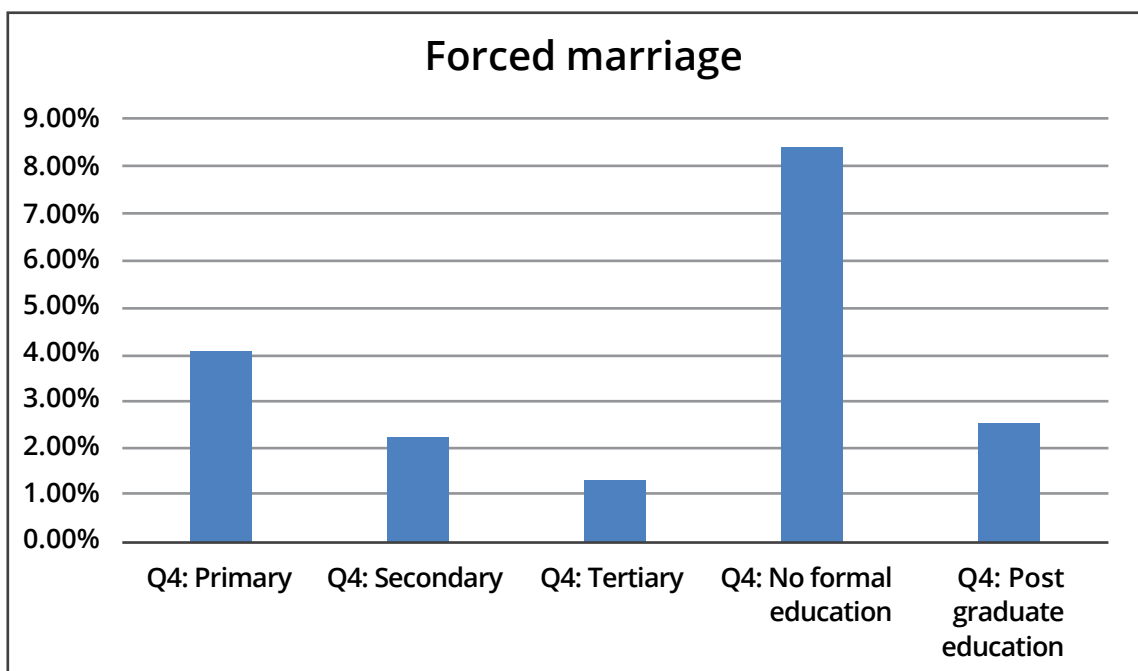


Figure 2: Prevalence of forced marriage and educational attainment.



Cyberbullying

This form of abuse appears most prevalent in younger age groups, as represented in this present finding. 15% of respondents aged 18-25 and 13.9% of those aged 26-35 reported cyberbullying experiences. The other age groups reported between 2% and 8%.

As the number of internet and social media users increases in Nigeria, so does the prevalence of cyberbullying. It is particularly prevalent among young people whose use of these platforms is higher than most other groups. A 2019 study of tertiary level students in Ilorin, Kwara State, showed that approximately 32% of them had experienced cyberbullying (Balogun et al., 2019). (Ijachi, 2019). Cyberbullying can include cyberstalking, trolling, and outing (Nobullying, 2014)

While there is limited information on the prevalence of cyberbullying among sexual minority women in Nigeria, some studies have affirmed that sexual minority females reported a greater frequency of cyberbullying than male sexual minority youth (Rice et al., 2015, Hinduja and Patchin, 2012). Additionally,

a study on cyberbullying across OECD countries in persons aged 15 reported a prevalence of 12% of cyberbullying among girls compared to 8% for boys. Girls were reported more likely to be targeted through digital media platforms in most OECD states than boys (OECD, 2019).

Cyberbullying also presents an interesting form of violence against women, as some researchers have stated that younger women are more likely to be perpetrators of cyberbullying. According to Raskauskas and Stoltz (2007), bullying among women occurs indirectly through relational means through gossiping, spreading rumours, ignoring/excluding persons and other indirect manipulative behaviours. It is also important to acknowledge that some research has highlighted the significant overlap between traditional bullying and cyberbullying, and thus they should not be viewed as separate phenomena's (Kowalski and Limber, 2013). In this regard, the culture of male subordination of women and entitlement to women's bodies permeates internet platforms and promotes violence against women through cyberbullying.

PERPETRATORS OF VIOLENCE AGAINST WOMEN

Our findings in this research show that the most dominant perpetrators of violence against women generally fall into three categories. They include friends at 28.5%, strangers at 27.8%, spouses/intimate partners at 26.1%, and uncles/aunts/cousins with 16.2%. It must be noted that respondents chose all options relevant to their experience in filling out the questionnaires. This structure may have contributed to a bias in the representation of GBV perpetrators. In addition, the forms of violence listed in the questionnaire, like inappropriate touching and groping,

carried out mostly by strangers, may have led respondents to be more aware of the instances they experienced this. Nonetheless, these results show that violence against women is carried out by a wide range of persons with almost no exception: friends, strangers, family members, spouses and intimate partners are all culpable in committing GBV against women in Nigeria. These findings correlate with other reports that perpetrators of violence against women are often close to the victims.

See the full breakdown of perpetrators in the Table 2.



Table 2: Perpetrators of Violence against Women

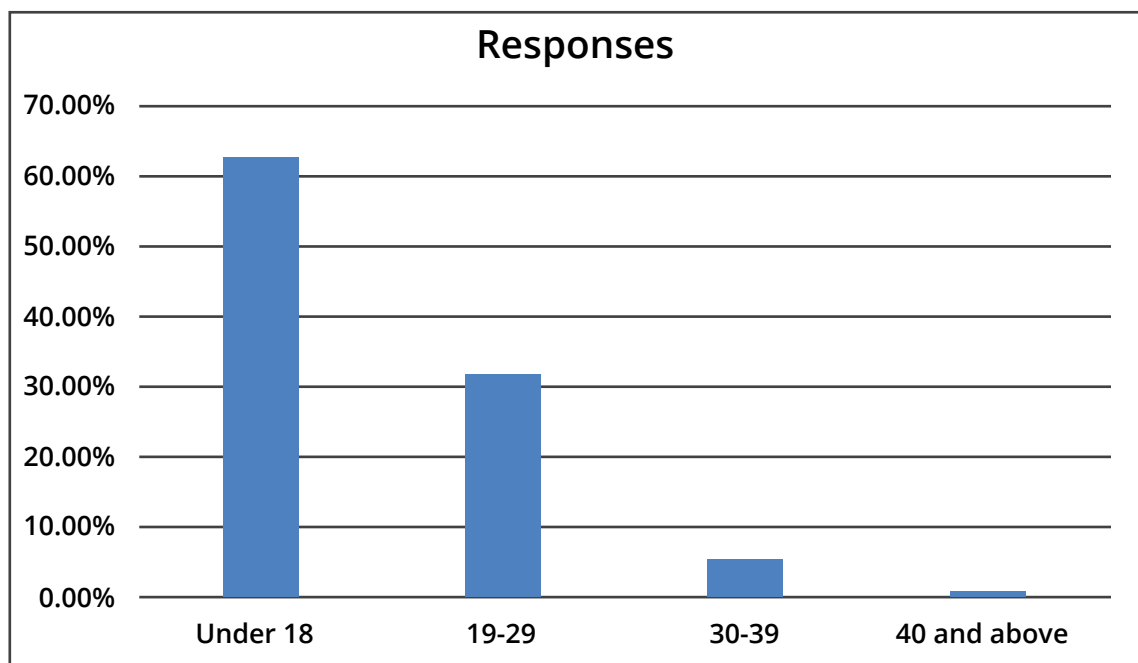
Perpetrator	Percentage	Frequency
Spouse/Intimate partner	26.07%	746
Friends	28.51%	816
Siblings	9.71%	278
Parents	14.99%	429
In-laws	5.87%	168
Colleagues	14.54%	416
House help/caregiver	4.75%	136
Uncles/Aunts/Cousins	16.11%	461
Children	0.91%	26
Employer	8.07%	231
Teacher	8.67%	248
Stranger	27.85%	797
Other (please specify)	17.19%	492
		n= 2900

The perpetrators can also be categorized according to the various forms of abuse.

Sexual Abuse: On sexual abuse specifically, our findings show that “strangers” act as the most common perpetrators of sexual abuse, with 43.2% of respondents experiencing sexual abuse from that group. This group is closely followed by “friends”, with 42.7% of respondents disclosing that they had experienced sexual abuse from them, and spouses/intimate partners at 38.2%. Respondents were also asked the age of their first experience with sexual abuse, and the most prevalent age of occurrence is under 18 years, with approximately 63% of respondents. At these ages, sexual harassment is

prevalent despite the age of consent laws. Older men are known to target and groom very young girls (and boys). Importantly, sexual abuse at these ages from close family members is also widespread in Nigeria. Our findings support these assertions.

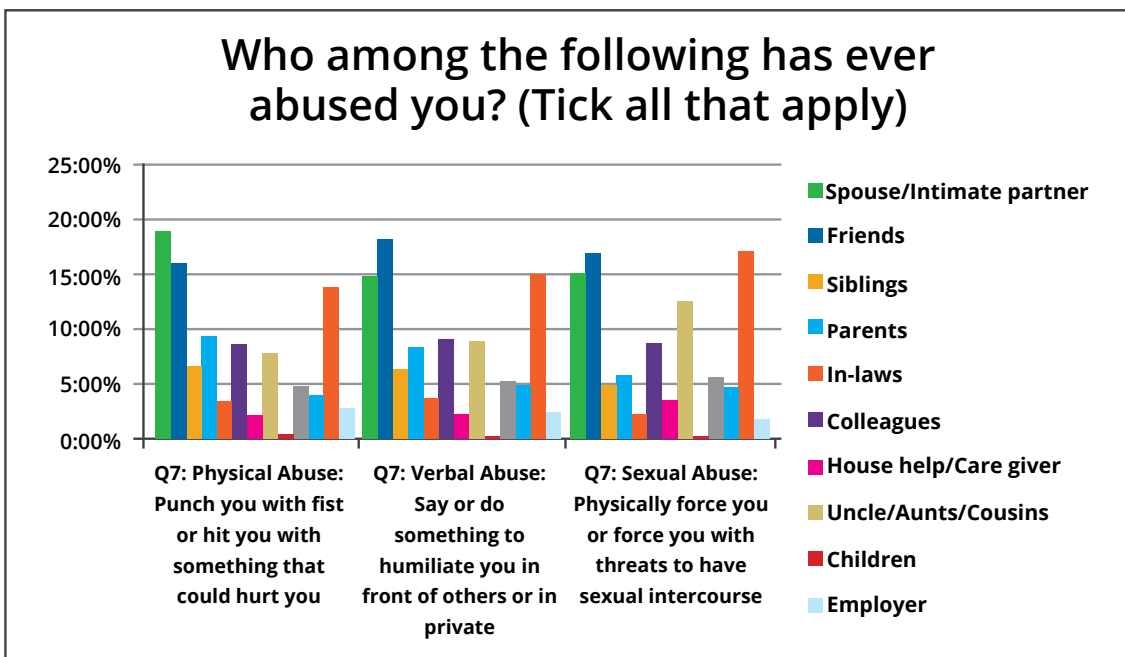
Figure 3: Prevalence of Sexual Abuse by Age



Physical Abuse: Our findings from this study showed that respondents experienced physical abuse from their spouses/intimate partners more than any other group, at 45.2% of respondents. The next group, “friends”, physically abused 38.2% of respondents while “parents” abused 22.3% of respondents, more than other groups of perpetrators. As discussed earlier, laws and cultural norms sanction male dominance and intimate partner violence. This supports the finding that women suffer physical abuse from their intimate partners and spouses more than any other group of persons. It is also worrisome that “friends” take advantage of the weak protection of women’s rights and physically harass women in the country. Strangers are also perpetrators of physical violence, which is in line with numerous accounts and reports of women being harassed in public settings.

Verbal Abuse: This form of abuse occurred mainly from friends, with 43% of respondents experiencing verbal abuse from that group, 35.4% from strangers and 35.1% from spouses/intimate partners. Yet again, while it is challenging to identify verbal abuse, it is a cause for concern to note such high instances of verbal abuse from “friends”. It is not surprising, although still concerning, that strangers verbally abuse women as it is commonplace for unknown men in the streets, markets, and public places to hurl insults at women without redress. Spouses and intimate partners have been proven, multiple times over, to perpetrate all forms of violence against their women partners.

Figure 4: Prevalence of Physical, Verbal, and Sexual abuse by perpetrator



FORCED MARRIAGE

7.2% of respondents have been forced into marriage, while 92.8% have not. When asked the ages when forced into marriage, approximately 51% stated the age group of 14-19, followed by 31.2% from the 20+ age group. Research has shown that the parents and families of women are the main actors in perpetrating forced marriages for several reasons. In this survey, 27.8% of responses showed that religion was why they were forced to marry, making this the most common factor. Following this, unplanned

pregnancies, financial reasons, and culture at 13.1%, 11.6%, and 10.4% of responses respectively make up the next most common reasons for forced marriage.

These reasons are in line with common practices often found in Nigeria. Young girls and women will often be viewed and treated as commodities to be sold to improve their families' financial stability; thus, child marriages are more prevalent in communities with lower socioeconomic status (World Bank, 2016). There is also a stigma and shame imposed on unmarried mothers and families, therefore, pressure girls and women into marriages to prevent public scrutiny. One study conducted in Anambra State reported forced marriages due to unplanned pregnancies in teenage girls (Ilika and Anthony, 2004). Although only 1.93% of respondents chose 'sexual orientation' as the reason they were forced into marriage, this is significant to show that lesbian, bisexual, and queer women experience forced marriage by persons who seek to "correct" their sexual orientation. Forced marriage for any reason is a form of VAW and a derogation of women's rights.

Table 3: Reasons for Forced Marriage

Reason for Forced Marriage	Percentage	Frequency
Culture	10.42%	27
Religion	27.80%	72
Age	8.88%	23
Sexual orientation	1.93%	5
Peer Pressure	6.18%	16
Unplanned pregnancy	13.13%	34
Finance	11.58%	30
No Reason	3.09%	8
Not Applicable	16.99%	44
		n= 259

Prevalence of Forced Marriages by State

The prevalence of forced marriages varies by different geographical regions and states within Nigeria, usually due to cultural practices and religious beliefs. According to a study conducted by the Women's Rights Watch, forced and early marriages in northern Nigeria are a primary part of their culture and religion. (Canadian Immigration and Refugee Board of Canada, 2012). Many of the child/forced marriages carried out in the country are also targeted at controlling women's and girls' sexuality and "promiscuity reduction" (Bamgbose, 2002).

Forced marriages are particularly prevalent in northern states like Bauchi, Borno, Gombe, Kano, Katsina, Kebbi, Nasarawa and Sokoto (CSIS, 2002). This

assertion correlates to the responses of women in some of the states listed in Table 4. An interesting observation was the prevalence in responses related to forced marriages in Ondo and Oyo States, two south-western states. Cultural practices adopted in these areas can also account for these. In addition, the respondents were not asked the State in which the forced marriage had occurred, and that may have introduced some reporting bias to the study.

The impacts of child/forced marriages on women are long-lasting, affecting various aspects of their lives, including their physical, emotional, and reproductive health, significant delays in or an end to education, and constraints to their economic development, which fosters financial dependence on men (Adedokun, Adeyemi and Dauda, 2017).

“

One study conducted in Anambra State reported forced marriages due to unplanned pregnancies in teenage girls (Ilika and Anthony, 2004).

Table 4: Prevalence of Forced Marriages by State

State	Frequency (N)	Percentage (%)
Borno	69	29.61
Katsina	16	6.87
Kebbi	12	5.15
Nasarawa	14	6.01
Ondo	20	8.58
Oyo	12	5.15
	N=233	

DURATION OF ABUSE

Studying the length of time over which perpetrators carry out various forms of VAW is vital in formulating measures to protect women and combat GBV. Investigating the duration of abuse is also important because, in many cases, VAW occurs in a continuum. In this study, respondents were asked the length of the abuse they experienced from a minimum of 1 month to a period longer than 12 months.

Table 5: Duration of Abuse

	Physical Abuse	Verbal Abuse	Sexual Abuse	Genital Mutilation	Forced Marriage	Cyberbullying
1-6 months	18.52%	20.31%	13.96%	1.60%	0.59%	5.27%
6 - 12 months	13.67%	18.54%	10.92%	0.17%	0.80%	2.79%
12 months and above	15.66%	23.23%	10.25%	0.56%	2.09%	3.47%

In terms of duration of abuse, verbal abuse and forced marriages lasted the most prolonged time, lasting over 12 months in both cases, according to respondents with 23% of responses on verbal abuse and 2% of responses on forced marriage. By its very nature, forced and child marriage is socially designed to last an extended period, usually the lifespan of the parties.

An important thing to consider regarding verbal abuse in Nigeria is that it is socio-culturally normalised. Verbal abuse is common in Nigeria as an act that begins right from childhood. For example, it has long been described as ***“the habitual use of abusive language for correction or education of the child and may be demonstrated in the actual language used, by intonation or gesture, and is found in the form of constant teasing or in the pronouncement of a curse”*** (Wilson and Afamefuna, 1986). Most women are conditioned to accept verbal abuse as an everyday norm, and this conditioning remains with them until adulthood. Given the gendered power imbalances, women are relegated to a child-like position where they are constantly verbally chastised by their male partners, who assume the “parent” role.

HELP-SEEKING BEHAVIOUR: REPORTING CASES OF ABUSE

Help-seeking behaviour is any intentional action taken to seek help from sources like health care providers, trusted members of the community, family and close friends in instances where an individual has encountered a stressful situation (Rickwood & Thomas, 2012).

Nigeria has one of the lowest rates of help-seeking behaviour among victims of gender-based violence. By previous studies, among women aged 18–49 who have survived physical or sexual violence, 45% never sought help or told anyone about the experience; only 31% sought help from any source, and 12% told someone about their experience but did not seek help (NPC and ICF International 2014). This data showed that help-seeking behaviour is at its lowest level in Nigeria’s northeast region, where only 23% of female survivors of intimate partner violence have sought help, and at its highest in the southeast, where 37% have done so.

Help-seeking behaviours among urban and rural women are minimally different at 32% and 31%, respectively (NPC and ICF

International 2014). These low levels of help-seeking behaviour by survivors are due to the stigma around gender-based violence, criminalisation of same-sex marriages and issues around sex work. These attitudes reinforce the impunity and acceptance of GBV among survivors, their families, and their neighbours, who seek to cover up incidents. It is even common for health providers and justice and security officials to “look the other way”, foster “reconciliation” among victims and perpetrators and ignore cases of GBV.

Under this study, a disturbing majority of respondents did not seek help after experiencing violence, based on the reasons delineated above. 90.5% of respondents did not report their abuse to any security agencies like the Police, Civil Defence, the Office of Public Defender, and the Department of Social Work/Welfare. In comparison, 9.5% claimed they reported to one of the various parties. 27.1% of respondents claimed reports were made to parents, friends, co-workers, religious leaders, community leaders and NGOs.

Reporting is only a stage of help-seeking behaviours. Many times,

not much action is taken to hold the perpetrators accountable after reporting. It is noteworthy that while only 27.1% of respondents reported to family members alone, it was only in 40.5% of those cases that some action was taken against the perpetrator. The fact that perpetrators are not held accountable contributes to the low percentage of help-seeking behaviours and the cultural acceptance of violence against women. Domestic violence, while very prevalent, is still treated as a private issue. Law enforcement agents often fail to urgently and adequately respond to these cases, telling victims that domestic issues are resolved within families. (Aihie, 2009). This dismissal by law enforcement and family sustains the isolation and stigma surrounding violence against women.

Another barrier faced in seeking redress by survivors of violence is the justice system which includes the justice institutions, the police, the judiciary, the National Human Rights Commission. These stakeholders lack the knowledge and capacity to address GBV cases through survivor-centred lenses. Lack of funding also presents as a hindrance in implementing appropriate actions towards achieving justice. Also, many girls

and women, particularly in rural and semi-urban areas, are unaware of the laws, policies and organisations that exist to protect their rights and are thus unable to access the limited available resources.

To curb the challenges preventing help-seeking behaviours among VAW survivors, stakeholders, governments, and funders need to educate workers in the justice system and fund movements addressing GBV and promoting women and sexual minority rights. It is also vital to holistically educate all women and girls on their rights, especially those in underserved communities. These activities must be done along with steps aimed at dismantling gender stereotypes and teachings that propagate the subordination of women in Nigeria.

Table 6 below shows the actions taken when reported to non-security agencies.

Table 6: Outcomes of reporting to non-security agencies

Actions	Percentage	Frequency
Case "settled" between both parties	16.01%	139
Perpetrator warned/cautioned	15.90%	138
Perpetrator advised/counselled	6.22%	54
Perpetrator punished/sanctioned	9.79%	85
Victim referred to NGOs, hospitals, police, psychologists, etc.	3.69%	32
Victim advised to divorce/separate	6.11%	53
Other	11.18%	97
No response from the agency	31.11%	270
		n= 868

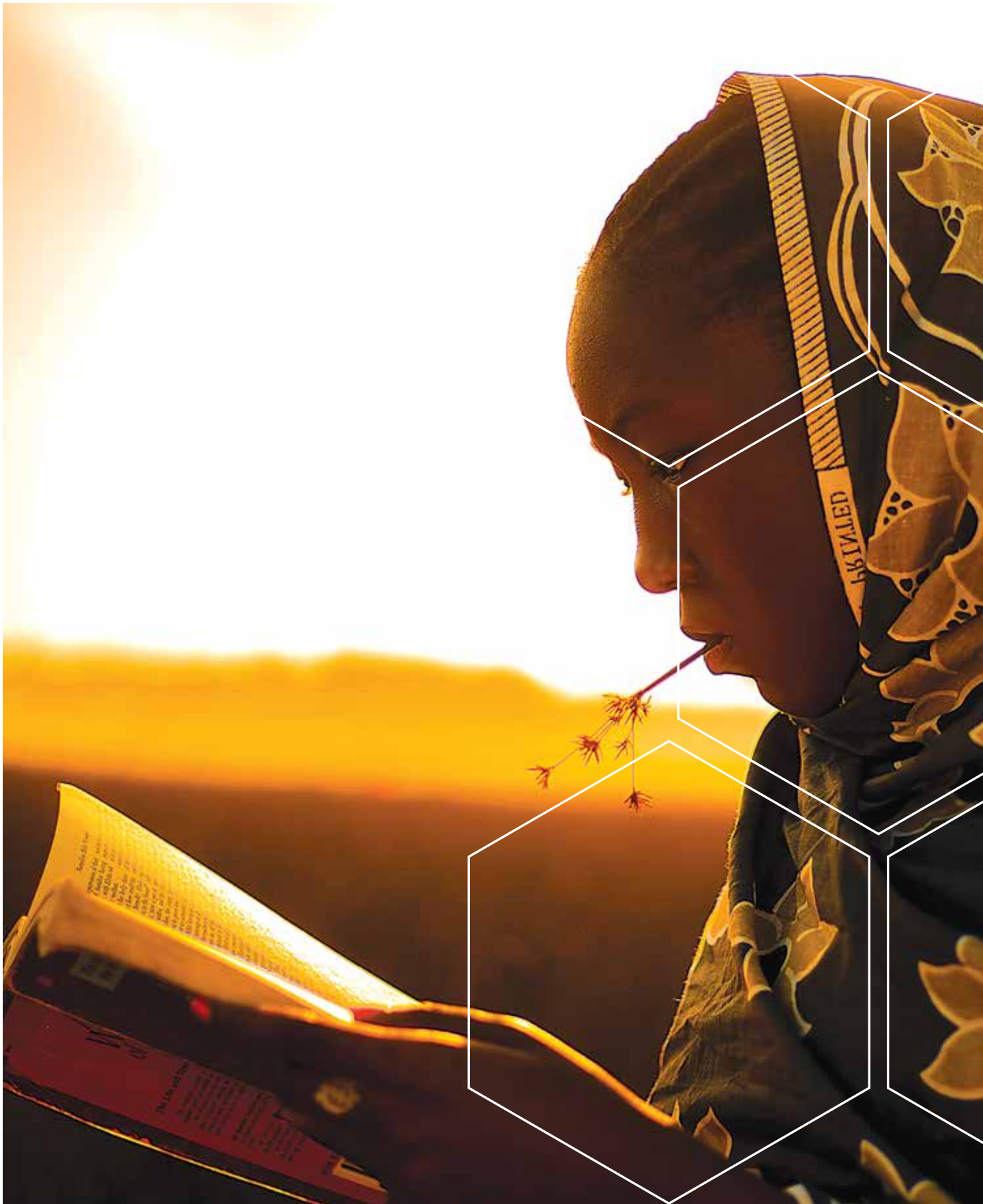
As seen from Table 6, reporting constitutes only one step in holding perpetrators of VAW accountable for their actions. In many cases, after survivors have overcome the structural and internal barriers and reported their experiences of GBV, agencies (state and non-state) present challenges that act as barriers to attaining justice. Warning/advising perpetrators and “settling” cases without embarking on investigating and prosecuting these crimes are dangerous acts as these empower perpetrators and sustain VAW.

In addition to these challenges that prevent survivors from carrying out help-seeking behaviours, another critical factor is the structural challenges with the Nigerian justice administration system. Court cases span a long time, and conviction (if it gets to that stage) will take several years to occur (Foreign Policy, 2021). As noted by several respondents in the KIIs undertaken under this study, this delay in Nigeria’s judicial system, particularly in prosecuting sexual violence offenders, along with instances of the nonchalance of prosecuting and defence officials, contributes to discouraging survivors from either continuing or instituting the cases.

Power inequalities between perpetrators and survivors of violence also play a role in low reporting. Our findings show that perpetrators often have significantly more power and status compared to their victims. These perpetrators include celebrities, teachers, religious leaders and adults with more money, influence, and social capital than most victims. As perpetrators of VAW are primarily men, this can be traced to the fact that, historically, men have had more access to economic and political power and social capital.

The low reporting rates can also be traced to the fact that family members perpetrate VAW in many cases. Sexual violence (including rape), physical abuse and all forms of VAW committed by close relatives will often result in the family “settling” the case among themselves, silencing victims, and thus empowering perpetrators.

All these actions present as barriers to achieving justice for victims and eliminating the reoccurrence of VAW/GBV.



FORMS AND PREVALENCE OF VIOLENCE AMONG MINORITY WOMEN IN NIGERIA: FEMALE SEX WORKERS

Female sex workers (FSWs) represent a marginalised group of women in Nigeria. The historical exclusion of FSWs in the country presents unique challenges to their experiences, particularly in juxtaposition to other groups of women. For instance, FSWs are at a higher risk of sexually transmitted diseases. Combined with the social stigma and isolation experienced when attempting to access health and social services, they represent a high-risk group for exposure to all forms of gender-based violence. Law enforcement agents and some clients will use the criminal status and stigma associated with their occupation to subject FSWs to abuse.

An Inclusive Study of Violence Against Women in Nigeria



Under this study, female sex workers constitute 9.4% of the total respondents. Among these, 44.4% are aged 26-35, 29.4% between 18-25 years, and 21.4% are within the 36-45 age group.

Most analyses on the reasons for engaging in sex work conclude that it results from the need to make money as poverty is a risk factor that increases the vulnerability of women and girls to partake in sex work. In many other cases where this choice is not “freely” made, women are trafficked (Alobo, 2014). Others are pressured by family members and friends, as evidenced by a study conducted on brothels in Abuja (Udeh, Uduka and Mbah, 2020). Some researchers have alluded that sexual abuse of children is one of the reasons women go into sex work at a young age (Bagley & King, 1990). This assertion is supported by the Truter and Bruwer study (2007) among sex workers in Cape Town, which estimated that 75% of women who entered sex work as adults and 95% of women who entered as children or teenagers had experienced sexual trauma before becoming sex workers. While this study did not seek to extensively analyse the reasons for engaging in sex work even at early ages, the research sought to

determine the age of the first paid sexual experiences for this group of women.

From the responses, 39% of respondents had their first paid sex work service between the ages of 15-20. This finding shows an early influence from peers, family members, and or because of poverty. 32% of respondents began sex work between 21-25 years, and 10% of the FSWs surveyed between 26-30 years. This result shows that female sex workers more commonly begin sex work at earlier ages for various already identified reasons.

Sex workers often experience many forms of violence as experienced by other women, but this group is also subject to another form of abuse called “outing”. Within this context, it is defined as “**revealing your occupation without your consent or with intent to humiliate you.**” This act is considered violent and dangerous. It exposes female sex workers to harassment by law enforcement officers and possible prosecution for “solicitation” and “indecent behaviour in a public place.” 47% of female sex workers acknowledged that they had been outed in the past, in many instances.

37.5% of respondents stated that they had been outed between 2 to 5 times. This behaviour is also normalised and prevalent in that they occur passively. While 8.6% of the surveyed FSWs stated that they had been outed between 6-12 times, 35.2% of respondents could not recollect how many times this had occurred. 18.6% stated that they had experienced this once.

PERPETRATORS OF VIOLENCE AGAINST FEMALE SEX WORKERS

The perpetrators of violence against FSWs are usually split among state and non-state actors. Many times, sex workers are exposed to these risks due to the nature of their work and to the criminalisation of aspects of sex work. Under this study, the responses show that the main perpetrators of violence against female sex workers are commercial customers or clients at 45.5% of responses, street boys at 40.3%, and the police and other law enforcement agents at 36.2%.

The violence perpetrated by FSWs' clients usually occurs during negotiations regarding payment and condom use. Many sex workers report that most of their clients do not wish to use condoms. Upon their refusal to engage in sexual services without condoms, clients' physically and or sexually abuse them. Some perpetrators also abuse FSWs after they have patronised their services and refuse to pay. Many times, violence against FSWs is a result of the unequal-power dynamics between perpetrators and FSWs in terms of gender (violence from men), social capital and economic status (violence from clients, madams, street boys), the social perception of sex work, and the criminalisation of certain aspects of sex work (along with abuse of power by law enforcement agents). The entitlement some men feel over women and their bodies, especially the bodies of sex workers, also underscores a lot of the violence perpetrated against FSWs (Okal et al., 2011).

Perpetrator against sex workers	Responses
Intimate partner (non-commercial)	15.30%
Police and/or other law enforcement agents	36.19%
Friends	7.84%
Street boys	40.30%
Family member	12.31%
Customer/client (commercial)	45.52%
Pimp	6.34%
Brothel owner or landlord	18.28%
I have not been abused	6.34%
Other (please specify)	3.73%

Table 7: Perpetrators of Violence against Sex Workers

Perpetrator against sex workers	Responses
Intimate partner (non-commercial)	15.30%
Police and/or other law enforcement agents	36.19%
Friends	7.84%
Street boys	40.30%
Family member	12.31%
Customer/client (commercial)	45.52%
Pimp	6.34%
Brothel owner or landlord	18.28%
I have not been abused	6.34%
Other (please specify)	3.73%



The high prevalence of abuse from FSWs' customers/clients reinforces theories that most abusers are known by/close to victims and often the beneficiaries of the services of FSWs render. As they are so close to sex workers and are ingrained with the social perceptions against sex work, these persons disregard and belittle FSWs, thus carrying out acts of violence against them.

The prevalence of abuse from street boys may owe to the regions/areas in which sex workers mainly reside. FSWs are often in secluded areas and street sex workers who mainly engage in services late at night have a greater risk of exposure to thugs. These street boys and thus may also form part of the clientele for sex workers, thus increasing their "familiarity" and risk exposure.

Abuse from police officers is a growing, prevalent, and somewhat unique perpetration of violence against FSWs. Numerous publications have reported a higher risk of exposure to violence from police in street sex workers (Aborisade, 2018; Reuters, 2019). The legal ambiguity surrounding sex work provides an environment where parties can pick and choose the parts of the law to uphold; often, some police officers will capitalise on aspects of criminalisation to inflict abuse and human rights violations on FSWs. Women who are not sex workers will also sometimes be arrested if they are seen out late at night in clothing deemed "indecent" by these law enforcement agents.

Table 8 is colour-coded to highlight the top 3 perpetrators of various violent acts FSW experience.

Table 8: Top perpetrators of violence against Female Sex Workers across different areas

	Inti- mate partner	Friends	Family mem- bers	Street boys	Cus- tomer/ Client	Pimp	Person in authority (police etc)
Threat	13.30%	7.45%	11.70%	21.28%	18.09%	6.38%	21.81%
Intimidation on purpose	8.14%	12.79%	6.40%	15.70%	34.88%	7.56%	14.53%
Humiliation in front of other people	6.17%	12.35%	14.81%	26.54%	24.69%	5.56%	9.88%
Insult	6.63%	14.36%	14.36%	20.44%	32.04%	4.97%	7.18%
Threats with gun, knives and other sharp object	2.88%	9.62%	4.81%	44.23%	21.15%	4.81%	12.50%
Choking or inflicting burns on purpose	7.61%	11.96%	4.35%	36.96%	25.00%	9.78%	4.35%
Hitting with fist or something else	10.00%	9.00%	9.00%	18.00%	31.00%	7.00%	16.00%
Pushing and pulling hair	12.62%	15.53%	2.91%	15.53%	35.92%	7.77%	9.71%
Slapping and throwing items	16.83%	20.79%	1.98%	19.80%	25.74%	6.93%	7.92%
Forced sex without condom	12.40%	8.53%	2.33%	27.91%	37.21%	4.65%	6.98%
Forced sexual practices	10.83%	7.50%	4.17%	19.17%	38.33%	8.33%	11.67%

As seen from Table 8, intimate partners, friends and family members also regularly abuse FSWs, making it extremely difficult for sex workers to seek respite from anyone and increasing their isolation from other persons. Perhaps even worse, FSWs cannot report their experiences to law enforcement officers. Under this study, we asked the FSWs surveyed questions relating to their encounters with police officers. 43.3% of respondents had been arrested by police officers at least once. Of these, 61% claimed that the frequency of arrests is rarely at once every few months, 30.3% of respondents answered “occasionally – few times a month” and 7.6% stated that they are arrested “regularly – at least every week.”

All these perpetrators of violence against FSWs use physical, sexual, and verbal abuse in harassing sex workers in the country. From law enforcement officers, the most prevalent forms of violence are threats, intimidation, physical violence, threats with objects including guns and knives and forced sexual practices, respectively. The primary response by many officers in dealing with citizens is to use violence and intimidation tactics. This behaviour is usually because they are under-trained and are not held accountable when they abuse human

rights. Perhaps more specifically, within this context, police and law enforcement officers are heavily influenced by patriarchal ideologies, including an entitlement to women’s bodies and purity culture which shames women for having sex. When interlaced with the unequal power dynamics between law enforcement officers and female sex workers, these factors contribute to them physically and sexually assaulting women because they are sex workers. As the state does not punish these offenders, the crime against female sex workers goes unabated.

Female sex workers’ experiences in accessing services

Sex workers are also stigmatized in accessing health services, particularly sexual and reproductive healthcare, despite being at increased risk of sexually transmitted diseases (STIs) and unplanned pregnancies. In this study, 27.4% of the FSWs surveyed affirmed that they had experienced stigma while accessing health care services. The effect of the discrimination of FSWs by health care providers is that it is a barrier, preventing FSWs from seeking to access the services they need. Another study shows that one-third of FSWs in Nigeria are infected with

HIV, and in some cities, 50% of all brothel-based sex workers live with HIV. (Federal Ministry of Health, 2007). FSWs confirmed that while many sex workers are now aware of the spread of HIV/AIDs, most do not know about other highly infectious STIs like gonorrhoea and syphilis and only are made aware after infection. The experiences of female sex workers with gender-based violence and social stigma are multifaceted and amount to human rights violations against this historically excluded group of women. The specific experiences of FSWs must be identified and addressed in efforts aiming to eliminate violence against all women in Nigeria.

FORMS AND PREVALENCE OF VIOLENCE AMONG SEXUAL MINORITY WOMEN IN NIGERIA: LESBIAN, BI-SEXUAL, QUEER, TRANSGENDER, AND INTERSEX (LBQTI) WOMEN

As earlier discussed, most research on gender-based violence in the country focus on heterosexual women. Similarly, although there is growing evidence

of sexual violence within and against minority groups (Fileborn, 2012), the experiences of LBQTI women are left out of the conversation as most of the discourses on sexual minorities focus on gay men. Documenting violence against LBQTI women can help in increasing knowledge of the forms of abuse, developing strategies for combatting them and garnering support for LBQTI women despite country-wide homophobic laws and attitudes. It is also important to amplify the voices of sexual minority women.

Two of the critical concepts that formed the basis for the survey question for LBQTI women are gender identity and sexual orientation. Although LBQTI persons make up about 5% of respondents, very few respondents opted to answer the question related to gender identity and sexual orientation. This could be due to a limited understanding of terms based on their educational levels and probably because some of these words are not locally used. Another reason could also be due to the sensitivity of LBQTI issues in this clime. Persons who belong to the LBQTI community in Nigeria face multiple forms of discrimination. As a result, many

LGBTQI+ persons remain isolated and are suspicious of exposing their identities to strangers. The KIIs interviewees affirmed the legitimate hesitation of respondents in disclosing their gender identities and sexual orientation and restated the importance of building trust among LGBTQI+ community members.

	Freq.	Percent	Number of respondents
Lesbian, Bi-sexual, Queer, Transgender, Intersex (LBQTI)	132	4.73	
Gender Identity			264
Woman	241	91.3	
Man	12		4.55
Non-binary	3	1.14	
Trans	5	1.89	
Sexual orientation			225
Lesbian	65	28.9	
Bisexual	55	24.4	
Queer	3	1.33	
Other	102	45.3	
- Heterosexual/straight	100		
- Pansexual	2		

This survey excluded responses from men, as target participants are women.

In the country, transgender persons face high levels of discrimination, abuse and exclusion from other groups, including other persons who may identify as LGBTQIA+. As a result, 65% of the transgender persons surveyed stated that they do not feel comfortable being transgender in Nigeria and have also faced various forms of discrimination.

Intersex women also make up a percentage of underrepresented and historically excluded women in Nigeria. This group of women experience stigmatisation, discrimination, and violence stemming from socio-cultural beliefs and a lack of awareness about intersex issues in the country. Intersex persons are usually born with characteristics that do not fit the typical male/female sex characteristics. As a result, many persons tag intersex persons as “abnormal”, and family members and health practitioners seek to alter their genitalia/bodies to conform with typical male or female bodies (BBC, 2019). However, studies show that 1 in 100 persons born is intersex (Intersex Society of North America). In this study, about 2% of women disclosed that they

are intersex. The discrimination against intersex persons, including the practice of intersex genital mutilation (IGM), must be adequately addressed. These issues are explored further in a separate study by TIERS.

Generally, various forms of violence are perpetrated against women who are LBQTI precisely because of their sexual orientation, gender identity/expression, or sex characteristics. Family, friends, and members of social, educational, and religious groups constantly perpetrate violence against LBQTI women through conversion practices, sexual violence (punitive and “corrective rape”), forced marriage, outing, public harassment including public stripping and mob beatings, employment discrimination, domestic and intimate partner violence, among others. Amidst these, there also exists discrimination preventing this group of women from accessing health care services.

From the responses obtained in this survey, while no LBQTI woman disclosed that she had faced discrimination from employers, this could also be because of the general homophobic nature of the country, members of the LGBTQIA+

community generally strive to keep their identities and orientations hidden, meaning that employers may not be aware of these facts

Table 10: Perpetrators of discrimination against LBQTI+ women

Answer Choices	Responses
Employment	0.00%
Family	18.75%
Friends	6.25%
Social gathering	25.00%
Education institutions	18.75%
Other (please specify)	6.25%

CONVERSION PRACTICES AS A FORM OF ABUSE AGAINST LBQTI+ PERSONS IN NIGERIA

Of these against of violence against LBQT women, conversion practices are very pervasive. Conversion practices are also utilised against other members of the LGBTQI+ community. They are coercive efforts aimed at changing individuals’ sexual orientation or identity (Bothe, 2020). Conversion practices are also referred to as sexual orientation change efforts, reparative therapy, reintegrative therapy, re-orientation therapy, ex-gay therapy and gay cure. In Nigeria, conversion practices include forced confinement to fast and pray; psychotherapy; physical violence including beatings, whipping, tying in chains; sexual violence; exorcisms and ritual cleansings which usually take place in churches and religious centres. The perpetrators of these violent acts believe that putting LGBTQI+ persons through these practices will “correct” or “convert their sexual orientations to heterosexuality or gender identities to cisgender.

The responses received from this study showed that 22% of respondents had experienced one form of conversion practice or the other. In many cases, these practices are not overt

acts aiming to change sexual orientation to heterosexuality; familial and social pressure can compel lesbian and bisexual women to marry and have children with men. In other cases, family members outrightly force these women to marry men to “correct” their sexual orientations.

Conversion practices are perpetrated mainly by family members and religious leaders who will often subject them to very harmful practices with no scientific basis. In this study, 60% of the LBQT women surveyed cited their mothers as the main party responsible for their exposure to conversion practices, 30%

cited other family members, and 15% cited religious leaders. Mothers in many societies are often the primary caretakers of children. They will often receive blame from fathers and community members if a child displays bad behaviour or sexual behaviours that do not conform to the generally accepted norms. The pressure they feel could be responsible for the increased pressure to expose their children to conversion practices.

Other family members and spouses are also responsible for initiating conversion practices against LBQT women, as shown in Table 11.

Table 11: Perpetrators of Conversion Practices

Answer Choices	Responses
Mother	60.32%
Father	22.22%
Other Family members	30.16%
Spouse	3.17%
Religious leader	15.87%
Local community	3.17%

In this segment, we have seen how specific forms of violence are carried out against LBQTI women, in addition to the general forms of gender-based violence they and other groups of women experience in Nigeria. Efforts to curb or eliminate this violence against LBQTI women must be linked with efforts to decriminalise same-sex marriages, relationships, associations, certain sexual behaviours and eradicate widespread homophobia.

FORMS AND PREVALENCE OF VIOLENCE AMONG UNDERREPRESENTED WOMEN IN NIGERIA: WOMEN LIVING WITH DISABILITIES

For women living with disabilities (WLWDs), friends, family members, caregivers, and partners take advantage of their impairments and consequent dependence on others to perpetuate



violence against this group of women. Although women living with disabilities experience increased levels of gender-based violence, they are less likely to be believed. They are also less likely to speak up about their experiences of gender-based violence, to find accessible services, and less able to escape from perpetrators. WLWDs experience verbal, emotional, physical, and sexual abuse from caregivers, family members, colleagues, security agents, classmates, and friends.

In Nigeria, certain myths contribute to the perpetuation of violence against women with disabilities. For instance, some people believe that sex with a disabled woman (especially a woman with cognitive impairments) will bring the man wealth, status and power. (NSRP, 2015). Others just take advantage of their increased vulnerability to risks and limited ability to escape potentially violent situations. For example, a physical disability can create mobility issues that might prevent her from quickly evading danger; a hearing disability could prevent her from noticing impending danger.

WLWDs make up approximately 8% of the total survey sample in this study.

Their responses to targeted questions provide valuable insights into the unique discrimination, violence and challenges experienced by WLWDs in Nigeria.

One important thing to note is that many studies on sexual abuse or violence against women tend to ignore the experiences and unique challenges of women living with disabilities. (Elman, 2005). This exclusion can be seen in the paucity of research works on disability and sexual abuse in Nigeria. For instance, in the 2018 report by the Nigeria Demographics and Health Survey, the chapters on gender-based violence and disability followed each other with no discussion on how these two are interrelated. While this section is not focused on the intersectionality of advocacy and the impact of disability on women, it attempts to shed light on the forms and prevalence of discrimination and violence against women living with disabilities in Nigeria. It is increasingly important to amplify the voices of women living with disabilities and address the forms of violence they face appropriately, especially when compared with women who do not have physical or mental

impairments. A study conducted on HIV knowledge among school-aged children in Nigeria found that girls living with disabilities, especially intellectual disabilities, had experienced sexual assault at higher rates than girls living without disabilities (Aderemi et al., 2013). Another study showed that individuals with disabilities were significantly more likely to report experiencing all types of violence than those without disabilities. Persons with mental disabilities were the most susceptible to violence (Dammeyer and Chapman, 2018). It is imperative that a study on gender-based violence experienced by women in Nigeria invariable addresses gender-based violence experienced by women living with disabilities.

Under this research work, approximately 6% of respondents are women living with disabilities. Of this group of women, 38.89% were disabled from birth. Others developed impairments due to various causes at different ages, including as toddlers to pre-teen years.

Table 12: Duration living with a disability

Answer Choices	Responses
0-3 years	7.87%
3-5 years	10.19%
5-7years	5.09%
7-10years	6.48%
10 years and above	25.00%
From birth	38.89%
Other (please specify)	6.48%

FORMS OF DISCRIMINATION AND STIGMATISATION EXPERIENCED BY WOMEN LIVING WITH DISABILITIES IN NIGERIA

In this study, 49.4% of WLWDs affirmed that they had experiences of discrimination and stigmatisation, while 50.6% said they had had no experiences of this kind. It is indeed possible that a woman living with disabilities does not experience such harmful acts in Nigeria due to the growing awareness about the rights and status of persons living with disabilities and based on the nature of their impairment.

Discrimination against WLWDs takes various forms. 40% of the WLWDs in this study disclosed that the most prevalent form of discrimination is social discrimination which manifests through isolation from public and social gatherings by family members and caregivers. Sometimes, family members act this way to “protect” this group of women from bias and stigma. People accusing WLWDs of being witches; people also dehumanise and infantilise WLWDs, among other acts. These negative perceptions also contribute to the ideologies that WLWDs cannot think for themselves, leading to restrictions on their bodily autonomy and freedoms to make decisions.

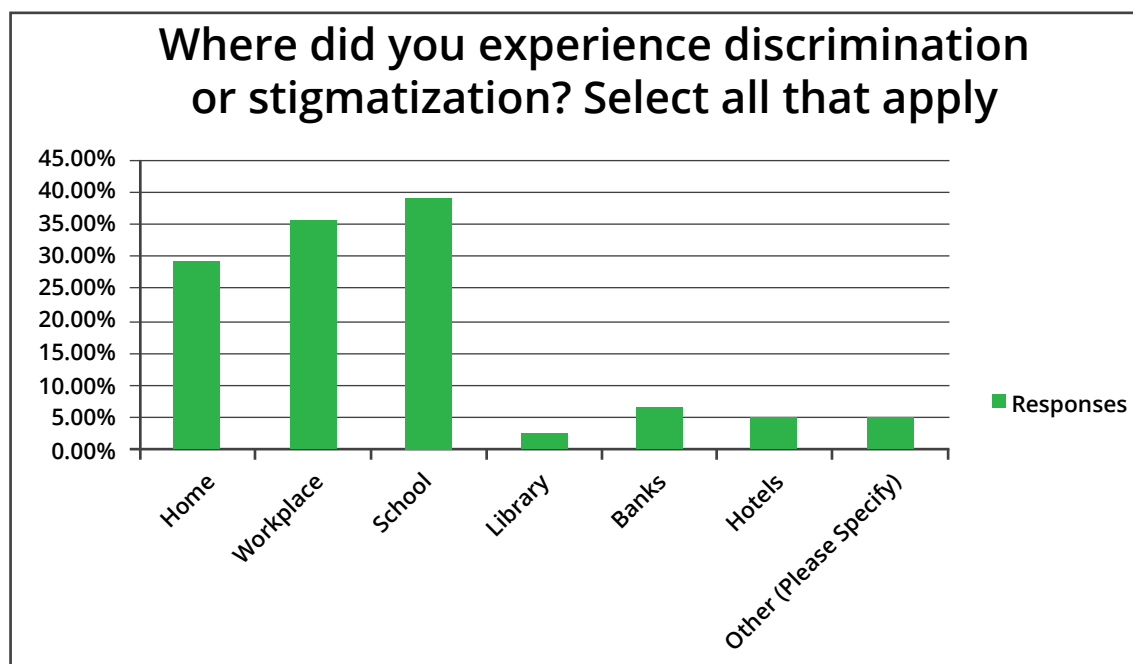
26% of the WLWDs surveyed also disclosed that they had been denied opportunities due to negative perceptions of their impairments. Opportunities in this regard include access to education, employment, and promotion opportunities. Sometimes, their capacities are underestimated or disregarded, and they are instead given inappropriate jobs that do not suit their skillsets. These stem from harmful stereotypes that limit, dehumanise and infantilise WLWDs.

Table 13: Forms of discrimination experienced by women living with disabilities in Nigeria

Discrimination/Stigmatization	Responses
Employment	21.88%
Decision-making	13.28%
Denial of opportunities	26.56%
Isolation and exclusion	17.97%
Social discrimination	39.84%
Other	7.03%

The discrimination and violence against WLWDs are prevalent across locations. Respondents in this study stated that they experience discrimination most at school (38.7%), at work (35.5%), and home (29.03%). This finding means that like with other women in terms of abuse: no place is safe for WLWDs. WLWDs are also denied access to adequate healthcare, especially in rural areas, as these facilities are unequipped, inaccessible and have staff who are many times hostile to this group of women.

Figure 5: Locations of discrimination against women living with disabilities



The additional specific forms and degrees of violence WLWDs are exposed to vary and depend on the nature of the impairment. Generally, however, caregivers and family members, i.e., the people with the most access to WLWDs, are the groups of people who perpetrate the most abuse and violence against WLWDs. Under this study, 41% of the women living with disabilities surveyed reported that they had experienced gender-based violence, while 59% reported no experiences of abuse. Based on the responses, the most prevalent forms of abuse against WLWDs include verbal abuse (28.5% of respondents), sexual abuse (17.1%) and emotional/psychological abuse (15.2%).

Table 14: Prevalent forms of abuse against WLWD

Answer Choices	Responses
Verbal Abuse	28.57%
Physical abuse	5.71%
Sexual Abuse	17.14%
Nutritional neglect	0.00%
Emotional/Psychological abuse	15.24%
Financial abuse	0.95%
Medical neglect	1.90%
Other physical needs: Glasses, crutches, hearing aids etc	3.81%
Inappropriate personal and medical care	1.90%
Other (please specify)	14.29%

The table below shows the full breakdown of perpetrators of abuse against women living with disabilities.

Table 15: Perpetrators of abuse against WLWD

Answer Choices	Responses
Spouse/Intimate partner	12.75%
Friends	14.71%
Siblings	1.96%
Parents	1.96%
In-laws	4.90%
Colleagues	18.63%
House-helpers and caregivers	1.96%
Uncles/Aunts/Cousins	3.92%
Children	2.94%
Employer	4.90%
Teacher	1.96%
Other persons with disabilities	0.00%
Other (please specify)	17.65%

The 3 top perpetrators of abuse against women living with disabilities are colleagues, with 21.1% of respondents having experienced this, friends at 16.7% and spouses/intimate partners at 14.4%, including the other perpetrators listed in Table 15. It is interesting to note that colleagues of women living with disabilities carry out violent acts (including verbal abuse) against this group of women. The “other” category had 60% of respondents cited the workplace as the central location where they experienced abuse. Many workplaces in Nigeria may be particularly toxic to WLWDs, and the culture of violence against this group of women persists because they have no means of

seeking redress. For many organisations, making legitimate complaints against toxic work culture and reporting sexual abuse amounts to being ostracised by colleagues and superiors and may ultimately lead to victims losing their jobs. For women living with disabilities who are ordinarily discriminated against in employment, it must pose a much higher risk to speak out against violence meted against them.

Table 16: Locations of abuse against WLWD

Answer Choices	Responses
At home	36.73%
Boarding school	4.08%
Schools	11.22%
Hospital and care home	2.04%
Public space: inside buses, at the motor park, etc.	15.31%
I have not been abused	4.08%
Other (please specify)	15.31%

Factors That Increase the Vulnerability of Women Living with Disabilities in Nigeria to Abuse

Certain factors contribute to the vulnerability of WLWDs to gender-based violence and discrimination as they navigate living in Nigeria. The WLWDs surveyed in this research stated that the most prevalent issues are the negative social attitudes related to disability in Nigeria and the lack of opportunities for people living with disabilities to develop social skills through social interactions due to widespread social stigma (16% of responses mentioned this). Another prevalent contributing factor is the poverty faced by this group of women. Approximately 15% of respondents attribute poverty as a factor that contributes to their vulnerability to abuse. People living with disabilities in Nigeria are disproportionately affected by poverty, with an estimated 90% living below

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the poverty line (Thompson, 2020). Of this group, women living with disabilities facing additional barriers, including in employment, because of prejudiced opinions about their appearance and inadequate levels of education. Poverty is also attributed as one of the primary reasons for the forced sterilization of women living with intellectual disabilities. This practice has been linked to lessening the financial burden on the families by preventing unwanted pregnancies (OHCHR et al., 2014) but is disguised as been done “for their own good” (United Nations, 2012).

The Discrimination Against Persons with Disabilities (Prohibition) Act of 2019 prohibits all forms of discrimination against people living with disabilities. The Act also recognises the structural and institutional inequalities that promote discrimination against people living with disabilities. It set out a 5-year transitional period for governments to implement accessible public buildings and transport services, but no progress has been made in this regard.

Protecting the rights of women living with disabilities, including the right to freedom

from all forms of violence, includes recognising the institutional, socio-cultural, legal and policy barriers that prevent the actualisation of these rights. More importantly, women living with disabilities must be properly sensitised of their rights, and appropriate laws are implemented to safeguard these rights.



Table 17: Factors that increase the vulnerability of WLWDs to abuse in Nigeria

Answer Choices	Responses
Negative public attitudes about disability	16.36%
Social isolation of people with disabilities and their families	7.01%
Reliance of people with disabilities on others for care	5.61%
Lack of support for family members who assist people with disabilities	3.27%
Lack of opportunities for people with disabilities to develop social skills through typical social interaction	15.89%
Type of disability	4.67%
Being a woman	4.21%
Poverty	12.62%
Lack of control or choice of people with disabilities over their personal affairs	4.67%
Perceived lack of credibility of people with disabilities when they report or disclose	0.93%
Abuse	2.80%
Alcohol and drug abuse by perpetrators	1.40%
Ineffective safeguards	0.93%
I do not feel vulnerable to abuse	4.67%
Other (please specify)	2.80%

OTHER RESPONSES ON VIOLENCE AGAINST WOMEN IN NIGERIA

In addition to documenting the different forms of abuse experienced by the groups of women selected for this study, we also sought to understand some of the perceptions of women towards gender-based violence as it occurs in different forms. Understanding these perspectives is vital in formulating strategies to eliminate GBV in Nigeria.

Under this study, we probed respondents on whether certain acts of violence against women can be justified on any grounds. For instance, on blackmailing, extorting, and “outing” sex workers, some respondents to the survey questions found these acts acceptable while others expressed their belief in the wrongness of these actions. It is essential to attempt to determine the “rationale” behind other women agreeing that sex workers should be exposed to these acts of abuse. Our current society emphasises sexual purity for women while indirectly promoting sexual promiscuity for men. Thus, “respectable” women are seen as competing with those who do not subscribe to these sexual purity

standards but provide men with sexual satisfaction and take their attention away from “respectable” women. This premise forms the background for other women contributing to the harassment and ostracization carried out against sex workers. In eliminating violence against sex workers, limiting socio-cultural beliefs, especially teachings on purity culture for women, must be dismantled.

We also sought to determine respondents’ views on whether domestic violence can be justified on any ground. Respondents were asked a series of Yes/No questions, and their responses are detailed in Table 18.

Table 18: Justification for domestic violence

Domestic violence justified is justified ...	Yes	No
If the person refuses to heed instruction	11.35%	88.65%
If the person did not mention that they are going out	9.06%	90.94%
If the person talks to other persons who could be potential sexual partner	7.47%	92.53%
If the person refuses to have sex	7.65%	92.35%

Most of the respondents in this study did not find domestic/intimate partner violence excusable because of refusal to have sex or possible extramarital affairs/cheating. A lower percentage seem to think that women should heed the instructions of their partners/husbands (men), and failure to do this can result in “justifiable” violence. Perspectives



like this are promoted to promote the subordination of women in our patriarchal society. It is, however, encouraging to note that fewer respondents hold these limiting ideas in the present study.

Respondents were also asked their perspectives on the appropriate punishment for perpetrators of domestic violence. Most respondents answered with responses that sought legal and punitive actions against the perpetrators, including arrests as chosen by 25.5% of respondents, jailing (22.6%) and facing the law as selected by 22%.

These perspectives are important to note given that, in Nigeria, prevalent societal practices dictate that domestic violence is a private and family matter and should be resolved amicably. The responses in this study indicate that more women are willing to seek justice against perpetrators of domestic violence.

Table 19: Perceptions on justice in domestic violence cases: What is the appropriate punishment for perpetrators of domestic violence?

Answer Choices	Responses
Reported to police	6.66%
Arrested	25.55%
Jailed	22.60%
Labeled	0.96%
Beaten	2.95%
Castrated	3.78%
Face the law	22.13%
Death	3.94%
Cautioned/Disciplined	5.86%
Rehabilitated	3.88%
I don't know	0.99%
Nothing	0.70%



C. FINDINGS FROM KEY INFORMANT INTERVIEWS (KIIs)

Our researchers had extensive interviews with key informants on gender-based violence against all the identified groups of women in Nigeria in this study. These key informants are primarily members of organisations that provide essential services for women, including responses to violence. These KIIs addressed issues on the forms of violence against women in Nigeria, help-seeking behaviours by survivors of GBV, challenges facing organisations that respond to GBV and work in eliminating VAW/GBV, cases on GBV instituted in appropriate courts and the factors that promote GBV in Nigeria.

One of the significant findings from the survey on help-seeking behaviours supports existing data to show that victims do not report incidences of violence mainly due to the lack of adequate reception from the justice system and the stigma surrounding GBV issues. When victims do report, very few make reports to state actors, including the police. More of the few who report go to non-state actors (family, friends, NGOs, etc.).

In general, many victims/survivors of GBV exhibit poor help-seeking behaviours for reasons already addressed. However, findings show that victims now increasingly seek help from and report to Non-Governmental Organisations (NGOs) and government departments like the Office of the Public Defender and the Gender Desks in police stations. These, especially NGOs, provide counselling and medical services to victims. These providers also aid in prosecuting their cases, and the possibility of getting justice helps victims cope with their traumatic experiences. Unfortunately, counselling and reporting seem to be the only positive coping mechanism adopted by victims. Other “coping” behaviours adopted by victims include silence, withdrawal, denial (where victims pretend the violence did not take place) and resort to religion.

In the last coping mechanism, victims become more religious to justify their supposed culpability in the abuse, justify the abuse or endure the violence/abuse. One key informant expressed the belief that religion places guilt on the victims and can therefore contribute to victims trying to endure without attempting to seek redress.

According to the UNFPA (2001), health effects of gender-based violence include unwanted pregnancy, abortion, poor nutrition, worsening of existing chronic diseases, trauma, substance abuse, pelvic inflammatory disease, suicide, deaths, amongst other myriads of health and psychological problem. Seeking help early can help minimize or prevent these health effects. However, the data from this study shows that, in response to the violence suffered, victims experience shame. This shame occurs at a very high frequency among victims of gender-based violence in Nigeria, mainly due to the pervasive culture of victim-blaming and shaming. Victims internalise this and equally blame themselves, along with “secondary” shame from family members. These compounding levels of shame collectively prevent victims from seeking help after experiencing gender-based violence.

According to respondents, key reasons why victims of intimate partner and gender-based violence do not seek care include fear of stigmatization, ignorance, lack of financial resources, lack of friendly providers, lack of specialized care, lack of support systems and fear of retribution from perpetrators. There is also poor infrastructure and a lack of adequate systems to cater to victims’ needs. Seeking care might mean reporting to the security agencies. Still, victims have been asked to give bribes before the cases are taken forward or blamed for the incidence of intimate partner and gender-based violence. All these factors can be categorized as victim or service provider-based, as in Table 20.

Table 20: Reasons why victims of GBV/VAW do not seek care

Reasons why victims/survivors of GBV do not seek care		
Victim-focused factor	Provider-focused factors	Comments
Fear of Stigmatization	Inadequate awareness	
Ignorance of rights and accessible resources	Poor financial resources	One or a combination of any of these factors makes it difficult for victims to seek adequate care.
Lack of financial resources	Lack of friendly provider	
Lack of support systems	Lack of specialized care	
Fear of retribution	Inadequate training or staffing	

TYPES OF SERVICES PROVIDED BY THE WOMEN’S RIGHTS ORGANISATIONS

According to key informants, the primary services provided by relevant women’s rights organisations include awareness and advocacy, counselling, legal support, medical support, information provision and referrals, resource library, safe space, training and economic empowerment and health education.

Service providers counsel victims/survivors through trained peer counsellors at individual and community levels. This includes counselling on human rights and psychosocial therapy and family members on the appropriate care to victims, including persons living with disabilities. Some organisations also counsel perpetrators on human rights and carry out clinical therapy for perpetrators and survivors. An organisation interviewed stated that they acted as mediators in some domestic abuse cases, attempting to resolve the issue without law enforcement involvement. This resolution attempts included inviting the perpetrators and providing counselling to prevent further cases of abuse. As discussed in other parts of this paper, such attempts at resolving crimes do not necessarily prevent VAW or protect victims, especially when done between families and/or instead of holding perpetrators accountable for their actions.

Some organisations help in providing training, skills acquisition services and seed funds to start businesses to survivors. Legal support from these organisations working to end VAW includes hiring lawyers, engaging volunteer paralegals, representing victims in court, and working

with law enforcement agencies, especially the police, to ensure that victims are not further traumatised. Medical support includes sourcing for funds or referral for medical checks, tests, care and at times, specialised care like orthopaedic surgery.

These organisations also provide safe houses or shelters for victims of VAW as needed. These safe spaces are helpful for women fleeing abusive partners, minors experiencing abuse from family members, LBQTI women and female sex workers. One of the organisations surveyed takes teenagers suffering sexual abuse into custody under a responsible family that can protect them is available.

These organisations handle several cases of GBV, given the high rate of violence against women in the country and the incapacity of most government agencies to adequately cater to victims/survivors.

NUMBER OF CASES OF GENDER-BASED VIOLENCE HANDLED BETWEEN 2018 AND 2020

Data obtained from the KIIs showed that 4. NGOs handled about 1,260 cases between January 2018 and May 2020, with over 300 victims under 18. Statistics show that, globally, half of all sexual violence

cases are committed against girls aged below 16. Notwithstanding, this data from only 4 NGOs in Nigeria seems to indicate the prevalence of GBV in Nigeria despite the low reporting rate and poor help-seeking behaviours among victims.

Of all these cases, only 1% were prosecuted in court and less than 1% secured judgment. This data shows that reporting to either state or non-state actors may not lead to justice as there are other factors involved. Details of these challenges are discussed in subsequent sections. Table 21 presents details of the GBV cases handled by 4 NGOs between January 2018 and May 2020.

Table 21: Cases of gender-based violence handled by 4 NGOs

		NGO 1	NGO 2	NGO 3	NGO 4
a.	Cases handled between January 2018- May 2020	244	1000+	8	5 (within the LBQTI community)
b.	Victims < 18	50	1 in 4	3	1 (age 13)
c.	Cases reported to the police	46	< 5%	1	2
d.	Cases reported to other government agencies	4 in total	< 5%	1	0
	-Ministry of Women Affairs	3			
	-NAPTIP	1			
e.	Cases prosecuted in court	11	2	0	0
f.	Cases that secured judgement	0	1	0	0

In Nigeria, many court cases take years to conclude. The long process of getting cases resolved prevents many victims from seeking justice because of the substantial emotional toll on victims who are also dealing with often unsympathetic state actors involved in

these cases. One of the respondents of the KIIs stated that in multiple instances, caseworkers sometimes have to represent the victims in court due to the structural delays which prolong prosecutions within the Nigerian legal system.

ADDITIONAL FORMS OF VIOLENCE AGAINST WOMEN IN NIGERIA

During the KIIs, experts working in response to GBV in Nigeria identified these forms of violence, in addition to and confirming those indicated in the quantitative survey: physical harm (beating), psychological violence, financial abuse, internet trolling, emotional violence, sexual abuse (assault, molestation, rape, coercion), economic violence (denial of access to economic opportunities) or economic disempowerment, political violence, digital violence, revenge porn, gaslighting, intimate partner violence, verbal abuse, harmful practices; including corrective rape and conversion practices.

The forms of violence not expressly identified in the quantitative survey include political violence, revenge porn and gaslighting. Political violence refers to violence experienced before, during and after an election or increased political

tension worsening an already existing conflict (HRW, 2003). Responses from the KII indicated that the violence meted against women in these situations are heightened. Revenge porn is a form of cyberbullying where someone releases nudes, sexually explicit images or videos without the person's consent. Gaslighting is psychological abuse where the abuser uses mind-manipulating strategies to make others seem "crazy" and question their sense of reality (Sweet, 2019). It is especially effective when rooted in social inequalities, particularly gender and sexuality and is well executed in intimate relationships where there is a power imbalance. The perpetrators can utilise gender-based stereotypes, structural inequalities, and other institutional vulnerabilities against victims with whom they are in an intimate relationship to carry out harmful acts (Sweet, 2019).

LBQT Women

Furthermore, data obtained from the KIIs also showed that the additional layer of violence perpetrated against LBQT women occurs due to widespread homophobia. Perpetrators of violence possess a sense of entitlement and power over victims whom they seek to force to conform with socially accepted behaviours such

as heterosexuality. Homophobia does not only contribute to violence against LBQTI women, but it also interferes with access to justice and people's ability to empathise with this group of women. One respondent mentioned the case of a tertiary education institution that chose not to act against the perpetrator of rape against a woman because they "perceived" that the victim is a lesbian. The data from KIIs also shows that revenge porn is commonly weaponised against LBQT women. One interviewee narrated the extortion and blackmail of an unnamed celebrity while threatening to out her. There are numerous reports of family members forcing LBQT women into marriages to conform to traditional expectations that a heterosexual union is the standard.

Same-Sex Intimate Partner Violence in Nigeria

The prevalence of same-sex intimate partner violence (SSIPV) in Nigeria is rarely explored given laws like the SSMPA and the general negative social perceptions against members of the LGBTQI+ community in Nigeria. While there are limited studies on SSIPV, estimates show that it occurs at a comparable rate (Turell,

2000) or higher than heterosexual IPV (Messinger, 2011). One of the participants of the KIIs alleged that, in their experience, intimate partner violence in same-sex relationships could be more violent than in heterosexual ones from the cases witnessed.

LBQTI women also experience intimate partner violence even when in same-sex relationships. There are theories that gender roles also play out in same-sex relationships. One such explanation is that the individuals adopt and internalize the prevailing cultural models of acceptable behaviours and roles in traditional relationships and start to model them in their relationships (Marecek, Finn, & Cardell, 1982). During the interviews, one key informant stated that "butch" partners usually assume the "male" dominant role and are more likely to carry out violent acts against their "femme" partners, who usually assume the submissive role. Among same-sex relationships involving only women, partners also exhibit physical, emotional, verbal, financial violence and sexual violence in the form of revenge porn.

In many cases, partners threaten to out the other when they have problems or

the relationship ends. Sometimes, the women who threaten to out their partners manipulate them to remain in abusive relationships. These acts amount to weaponizing the prevalent homophobia against LBQT women by other women belonging to the community.

With the introduction of SSMPA, LBQTI women now face increased multiple barriers in accessing essential health, mental, social, and community services, especially as the law purports to restrict organizations that serve members of this community.

Women Living with Disabilities

The findings from the KII reinforces the earlier findings from the quantitative survey on violence against women living with disabilities. This group of women experience a double disadvantage as women in a patriarchal society and living with impairments that the society does not adequately accommodate to promote inclusive engagement with people and environments. One of the interviewees disclosed a rape situation where, upon being attacked by the perpetrator, the victim could not escape the poorly built

school building due to her physical impairment. Many women living with disabilities are exposed to increased risks because of structural inadequacies, revealing the intersectionality of gender, disability and poverty. Other persons have cited examples of women with visual impairments reporting infringements on their privacy by abusers, such as people spying on or harassing them when taking baths.

In many cases, women living with disabilities live in poverty situations, contributing to their inability to leave violent situations due to financial dependence on their abusive partners, family members and caregivers. Coupled with these dire situations, tailored and adequate responses to the services needed by women living with disabilities are few and far between. A few organizations that respond to general issues of violence against women admitted a lack of inclusion of WLWDs in project and activity designs. Non-governmental organizations and law enforcement agencies are not fully equipped to support women living with disabilities in accessing care.

Female Sex Workers

According to data obtained during the KIIs, female sex workers in Nigeria experience abuse, more demeaning than other women because perpetrators view them as “public property” without any rights. Perpetrators essentially feel that FSWs can be insulted or sexually abused at will, and clients, due to entitlement culture, find it difficult to understand that FSWs have the right to negotiate the terms of engagement. It seems the knowledge that someone is a sex worker changes the power dynamics in any encounter with them. Criminalizing sex work further reinforces the ideologies of the perpetrators as they feel justified in the abusive behaviours they subject sex workers to.

CHARACTERISTICS OF PERPETRATORS OF VIOLENCE

Complementing the responses from the quantitative survey on the perpetrators of abuse, interviews with key informants shed more light on perpetrators’ common characteristics. One key characteristic with the highest mention is that perpetrators are usually sticklers for gender roles and stereotypes dictated by the patriarchal society. Gender roles are

socially constructed expectations of how individuals in society should behave and the roles they should play (Blackstone, 2012). This adherence to traditional gender roles means that partners become intolerant to any behaviour or perceived changes to their ideas of the “correct” male-female role resulting in violence as a means of maintaining the status quo. Keywords used in describing this behaviour include cultural mindset, societal indoctrination from childhood and unhealthy masculinity. This finding also aligns with that of Hollander (2005), which shows that the likelihood of reporting intimate partner violence is associated with holding views on traditional gender roles.

Another characteristic of perpetrators of violence is a lack of awareness. It seems perpetrators lack the self-awareness that can make them considerate or empathetic enough to see how their actions amount to derogations of another person’s rights. This is especially true with the dehumanisation of LBQT women, female sex workers and women living with disabilities. Again, the disregard of women in a patriarchal society means that they are viewed as inherently “lesser than” men.

According to findings from respondents, it is also characteristic for perpetrators to be persons close to victims, lack accountability, assume the male role in a relationship, and men/persons with a sense of entitlement and power. By power, it means perpetrators are usually in the position of power over the victim, either by being older, being the parent (father) or uncle in the household, being the boss if it's the workplace, being the man in the relationship, etc. This power imbalance makes victims not speak up and endure the violence.

It is also crucial to note that perpetrators of VAW need not have any of these identified characteristics. They are often “regular people with great public persona” with deceptive appearances. This fact makes it difficult to believe victims, as many people believe that perpetrators of VAW must exhibit overt behaviours of violence. Perpetrators do not fit into a single physical description or any socio-economic class or literacy/educational level. They are not limited to a particular education level, socio-economic class, wealth index, religion, or ethnic groups as they cut across all spheres.

Challenges Faced by Organisations Providing Services to Victims of Gender-Based Violence

The susceptibility of public institutions to patriarchal beliefs and systems

The susceptibility of institutions to repressive cultural practices, limiting religious teachings, and socio-cultural beliefs on gender inequality is a significant challenge faced by organisations working to support victims of gender-based violence in Nigeria. Cases of gender-based violence cannot be managed in isolation. Victims/survivors and civil society actors will always need to interface with formal institutions such as the ministry of justice and public healthcare institutions. Quite often, officials in these formal institutions make decisions relating to gender-based violence cases based on societal expectations and can therefore be unresponsive and unsupportive to victims/survivors of VAW. For example, they are often non-committal when cases involve an FSW or LBQT woman and would rather deviate from the issue of violence to the survivor's sex work, sexual orientation and or gender identity.

Survivors have reported experiences of discrimination from these institutions, which reports are buttressed by studies showing high levels of discriminatory behaviour by healthcare professionals in Nigeria (Reis et al., 2005, Nyblade et al., 2019). Certain healthcare professionals also reportedly fear arrests/fines from other state actors when providing care to members of these marginalised groups. In addition, survivors continue to fear exposure to discrimination from providers and potential police harassment when seeking these services (Swarchtz et al., 2015).

Religion

Nigeria is a very religious country: most northerners adopt Islam, and most southerners practise Christianity. Religious beliefs, including limiting interpretations of religious texts, are a significant challenge preventing access to justice for victims of gender-based violence and sustaining VAW in Nigeria. For example, child marriage is defended by many adherents of Islam and, as a result, widely practised in many parts of Nigeria where Islam is the most common religion. Many Christian beliefs often discourage women from leaving perpetrators of abuse within marriage because divorce

is either outlawed (Catholicism prohibits divorce) or seen as a last resort. One study found that 40% of Catholic women had experienced physical, sexual, or emotional violence more than Christians of other denominations and traditional worshippers (National Population Commission & ICF International, 2014). In cases where perpetrators know that there is no way of holding them accountable for their actions, they are empowered to continue acts of VAW.

Religious texts are often relied on to demand subservience from women and assert the dominance of men. Teachings on submission and performance of “wifely” duties are used to justify domestic and intimate partner violence against women, along with demands of obedience from wives both from Christians and Muslims. Religious women who act against violence (such as seeking redress) are usually racked with guilt, fearing that their actions mean that they have failed to comply with expectations of them as religious women and are contrary to their beliefs. They are also often told to “leave things to God” as vengeance is God’s alone.

In addition to these, religion is the root of many conversion practices in Nigeria.

LGBTQ+ persons are sometimes believed to be possessed by demons as they do not conform to the traditional norms of these religions (Vice, 2020). They will be subjected to different forms of abuse to “cure” them of their sexual orientation.

Societal Norms and Practices

As with many countries, societal norms play a significant role in influencing behaviours, including the perpetration, normalisation, and sustenance of gender-based violence. These norms and beliefs elevate the status of men over women, vesting men with authority to “discipline” women for their behaviour and control their wives and partners’ access to economic resources and information. These norms also place the responsibility of controlling men’s sexual urges on women and girls and view sex in marriage as a man’s right, without any limitation. These norms contribute to intimate partner, domestic and sexual violence. They act as potent barriers against organisations working to address the occurrence of VAW/GBV in Nigeria.

Purity culture – the idea that women must be without sexual stain, which ties women’s validity to sexual behaviour –

teaches that victims of sexual assault should feel shame and keep these issues private. From this also, women’s bodies must be covered up, else they’re “asking for it.” Divorced women and single mothers are also seen as promiscuous. Not only do these norms contribute to the occurrences of gender-based violence, but they also prevent women from reporting cases of violations.

Inadequate funding

Most government institutions are not functional in the provision of services to victims of GBV in Nigeria. The police force, hospitals, courts, ministry of women affairs and social development are poorly funded, while GBV cases are deprioritised. In addition, there are no easily accessible or free state shelters for survivors of GBV, including children. State mechanisms which ought to be established to cater to victims of VAW are either non-existent or poorly implemented. All these frustrate the victims and NGOs working with them.

As the access to financial resources could be a challenge for victims, the same is true for organisations supporting them. Funding from donors and charitable contributions are usually not sufficient to meet victims’ needs. In many cases, limited

funding leads to the inability of advocates to acquire the skills or services needed to tailor responses towards specific groups of women, particularly women living with disabilities. For example, in cases involving a deaf woman, a sign language interpreter may be needed but may not be readily available when needed, or the NGO may not have the funding to contract the services of a professional sign language interpreter.

Media sensationalism of GBV issues

Media sensationalism is quite common as they tend to distort facts or craft facts to sway public opinion, especially for high profile GBV cases. The intrusion of media outlets in cases in this manner contributes to misinformation and the increased harassment such victims may face. This tends to disorientate victims and may lead to the discontinuance of cases.

Generally, GBV and other women's issues do not receive the required attention from government bodies and policymakers. For instance, after advocacy efforts led to the declaration of a state emergency in Nigeria over GBV in 2020, not much action was implemented to grant victims access to justice or prevent further occurrence of VAW in the country. These challenges,

which prevent access to justice for victims, are some of the factors that sustain GBV in the country.

FACTORS THAT SUSTAIN GENDER-BASED VIOLENCE IN NIGERIA

One factor that enables the sustenance of violence against women the social conditioning of persons to assume gender roles and reinforce harmful gender stereotypes. This social conditioning occurs through various means; informal daily interactions, messages reinforced through the media and movie industry, and socio-cultural, religious, and political institutions.

Also, the lack of education and awareness contribute to the persistence of gender-based violence as victims are not aware of their rights, which makes them not seek help or redress. The following are also some factors that contribute to the sustenance of GBV in Nigeria

Repressive Laws

Although the Violence Against Persons Prohibition Act was enacted 6 years ago, it has only been fully domesticated in 21 out of 36 states. While it is the most inclusive law addressing various elements of VAW in Nigeria, it does not repeal existing

provisions providing for rape and other sexual offences as contained in laws like the Criminal Code Act, the criminal laws of various states, and the Penal Code. This legal plurality means that a perpetrator charged under these other laws with limiting definitions of sexual offences can get away with his/her/their crime without adequate efforts.

The SSMPA remains one of the most repressive laws recently enacted in Nigeria. It brought to light and rapidly increased homophobic acts against members of the LGBT+ community in Nigeria. State and non-state acts carry out violations against persons based on their actual or perceived orientation or identities without redress. Other repressive laws existed before the SSMPA but not with as much attention as the SSMPA being a national law targeted at spreading hatred and exclusion received. For instance, Borno State also enacted a law in 2000 called the Prostitution, Lesbianism, Homosexuality, Operation of Brothels and Other Sexual Immoralities (Prohibition) Law. This law discriminates against sexual minorities and sex workers and recommends capital punishment for offenders. After the SSMPA came into effect, Kano State amended its

penal code in 2015, specifically including the criminalisation of female sex-same relationships. These repressive laws have fuelled mob attacks and other negative attitudes towards sexual and gender minorities, including LBQTI women. State and non-state actors have capitalized on these laws to blackmail and extort persons belonging to these groups. These discriminatory and violent acts further isolate LGBTQIA+ persons from communities with far-reaching economic, mental, sexual, and physical health effects, coupled with increased exposure to other forms of violence. LBQTI women suffer additional forms of violence due to gender inequality and homophobia spread through repressive laws and practices.

Other repressive laws include provisions in the Criminal Code, Penal Code and certain parts of the Constitution, as discussed in previous sections of this report.

Unequal and Discriminatory Access to Healthcare and Support Services

Cultural stigma and legal issues surrounding sex work and LBQTI women

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in Nigeria are detrimental to access to health services and promoting help-seeking attitudes. This study reveals that sexual minority women report a lack of access to mental and physical health services. Only a few organisations cater to marginalised persons, including sexual and gender minorities. Stigmatization within health services is a significant barrier to STI control and HIV response among female sex workers. It is essential to eliminate stigmatization and discrimination against LBQTI women, women living with disabilities and female sex workers in providing health services in Nigeria.

This study also showed that there are minimal support services tailored to women living with disabilities. Physical

barriers, stigma, prohibitive costs and inadequate skills and knowledge of service providers play heavily in non-inclusive support. In many cases, most project designs do not consider the inclusion of persons living with disabilities. For example, women with physical impairments are often unable to access police stations, courtrooms or other public institutions because the buildings are not accessible. Again, administering PEP kits to women survivors with mobility issues is extremely difficult because most of these examination tables are often height-adjustable and only accommodate women who can stand straight. People living with disabilities do not find healthcare services they can access, are poorly treated, and sometimes denied care more than other people.



CONCLUSIONS AND RECOMMENDATIONS

This research work has adequately highlighted various forms and experiences of gender-based violence experienced by women in Nigeria. This study aimed to highlight all the forms of violence experienced by all groups of women, especially the historically excluded groups of LBQTI women, female sex workers, and women living with disabilities. As seen from the in-depth analyses on the quantitative and qualitative interviews, violence against women is sustained by several actors and institutions in Nigeria. Properly addressing and ultimately eliminating gender-based thus requires immediate and strategic action from all stakeholders.

Based on these discussions, the following recommendations are made to relevant government arms, government agencies, policymakers, donor organisations, and private bodies in Nigeria. We must eliminate violence against all women in Nigeria, irrespective of their age, status, class, ability, sexual orientation, sex characteristics, or other factors.



RECOMMENDATIONS ON INSTITUTIONAL CHANGES

- **Law Review:** The National Human Rights Commission should ensure that the Committee of Human Rights Experts, established in November 2015, and mandated to compile a list of laws to be reviewed for compliance with human rights norms and standards, prioritizes the SSMPA for review. One of the key functions vested in national human rights institutions is receiving and investigating complaints of human rights abuses, with the power to enforce decisions. The Commission should utilize this protective mandate to investigate human rights abuses committed against LGBT persons.
- **Law Review 2:** The National Assembly should review specific laws to remove state-sanctioned gender inequality and violence. These laws include the Constitution of the Federal Republic of Nigeria, the Criminal Code Act, the Penal Code and the Labour Act. The SSMPA should be expressly repealed.
- **Treaty Domestication and Implementation:** Certain international and regional human rights treaties such as the CEDAW and the Maputo Protocol should be domesticated and implemented to protect women's rights. Laws already enacted and

policies formulated should also receive full implementation, as the government should allocate adequate funding towards implementing these laws and policies.

- **Policy Formulation and Implementation:** The Federal Government should ensure the effective implementation of all the recommendations in the 2015 Report on the Legal Environment Assessment for HIV/AIDS Response in Nigeria.
- **State Implementation and Domestication of Relevant Laws:** States houses of assembly should ensure the domestication of the Violence Against Persons (Prohibition) Act and Child Rights Act in all states in Nigeria. States that have domesticated these laws should fully implement their provisions to protect women's and girls' rights.
- **Prioritisation of Women's Rights:** Women's rights must be prioritised in allocating funding and training government officials, including police officers and court officials. Members of the police force should receive in-depth training while in and after

graduating from the police academy on adequate and survivor-centred response to gender-based violence.

- **Holding State Actors Accountable:** Relevant police and law enforcement departments should investigate, promptly and thoroughly, all law enforcement officials implicated in arbitrary arrests, extortion, torture in detention, and other acts of violence against women, human rights abuses of persons irrespective of the victim's sexual orientation and or gender identity/expression.
- **Nationwide Sensitisation Efforts:** The National Orientation Agency and other stakeholders should create nationwide awareness on inclusive practices and inclusive architecture for women living with disabilities to support unassisted care or care with limited assistance and accessibility of support. Sensitisation efforts aimed at reducing gender-based violence in Nigeria must also include teachings on gender equality, dismantling harmful gender stereotypes, decrying homophobia, and eliminating the stigmatisation of sex workers.

RECOMMENDATIONS FOR COMMUNITY SUPPORT

- Women's rights, LGBT+ rights and other human rights organisations should work in sensitising health practitioners of the needs of women, including LBQTI women, female sex workers, and women with disabilities (especially in terms of preventing and responding to violence).
- Human rights organisations should work with the National Human Rights Commission (NHRC) to ensure that the rights of all women are advocated for and protected. The NHRC should include mechanisms to integrate sexual orientation, gender identity/ expression, sex characteristics and disability rights issues in executing their mandates, including when adopting thematic and country-specific resolutions and elaborating thematic studies and reports.
- Women's rights organisations should use the results of this study to conduct training and orientations for organizations that provide support on violence against women on inclusivity.
- Engage in multi-sectoral allyship building to tackle all forms of gender-based violence in Nigeria, including traditional leaders and institutions, medical professionals, lawyers, human rights groups/civil society organisations.
- Women's rights organisations should carry out community sensitisation efforts and communication campaigns to challenge socio-cultural practices and religious beliefs that sustain gender-based violence in schools, at home and places of worship.
- Human rights organisations and state institutions should adopt a survivor-centred approach in violence response and prevention programming.

RECOMMENDATIONS FOR FURTHER STUDIES

- Conduct a further study on the kinds of institutional support provided by international donor organizations on violence against women and the extent of the design of the programmes/support.
- Conduct an independent nationwide comparative study to assess the impact of the discriminatory laws on the health-seeking behaviour of LBQTI women, women living with disabilities and female sex workers in Nigeria.
- Conduct state-wide/nationwide ethnographic studies on the experiences of minority women in Nigeria to further understand their specific needs.





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REFEER

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