

The Prevalence of Sexual and Gender-Based Violence (SGBV) in Yobe State

A Managing Conflict in Nigeria (MCN) Programme Scoping Study Report

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Introduction

This scoping study is not generalised research. It is a rapid assessment to understand the policy and programme pathways to addressing sexual violence against women, girls, and boys in Yobe State, the northeastern geo-political zone, and beyond. The reported increase in violence in northeast Nigeria led the European Union funded Programme on Managing Conflict in Nigeria (MCN) to conduct a **rapid assessment study** into the prevalence of SGBV in Yobe state. The study aimed to understand the causes, types, and trends of sexual and gender-based violence in some communities of Yobe State (MCN, 2020). The study report draws on a desk review of research reports and programme documents and the authors' observations, living in Yobe and relating with Yobe citizens. Secondary data complemented qualitative data gathering through interviews and focus group discussions (FGDs), held across three local governments of Yobe State; Damaturu, Gujba, and Potiskum. Respondents were drawn across the security sector, Sexual Assault Referral Centres (SARCs), government, women, young people, civil society, disability communities, and survivors of sexual and gender-based violence (SGBV). Fifty-six separate conversations were held in all, including the FGDs of 12 participants each on average. Development partner presence was also analysed. Findings are summarised into, what is reinforced, what is new and what needs further research. Given the study's programmatic import, the report structures recommendations into two; the programmatic, which Development Partners need to drive; and the policy recommendations, which governmental and non-governmental players should drive.

Sexual and Gender-Based Violence (SGBV) is a scourge affecting women, girls, and boys with devastating and long-lasting consequences. The NOI polls show that one in every three girls would have experienced sexual assault before 25 years (NOI, 2019: 4). The Nigeria Demographic and Health Survey (NDHS, 2013 and Multiple Indicator Cluster Survey (MICS, 2016) reports show that 28% and 7% of women of reproductive age have experienced physical or sexual violence while 25% of married women have reported emotional, physical and sexual abuse from their spouse. These figures are high in the north-eastern part of the country, with 29.5% and 15.7% of women reporting physical and sexual abuse, respectively (NDHS, 2013). This situation is rooted in gender-based discrimination, social norms and gender stereotypes and can be exacerbated in humanitarian settings characterised by many uncertainties of which women and girls are at the receiving end. Yobe is no different.

The Demographics of Yobe

Yobe State, in the northeastern Nigeria consists of 17 local government areas (LGAs) with multi ethnic groups (yobestate.gov.ng). There are Christians in Yobe, but the population is mainly Muslim, and Sharia law in social and family affairs is valid (Baderin, 2008). Persistent security incidents associated with Boko Haram attacks on Yobe State communities have disrupted the local population's lives and livelihoods and displaced 112,269 people between 2015 and 2017 (IOM, 2017). As the frequency of attacks intensified during the past several years, agricultural production and market performance also suffered. Consequently, staple food and cash crop production in Yobe and neighbouring Borno states has declined below average, while in some worst affected areas, there has been no production for three consecutive years (IoM, 2017). The majority of women in Yobe do unpaid reproductive work as homemakers. Few women, compared to men, engage in productive work as wholesale and retail traders, trading in food items such as dry fish, baobab powder, okro and clothing and related accessories. They sell in markets and from office to office to civil servants, while some girls hawk on the streets.

The Findings of the scoping study

Data from Sexual Assault Referral Centres (SARC)

Data from SARC alone, for 2017–2020 in figure 1, shows the gender and age range of those experiencing SGBV. female and male experience SGBV, but females are more affected. Those below age 18 experience SGBV more.

Figure 1a: Both female and male experience SGBV

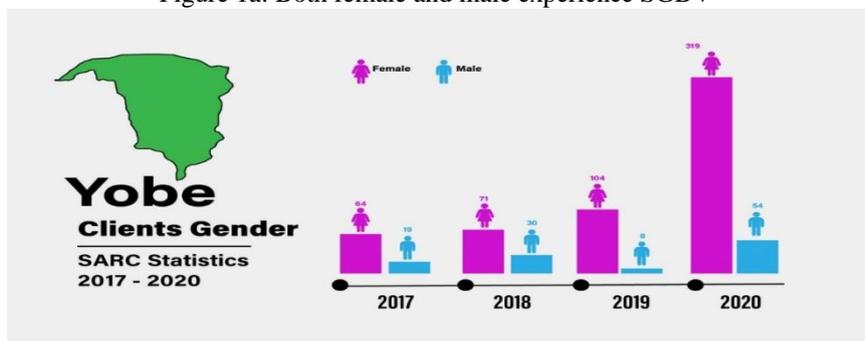
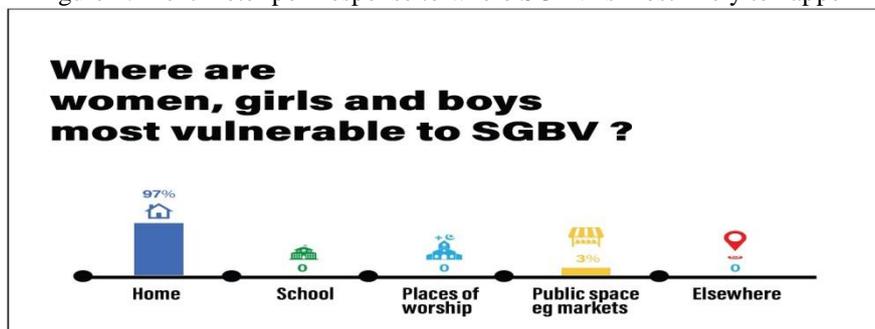


Figure 1b: those below 18 years are most vulnerable

Vulnerability at home: Women and children are no longer safe in places where they were traditionally safe. CARE's 2018 interview for Yunusari and Yusufari, UN Women 2020, and Save the Children, believes that SGBV occurs everywhere, including in families. The result of a poll during a Rule of Law and Anti-Corruption Programme (RoLAC) SARC annual meeting in 2020 shown in figure 2, depicts this worrisome situation as well. 97% of participants say SGBV happens the most in homes.

Figure 2: Mentimeter poll response to where SGBV is most likely to happen



Source: Amina Salihu poll, SARC Conference 2020 EU/RoLAC/MCN Abuja www.mentimeter.com

While there is limited data on the impact of COVID-19 on women especially those with disabilities, available global evidence shows that domestic and gender-based violence mostly perpetrated against women (including WWDs) stands out as one of the significant social consequences of the COVID-19 pandemic. This situation has arisen chiefly from psychosocial and economic frustrations imposed by rapidly shrinking household resources, prolonged overdependence, limited access to services, and pre-COVID-19 existing negative culture-based gender beliefs and practices. As a result of heightened tensions in their homes and institutions, many women and girls with disabilities might suffer domestic and sexual violence more than ever. Those who survive violence may face additional obstacles to flee violent situations or access protection or essential life-saving services (such as sexual and reproductive health services). This could be due to factors such as lockdown or quarantine, inaccessible SGBV intervention programmes, inaccessible public awareness information on COVID-19, as well as SGBV prevention and reporting protocol (UN Women, 2020; FACICP, 2020).

The SGBV Referral Pathway

An invisible but very important part of the SGBV infrastructure is the referral pathway. In other words, what is the trail from the occurrence of abuse to finding response and protection? What is the road map to finding help, and is that map understood and known to the people? The scoping study plots the referral pathway for Yobe from FGDs on the subject. The findings show that reporting may originate from a myriad of sources, including families, traditional rulers, community law enforcement agencies, e.g., vigilantes and Hisbas (community sharia authority) hospitals or the sexual assault referral centres. This initial report may then be escalated to the police and eventually to the courts. Figure 3 captures the common pathway which begins right after the family, namely, a report by the family to the local law enforcement system, which then works with the police by reporting the case. The police escalate the case to SARC, which is located in the hospital, so that physical and psychosocial care is administered. Depending on the SARC advice, the police may arraign the offender in court via the legal system prosecution pathway. The court then examines the case and passes judgement which may be sentencing or an acquittal. Post court or during the legal process, the victims get continued psychosocial care and livelihood skills. This is the ideal, see figure 3a.

The reality from the scoping study is different, see figure 3b. Families may not report a case to the Hisba or Vigilante. They can instead reach someone else they trust. Where they do, report to the Hisba, they may choose to intervene at the community level outside the formal legal framework. Where cases get to the Police, the Police may not respond with urgent action. Where the Police responds and invites the SARC and hospital to review the case, the SARC may not have the first aid materials to be an effective first responder. The case may peter out. Where it does not, and the case is escalated to court, families may be discouraged by the cost of transportation, which they have to bear to and from their communities to the court. The cost of justice begins with paying for the transfer of the case to police CID In Damaturu before it can be tabled in court. The victim has little or no support to becoming a survivor due in part to the fact that they do not know how to access such support, inability to pay the transport to the location or wariness of stigma or retaliation, and so the victim is asked to keep a low profile. Legal Aid is available pro bono, FIDA also provides legal representation at no cost to the families affected, but sundry costs of logistics still must be borne by the families of the victim. This, together with a distance of upwards of 300km, to get to the courts in the cities can be daunting and discourage seeking justice from the formal system. Families prefer to settle out of court, where the community justice process can be applied, and the victim and family compensated.

Development Partner and Civil Society Presence in Yobe State

Our study found a robust community of development partners working in Yobe to complement MCN's work. For example, UN Women is working on voice and accountability matters using radio. The challenge is the lack of a strong radio frequency in Gujba, but Damaturu and Potiskum communities are reached via Sahel FM/ AM Radio, Sunshine FM, Yobe Television and NTA Damaturu. The EU-UN Spotlight Initiative is working on the prevention of campus sexual violence at Yobe State University. Search for Common Ground has a series of youth clubs, which it has supported over the years. The rested Federation of Women Lawyers (FIDA) project on reducing SGBV worked with traditional rulers' wives to remove the reluctance to report intimacy abuse to the traditional male ruler or Bulama, due to gender norm barriers. The Centre for Democracy and Development (CDD) has been working on deradicalisation and reintegration in the North- East. The Nigeria Stability and Reconciliation Programme (NSRP) also established the women's peace network during its operation. CARE works on food nutrition, security & livelihoods, sexual and reproductive health rights, GBV prevention and response, and women's economic empowerment. COOPI Cooperazione Internazionale's humanitarian intervention is focused on IDP needs and rights. Conciliation resources work with its local partners Hope Interactive and the University of Maiduguri Muslim Women's Association to support young women in Yobe and Borno States.

What knowledge is reinforced by rapid scoping study

All causes and drivers of SGBV identified in the literature hold in Yobe State, namely: SGBV is widespread but underreported because of strict gender norms, social stigmatisation and inadequate response services. These combined contribute to the 'silence' from victims who struggle to attain survivorhood. Reporting rape is sensitive and needs to happen within a safe space. Amale-led structure will deter confidence to speak up about a rape experience. Poverty is facilitating harmful norms like forced marriage and unacknowledged prostitution. Our field study also showed the importance of trust and respect for protocols and etiquette in eliciting response on SGBV matters.

What knowledge is new from the rapid scoping study?

- There are other drivers of SGBV: the absence of a reimagined education for girls and boys in new ways that protect them and reduce the cost of education and vulnerability to SGBV is creating SGBV risks. Parents feel travelling long distances to day school and staying in boarding schools are dangerous for their children.
- The documented norm of women accepting that domestic violence toward them is justified (GiN, 2012) is changing. However, while women know that violence against women is wrong and not justified, they cannot challenge it.
- Yobe State House of Assembly has passed the VAPP Act, but Governor Maimala Buni is yet to sign it into law. This delay in assent has implications for the state's ability to be agile in confronting the prevalence of SGBV.
- Positive trends with import for programming are emerging through humanitarian actors' work, eliciting a breaking of the culture of silence, especially in the internally displaced persons (IDP) camps and host communities.
- An emerging form of slavery where girls are commodified and sold by their families as debt repayment or as punishment for being assertive appears to be a new detrimental norm.
- Although Nigeria has a National Sexual Offender Database, strategic for naming and shaming sexual offence, Yobe is not yet present on that database
- There is a disconnect between the referral pathway in its ideal form and as is.

What issues need more research from the rapid scoping study?

- How effective the SARCs are and how much capacity they have to meet the needs of victims leading to an early transition to survivorhood, and societal trust and patronage
- The degree of SGBV suffered by boys and men in the context of conflict and displacement
- How well the Family Support Unit under the Police is equipped to support families
- How effective the existing youth clubs across gender in tertiary institutions and communities are to prevent SGBV
- Community driven options of safe school practices including an examination of all investigative reports on safe schools, livelihood, security and SGBV in North-East Nigeria to identify relevant, pertinent proposals for implementation
- The traditional leadership systems, especially those led by women, and how to integrate them into SGBV responses
- How existing youth clubs across gender in tertiary institutions and communities can be strengthened
- How best to reach rural communities in the context of insurgency so as to increase the rate of reporting and uptake of SARC services.
- Engaging the Ministries of Justice and Health to see how their data sources can be harnessed into a one-stop-shop on SGBV data.

Recommendations

Given the urgent action orientation of the study, the report structures recommendations into the Programmatic recommendations, which development partners need to drive, and policy recommendations, which governmental and non-governmental players should drive. MCN working with partners is expected to facilitate the actualisation of both types of recommendations.

Programmatic recommendations

Dialogues with frontline government players such as the Ministries of Justice, Health, Education, and Women Affairs and the State House of Assembly would be a sustainable strategic plan. MCN should bring to their attention the findings of this study and advise what kinds of investments are required for rethinking education, funding SARCs, assenting to the VAPP Act. MCN should facilitate peer conversations and cross-state learning with frontline responsive states on SGBV, such as Plateau, and Kaduna in the north, and Lagos, Ekiti and Edo States in the south. MCN should lead the charge to ensure that all development partner interventions include SGBV indicator trackers concerned with safe spaces, access to essential services, voice and security for the vulnerable.

Policy Recommendations

Yobe government should pass a strong SGBV law such as the Violence Against Persons Prohibition (VAPP) law. Data is important for planning so Yobe SGBV action should include data on offenders and service

providers, which should be linked to the National Sexual Offender Database can strengthen accountability on SGBV. SARC's require support to function as effective basic first responder amenities, engaging the community psyche through awareness generation and communication programming that helps the community understand the relevance of SARC's and use their services. Attention to leadership from a female and male perspective can help change perceptions around SGBV. Young people across gender, and disability, in and out of school, vigilantes, farmers, traders etc., have the potential to help drive prevention strategies. However, policy design must intentionally target them. Argue for a Survivor's Fund. This requires deliberate focus and investment. The mechanism for such a fund could be multilateral with crowdfunding attracted, so long as it has a robust corporate governance structure. Mainstream disability into SGBV response. Government, working with UN Agencies, International Partners and Civil Society Organisations should work to establish One Stop Shop referral centres fully equipped with comprehensive services including police, documentation and first responders. Develop formal guidelines and simple flowchart diagrams detailing in visual and local languages, roles, and responsibilities of different actors at different stages in the case management process.

We are learning that changing norms or cultural ways of behaviour, especially in conflict, must be gradual, complementary, collaborative, and consistent. To achieve sustainable accountability on initiatives to address SGBV in Yobe, on the programmatic and policy fronts, government and development partners should work separately with boys and men, alongside working separately with girls and women. Partners need to build on what already exists, audit policies and programmes, strengthen them, and build awareness with the community. There is also the need to re-strategise on safe education and livelihood options from a participatory, gender and social inclusion lens, a review of the local justice system in Yobe to include more women leaders, so women and girls can confidently report and discuss SGBV issues, is essential. Awareness of the referral pathway to SGBV support is essential for the uptake of services.

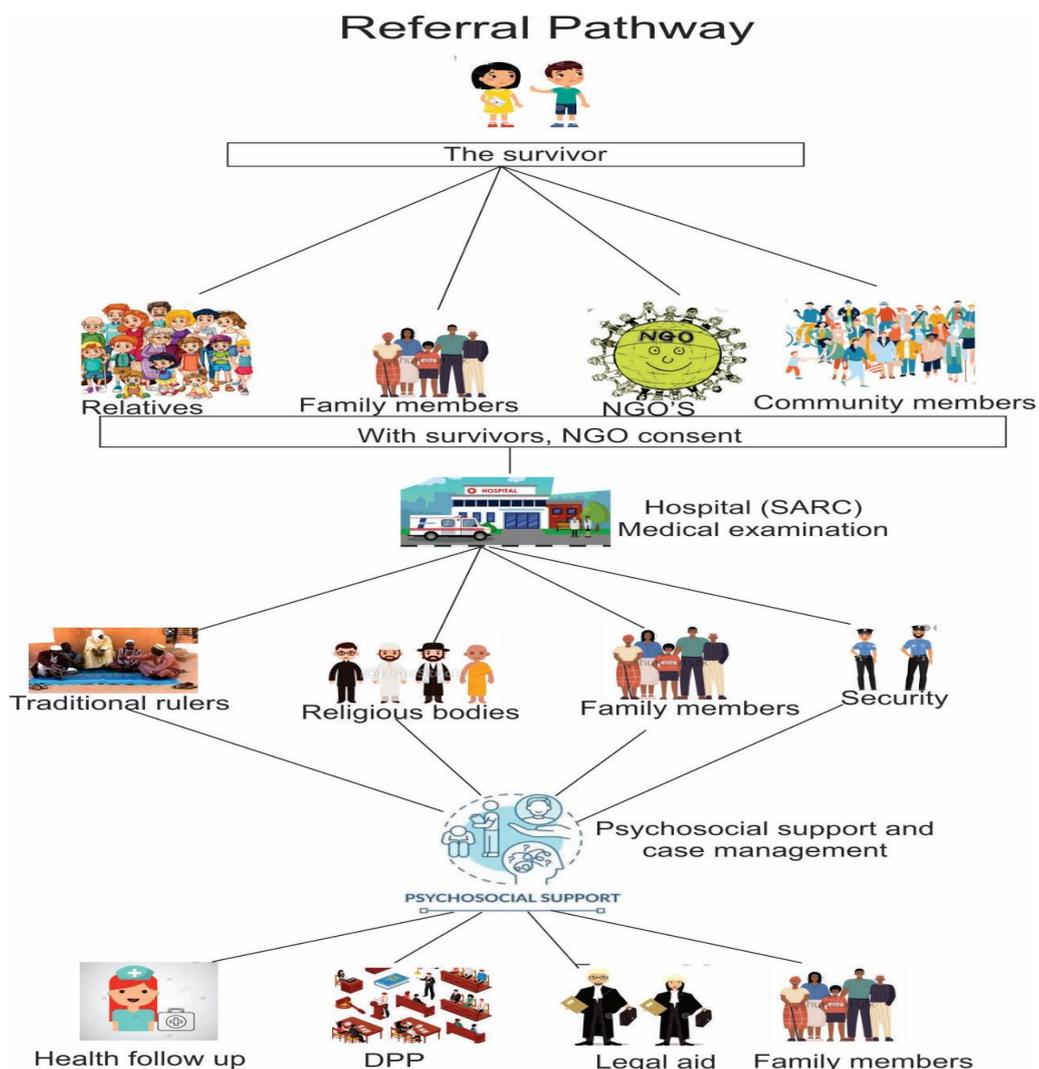
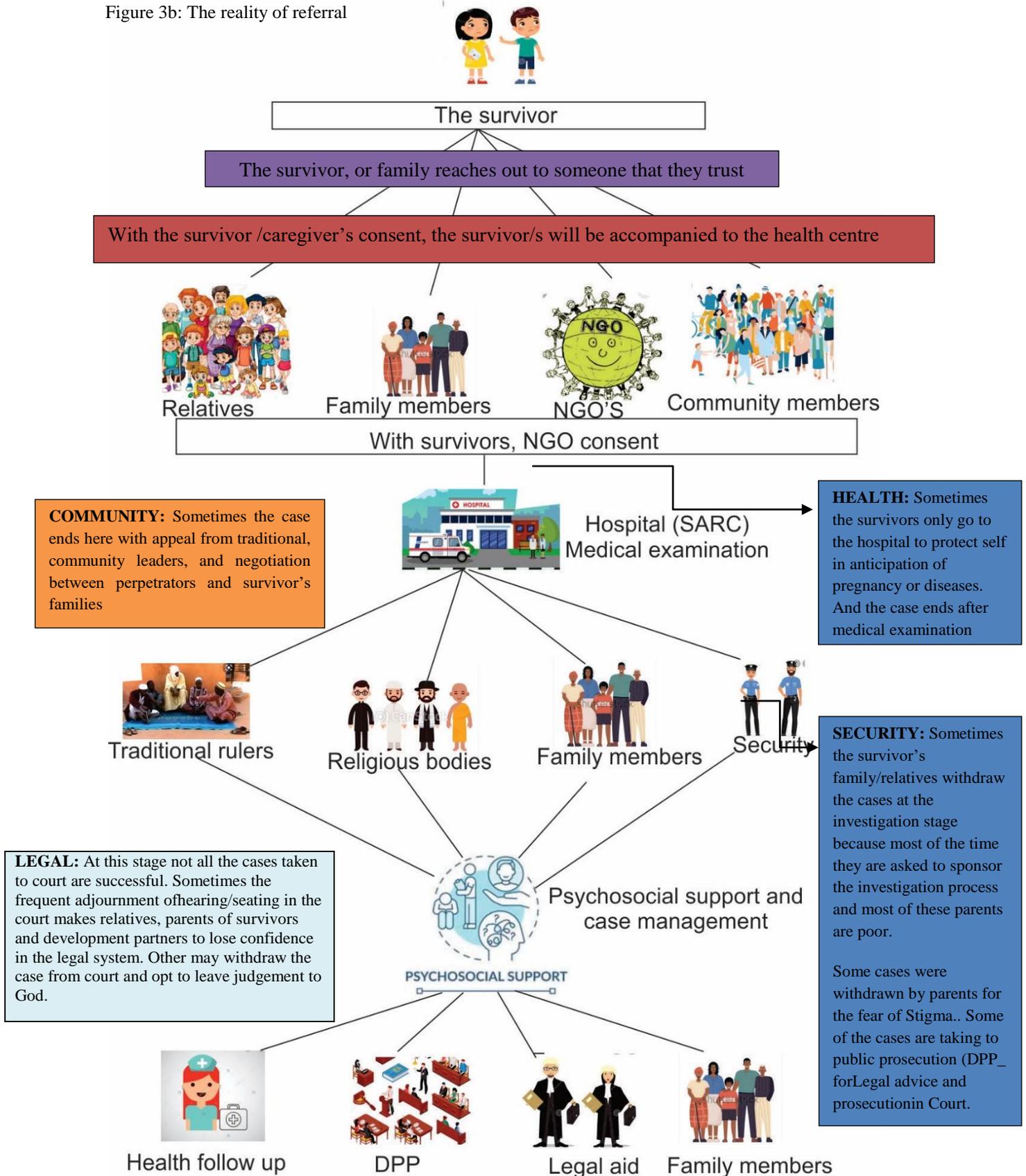


Figure 3a: The referral pathway

Referral Pathway

Figure 3b: The reality of referral



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