EUROPEAN UNION

BRITISH COUNCIL

Towards Implementation of the Violence Against Persons (Prohibition) Act

Phase 2

Sexual and Gender Based Violence in the Federal Capital Territory, Nigeria – Reported Cases and Institutional Response

Written by Abiodun Baiyewu
Epilogue – Charmaine Pereira

Edited by Charmaine Pereira

LEGISLATIVE ADVOCACY
COALITION ON VIOLENCE
AGAINST WOMEN INTIATIVE

Phase 2 Research Report - LACVAW Intervention Strategy for the Effective Implementation of the VAPP Act, 2015.

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Acknowledgements

This report covers Phase 2 of the research component of LACVAW Initiative's intervention project on implementation of the VAPP Act. Many people and organisations were involved, not only in the research but in related components of the project. We are grateful to the Secretariat and the WRAPA office for the huge role they played in supporting the design of the overall project and in enabling it to get off the ground.

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Thanks are also due to our various institutional respondents, namely those working in health agencies, police and civil defence, government response institutions, and courts.

We would like to thank the Rule of Law and Anti-Corruption (RoLAC) programme, funded by the European Union and implemented by the British Council, for the funds to carry out this research. We appreciate their interest in affirming the need for research to identify prevailing levels of reported cases of sexual and gender-based violence and institutional responses to such violence.

Charmaine Pereira

LACVAW Initiative

Contents

Acronyms and abbreviations

AMAC	Abuja Metropolitan Area Council
CIRDDOC	Civil Resource Development and Documentation Centre
CSO	Civil Society Organisation
DNF	Dorothy Njamanze Foundation
EVA	Education as a Vaccine
FCT	Federal Capital Territory
FIDA	International Federation of Women Lawyers
FMoWASD	Federal Ministry of Women Affairs and Social Development
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
LACVAW	Legislative Advocacy Coalition on Violence Against Women
MDAs	Ministries, Departments, Agencies
NAPTIP	National Agency for the Prohibition of Trafficking in Persons
NAWOJ	Nigeria Association of Women Journalists
NDHS	Nigeria Demographic and Health Survey
RoLAC	Rule of Law and Anti-Corruption
SGBV	Sexual and Gender-Based Violence
SPSS	Statistical Package for the Social Sciences
STI	Sexually Transmitted Infections
VAWG	Violence Against Women and Girls
VAPP	Violence Against Persons (Prohibition)
WFI	Women Friendly Initiative
WRAPA	Women's Rights Advancement and Protection Alternative

Executive summary

Despite being the nation's capital, the Federal Capital Territory (FCT), along with other regions of the country, continues to struggle with the task of strengthening institutions to prohibit, respond to, and prevent sexual and gender-based violence effectively. However, there have been key policy movements towards the development of a holistic framework for addressing SGBV in the FCT. These include the passage of the Violence Against Persons Prohibition Act 2015 (VAPP Act), the establishment of the FCT SGBV Response Team in 2017, the launch of a Sex Offenders Register in 2020, and the establishment of a Sexual Assault Referral Centre (SARC) in Gwagwalada in 2021.

This report covers the second phase of research by LACVAW, the Legislative Advocacy Coalition on Violence Against Women, on implementation of the VAPP Act. LACVAW is comprised of women's rights organisations, human rights groups, religious groups and development agencies working on various aspects of women's human rights, particularly violence against women. LACVAW played a formative role in the drafting of the Violence Against Women (Prohibition) Bill, having engaged in legislative advocacy for its enactment since 2001. The two phases of LACVAW's research examine reported cases of sexual and gender-based violence (SGBV) in the Federal Capital Territory of Nigeria, and the character of response practices among FCT's response institutions. Funds for the project were provided by the Rule of Law and Anti-Corruption (RoLAC) programme, itself funded by the European Union and implemented by the British Council.

Data in both Phase 1 and Phase 2 of the research were collected from four of the FCT's six Area Councils: AMAC, Bwari, Gwagwalada, and Kuje Area Councils. Phase 1, carried out over the 12-month period between the 1st of December, 2018 and the 30th of November, 2019, had two main objectives: i) to establish a baseline on the prevalence of reported cases of sexual and gender-based violence in the FCT over a 12-month period; and ii) to review the services provided by response agencies addressing sexual and gender-based violence in the FCT and the extent to which these are informed by the provisions of the VAPP Act.

Phase 2 of the study, covering the period from mid-July 2020 to mid-January 2021, was carried out during, and shortly after, what is considered by most to be the end of the first wave and cusp of the second wave of COVID-19 in Nigeria. The objectives of Phase 2 were as follows:

1. To collect more detailed data on ongoing reported cases of sexual and gender-based violence in the FCT over a 6-month period to promote informed planning and advocacy around the needs of survivors.
2. To assess response practices among the FCT's response agencies addressing sexual and gender-based violence in the FCT with a view to challenging impunity for sexual and gender-based violence.

The strategic intents of Phase 2 are to understand the layers of vulnerability experienced by survivors/victims as well as the gaps and challenges in gaining access to essential services and justice. The findings from both Phases 1 and 2 of LACVAW's research are intended for use in pushing for accountability for the effective implementation of the VAPP Act in addressing sexual and gender-based violence in the FCT.

The main findings from Phase 2 are outlined in the following sections.

Civil society organisations

The most prevalent forms of SGBV reported to CSOs in Phase 2 were rape and physical assault. In comparison with the first phase of the research, which was carried out prior to the onset of the

pandemic, very few cases overall were reported in Phase 2. Altogether, sixty SGBV cases were recorded by the five CSOs that participated in the survey. Most of the cases were referrals (88.3%) but over half (53.3%) were unaccompanied when they reported to the CSOs. The peak period for CSOs receiving reports of SGBV was the afternoon, unlike the evening or night when the fewest reports were received (3%).

The oldest survivor recorded was 33 years and the youngest was 4 years old. Most survivors (72%) described themselves as being self-employed; a large proportion (25%) were students. Most violations (46%) were carried out by family members or a spouse. Perpetrators were apprehended by the police in only 28% of cases reported. Sixty-five percent of survivors were referred to a health facility but only about half of these (35%) were accompanied by staff. Most of the costs of treatment were covered by family members, with the health facility supporting in some rare instances. Most survivors (51%) reported no injury or else minor bruises. Ten percent reported serious injuries; one of the survivors was admitted to a health facility.

Survivors often had to pay to have their cases taken up at police stations. Eight out of nine survivors reported paying specifically for "opening files", and for logistics to "transfer the case to headquarters" or "transport officers to the scene of the crime" or arrest the perpetrator. Of the nine cases that made it to court, only five were investigated and two perpetrators were charged to court.

Health Facilities

Although 20 health facilities took part in this study, the substantive analysis reflected findings from only 15 facilities, as the other 5 did not provide coherent data, despite their continued assurance of a commitment to doing so. It was also evident from the data shared that most health care facilities had poor data management and documentation skills. Some also admitted to poor communication among staff, leading to data not being appropriately captured or not being captured at all. The participating health facilities were predominantly Primary Health Centres (PHC) located in Bwari, Dutse and Kubwa, with the exception of Gwagwalada Teaching Hospital, and Kuje and Zuba General Hospitals, which were tertiary health facilities.

Eight of the SGBV cases reported were referrals, six were walk-ins; there was no information about the remaining six cases. All survivors of the SGBV cases reported at these facilities were female between the ages of 6-70 years. Most were students. The forms of sexual and gender-based violence reported included rape, sexual assault, and domestic violence. All of the perpetrators were reported to be known to their victims. The health facilities noted in particular that most perpetrators were family members, intimate partners or friends between the ages of 25 to 49 years. In all the reported cases, the violations were committed by single perpetrators.

Survivors received medical care, including screening for venereal diseases, and PEP against HIV and Hepatitis B. However, some SGBV survivors were reported to have declined physical examination**.** The care provided was contingent on the survivor's type or level of injury.

Law Enforcement

Only two police stations, Dutse and Jigo Police stations, both located in Bwari local government area of the FCT, provided data. This was despite concerted efforts to collect data from other police stations across the other three Area Councils, including obtaining different forms of clearance from the Force Headquarters. In spite of repeated visits to one Asokoro police station, for example, the only response was a snobbish comment: "*Madam, I have told you, residents here don't behave that way. We don't have such cases! Check Nyanya and Jikwoyi.*"

All of the cases reported to Dutse and Jigo Police stations were walk-ins, and survivors in all cases were accompanied to the police station by family members. All the victims were female, aged between 14 and 31 years old. The types of SGBV cases recorded were domestic violence, rape involving penile penetration, and sexual assault. None of the cases had been previously reported to any other institution nor had any of the victims previously reported any form of SGBV.

Perpetrators were aged between 36 to 49 years. They were persons known to the survivor, such as a family member, friend, neighbour, or intimate partner. In all of the cases reported, survivors pressed charges but did not always follow through. Perpetrators in all the cases reported were apprehended, and the cases were reportedly investigated by the Police. In all three cases reported to Dutse Police station, the perpetrators involved were charged to court. In the one case reported to the Jigo police station, the survivor - a housewife who had been a victim of domestic violence - forgave the perpetrator, her spouse.

Dutse Police Station reported that all the victims were accompanied to the hospital by one of their officers. While the existence of serious wounds as a result of the SGBV perpetrated was reported, no description was offered of the injuries sustained. However, the domestic violence victim who had reported to Jigo Police Station reportedly had “a shallow cut on her head”. The police at Dutse Police Station had requested a speculum exam on a rape victim, in a case that involved penile penetration. The cost of treatment in all cases was covered by the victims and their families.

The police, like other sectors, had a data management problem and were secretive about the cases reported to them. Some police officers also failed to document cases that they were not interested in pursuing. In a particularly scandalous instance at Kubwa in Bwari Area Council, a woman had reported her new husband to the police as violating his young daughter from his late wife, and his teenage niece. The husband, however, bribed his way out of the situation and the woman’s statement disappeared. The neighbours also held a ‘meeting’ to compel her to recant her statement and ensured that she deleted the video evidence that she had recorded on her phone.

Government Response Agencies

The Welfare Department of Bwari Area Council was the only government agency that provided data during Phase 2. Assurances of cooperation from the other government response agencies had yielded no result by the time of this report. Four cases were reported to the Welfare Department, all of them being referrals by the police. The cases all involved female victims/survivors whose ages ranged from 14 to 20 years. Three of the survivors were students while the fourth was a housewife. All had been accompanied by a police officer to the Welfare Department, indicating some level of cooperation between the two response institutions.

Two of the SGBV cases were rape cases involving penile penetration; the other cases involved sexual assault and domestic violence. A 14-year old sexual assault victim who had on a previous occasion reported incessant rape by her father to the police, was later referred to the National Human Rights Commission. The other victims had made no prior GBV report. All the assailants were persons well known to their victims. Perpetrators in the two rape cases were family friends, while the sexual assault was perpetrated by the victim’s primary caregiver. All the victims were referred to the hospital, but not accompanied by an officer of the Agency. Information on the severity of injuries sustained was not provided.

Courts

The only courts for which reports were transmitted were the Gwagwalada High Court and the Kuje High Court. The pace of adjudicating the cases was said to be slow. Respondents attributed the lack of information from the other courts and the slow pace of their own cases to the impact of the COVID-19 restrictions.

Comparing the findings from Phases 1 and 2

A comparative analysis of findings in both Phases provides a glimpse of the impacts that COVID-19 restrictions had on the responsiveness of institutions and the behaviour of victims. Apart from the fact that underreporting became considerably worse, the most significant changes noted were:

- While research evidence elsewhere indicated a spike in the number of SGBV cases during the pandemic, the number of victims reporting or seeking help in Phase 2, from law enforcement, government agencies, and health facilities, dropped to about a tenth of what might have been expected, based on the findings in Phase 1.
- During and after COVID-19, more victims sought assistance from CSOs than the police, compared to the situation before the pandemic. This shift is most likely to have occurred due to increased distrust of security forces in the wake of the brutality of law enforcement during the lockdown.
- Government institutions were more reluctant to share information during the first wave of COVID-19 and subsequently, than prior to the pandemic.
- Interinstitutional referrals in Phase 2 became less frequent than before the pandemic, at a time when the stringent protocols around COVID-19 made access to a number of government institutions notably difficult. This state of affairs also appears to underpin the finding that fewer victims sought help from official agencies and that when they did seek help, it was from CSOs.

1

Introduction

Sexual and gender-based violence (SGBV) is any harmful act of sexual, physical, psychological, mental, and emotional abuse that is perpetrated against a person's will and that is based on socially ascribed i.e. gender differences between males and females.[1] The Nigeria Demographic Health Survey (NDHS) 2018[2] indicates that 31% of women aged 15-49 have experienced physical violence, 9% have experienced sexual violence whilst 6% have experienced some form of physical violence during pregnancy. A considerable proportion of women who have ever been married are targets of violence in their conjugal lives - over a third (36%) suffer spousal physical, sexual, or emotional violence. The prevalence of one or more of these forms of spousal violence was higher in 2018 than in 2008 (31%) and 2013 (25%). A substantial proportion (28%) of the women who have experienced spousal physical or sexual violence have sustained injuries: 26% reported cuts, bruises, or aches, and 9% reported deep wounds and other serious injuries. Only 32% have sought help, approximately the same percentage as in 2013 (31%). Just over half (55%) the women who have experienced physical or sexual violence have never sought help to stop the violence; for those who did, women's own families were the most common source of help (73%). Only 1% sought help from doctors or medical personnel, the police, or lawyers[3].

As a result of sexual and gender-based violence, many women and girls are deprived from enjoying their fundamental human rights, continue to live in fear, and suffer varied gendered vulnerabilities, preventing them from maximising their full potential. Gender-based violence continues to undermine the health, dignity, security and autonomy of women and girls, yet the institutional response to such violence remains far from adequate. This situation has been further exacerbated by the COVID-19 pandemic.[4] Moreover, the authorities' responses to the COVID-19 pandemic have deepened social and economic inequalities, highlighting problems in the country's healthcare infrastructure as well as in official efforts to provide economic assistance.[5] In June 2020, the increasing pervasiveness of violence against women and girls spurred a national outcry by women's rights activists and compelled the authorities to declare a State of Emergency over sexual and gender-based violence.[6]

High levels of sexual and gender-based violence in Nigeria necessitate a strong and sustained service response, particularly through front-line service providers such as sexual assault referral centres (SARCs), law enforcement, and an assortment of social services. In the wake of the passage of the Violence Against Persons (Prohibition) Act in 2015, which is currently only applicable in the FCT, new institutional response mechanisms have been set up. In November 2020, the joint EU-UN Spotlight Initiative, in collaboration with the Federal Ministry of Women Affairs, launched a national data situation room on gender-based violence and data dashboard. The aim is to enable policy actors and programme managers to monitor and analyse the ongoing collection of numerical information on sexual and gender-based violence, to inform programmatic interventions.[7] In addition, the first ever Sexual Assault Referral Centre (SARC) in the FCT was recently inaugurated in Bwari, commissioned by the European Union, the British Council, and the Rule of Law and Anti-Corruption programme (RoLAC).[8]

LACVAW, the Legislative Advocacy Coalition on Violence Against Women, played a formative role in the drafting of the Violence Against Women (Prohibition) Bill, having engaged in legislative advocacy for its enactment since 2001. The coalition is comprised of women's rights organisations, human rights groups, religious groups and development agencies working on various aspects of women's human rights, particularly violence against women. LACVAW's focus on what it would take to implement the VAPP Act has taken the form of an action research project in which reported cases of sexual and gender-based violence (SGBV) in the Federal Capital Territory of Nigeria are examined alongside the character of response practices among FCT's response institutions. Funds for the project were provided by the Rule of Law and Anti-Corruption (RoLAC) programme, itself funded by the European Union and implemented by the British Council.

Phase 1 of the research, carried out over the 12-month period between the 1st of December, 2018 and the 30th of November, 2019, had two main objectives: i) to establish a baseline on the prevalence of reported cases of sexual and gender-based violence in the FCT over a 12-month period; and ii) to review the services

provided by response agencies addressing sexual and gender-based violence in the FCT and the extent to which these are informed by the provisions of the VAPP Act. During this phase, the FCT Administration Social Development Secretariat reported being overwhelmed by SGBV cases, particularly rape and incest cases, and being inundated with cases of violence against minors and teenagers. Response institutions reported that insufficient and often delayed funding for managing the cost of treatment, and the challenges of seeking justice for victims, were key impediments to the effective delivery of services to survivors. Weak levels of coordination amongst state and non-state actors, lack of awareness of SGBV services and providers, and poor capacity of frontline response institutions impede the provision of an effective response mechanism.[9]

The objectives of Phase 2 are as follows:

1. To collect more detailed data on ongoing reported cases of sexual and gender-based violence in the FCT over a 6-month period to promote informed planning and advocacy around the needs of survivors.

2. To assess response practices among the FCT's response agencies addressing sexual and gender-based violence in the FCT with a view to challenging impunity for sexual and gender-based violence.

The strategic intents of Phase 2 are to understand the layers of vulnerability experienced by survivors/victims as well as the gaps and challenges in gaining access to essential services and justice. The findings from both Phases 1 and 2 of LACVAW's research are intended for use in pushing for accountability – including resourcing and inter-agency co-ordination – for the effective implementation of the VAPP Act in addressing sexual and gender-based violence in the FCT.

Endnotes

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2

Research methodology

The research in Phase 2 was carried out in the same four Area Councils involved in Phase 1 - AMAC, Bwari, Gwagwalada, and Kuje Area Councils. The response institutions approached in Phase 2 were also the same as those participating in Phase 1. They included health facilities, law enforcement, government agencies, courts, and civil society organisations which provide response services to survivors of SGBV. Simple random sampling had been used to identify the SGBV response institutions in health, law enforcement, courts, and government response sectors. Purposive sampling had been used to identify relevant CSOs.

At the onset of Phase 2, town hall meetings were held in each Area Council to sensitise key actors from the various response institutions to matters relating to sexual and gender-based violence as well as to the findings from LACVAW's research in Phase 1. These meetings afforded researchers an opportunity to discuss the existence of the VAPP Act with participants, the imperative of prohibiting sexual and gender-based violence in the FCT, issues associated with implementation of the VAPP Act, and the rationale behind efforts to establish a baseline and collect data on the prevalence of reported cases of SGBV.

Phase 2 of the study, reported here and covering the period from mid-July 2020 to mid-January 2021, was carried out during, and shortly after, what is considered by most to be the end of the first wave and cusp of the second wave of COVID-19 in Nigeria. This presented several challenges to the efforts to collect data on SGBV cases as well as institutional responses to sexual and gender-based violence in the FCT. Primary data on SGBV were obtained through institutional surveys in the area councils. Questionnaires were administered for the institutional surveys and were analysed using quantitative methods. Respondents had the purposes of the research explained to them and were assured that the information they gave would be confidential and rendered anonymous. Strenuous efforts were made to hold interviews with stakeholders in each of the response agencies but these were unsuccessful.

Institutional surveys

A separate set of questionnaires was developed and used to obtain data from sampled respondents in Phase 2. The sample comprised 5 civil society organisations, 20 health facilities, 2 law enforcement agencies, 1 government response agency, and 2 courts. The number of civil society organisations and healthcare facilities was roughly the same in Phase 2 as in Phase 1. However, there were far fewer law enforcement agencies (only 2 instead of 8), only 1 government agency (instead of 5) and 2 courts (instead of 4) in Phase 2 relative to Phase 1. Access to most response agencies was restricted due to the COVID-19 protocols that were in place following March 2020. Questionnaires were completed over the phone and in some instances, in-person at the site of the response institution/organization.

Each response institution was asked about cases of sexual and gender-based violence reported during the 6-month period between mid-July 2020 and mid-January 2021, and the services offered in response. The sections comprising each questionnaire are outlined below; details may be found in Appendix 1.

Civil society organisations

The key sections covered were: demographics of victims; types of cases reported; the perpetrator's profile; forensic evidence; medical treatment; whether the case was reported to the police; and the current status of the case.

Health facilities

This covered: demographics of victims; types of cases reported; the perpetrator's profile; availability of treatment and medical forensic examination; funding of survivor's treatment; and the referral pathway.

Police

The main sections covered were: demographics of victims; types of cases reported; the perpetrator's profile; accompaniment of victims to health facilities for treatment and medical forensic examination; funding of survivor's treatment; referral pathway; whether the case was investigated; information on the arrest and prosecution of perpetrators; and the current status of the case.

Government Agencies

This covered: demographics of victims; types of cases reported; the perpetrator's profile; accompaniment /support through interagency SGBV response services, including health facilities for treatment and medical forensic examination; funding of survivor's treatment; referral pathway; whether the case was investigated; information on the arrest and prosecution of perpetrators; and the current status of the case.

Courts

In addition to the types of questions for other institutions above, the court specific survey questions included: demographics of victims; types of cases; perpetrator's profile; forensic evidence; referral pathway; and the current status of the case.

Data analysis and documentation

The study utilised descriptive statistics to analyse the survey data. The statistical package for social scientists (SPSS) version 20 and STATA version 12 were used to analyse the quantitative data. Descriptive statistics included frequencies, cross tabulations and comparisons of means. The results of the analyses are tabulated.

Ethical considerations in carrying out the research

Given the sensitive nature of information about sexual and gender-based violence as well as the risks to survivors of publicising such experiences, the ethical principles guiding the research were based on respect for the autonomy, rights and dignity of survivors. This entailed ensuring anonymity and confidentiality of all information gathered about survivors from the various response agencies. Information capable of identifying survivors was not collected.

Limitations of the Study

This study should not be viewed as providing a comprehensive overview of the prevalence of reported cases of sexual and gender-based violence in the FCT, even in the four Area Councils in which data were collected. Given the timing of the research, it is more illustrative of some of the consequences of official measures taken to address the COVID-19 pandemic and the associated protocols. Sexual and gender-based violence is generally under-reported in most contexts and this was exacerbated in the wake of the considerable restriction in service provision by response agencies, particularly during lockdowns.

3

Town hall meetings

A Town Hall meeting was held with stakeholders in each of the four Area Councils: Bwari (26-27 February 2020), Abuja Metropolitan (10-11 March 2020), Gwagwalada (16-17 March 2020), and Kuje (14-15 October 2020). The aims of the meetings were to sensitise key actors from the various response institutions to matters relating to sexual and gender-based violence as well as to discuss the findings from LACVAW's research in Phase 1, prior to embarking on Phase 2. The first three Town Hall meetings were held before the first wave of COVID-19 in Nigeria. By late March 2020, the government had introduced lockdown measures, leading to the postponement of the Kuje Area Council Town Hall meeting until later in the year when a hybrid – virtual and physical – Town Hall meeting was convened.

Each Town Hall meeting was held over two days, covering the content shown in Figure 3.1. Following an open discussion among participants regarding their perspectives on sexual and gender-based violence, LACVAW's Phase 1 research was introduced and key features highlighted. Personnel from different agencies shared their experiences in efforts to address SGBV and the challenges they faced in doing so. Key features of the VAPP Act were highlighted and participants were asked for their perspectives on implementation.

This was followed by a presentation on the SGBV response tool-pack,[1] which lays out protocols for a range of agencies with responsibilities for addressing SGBV. These are underpinned by the survivor-centred character of the protocols discussed, which cover the appropriate steps to be taken in management of SGBV cases, referral processes, the case for mandatory reporting of SGBV perpetrated against minors, and the need for protection of the survivor's data. By laying out the appropriate lines of action to be taken by the various response agencies with mandates to address SGBV, the tool-pack makes it easier not only to see what a multi-sectoral approach to sexual and gender-based violence, which places survivors at the heart of institutional responses, would look like but also clarifies ways in which duty bearers can be held accountable.

The rest of this section provides a snapshot for each Area Council of participants' perspectives on sexual and gender-based violence, which it is important to recognise in efforts to change repressive norms on sexual and gender-based violence and in order to promote zero tolerance of SGBV.

Bwari Area Council (26-27 February 2020)

The forms of gendered violence most discussed were those occurring in the context of marriage, cohabitation, and family life, such as incest, sexual violence, and child abuse. Participants expressed the view that in instances where young women were the ones to choose whom to marry, thus disregarding the norms and traditional approach of parents choosing a spouse, this posed a threat to the women and constituted a major cause of violence. Also, where women cohabited with partners without following formal marriage rites, this enabled conditions where women could experience violence by their partners.

The question of Who to Blame was raised by participants, with religious and traditional leaders who perpetrated sexual and gender-based violence being strongly condemned, given the expectation by many that they should instead be playing a role in sanctioning such violence. Some questioned the criteria used to determine who would become a religious leader. A participant stated that some religious institutions pose a threat to women and girls who had experienced SGBV by pushing for settlement between victims, or victims' parents or guardians, and perpetrators, rather than taking the legal option. In yet other cases, where the perpetrator was a revered spiritual guardian of the victim or of the victim's parents or guardians, the latter were easily persuaded not to report the incident at all. The need for the populace at large, including religious and traditional leaders, to reawaken "our value system" was emphasised by another participant. A youth leader stressed that churches that did not operate within the ambit of law should be closed down.

The pervasiveness of adult men's sexual abuse of girls was raised as a major problem. One view was that cultism was responsible for such violations. It was suggested that sexual violence by cultists against minors may be motivated by the belief that such acts were a prerequisite for achieving cultist goals. The National Orientation Agency indicated that they were taking action to halt such abuse by educating children about "untouchable" parts. They also highlighted the need to work on prevention of sexual and gender-based violence. Some were of the view that there should be very strong punishment for rape, including castration.

Figure 3.1: Town Hall Meeting Agenda

Legislative Advocacy Coalition on Violence Against Women (LACVAW) Initiative
Sexual and Gender-Based Violence - Why We Need Data
Two-Day Town Hall Meeting - Programme

Day 1	
9.30 a.m.	Registration
10.00 a.m.	Welcome remarks – Area Council Chairperson
	Introductions
	About LACVAW - *Eqy Anazonwu*
10.30 a.m.	Tea break
10:45 a.m.	What is Sexual and Gender-Based Violence? - *Charmaine Pereira*
	Participants' Perspectives
11.15 a.m.	Introduction to LACVAW's Research on Sexual and Gender-Based
	Violence in the FCT - *Abiodun Baiyewu*
12 noon	Experience Sharing
	Challenges for Response Agencies
	Discussion
1.00 p.m.	Lunch
1.30 p.m.	Close
Day 2	
9.30 a.m.	Registration
10.00 a.m.	Recap of Day 1
10.15 a.m.	The Violence Against Persons (Prohibition) [VAPP] Act - *Charmaine*
	Pereira
	Discussion
11.00 a.m.	Tea break
11.15 a.m.	Implementing the VAPP Act - *Charmaine Pereira*
	Participants' Perspectives
12 noon	Introduction to Sexual & Gender-Based Violence Response Tool-Pack
	- *Abiodun Baiyewu*
	Discussion
1.00 p.m.	Closing Remarks and Vote of Thanks - *Eqy Anazonwu*

At the other end of the spectrum was the view that in instances when a woman had been raped, both she and the man should be punished. Yet another perspective was that rape was "understood differently" in the West from Africa, including Nigeria. This meant that laws were "difficult to implement because our culture is not reflected in our laws". CSO members contested both positions, stressing that rape was unacceptable and that the VAPP Act itself was a home-grown product.

Other participants pointed to the problem of "indecent dressing", saying that women who did so were "responsible" for the sexual violations they experienced. The view among participants that women's dressing was ultimately what led to their abuse was widely shared among participants, including a religious leader. This view was strongly contested by one of the women Council leaders, who stated that "a predator is a predator, it doesn't matter what you wear". This position was supported by CSO members present who pointed out that men have choices over how they conduct themselves and should be the ones who take responsibility for their own actions.

One religious leader declared that the whole discussion was one-sided. In the previous months, there had been two cases of women killing their husbands. This meant that women too, were capable of violence. A facilitator pointed out that this did not negate the fact that the vast majority of cases of violence, particularly sexual violence, were perpetrated by men against women. A different religious leader emphasised that there was a need for widespread sensitisation of what constituted sexual and gender-based violence, particularly in rural areas.

Abuja Metropolitan Area Council (AMAC) (10-11 March 2020)

The AMAC Chair commended LACVAW and other CSOs for their courage, strength and tenacity in carrying out the fight against SGBV. He said that the AMAC leadership would do their best to support this fight in the Area Council. The Chair stated that it was imperative to end all forms of abuse and violence, stressing the need to ensure that perpetrators were identified and punished publicly as a form of deterrence for potential and existing perpetrators. He also emphasised that preventive measures were necessary to address the problem.

The Town Hall meeting began with the presentation of a report by members of a CSO think tank set up after a 1-day awareness programme on gender-based violence in the workplace, held by AMAC on the 5th of December 2019. The think tank's brief was to set out a road map for actualising the goal of zero tolerance of GBV in AMAC; the report was submitted to the Council Secretary of AMAC. CSO members of the think tank included Education as a Vaccine, Partners for West Africa, Dorothy Njamanze Foundation, and ActionAid Nigeria. Additional members included the AMAC Special Assistant on ICT, donor agencies, and CSOs as well as a representative of the Rule of Law and Anti-Corruption Programme.

The think tank's key recommendations were that AMAC should set up a Committee on GBV, comprising representatives of key stakeholders in the Council, which would drive the process of promoting zero tolerance to GBV and ensuring that funds would be available to run it by embedding its activities in the Social Welfare Unit. The proposed work of the Committee was correspondingly broad ranging. It comprised a mapping of the different stakeholders, including CSOs, to be involved in tracking cases of sexual and gender-based violence and ensuring the effective functioning of Ward Development Committees across the 12 wards of the Council, to manage cases of sexual and gender-based violence, among other tasks.

In his acceptance of the Committee's report, the Council Chair stated his willingness to ensure implementation of the VAPP Act and to mobilise resources to this end. He stressed that the meeting should address punitive measures against perpetrators, particularly in light of instances such as that of a 50-year-old man "having carnal knowledge of a 3-year-old baby" or a "father having carnal knowledge of his daughter". Penalties, in his view, should include capital punishment.

One participant raised the issue of "women dressing on campus to harass men". She went further to blame mothers for encouraging such provocative ways of dressing. Another participant reiterated the view that women and girls' dressing was "responsible" for rape. This view was contested by pointing out that even babies and elderly women were raped, and posing the

question of what it was about their mode of dressing that could have "caused" the rape. A further argument was that if indeed a woman or girl's mode of dressing was "responsible" for rape or other forms of sexual violence, this meant that the male perpetrator involved had no control over his actions. This view was considered untenable – "our attitudes are the challenge we have". It was also argued that instead of focusing solely on interrogating victims of SGBV, there should be greater questioning of perpetrators about their motives for rape. It was high time that men and boys were engaged in the fight against sexual and gender-based violence and held responsible for their "indecent acts".

Here too, religious actors were described as presenting a serious problem. Pastors and imams were generally thought to be very respectable so there was a reluctance to challenge religious figures who were perpetrators. Others pointed out that religion and culture were often used to excuse all kinds of violations. Some people were said to engage in sexual and gender-based violence because they believed that such acts would benefit them in their pursuit of "wealth at all costs".

Gwagwalada Area Council (16-17 March 2020)

The team was welcomed by the Chair of Gwagwalada Area Council, who commended LACVAW and other CSOs for the remarkable event, saying that the door of the Council was open for any collaboration. The Chair pledged his continual support in the implementation of the VAPP Act in the area council, emphasising that impunity was the reason for the widespread sexual and gender-based violence. It was essential, he stated, to ensure that equality before the law was maintained and that the same punishments were meted out for equivalent offences, irrespective of the perpetrator's social status.

The compère asked why there was so much focus on women in the course of discussions of sexual and gender-based violence. He wondered whether men were not affected. The response was that sexual and gender-based violence could be meted out to anyone, whether man, woman, or child but that whilst some men and boys were the targets of SGBV, the vast majority of violations were perpetrated by men against women and girls.

Another participant stated that women "were responsible for violence against women". Specifically, it was the way they dressed that attracted men. There was also a need for girls to be properly educated on such matters. The Chief Imam expressed the view that most rapes were triggered by girls themselves. Moreover, "civilisation" was responsible for such acts, and most rapes took place in educational establishments. The problem was a "lack of fear of God" and late marriages.

This view was countered by the argument that the way a woman or girl dressed could not be responsible for any act of sexual and gender-based violence, including rape. With regard to physical violence, one participant stated, "It's only a beast that will beat a woman." Instead, self-control and self-discipline [on the part of men] would go a long way. Moreover, the burden of decency and good behaviour should not be placed on girls alone, but boys too needed to be trained properly and told off when they acted disrespectfully towards women and vulnerable persons.

A different view expressed was that women were sometimes responsible for violations in the home. A wife was supposed to be "totally submissive" but when women reacted or responded to a man in the home, he could respond violently. Another participant contested this viewpoint, stating that nothing that a woman said could be an excuse for violence.

The fact that there were challenges in working on cases of sexual and gender-based violence was voiced by many. An example was given of a man who beat his wife every day despite the fact that she paid for the children's education. Another example was that of a child raped in a school. The latter case was reported to the police. The head of the Vigilante Group said that people should be reporting to the Group – it is not clear whether this was in addition to the police or instead of them. Drugs were cited as an additional, complicating factor. The CAN President noted that many pastors molest their followers. A traditional ruler stated that most acts of sexual and gender-based violence took place in urban areas, rather than rural, but that they would now guard against such violations.

Kuje Area Council (14-15 October 2020)

This Town Hall meeting was delayed for several months due to the outbreak of COVID-19. Instead of being held at the end of March 2020, it was convened in October. The meeting was a hybrid event, with participants from Kuje transported into central Abuja, while facilitators and other stakeholders attended virtually. All participants present at the venue were physically distanced, following COVID-19 protocols, and sanitisers were made available for all to use at the point of entry.

When participants were asked about how they understood sexual and gender-based violence, one view was that it was violence committed against females, in most cases, where the perpetrator viewed himself as superior and would "forcefully have sex". In the family setting, gender-based violence was said to occur when parents deemed girls to be less important than boys in terms of opportunities for education. In a workplace setting, SGBV was said to take place when male bosses took advantage of female employees. Rape was viewed as an important feature of sexual gender-based violence. One view was that SGBV entailed female vulnerability, regardless of age.

Discussion of the VAPP Act revolved around the extent of penalties for rape, with some fines for offences considered too low and therefore unable to act as deterrents. Some felt that there was a need to revise the Act, so that higher offences could be included. Apart from this, there was a lack of access in rural areas to police stations where reports of sexual and gender-based violence could be lodged and even when reports were made, the police often refused to take action.

The response to this was that people would need to look for CSOs that worked in the locality for support in addressing cases of sexual and gender-based violence. They would also need to use the media to raise awareness that such acts were violations, and shift the blame away from the victim towards the perpetrator. More changes at the community level by changing the orientation of community leaders and traditional rulers was also viewed as having the potential to make a difference.

Endnote

1 Global Rights. 2017. *Sexual & Gender-Based Violence Response Tool-Pack: SGBV Protocols, Matrices & Tool-Kit.* Abuja: Global Rights.

4

Civil society organisations

Only five civil society organisations provided information about ongoing cases of sexual and gender-based violence during Phase 2 of the research, despite concerted efforts to elicit information from additional CSOs.[1] The reticence of some civil society organisations is attributable to a number of reasons: many of them were overwhelmed by the effects of COVID-19 and many had become inundated with simply carrying out their critical mission and so were not documenting the cases that they were handling.

The general climate of violence that followed the onset of the pandemic resulted in even fewer women and girls reporting crimes against them, as documented by the media and other researchers on the subject matter.[2] Thus, despite the spike in incidents of sexual and gender-based violence during the lockdown, most cases were not reported. This was likely to have been due to the pervasive culture of silence surrounding gender and sexual violence, and lack of confidence in the response system. Increased inequity exacerbated by the COVID-19 pandemic also meant that indigent people were unable to gain access to public services. It should be noted that the lull in economic and social activities gave rise to women and children being forced into closer proximity with their abusers, and common covers for reporting sexual and gender-based violence, such as going to school, or going to work, were not available as explanations for the absences from the home during which those experiencing such violence could have sought help.

Survivors

All 60 survivors who reported cases of SGBV to CSOs in Phase 2 of the research were female. Most (72%) described themselves as self-employed[3] while 25% of the cases reported were students, and 3% were unemployed.

Of survivors who are minors, less than 7% were aged between 0-12 years; 20% of the minors were between 13 and 17 years. Most survivors were aged between 26 and 35 years (30%). A substantial proportion were between the ages of 36 and 49 years (16.6%). Information on the remaining 15.2% was not available (see Table 4.2).

SGBV cases

The most common form of violation reported was physical assault (52%). This was followed by rape cases that involved penile penetration (35%) and sexual assaults that did not involve penile penetration (13%) (see Table 4.3). All twenty-one rape survivors received prophylaxis treatment at health facilities.

Referrals

At least 88% of the cases were referrals from reporting organisations while the rest were walk-ins (see Table 4.4). The referrals were

Table 4.1: Civil society organisations and SGBV cases in Phase 2

Civil society organisation	Location	Number of SGBV cases
Education as a Vaccine (EVA)	Jahi	7
Cece Yara Child Advocacy Centre	Wuse	9
Women's Rights Advancement & Protection Alternative (WRAPA)	Wuse 2	41
Earth Spring International Outreach	Gwagwalada	1
Women Friendly Initiative	Kuje	2
		60

Table 4.2: Age distribution of survivors

Name of CSO	0-12 yrs	13-17 yrs.	18-25 yrs.	26-35 yrs.	36-49 yrs.	Unknown	Total
EVA	1	2	1	2	1	0	7
Cece Yara Child Advocacy Centre	2	2	0	0	0	5	9
WRAPA	1	7	6	15	9	3	41
Earth Spring International Outreach	-	-	-	-	-	1	1
Women Friendly Initiative	0	1	0	1	0	0	2
Total	4 (6.6%)	12 (20%)	7 (11.6%)	18 (30%)	10 (16.6%)	9 (15.2%)	60 (100%)

Figure 4.1: Age ranges of survivors

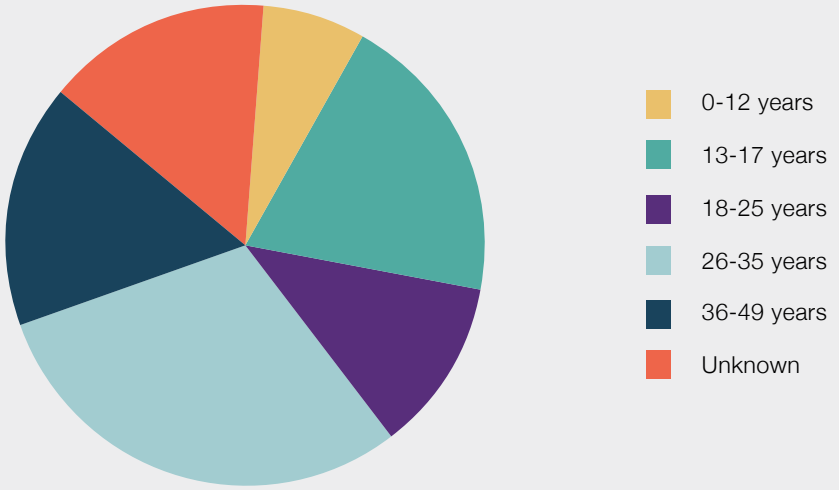

Table 4.3: Forms of sexual and gender-based violence

Name of CSO	Physical Assault	Rape/ Penetration	Sexual Assault	Total
EVA	0	7	0	7
Cece Yara Child Advocacy Centre	4	4	1	9
WRAPA	27	8	6	41
Earth Spring International Outreach	-	1	-	1
Women Friendly Initiative	-	1	1	2
Total	31 (52%)	21 (35%)	8 (13%)	60 (100%)

Table 4.4: Referrals to CSOs

Name of CSO	Referrals	Walk-ins	Unknown	Total SGBV cases
EVA	7	0	0	7
Cece Yara Child Advocacy Centre	8	1	0	9
WRAPA	38	3	0	41
Earth Spring International Outreach	-	-	1	1
Women Friendly Initiative	-	-	2	2
Total	53 (88.3%)	4 (6.7%)	3 (5%)	60 (100%)

Table 4.5: Persons accompanying survivors to CSOs

Name of CSO	EVA	Cece Yara Child Advocacy Centre	WRAPA	Earth Spring International Outreach	Women Friendly Initiative	Total
Parent/s	4	2	3	-	-	9 (15%)
Aunt/ older female relative	1	1	1	-	-	3 (5%)
Grand-mother	1	0	0	-	1	2 (3%)
Bystander	0	1	9	-	-	10 (17%)
No response	0	1	0	-	-	1 (2%)
Unknown	0	1	0	1	1	3 (5%)
Unaccompanied	1	3	28	-	-	32 (53%)
Total	7	9	41	1	2	60 (100%)

Table 4.6: Time of reporting to the CSO

Name of CSO	EVA	Cece Yara Child Advocacy Centre	WRAPA	Earth Spring International Outreach	Women Friendly Initiative	Total
Morning	2	5	4	-	-	11(18%)
Afternoon	3	4	36	-	-	43 (72%)
Evening/Night	2	0	1	-	-	3 (5%)
Unknown	0	0	0	1	2	3 (5%)
Total	7	9	41	1	2	60 (100%)

from the FCT SGBV Response Team, FIDA, religious bodies, and LGAs' Community Peace Committee. Ten percent of all the cases had been reported to the police prior to being reported to the CSOs. There were no inter-organisational referrals from other CSOs. None of the survivors had previously reported their cases of SGBV to the CSOs from which they sought service.

Accompaniment

Accompanying survivors through the process of reporting sexual and gender-based violence is an important dimension of support that is often overlooked. Forty percent of the survivors were known to have been accompanied to the CSOs, as opposed to making their way there alone.

Many survivors were accompanied by a bystander (17%). Almost a quarter of the survivors were accompanied to the CSO by relatives, either a parent (15%), an aunt or an older female relative (5%) or their grandmother (3%) (see Table 4.5).

Time of reporting

Cases were most often reported in the afternoon (72%). Only 5% of cases were reported in the evening or at night (see Table 4.6).

Perpetrators

Most perpetrators were reported as being either family members, primary caregivers, family friends, or neighbours. The largest single category comprised family members or spouses (46%). Neighbours or family friends constituted the second largest category, at 27% of perpetrators. School teachers or school staff accounted for 8% (see Table 4.7).

Most violations were committed by single perpetrators (90%); in 5% of the cases, there were two perpetrators. The number of perpetrators was unknown in another 5% of cases (see Table 4.8).

Access to Health and Forensic Evidence

Most survivors were referred to healthcare facilities (about 74%) but 19% of them were not. It is unclear what happened in the other instances (see Table 4.9). Less than half of survivors referred to a health facility were accompanied by a staff member (35%) of the CSO (see Table 4.10).

Ten percent of survivors reported serious injuries, while 85% reported no injury or minor bruises. In 5% of cases, it is not known whether the survivor was injured or not (see Table 4.11).

Survivors were admitted at the health care facility in only 5% of the cases referred to the hospital. Where victims were referred to a health facility by a CSO, the cost of treatment was often covered by the CSO or the victim. It was only covered by the health facility in two instances.

Cases followed up by the Police

Of the total of 60 cases reported to CSOs, the perpetrator was apprehended by the police in only 17 cases (28%) (see Table 4.12).

Referral to the Police

When CSOs referred cases to the police station, in 8 out of the 9 cases referred, CSO staff had to pay specifically for "opening files" and "logistics". "Logistics" would include such items and activities as transporting police officers to the scene of the crime, transporting an apprehended perpetrator, phone credit, paper to write a complaint, and the like. Of the 9 cases that CSOs referred to the police, only 5 were investigated (see Table 4.13).

In all, only two of the perpetrators that were apprehended were charged to court. The reasons given for why the other cases were not charged were that: the perpetrator was a minor, or the case was still ongoing at the time of the documentation, or the case had been withdrawn by the family.

Table 4.7: Relationship of perpetrators to survivors

Name of CSO	Perpetrator						Total SGBV cases
	Family member/ spouse	Friend of family/ neighbour	Primary caregiver	Teacher/ school official	No relationship	Unknown	
EVA	2	0	0	1	4	0	7
Cece Yara Child Advocacy Centre	2	4	3	0	0	0	9
WRAPA	23	12	2	4	0	0	41
Earth Spring International Outreach	0	0	0	0	1	0	1
Women Friendly Initiative	1	0	0	0	0	1	2
Total	28 (46%)	16 (27%)	5 (8%)	5 (8%)	5 (8%)	1 (3%)	60 (100%)

Table 4.8: Number of alleged perpetrators

Name of CSO	1	2	Unknown	Total SGBV cases
EVA	5	2	0	7
Cece Yara Child Advocacy Centre	9	-	0	9
WRAPA	40	1	0	41
Earth Spring International Outreach	0	0	1	1
Women Friendly Initiative	0	0	2	2
Total	54 (90%)	3 (5%)	3 (5%)	60 (100%)

Table 4.9: Referrals to hospital

Name of CSO	Was survivor referred to the hospital?			
	Yes	No	Unknown	Total
EVA	7	0	1	8
Cece Yara Child Advocacy Centre	4	5	0	9
WRAPA	8	0	0	8
Earth Spring International Outreach	0	0	1	1
Women Friendly Initiative	1	0	0	1
Total	20 (74%)	5 (19%)	2 (7%)	27 (100%)

Table 4.10: Survivors referred and accompanied by CSO staff to the hospital

Name of CSO	Survivor accompanied to the hospital?			
	Yes	No	Unknown	Total
EVA	2	5	0	7
CECE Yara Child Advocacy Centre	3	1	0	4
WRAPA	1	7	0	8
Earth Spring International Outreach	0	0	0	0
Women Friendly Initiative	1	0	0	1
Total	7 (35%)	13 (65%)	0 (0%)	20 (100%)

Table 4.11: Wounds sustained by victims

Name of CSO	Was the survivor injured?			
	Yes, seriously	No/minor injuries	Unknown	Total
EVA	0	7	0	7
Cece Yara Child Advocacy Centre	1	5	3	9
WRAPA	3	38	0	41
Earth Spring International Outreach	1	0	0	1
Women Friendly Initiative	1	1	0	2
Total	6 (10%)	51 (85%)	3 (5%)	60 (100%)

Table 4.12: Did the police apprehend the alleged perpetrator?

Name of CSO	Police apprehended alleged perpetrator?				
	Yes	No	Un-known	No response	Total
EVA	3	1	0	3	7
Cece Yara Child Advocacy Centre	5	4	0	0	9
WRAPA	8	32	0	1	41
Earth Spring International Outreach	0	0	0	1	1
Women Friendly Initiative	1	1	0	0	2
Total	17 (28%)	38 (63%)	0 (0%)	5 (8%)	60 (100%)

Table 4.13: Proportion of referrals to police that were investigated

Name of CSO		Was the case investigated?			
	Yes	No	No response	N/A	Total
EVA	0	2	0	2	4
Cece Yara Child Advocacy Centre	1	0	0	0	1
WRAPA	3	0	0	0	3
Earth Spring International Outreach	0	0	0	0	0
Women Friendly Initiative	1	0	0	0	1
Total	5 (56%)	2 (22%)	0 (0%)	2 (22%)	9 (100%)

Table 4.14: Status of the case

Status of the case	Name of CSO					Total
	EVA	Cece Yara Child Advocacy Centre	WRAPA	Earth Spring International Outreach	Women Friendly Initiative	
Closed	1	0	0	0	1	2 (22%)
Ongoing	2	2	2	0	1	7 (78%)
Total	3	2	2	0	2	9 (100%)

Status of Reported Cases

Of the 9 cases that CSOs had referred to the police, 7 (78%) were still ongoing (open) at the time of data collection and documentation. The other 2 (22%) were closed. One of these cases was closed because the perpetrator had been imprisoned for the crime, while the other was said to have been closed because it was settled out of court (see Table 4.14).

Endnotes

1 A sixth CSO had provided data which could not be incorporated into this phase of the research since it included intakes from other states across the North-Central zone of the country. The organisation was unable to disaggregate the data by state to give information on their services in the FCT.

2 Umukoro E. 2020. "Amidst COVID-19 Lockdown, Nigeria Sees Increased Sexual and Gender Violence". Premium Times, 5 June. https://pulitzercenter.org/stories/amidst-covid-19-lockdown-nigeria-sees-increased-sexual-and-gender-violence

UN Women. 2020. *Gender-Based Violence in Nigeria during the COVID-19 Crisis: The Shadow Pandemic*. Brief, 4 May. https://nigeria.un.org/index.php/en/45324-gender-based-violence-nigeria-during-covid-19-crisis-shadow-pandemic-brief-4-may-2020;

Nagarajan, C., EVA and TIERs. 2020. *Gender and COVID-19 in Nigeria: Violence Against Women and Girls*. In collaboration with #StateofEmergencyGBVMovement. https://www.evanigeria.org/status-report-on-gender-and-covid-19-in-nigeria-violence-against-women-and-girls/

3 Cece Yara Child Advocacy Centre, Women Friendly Initiative, and Earth Spring International Outreach had no data on the occupation of survivors but it can be assumed that all cases reported to Cece Yara were students since they were all minors.

5

Health facilities

Twenty health care facilities participated in this study. However, the analysis focused largely on findings from 14 health facilities, due to the inability of the other 6 to provide concrete information. There were huge gaps in the information provided by these 6 facilities due to poor documentation and data management skills. Some level of reluctance to provide information, despite the institutions' commitment in principle, was also observed.

The health facilities included Primary Health Centres (PHC) located in Bwari, Dutse and Kubwa, and tertiary health facilities such as Gwagwalada Teaching Hospital and Kuje and Zuba General Hospitals. At least 40% of the cases treated at these health facilities were referrals, while the others were walk-ins. Most of the cases were referred from the police to the health facilities, or from health facilities to the police.

Survivors

Most of the health care facilities described the survivors as female between the ages of 6 -70 years. Most survivors were students. While Gwagwalada Teaching Hospital did not provide the number of survivors they had treated in the course of the survey, they reported both male and female patients, between the ages of 0-19. Some of the survivors had previously come to the hospital with prior assaults, including one rape victim who had presented for rape a second time by the same perpetrator - her father. Most of the health care facilities, however, were unaware of previous violations that survivors may have suffered, if any.

Forms of SGBV

The number of institutions that did not have information on cases of sexual and gender-based violence that they had managed was striking – only 4 out of the 20 health facilities provided information on the forms of SGBV that they had treated (see Table 5.1). The most commonly reported violations were rape cases that involved penile penetration, sexual assault, and domestic violence. A number of the health facilities reported that victims had physical wounds – mostly vaginal lacerations and anal trauma in the case of a male victim.

Perpetrator information

Many of the health facilities indicated that the victims were mostly assaulted by family members, intimate partners, friends, neighbours and community leaders, including religious leaders. In those instances where information was available, all of the perpetrators were known by their victims. Most of the reported violations were committed by lone perpetrators. The age range of the perpetrators was between 18 and 49 years. In most of the cases, information about the arrest of perpetrators was sketchy. In one instance, rather than being arrested, the perpetrator was forced to marry his victim who was, at the time, a secondary school student. At Zuba PHC, one perpetrator was a father who repeatedly raped his daughter (see Table 5.2).

Medical examination and treatment

The care provided was contingent on the level of injury inflicted on the survivor. Some SGBV survivors were reported to have declined physical examination. All the survivors whose cases were documented had received treatment from the health facilities. This included screening for venereal diseases, and PEP against HIV and Hepatitis B. The exceptions were Byazhi and Dutse PHCs, where no one received prophylaxis treatment, not even rape victims.

Some health centres highlighted the need for public enlightenment on the need for victims of SGBV to try to get prophylaxis care immediately. They noted that most incidents were reported days after the crime, by which time it was often too late to gather any evidence. Three specific examples were cited by the health facilities. In the first, a victim had gone to the hospital 3 days after a rape incident, on which occasion she was given emergency contraception. This was likely to have been too late to prevent pregnancy. Had prophylaxis treatment against HIV and hepatitis B been given as well, their efficiency in preventing pregnancy would have been jeopardized. Also significant was the fact that she did not return for follow up treatment. In the second incident, a rape victim did not get any health care until she was about to be delivered of the child conceived as a result of the rape. In the third case, a victim who did not immediately report to the hospital for treatment after she had been raped, where she could have had post-exposure

Table 5.1: SGBV cases

Name of Health Facility	Has patient reported this incident anywhere else?	If yes, where and when?	Any previous SGBV incidents?	Brief description of previous incidents
Bwari Town PHC	No	N/A	Yes	Domestic violence and abandonment while pregnant
Byazhi PHC	No	N/A	Yes	Rape by the same perpetrator as in current incident
Dutse Makaranta PHC	Yes	Dutse Makaranta police station	Unknown	N/A
Zuba PHC	No	-	-	N/A
Kurudu PHC	No Information	-	-	-
University of Abuja Teaching Hospital	No Information	-	-	N/A
Angwandodo PHC	No Information	-	-	N/A
Jigo PHC	No Information	-	-	N/A
White Dove Clinics	No Information	-	-	N/A
Gwagwalada Township Clinic	No Information	-	-	N/A
Dageri PHC	No Information	-	-	N/A
Zuba General Hospital	No Information	-	-	N/A
Kuje General Hospital	No Information	-	-	N/A
Kuje Primary Health Centre	No Information	-	-	N/A
Main PHC Kuje	No Information	-	-	N/A
Alfad Specialist Hospital	No Information	-	-	N/A
Alfamor Hospital Kuje	No Information	-	-	N/A
Complete Care clinic	No Information	-	-	N/A
Gonia Clinics Dagiri	No Information	-	-	N/A
Mararaba Clinics	No Information	-	-	N/A

Table 5.2: Perpetrator information

Name of Health Facility	Number of alleged perpetrators	Age/s of perpetrators	Relationship with survivor	Was alleged perpetrator apprehended?
Bwari Town PHC	1	No response/ Unknown	Intimate Partner	No
Byazhi PHC	1	36 - 49	Family – father	Yes
Dutse Makaranta PHC	1	26 - 35	Friend of the family – Neighbour	No
Kurudu PHC	No information	-	-	-
University of Abuja Teaching Hospital	1 - 3	18 - 35	Family, No relationship, Co-habitant	No information
Angwandodo PHC	2	18 - 25	Friend/Neighbour	Yes, but later absconded
Jigo PHC	No information	No information	No information	No information
White Dove Clinics	1	No information	Unknown	No information
Gwagwalada Township Clinic	2	No information	Unknown	No information
Zuba PHC	1	60	Benefactor	No
Dageri PHC	1	No information	No information	No
Zuba General Hospital	2	No information	Family	No
Kuje General Hospital	1	No information	Family	No
Kuje Primary Health Centre	2	25 - 35	Employer	No information
Main PHC Kuje	2	18 - 25	Friend/Intimate partner	No
Alfad Specialist Hospital	1	No information	Religious Leader/ Intimate Partner	No
Alfamor Hospital Kuje	No information	No information	No information	No information
Complete Care clinic	No information	No information	No information	No information
Gonia Clinics Dagiri	No information	No information	No information	No information
Mararaba Clinics	No information	No information	No information	No information

Table 5.3: Medical examination and treatment

Name of Health Facility	Was the victim examined?	Did this incident involve penile penetration?	Serious wound/s present?	Description of wounds	Genital examination carried out?	Did victim receive prophylaxis treatment?	Did victim complete course of treatment?
Bwari Town PHC	Yes	No	Unknown	N/A	No Response	Unknown	Unknown
Byazhi PHC	Yes	Yes – Vaginal	Yes	N/A	No – Patient Declined	No	No
Dutse Makaranta PHC	Yes	Yes – Vaginal	No	Minor wound	No Response	N/A	N/A
Kurudu PHC	No information	-	-	-	-	-	-
University of Abuja Teaching Hospital	Yes	Screening for venereal diseases, PEP, Free HIV treatment	Yes	Lacerations, cervical injury, labia majora and minora tear	No information	-	-
Angwandodo PHC	Yes	Screening for venereal diseases, PEP, Free HIV treatment	No	N/A	No information	N/A	N/A
Jigo PHC	No information	-	-	-	-	-	-
White Dove Clinics	Yes	Emergency contraception	No Information	N/A	No information	-	-
Gwagwalada Township Clinic	Yes	PEP and emergency contraception was administered. Counselling	No	Bruises & Sores	No information	-	-
Zuba PHC	N/A	Childbirth	N/A	N/A	No information	-	-
Dageri PHC	No information	N/A (No penetration happened)	No	N/A	No information	-	-
Zuba General Hospital	Yes	Stabilization medication	Yes	Bruising, tearing which led to infections and external wounds	No information	-	-
Kuje General Hospital	Yes	Screening for STIs	No information	N/A	No information	-	-
Kuje Primary Health Centre	Yes	Treatment and examination	No information	N/A	No information	-	-
Main PHC Kuje	Yes	Emergency contraceptives and PEP	No information	Physical injuries	No information	-	-
Alfad Specialist Hospital	Yes	STI tests, emergency contraceptives, PEP	Yes	Vaginal & Anal Laceration	No information	-	-
Alfamor Hospital Kuje	No information	-	-	-	-	-	-
Complete Care clinic	No information	-	-	-	-	-	-
Gonia Clinics Dagiri	No information	-	-	-	-	-	-
Mararaba Clinics	No information	-	-	-	-	-	-

Table 5.4: Admission and costs of victims' medical treatment

Name of Health Facility	Was the victim treated?	Was the treatment free?	Was the victim admitted?	Length of admission?
Bwari Town PHC	Yes	Yes - covered by the hospital	Yes	3 weeks
Byazhi PHC	Yes	No - covered by victim/ family	No	N/A
Dutse Makaranta PHC	Yes	No - covered by victim/ family	No	N/A
Kurudu PHC	No information	-	-	-
University of Abuja Teaching Hospital	Yes	Some are free, while some were paid for. (No information on who covered the cost)	No Information	-
Angwandodo PHC	Yes	No - covered by victim's family	No Information	N/A
Jigo PHC	No information	-	-	-
White Dove Clinics	Yes	No information	-	-
Gwagwalada Township Clinic	Yes	Free	No Information	N/A
Zuba PHC	Yes	No information - Childbirth	No Information	N/A
Dageri PHC	Yes	No information	-	-
Zuba General Hospital	Yes	No information	-	-
Kuje General Hospital	Yes	No - victim's family paid	No Information	-
Kuje Primary Health Centre	Yes	No - victim's family paid	No Information	-
Main PHC Kuje	Yes	No - paid by victim	No Information	-
Alfad Specialist Hospital	Yes	No information	-	-
Alfamor Hospital Kuje	No information	-	-	-
Complete Care clinic	No information	-	-	-
Gonia Clinics Dagiri	No information	-	-	-
Mararaba Clinics	No information	-	-	-

contraception, later procured an abortion which led to complications (see Table 5.3).

Cost of medical treatment

Medical treatment was paid for by survivors and their families, with the exception of Bwari PHC where the cost of treatment for SGBV cases was covered by the health facility. In one instance, this entailed Bwari PHC covering treatment costs for a survivor who was admitted to hospital for three weeks. The University of Abuja Teaching Hospital also covered certain costs of treatment, but did not provide information on the types of treatment they would cover. From comments by respondents attached to facilities where patients bore the cost of treatment, survivors may have been turned back for being unable to pay for their treatment at the health facilities where this was required.

Angwandodo PHC and Kuje General Hospitals were both able to offer free venereal diseases screening and prophylaxis treatment for HIV, with support from the Human Virology Institute. However, all other costs of treatment were borne by survivors. Gwagwalada Township Clinic stated that it often provided examinations and treatments for SGBV for free and that treatment lasted for a month. They noted, however, that there was no guarantee that survivors would continue to take their medication once they returned home. They also offered survivors counselling through their Family Planning Unit (see Table 5.4).

Cases followed up by the police

The staff at one of the Primary Health Centres expressed the view that police corruption hindered the prosecution of most cases. According to them, “the Police never prosecute the crimes and would prefer out of court settlements”. Giving a specific example, one health facility referred to the rape of a young girl who had been brought into their facility semi-conscious, having been drugged by her assailant. The police refused to arrest the perpetrator, claiming that the girl was “a prostitute”.

In most instances, the perpetrators were not apprehended and when they were, they were ultimately not prosecuted. Some of the health facilities, however, did not know the status of cases after they were referred to the police as there was no feedback loop.

6

Law enforcement

All the police stations that had accepted to provide data at the start of the project reneged, with the exception of two police stations - Dutse and Jigo Police stations. Both are located in Bwari local government area of the FCT. An Asokoro Police Station insisted that they do not receive any SGBV cases because such incidents did not occur in their highbrow precinct. Officers at the other stations were generally uncooperative. They subjected researchers to the bureaucracy of obtaining various levels of clearance from the police headquarters which entailed several visits, and thereafter still failed to provide any data.

Survivors

From the two police stations that provided data for Phase 2 of LACVAW's research, information was obtained about only 4 survivors who reported to those stations during the 6-month period. All four survivors are female and aged between 14 and 31 years (average age of 21 years). In two of the SGBV cases from Jigo, the violations were perpetrated against females below 18 years of age. None of the reported cases were referrals. Survivors in all the cases were accompanied to the police station by members of their immediate families or their relatives.

Table 6.1: Survivors' demographics

Age (years)	Gender	Occupation
31	Female	Housewife
23	Female	Housewife
16	Female	Student
14	Female	-

SGBV cases

The most common types of SGBV cases that were reported were: domestic violence, rape cases involving penile penetration, and sexual assault. None of the four SGBV cases reported had previously been reported to any other institution, and none of the victims had reported prior incidents of SGBV to the police stations involved.

The police reported receiving cases at all times of the day with no particular peak period. Some police officers failed to document cases that they were not interested in pursuing. In a particularly egregious instance at Kubwa in Bwari Area Council, a woman had reported her new husband to the police as violating his young daughter from his late wife, and his teenage niece. The husband, however, bribed his way out of the situation and the woman's statement disappeared. Her neighbours also held a 'meeting' to compel her to recant her statement and ensured that she deleted the video evidence of the violations that she had recorded on her phone.

Perpetrator information

Most of the crimes were perpetrated by people known to the survivors, such as family friends, neighbours and intimate partners. In only one case was the perpetrator a stranger. The modal age group of perpetrators was 36 to 49 years old (see Table 6.2).

Referrals

One of the police stations reported referring a case to the National Human Rights Commission and receiving feedback from the Commission. With the exception of referrals to healthcare facilities, no other case was referred to any other institution.

Forensic Evidence

The police stated that they referred all the cases reported to them, to the hospital (see Table 6.3). In most cases, survivors were accompanied there by police officers.

The survivors in the cases from Dutse Police station reported serious wounds as a result of the sexual and gender-based violence they had suffered. No description was offered of the injuries sustained. The domestic violence victim had a shallow cut on her head.

A rape victim had a speculum exam carried out on her.

Table 6.2: Information on Perpetrators

Name of police station	Number of alleged perpetrators	Age of alleged perpetrator	Alleged perpetrator's relationship with survivor
Jigo Police Station	1	36 to 49	Intimate Partner/Former partner/ Spouse
Dutse Police Station	1	36 to 49	Intimate Partner/Former partner/ Spouse
Dutse Police Station	1	18 to 25	No relationship
Dutse Police Station	1	13 to 17	Friend of the family/Neighbour

Table 6.3: Forensic Evidence

Name of police station	Was victim referred to the hospital?	Was the victim accompanied by an officer to the health facility?	Serious wound present?	Description of wounds	Did crime involve penile penetration?	Was a physical exam done?
Jigo Police Station	Yes	No	No	Shallow cut on her head	No	No - Not Applicable
Dutse Police Station	Yes	Yes	Yes	No response	No	No - Not Applicable
Dutse Police Station	Yes	Yes	Yes	Vaginal laceration	Yes	Yes - Speculum Exam
Dutse Police Station	Yes	Yes	Yes	No response	No	No - Not Available

Table 6.4: Medical Treatment

Name of police station	Was the victim treated?	Was the treatment free?	Was the victim admitted?	Length of admission?	Did victim receive prophylaxis?
Jigo Police Station	Yes	No - covered by victim/family	No	N/A	Unknown
Dutse Police Station	Yes	No - covered by victim/family	No	N/A	Unknown
Dutse Police Station	Yes	No - covered by victim/family	Yes	1 week	Yes
Dutse Police Station	Yes	No - covered by victim/family	No	N/A	Unknown

Medical treatment

All victims from the two police stations were treated at a hospital. The treatment cost for all four cases was covered by the victims or their families. The rape victim who reported to Dutse police station was admitted to hospital for a period of one week; she was also reported to have received prophylaxis treatment (see Table 6.4).

Actions taken against perpetrators

In all four cases, the survivors pressed charges and the cases were investigated. The police reported apprehending all the perpetrators in each of the four cases; three of the perpetrators were charged to court. These cases are all ongoing. In the fourth case, the domestic violence charge against the perpetrator was withdrawn and the case was closed.

7

Government agencies

The Welfare Department of Bwari Area Council was the only government agency that provided data for this study. In spite of repeated visits to the other agencies and departments of government, and several promises by officers to remit their data, none of the other government agencies delivered on these promises.

Prior to being referred to the Welfare Department, one of the victims, a 14-year old minor, had reported an earlier case of sexual molestation by her father to the Dutse Police station. Her case was subsequently referred to the National Human Rights Commission. The other victims had no prior SGBV report.

Survivors

All four survivors documented were female, aged between 14 to 20 years. Three of the survivors were students while the fourth was described as a housewife (see Table 7.1).

Perpetrators

All the perpetrators were known by their victims. In three of the four cases, the perpetrators were family friends, while in the fourth case, the perpetrator was the father (see Table 7.3).

SGBV cases

All four cases that were reported to the Welfare Department were referred there by the police (see Table 7.2). Two of the cases were reported in the morning, one in the afternoon and another at night.

Half the cases were rape cases involving penile penetration, the others were sexual assault and domestic violence/assault cases.

Forensic Evidence

All the victims were referred to the hospital, but not accompanied by an official of the police department. The severity of injury sustained was not known by the record keepers, nor was there any description or record of the kinds of injuries sustained.

Table 7.1: Survivors' demographics

Age (years)	Gender	Occupation
20	Female	Housewife
17	Female	Student
16	Female	Student
14	Female	Student

Table 7.2: SGBV cases

Government Agency	Time of report	FCT Area Council	Locality	Type of SGBV
Welfare dept. Bwari AC	Afternoon	Bwari Area Council	Dutse	Sexual assault
Welfare dept. Bwari AC	Morning	Bwari Area Council	Dutse	Rape involving penile penetration
Welfare dept. Bwari AC	Afternoon	Bwari Area Council	Dutse	Rape involving penile penetration
Welfare dept. Bwari AC	Evening/Night	Bwari Area Council	Dutse	Domestic violence/ assault

Table 7.3: Type of SGBV and perpetrator information

Government Office	Number of perpetrators	Perpetrator's age range (years)	Type of SGBV	Perpetrator's relationship with survivor
Welfare department of Bwari AC	1	36 to 49	Sexual assault	Primary caregiver (father)
Welfare department of Bwari AC	1	13 to 17	Rape involving penile penetration	Friend of the family/ Neighbour
Welfare department of Bwari AC	1	18 to 25	Rape involving penile penetration	Friend of the family/ Neighbour
Welfare department of Bwari AC	1	36 to 49	Domestic violence/assault	Intimate Partner/ Former partner/ Spouse

8

Courts

As with other response institutions, the courts provided a very small amount of data and the quality of the data which they did provide was similarly poor. Of the six courts that had consented to participate, only the FCT High Court, Gwagwalada and the FCT High Court, Kuje remitted data. The same reasons proffered by the other sectors for the non-availability of data also applied in the case of the courts. In addition, the fact that most SGBV cases do not make it to prosecution has an impact on the number of cases that courts can report.

Most importantly, Court staff cited a drop in the number of new cases due to the lockdowns and COVID-19 protocols. According to them, the Courts did not sit throughout the pandemic and proceeded on the annual court vacation from July 13 till September 11, 2020.

While Court staff did not provide quantitative data, they asserted that most of the cases before the courts involved children between the ages of 5 to 12 years, citing child rape and molestation as the most common SGBV cases that the courts heard during the research period i.e. July 2020 to January 2021. They also mentioned cases of domestic violence involving domestic workers who were minors. Court staff noted further that while no case was completed during the survey period, a number of cases were withdrawn and settled out of court.

This was due either to family members hijacking the process, victims abandoning their quest for justice due to the slow judicial process, or the police frustrating the process. They cited an example in which NAPTIP had rescued a 20-year-old domestic worker who had been burned with a pressing iron. The case was withdrawn. In addition, Court staff pointed out that prosecution was generally not possible where evidence was lacking, and that this lack of evidence often prevailed in several cases. Where the police failed to prosecute cases diligently, which, in the opinion of court officials, happened frequently, the cases were thrown out.

The Courts had not found a need to make referrals regarding the cases they were adjudicating during the 6 month data collection period.

9

Comparing Phase 1 and Phase 2

The number of institutions in different sectors from which data were collected during Phases 1 and 2 of the research, and the number of cases of sexual and gender-based violence reported across institutions, are presented below in Table 9.1. We should note that Phase 1, given its aim of establishing a baseline of reported cases of SGBV in the FCT, comprises data collected over a period of 12 months. This is twice as long a period during which information about past SGBV cases was collected than Phase 2 - six months. Phase 2 involved data collection on reports of ongoing cases of SGBV. A comparison of the findings from each Phase provides a glimpse of the impacts that COVID-19, and the measures taken to address it, have had on the responsiveness of institutions and the behaviour of survivors.

Gender disaggregation of data on survivors was incomplete in both phases. This is a clear indication of how record keeping needs to be strengthened and greater attention to documentation has to be fostered across institutions.

Despite the difference in the length of data collection periods in Phases 1 and 2, the disparity in the number of reported cases of sexual and gender-based violence is enormous. If there had been no pandemic, one might have expected the number of reported SGBV cases in Phase 2 to be half of those reported in Phase 1 i.e. 646. Instead, the number of cases reported in Phase 2 is roughly 74, just over a tenth of what might be expected. **The massive shortfall in reported cases of SGBV during Phase 2 reflects the extent to which state institutions failed to support survivors of sexual and gender-based violence during the pandemic, at a time when this support was most needed.**

In addition to the fact that underreporting became much worse, a number of critical changes were noted:

- More victims sought assistance from CSOs than from the police, during Phase 2. This shift seems to have occurred as a result of increased distrust in the security forces following their high levels of brutality during the lockdown. It is also likely that the police response to the #EndSARS protests at the end of October 2020 fuelled the distrust.
- Government institutions were more reluctant to share information during and after the COVID-19 lockdowns than during Phase 1.
- Inter-institutional referrals became less frequent than before the pandemic. This was probably because the stringent protocols around COVID-19 made access to a number of government institutions quite difficult. This state of affairs could also explain why fewer victims sought help and when they did, sought help from CSOs instead.
- Civil society organisations in Phase I had indicated that they noticed a relationship between community outreach efforts and subsequent spikes in the number of SGBV cases reported. Lockdowns meant that most civil society organisations could not carry out outreach efforts and as expected, the number of SGBV cases that were reported to them decreased. This underscores the importance of community outreach efforts and the creation of safe spaces for survivors.

Table 9.1: Reported cases of SGBV across institutions

Phase I - Baseline (1 Year Data)					Phase II – Ongoing Cases (6 Months Data)				
Participating Institutions	**Number of Institutions**	**Number of survivors in SGBV cases**			**Participating Institutions**	**Number of Institutions**	**Number of survivors in SGBV cases**		
		F	**M**	**Total**			**F**	**M**	**Total**
CSOs	6			786	CSOs	5	60		60
Health	21	118	3	121	Health	20	6 (Unclear - only data from 6 victims clearly articulated).		6
Law enforcement	8	58	7	65	Law enforcement	2	4 (Unclear - only data from 4 victims clearly articulated).		4
Government Agencies	5	231	82	313	Government Agencies	1	4		4
Courts	6			7	Courts	2	(Unclear)		
Total	43			1,292	Total	30	74 (At least)		74

10
Conclusions

SGBV response processes require urgent review

This report of LACVAW's Phase 2 research presents the findings from a follow-up to the Baseline study conducted in Phase 1. The aim in Phase 2 has been to gain a better understanding of the character of ongoing cases of sexual and gender-based violence in the FCT and to document the type of response and support services provided. The research in Phase 2 was carried out over a period of 6 months (July 2020 to January 2021) across the same five key response institutions providing SGBV response services as in Phase 1. The institutions involved were health facilities, law enforcement, government agencies, courts, and civil society organisations that provide response services to survivors of SGBV. The same four Area Councils – AMAC, Bwari, Gwagwalada, and Kuje Area Councils – of the FCT were the focus.

The timing of the research coincided with the COVID-19 pandemic and was considerably affected by official measures to address COVID-19, such as lockdowns and a general restriction in the provision of state services. There was very limited access to information in all institutions, largely due to the impact that measures taken to address the pandemic had on access to these institutions. There were, however, other factors too. These include a poor culture of documentation and record keeping across the board as well as the stigma associated with sexual and gender-based violence. This stigma continues to inhibit reporting on SGBV cases. Given these conditions, the scope of information presented in this report is considerably restricted.

Our analysis, including a comparison between the findings in both phases of the research, leads us to the following conclusions and proposals for change:

1. Research elsewhere has shown that there was a marked increase in cases of sexual and gender-based violence during and after the COVID-19 lockdown periods.[1] ***In our Phase 2 research, however, instead of a corresponding rise in reporting of SGBV cases to any of the response institutions, there was a massive decrease*** relative to what might have been expected in the absence of a pandemic.

2. ***The conclusions reached and proposals for change made in the baseline survey in Phase I were further affirmed by the findings in this second phase of the research.***

3. The lack of data management skills and poor internal communication among response institutions continues to jeopardise essential information and coordination aids that are essential for appropriate SGBV response. The paucity of information hinders the ability of duty bearers to plan and implement an effective survivor-friendly response system. ***It is therefore important for stakeholders to support the activation of the GBV Dashboard at the National Centre for Women Development and to ensure that all response agencies have access to it, in order to feed in information on cases of SGBV as well as receive such information.*** Furthermore, an FCT-specific section of the dashboard should be set up and managed so as to provide information systematically on the kinds of questions that this research sought to address.

4. From the available data, it is clear that those cases of SGBV that are most often reported are those affecting minors. This does not necessarily mean that girls are more often violated than adult women; there may be less outrage and willingness to report cases of sexual and gender-based violence against adult women than those against girls and babies. However, what is clear is that ***there is a need to ensure that interventions regarding sexual and gender-based violence take the particular needs of minors into consideration.*** This includes, for instance, ensuring access to foster homes or shelters; specialised psychosocial interventions; access to free medical care; emergency protective orders, and the like.

5. While our research did not capture information on survivors living with disability, research elsewhere has

established that women and girls with disabilities can face considerable levels of sexual, physical and emotional abuse.[2] However, SGBV response interventions tend not to address the conditions giving rise to such abuse. *It is therefore critical to ensure that SGBV response for the FCT integrates the needs of women and girls with disabilities into such initiatives.* CSOs working in this area need to be consulted and to participate in the design of such initiatives.

6. *Perpetrators were predominantly family members, neighbours, and spouses.* Given this context, public enlightenment campaigns will need to address the following issues if they are to be successful:

    a. ***Once victims report the abuser, it becomes almost impossible to continue to live in the same home or neighbourhood as the violator.*** In the absence of dedicated shelters for children and women caught up in abusive relationships, reporting will not truncate the cycle of violence that they are caught up in, and may even worsen it.

    b. ***Women experiencing domestic violence, especially those with children, often have nowhere to seek refuge during the legal process.*** This is important, when awaiting implementation of the VAPP Act, to protect their continued stay in the home while the perpetrator is legally removed. In addition, staying in the environment in which the crime takes place makes them vulnerable to other family members and neighbours intervening to pressure them to drop the charges.

    c. ***While two government funded and three CSO-run shelters for women are available in the FCT, their combined capacity is insufficient to manage the volume of cases that need a shelter.*** Should SGBV reporting increase, these shelters will become even more overwhelmed than they currently are.

    d. ***Societal stigma concerning SGBV is particularly strong around incest and in trying to protect minors from this stigma, caregivers and other stakeholders often seek to suppress awareness of the existence of such cases.***

    e. ***The FCT does not have a foster care system.*** Therefore, when children need to be removed from abusive environments, they can only be absorbed into orphanages or juvenile centres, which are not conducive places for traumatised children. At present, most abused children are left in the environments in which the abuse took place.

    f. An abused child or woman can fall through the cracks of the system when the same perpetrator unleashes multiple acts of abuse against them. ***There is currently no mandatory reporting requirement for schools and hospitals in the FCT to report to the authorities when they become aware of SGBV cases.*** It is therefore imperative to push for legislation on mandatory reporting requirements.

7. *The ability of victims, and the family members of victims, to 'drop charges' or 'discontinue' cases creates structural pathways for impunity.* This underlines the inordinate power structures that often bring about the violations in the first place and which often pressure victims and their families to drop charges. To close this loop, the law must treat this act as abetting crimes of sexual and gender-based violence and make such action punishable.

8. *Referral patterns across the board suggest that victims did not receive psychosocial support or counselling as a systemic response. Interagency response must work to address this critical need.*

9. There is an erroneous assumption among some service providers that sexual and gender-based violence does not occur in wealthier districts of Abuja. *Service*

providers throughout the FCT need to understand that sexual and gender-based violence occurs in all social classes and across all social strata. It is also important to ensure that personnel in response institutions understand the provisions of the VAPP Act and their obligations under the Act.

10. In most instances, survivors and their families had to pay for the cost of treatment at health facilities. Where they are unable to afford the cost, survivors are unlikely to obtain the service that they most critically need. *All SGBV survivors should be covered by an insurance plan that guarantees their access to basic prophylaxis treatment and essential medication.* This will have the added benefit of increasing the amount and quality of forensic evidence in the prosecution of cases. Rising inflation in the aftermath of COVID-19 means that the costs of treatment and management of cases estimated in Phase 1 of the research will now have increased sharply.

11. One of the adverse impacts of the COVID-19 restrictions is that they were followed by an increased school dropout rate across the country.[3] Following the lockdowns, there was an acute rise in unemployment due to the economic slump and more abusers were confined to their homes, venting their frustrations on their spouses and children. Unable to return to school, a lot of children would have become even more vulnerable to abuse. Children were not able to return to school until October 2020, and so had fewer avenues to seek help. *School systems need to be equipped with skills to recognise and respond adequately to suspected cases of SGBV.*

12. The COVID-19 pandemic exposed the ill-preparedness of most service providers, including CSOs, to respond appropriately to the conditions generated by the pandemic. For instance, physical distancing restrictions limited access to a number of public institutions and made the use of public transport more complicated. It also showed that the bureaucracy of government was not humane as enjoined by the constitution of Nigeria.[4] Despite providing the bulk of support services to survivors of sexual and gender-based violence during the lockdown, CSOs responding to SGBV fought to be recognised as providing essential services in the FCT and across the country. Only a few of them managed to receive the required pass to offer critical help to victims. *We therefore call for an urgent review of SGBV response processes across all government institutions, and a review of policies to ensure that they are humane and in principle, survivor-friendly.*

Endnotes

1 UN Women. 2020. *Gender-Based Violence in Nigeria during the COVID-19 Crisis: The Shadow Pandemic*. Brief, 4 May. https://nigeria.un.org/index.php/en/45324-gender-based-violence-nigeria-during-covid-19-crisis-shadow-pandemic-brief-4-may-2020; Nagarajan, C., EVA and TIERs. 2020. *Gender and COVID-19 in Nigeria: Violence Against Women and Girls*. In collaboration with #StateofEmergencyGBVMovement. https://www.evanigeria.org/status-report-on-gender-and-covid-19-in-nigeria-violence-against-women-and-girls/

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3 Osea-Brown A. 2021. January 21. "Nigeria Reopens Schools After Lockdown Triggered Spike in Dropouts." Bloomberg. https://www.bloomberg.com/news/articles/2021-01-21/nigeria-reopens-schools-after-lockdown-led-to-spike-in-dropouts

4 S17 (2) (c) Constitution of the Federal Republic of Nigeria 1999.

11

Epilogue

Charmaine Pereira

LACVAW's project on promoting implementation of the VAPP Act has combined research, advocacy, and an effort to build receptivity for resourcing implementation of the VAPP Act. Research on reported cases of sexual and gender-based violence in the FCT was carried out in order to establish a baseline of such cases as well as collect data on the prevalence of ongoing, reported cases of SGBV. In both Phases 1 and 2, the research has highlighted the *multiple problems facing survivors – who are predominantly women and girls – which arise from the lack of a co-ordinated multi-sectoral response to sexual and gender-based violence*.

The significance of the passage of the Violence Against Persons (Prohibition) (VAPP) Act of 2015 is that it represents an acknowledgement of *the state's responsibility for prohibiting violence*. Our particular interest is in the prohibition of sexual and gender-based violence. The passage of the law in itself thus embodies *state responsibility for implementation of the VAPP Act*, if the state's prohibition of sexual and gender-based violence is to be meaningful. Not only does this require institutions with responsibilities mandated according to the law to fulfil those responsibilities but it also requires that institutions should work effectively with one another in pursuit of these responsibilities.

Challenges in the implementation of laws against gendered violence are not specific to Nigeria. In Brazil, legislation prohibiting domestic violence – known as the Maria da Penha Law – was passed in 2006 after a 30-year-long struggle by feminists asserting the need for the passage of such a law. In the wake of this experience, some of the key policy messages arising from both passage and implementation of the Maria da Penha law are that comprehensive legislation packages, comprising punitive, protective and preventive measures, are necessary as well as provisions to monitor the implementation of the law. Moreover, the effectiveness of such legislation is viewed as dependent on appropriate training of all service providers, co-ordination across agencies, support from the public, monitoring of implementation by civil society organisations, and sufficient funding at all levels of government - local, state and federal.[1] In Ghana, the Domestic Violence Act was passed in 2007, in this case after a 6-year-long campaign to get the law passed. In addition to the points made above about the measures required for effective implementation of the law, additional features highlighted in Ghana include the adoption of "a survivor-centred approach as an integral part of the ethos of building an effective response system", and the need to ensure "coordination and continued collaboration between state and NGO service providers". Moreover, what is vital is "continued advocacy by CSOs – from community through to national levels […] to ensure state accountability to its obligations to prevent domestic violence, provide services, protect survivors, and hold perpetrators accountable for their actions."[2]

In Nigeria, the state's responsibility to implement the VAPP Act raises questions of resourcing, particularly whether sufficient funds, if any, have been allocated in order to make implementation possible. In recognition of the importance of such funding, LACVAW has highlighted the various dimensions of necessary institutional response and provided a framework for linking the provision of funds to the kinds of action that are prerequisites for implementation of the law. This was done by drawing on LACVAW's research to develop an estimated budget to cover the costs of implementation of the VAPP Act, on the basis of the current understanding of the levels of sexual and gender-based violence in the FCT. After considering a range of methodologies for developing such a budget, it was decided that a comprehensive three-year work plan should be drawn up, involving a costing of each component of the work plan. Representatives of state agencies, such as NAPTIP, the Federal Ministry of Women Affairs and Social Development, the National Human Rights Commission, and international bodies, such as UN Women, attended the Committee meetings at which the framework for developing the work plan and estimated budget was drawn up.

The work plan thus represents a vision of the form that implementation of the VAPP Act would entail. Capacity building of key personnel on issues of sexual and gender-based violence, gender inequalities and other forms of injustice, and the rights of survivors, is central here. The various components of the work plan comprise health, including treatment, community awareness, mental health assessment and care; law enforcement - assessment and investigation, including a forensic laboratory; legal action; psychosocial support, covering counselling, child-focused services; safety, including toll-free lines and helpdesk, community outreach; support

towards economic recovery and independence; SGBV research, including evidence gathering and data co-ordination; and a monitoring and evaluation framework.

LACVAW's efforts to develop a work plan and estimated budget for implementing the VAPP Act rest on the recognition that *there is a need for civil society to put pressure on duty bearers to provide adequate resourcing of the VAPP Act*, if the state is to fulfil its obligations to address the needs of survivors and to reduce impunity for sexual and gender-based violence. With this in mind, LACVAW engaged in advocacy to push for the inclusion of such costs in the budgets of relevant state agencies with mandated responsibilities in domains that are key to implementation – health, justice, social development, women's affairs. This approach is integral to a long-term process of embedding funds for implementation of the VAPP Act in the health, social welfare and justice delivery systems themselves as opposed to seeking uncertain and scarce donor funds for such activities. The advocacy around resource mobilisation has involved pushing for the costs of the varied components of the estimated budget to be incorporated into the budgets of key state agencies whilst also pushing for the inclusion of such costs in the Appropriation Bill.

For the avoidance of doubt, LACVAW's work on an estimated budget and the associated advocacy does not rest on a naïve assumption that policy actors will simply adopt the work plan and implement it. The aim instead has been to clarify the contours of action as well as the ensuing costs that implementation entails. In the process, LACVAW has highlighted the kinds of demands that civil society can make of the state whilst exerting pressure on duty bearers to account for their record on the responsibilities specified in the VAPP Act.

Such a process necessitates future tracking of budgetary funds released for implementation of the VAPP Act in the FCT, to ensure that funds included in the Appropriation Act, for example, are actually allocated and released to the relevant Ministries, Departments and Agencies, and where this has been done, to track whether such funds have been utilised for the purposes intended. This is easier said than done but the experience garnered within civil society on gender budgeting and tracking could usefully be drawn upon in this regard. As emphasised earlier, the need for women's movements and organisations in civil society to track the implementation of legislation prohibiting sexual and gender-based violence has been emphasised by feminist scholars in diverse national contexts.[3]

The VAPP Act includes a provision (S.42) for the submission of an annual report to the Federal Government on the implementation of the Act. This is an important provision. However, it should be recognised that the accounts given by institutions of their own performance as part of an official report – reporting-from-above – cannot be equated with reporting-from-below i.e. survivors' accounts of their experiences at the hands of response institutions. Ultimately, it is from survivors, particularly women and girls, that it will be possible to assess the extent to which efforts at institutional change are translated into changes in institutional culture and practice, namely, changes that prioritise the safety and dignity of survivors.

Our focus on the processes of implementation of the VAPP Act raises the larger question of the scope of law in bringing about social change. Law, it should be stressed, does not operate in a self-contained space. It is instead connected to the society at large, educational institutions, the media, as well as families and communities. This has implications for the prevention of violence. Whilst it is not easy to change formal rules, as the 14-year-long experience of pushing for the passage of the VAPP Act has demonstrated, it is even harder to change social norms and behaviour.

The current acceptance of what should be intolerable levels of sexual and gender-based violence across the country makes it clear that the process of changing perspectives on the gender politics of violence is crucial. As Aminata Diaw, the Senegalese feminist philosopher, put it, "One cannot hope to put an end to gender-based violence without understanding the ideological and social construction which is the backdrop to this violence, which provides legitimacy, bolstered by patriarchal values which are taken to be consubstantial to our existence, our culture."[4] At an institutional level, ideological constructions of gender resting on patriarchal values are evident in "inadequate understanding of the nature and dynamics of domestic violence and its root causes, which are primarily patriarchy, power and control, cultural beliefs and perceptions of women's status, and gender socialization."[5] Whilst this statement refers to

the challenges of implementing the Domestic Violence Act in Ghana, LACVAW's research shows that very similar dynamics prevail with regard to implementation of the VAPP Act in Nigeria, within the FCT.

Endnotes

1 Sardenberg, C. 2011. "What Makes Domestic Violence Legislation More Effective?" Pathways Policy Paper. Brighton: Pathways of Women's Empowerment RPC.

2 Manuh, T. and Dwamena-Aboagye, A. 2013. "Implementing Domestic Violence Legislation in Ghana: The Role of Institutions." In *Feminist Activism, Women's Rights, and Legal Reform*. Ed. M. Al-Sharmani. London: Zed Books. p. 231.

3 Anyidoho, N.A., Crawford, G. and Medie, P. 2020. "The Role of Women's Movements in the Implementation of Gender-Based Violence Laws", *Politics & Gender, 17* (3), 427-453. https://www.cambridge.org/core/journals/politics-and-gender/article/role-of-womens-movements-in-the-implementation-of-genderbased-violence-laws/15F35F69D3BFD5E41A64F1E3ADA2B059; Sardenberg, C. 2011. "What Makes Domestic Violence Legislation More Effective?" Pathways Policy Paper. Brighton: Pathways of Women's Empowerment RPC.

4 Aminata Diaw-Cissé, n.d. "We cannot end gender-related violence without understanding the social construction which is the backdrop." https://en.unesco.org/news/aminata-diaw-ciss%C3%A9-%E2%80%9Cwe-cannot-end-gender-related-violence-without-understanding-social

5 Manuh, T. and Dwamena-Aboagye, A. 2013. "Implementing Domestic Violence Legislation in Ghana: The Role of Institutions." In *Feminist Activism, Women's Rights, and Legal Reform*. Ed. M. Al-Sharmani. London: Zed Books. p. 214.

12

Appendices

Appendix 1: Questionnaires

CONFIDENTIAL

CSO Support Service

Victim Data Collection Form

Name of organisation:
Location of organisation:
Type of organisation:
Type of Incident:
Victim's index number:

Was the incident referred to you by an institution/person? ☐ Yes ☐ No ☐ Unknown

If yes, by which institution/person

_____

Was the victim accompanied to your organisation? ☐ Yes ☐ No ☐ Unknown

If yes what was their relationship with the accompanying person

_____

Age of victim at time of report

_____

Gender: ☐ Male ☐ Female

Victim's occupation at time of report

_____

2. Incident Information

Time incident was reported? ☐ Morning ☐ Afternoon ☐ Evening/Night ☐ Unknown

Area where incident occurred Sub-area where incident occurred

Type of SGBV *(Select ALL options that apply)*

☐ Rape / Penetration ☐ Sexual Assault ☐ Physical Assault
☐ Domestic violence/assault ☐ Female genital mutilation ☐ Other form

_____

Did the victim report this incident anywhere else? ☐ Yes ☐ No ☐ Unknown

If yes, where (specify where & when):

Has the victim reported any previous incidents of GBV perpetrated against them?
☐ Yes ☐ No ☐ Unknown

If yes, include a brief description

_____

_____

3. Alleged Perpetrator Information

No. of alleged perpetrators ☐ 1 ☐ 2 ☐ 3 ☐ More than 3 ☐ Unknown

Alleged perpetrator(s) age range ☐ 1-12 ☐ 13-17 ☐ 18 – 25 ☐ 26-35 ☐ 36 – 50 ☐ 51 – above
☐ Unknown ☐ Adult ☐ Minor ☐ Adult and Minor

Alleged perpetrator's relationship with survivor?
☐ No relationship ☐ Intimate partner /Former partner/ Spouse ☐ Family other than spouse or caregiver
☐ Primary caregiver ☐ Housemate / Cohabitant ☐ Friend of the family / Neighbour
☐ Co-worker ☐ Supervisor/Employer ☐ Teacher/School official ☐ Community/spiritual leader ☐ Classmate
☐ Unknown

4. Forensic Evidence

Did you refer the victim to the hospital?

_____

Did a member of your staff accompany the victim to the health facility? ☐ Yes ☐ No

Did the victim have serious wound(s)? ☐ No ☐ Yes ☐ Unknown

Did this incident involve penile penetration?
☐ Yes – Vaginal ☐ Yes – Other orifice ☐ No

5. Medical Treatment

Was the victim Treated ☐ Yes ☐ No ☐ Could not afford ☐ Unknown

Was the treatment free?
☐ Yes – Cost was covered by your organisation ☐ Yes – Cost was covered by hospital ☐ No – Cost was covered by victim/family ☐ No – cost was covered by other

_____

Was the victim admitted? ☐ No ☐ Yes ☐ Unknown

If yes, length of admission

_____

Did victim receive prophylaxis treatment: ☐ No ☐ Yes ☐ Unknown

6. Justice

Was the case reported to the police? ☐ Yes ☐ No

If no, why

Did you have to pay for anything at the police station? ☐ Yes ☐ No

If yes, what for

Was the case investigated? ☐ Yes ☐ No ☐ Unknown

If no, why

Was the alleged perpetrator apprehended? ☐ Yes ☐ No ☐ Unknown

Was the alleged perpetrator charged to court? ☐ Yes ☐ No ☐ Unknown

If no, why

Did you accompany the victim to court, if the case was charged to court ☐ Yes ☐ No

7. Status of case

☐ Ongoing ☐ Closed

If closed, why?

---

8. Referral

Was victim referred to another institution? ☐ Yes ☐ No ☐ Unknown

If yes, which institution(s)

Have you received any feedback from the institution to which they were referred? ☐ Yes ☐ No ☐ Unknown

Did you send any feedback to the institution from which they were referred to you ☐ Yes ☐ No ☐ Victim was not referred

CONFIDENTIAL

Health Service Provider Patient Data Collection Form

Name of health facility:
Type of health facility:
Location of health facility:
Type of Incident:
Victim's index number:

Was the incident referred by an institution? ☐ Yes ☐ No ☐ Unknown

If yes, by which institution

_____

Was the victim accompanied to the health facility? ☐ Yes ☐ No ☐ Unknown

If yes what was their relationship to the accompanying person

_____

Age of victim at time of report

Gender: ☐ Male ☐ Female

Victim's occupation at time of report

_____

2. Incident Information

Time incident was reported? ☐ Morning ☐ Afternoon ☐ Evening/Night ☐ Unknown

Area where incident occurred Sub-area where incident occurred

Type of SGBV?
(Select ALL options that apply)
☐ Rape / Penetration ☐ Sexual Assault
☐ Physical Assault ☐ Domestic violence/assault
☐ Female genital mutilation ☐ Other form

_____

Patient has reported this incident anywhere else? ☐ Yes ☐ No ☐ Unknown

If yes, where (specify where & when):

Has the client had any previous incidents of GBV perpetrated against them?
☐ Yes ☐ No ☐ Unknown

If yes, include a brief description

_____

_____

3. Alleged Perpetrator Information

No. of alleged perpetrators ☐ 1 ☐ 2 ☐ 3 ☐ More than 3 ☐ Unknown

Alleged perpetrator(s) age range ☐ 1-12 ☐ 13-17 ☐ 18 – 25 ☐ 26 - 35 ☐ 36 – 50 ☐ 51 – above ☐ Unknown ☐ Adult ☐ Minor ☐ Adult and Minor

Alleged perpetrator's relationship with survivor?
☐ No relationship ☐ Intimate partner /Former partner/ Spouse ☐ Family other than spouse or caregiver
☐ Primary caregiver ☐ Housemate / Cohabitant ☐ Friend of the family / Neighbour ☐ Co-worker
☐ Supervisor/Employer ☐ Teacher/School official ☐ Community leader ☐ Unknown. ☐ Classmate

Was the alleged perpetrator apprehended? ☐ Yes ☐ No ☐ Unknown

4. Medical Examination

Was the victim examined ☐ Yes ☐ No ☐ Unknown

Did this incident involve penile penetration?
☐ Yes – Vaginal ☐ Yes – Other orifice ☐ No

Serious wound(s) present? ☐ No ☐ Yes ☐ Unknown

Description of wound:

Genital examination done? ☐ No - Patient Declined ☐ No - Not Available ☐ No - Not Applicable
☐ Yes - External Exam ☐ Yes - Speculum Exam

5. Medical Treatment

Was the victim Treated ☐ Yes ☐ No ☐ could not afford ☐ Unknown

Was the treatment free?
☐ Yes – Cost was covered by referring agency ☐ Yes – Cost was covered by an NGO ☐ Yes – cost was covered by the govt ☐ Yes – cost was covered by the hospital ☐ No – Cost was covered by victim/family
Was the victim admitted? ☐ No ☐ Yes ☐ Unknown

If yes, length of admission

Did victim receive prophylaxis treatment: ☐ No ☐ Yes ☐ Unknown

Did victim complete course of treatment: ☐ No ☐ Yes ☐ Unknown

6. Status of case

☐ Ongoing ☐ closed

If closed, reason for closure

---

7. Referral

Was victim referred to another institution? ☐ Yes ☐ No ☐ Unknown

If yes, which institution

Have you received any feedback from the institution to which they were referred? ☐ Yes ☐ No ☐ Unknown

Did you send any feedback to the institution from which they were referred to you ☐ Yes ☐ No ☐ Victim was not referred

CONFIDENTIAL

Security Service Victim Data Collection Form

Location of security station:
Type of security station:
Type of Incident:
Victim's index number:

Was the incident referred by an institution? ☐ Yes ☐ No ☐ Unknown

If yes, by which institution

_____

Was the victim accompanied to the security station? ☐ Yes ☐ No ☐ Unknown

If yes what was their relationship to the accompanying person

_____

Age of victim at time of report

Gender: ☐ Male ☐ Female

Victim's occupation at time of report

_____

2. Incident Information

Time incident was reported? ☐ Morning ☐ Afternoon ☐ Evening/Night ☐ Unknown

Area where incident occurred Sub-area where incident occurred

Type of SGBV
(Select ALL options that apply)
☐ Rape / Penetration |
☐ Physical Assault
☐ Female genital mutilation
☐ Sexual Assault
☐ Domestic violence/assault
☐ Other form

_____

Did the victim report this incident anywhere else? ☐ Yes ☐ No ☐ Unknown

If yes, where (specify where & when):

Has the victim reported any previous incidents of GBV perpetrated against them?
☐ Yes ☐ No ☐ Unknown

If yes, include a brief description

_____

_____

3. Alleged Perpetrator Information

No. of alleged perpetrators ☐ 1 ☐ 2 ☐ 3 ☐ More than 3 ☐ Unknown

Alleged perpetrator(s) age range ☐ 1-12 ☐ 13-17 ☐ 18 – 25 ☐ 26 - 35 ☐ 36 – 50 ☐ 51 – above ☐ Unknown ☐ Adult ☐ Minor ☐ Adult and Minor

Alleged perpetrator's relationship with survivor?
☐ No relationship ☐ Intimate partner /Former partner/ Spouse ☐ Family other than spouse or caregiver ☐ Primary caregiver ☐ Housemate / Cohabitant ☐ Friend of the family / Neighbour ☐ Co-worker ☐ Supervisor/Employer ☐ Teacher/School official ☐ Community/spiritual leader ☐ Classmate ☐ Unknown

Did the victim press charges? ☐ Yes ☐ No

If no, why

_____

Was the case investigated? ☐ Yes ☐ No ☐ Unknown

If no, why

_____

Was alleged perpetrator apprehended? ☐ Yes ☐ No ☐ Unknown

Was the alleged perpetrator charged to court? ☐ Yes ☐ No ☐ Unknown

If no, why

_____

4. Forensic Evidence

Did you refer the victim to the hospital?

_____

Was the victim accompanied by an officer to the health facility?

_____

Serious wound(s) present? ☐ No ☐ Yes ☐ Unknown

Description of wound:

Did this incident involve penile penetration?
☐ Yes – Vaginal ☐ Yes – Other orifice ☐ No

Was genital examination done? ☐ No - Patient Declined ☐ No - Not Available ☐ No - Not Applicable ☐ Yes - External Exam ☐ Yes - Speculum Exam

5. Medical Treatment

Was the victim Treated ☐ Yes ☐ No ☐ could not afford ☐ Unknown

Was the treatment free?
☐ Yes – Cost was covered by security agency ☐ Yes – Cost was covered by an NGO ☐ No – Cost was covered by victim/family ☐ No – cost was covered by other

_____

Was the victim admitted? ☐ No ☐ Yes ☐ Unknown

If yes, length of admission

Did victim receive prophylaxis treatment: ☐ No ☐ Yes ☐ Unknown

6. Status of case

☐ Ongoing ☐ closed

If closed, why?

---

7. Referral

Was victim referred to another institution? ☐ Yes ☐ No ☐ Unknown

If yes, which institution

Have you received any feedback from the institution to which they were referred? ☐ Yes ☐ No ☐ Unknown

Did you send any feedback to the institution from which they were referred to you ☐ Yes ☐ No ☐ Victim was not referred

CONFIDENTIAL

Government Agency

Victim Data Collection Form

Name of Agency:
Location of Agency:
Type of Institution:
Type of Incident:
Victim's index number:

Was the incident referred to you by an institution/person? ☐ Yes ☐ No ☐ Unknown

If yes, by which institution/person?

_____

Was the victim accompanied to your agency? ☐ Yes ☐ No ☐ Unknown

If yes what was their relationship to the accompanying person

_____

Age of victim at time of report

_____

Gender: ☐ Male ☐ Female

Victim's occupation at time of report

_____

2. Incident Information

Time incident was reported? ☐ Morning ☐ Afternoon ☐ Evening/Night ☐ Unknown

Area where incident occurred Sub-area where incident occurred

Type of SGBV
(Select ALL options that apply)
☐ Rape / Penetration ☐ Sexual Assault
☐ Physical Assault ☐ Domestic violence/assault
☐ Female genital mutilation ☐ Other form

_____

Did the victim report this incident anywhere else? ☐ Yes ☐ No ☐ Unknown

If yes, where (specify where & when):

Has the victim reported any previous incidents of GBV perpetrated against them?
☐ Yes ☐ No ☐ Unknown

If yes, include a brief description

_____

_____

3. Alleged Perpetrator Information

No. of alleged perpetrators ☐ 1 ☐ 2 ☐ 3 ☐ More than 3 ☐ Unknown

Alleged perpetrator(s) age range ☐ 1-12 ☐ 13-17 ☐ 18 – 25 ☐ 26 - 35 ☐ 36 – 50 ☐ 51 – above ☐ Unknown ☐ Adult ☐ Minor ☐ Adult and Minor

Alleged perpetrator's relationship with survivor?
☐ No relationship ☐ Intimate partner /Former partner/ Spouse ☐ Family other than spouse or caregiver ☐ Primary caregiver ☐ Housemate / Cohabitant ☐ Friend of the family / Neighbour ☐ Co-worker ☐ Supervisor/Employer ☐ Teacher/School official ☐ Community/spiritual leader ☐ Classmate ☐ Unknown

4. Forensic Evidence

Did you refer the victim to the hospital?

Did a member of your staff accompany the victim to a health facility? ☐ Yes ☐ No

Did the victim have serious wounds? ☐ Yes ☐ No ☐ Unknown

Description of wound:

Did this incident involve penile penetration?
☐ Yes – Vaginal ☐ Yes – Other orifice ☐ No

5. Medical Treatment
Was the victim Treated ☐ Yes ☐ No ☐ could not afford ☐ Unknown

Was the treatment free?

☐ Yes – Cost was covered by your agency ☐ Yes – Cost was covered by hospital ☐ No – Cost was covered by victim/family ☐ No – cost was covered by other

---

Was the victim admitted? ☐ No ☐ Yes ☐ Unknown

If yes, length of admission

Did victim receive prophylaxis treatment: ☐ No ☐ Yes ☐ Unknown

6. Justice
Was the case reported to the police? ☐ Yes ☐ No

If no, why

Did you have to pay for anything at the police station? ☐ Yes ☐ No

If yes, what for

Was the case investigated? ☐ Yes ☐ No ☐ Unknown

If no, why

Was alleged perpetrator apprehended? ☐ Yes ☐ No ☐ Unknown

Was the alleged perpetrator charged to court? ☐ Yes ☐ No ☐ Unknown

If no, why

Did you accompany the victim to court, if the case was charged to court ☐ Yes ☐ No

7. Status of case

☐ Ongoing ☐ closed

If closed, why?

---

8. Referral

Was victim referred to another institution? ☐ Yes ☐ No ☐ Unknown

If yes, which institution

Have you received any feedback from the institution to which they were referred? ☐ Yes ☐ No ☐ Unknown

Did you send any feedback to the institution from which they were referred to you ☐ Yes ☐ No ☐ Victim was not referred

CONFIDENTIAL

Court Data Collection Form

Location of Court:
Type of court:
Type of Incident:
Victim's index number:

Age of victim at time of report

_____

Gender: ☐ Male ☐ Female

2. Incident Information

Type of SGBV
(Select ALL options that apply)

☐ Rape / Penetration ☐ Sexual Assault
☐ Physical Assault ☐ Domestic violence/assault
☐ Female genital mutilation ☐ Other form

_____

Is the offender a repeat SGBV offender? ☐ Yes ☐ No ☐ Unknown

If yes, include a brief description

_____

_____

3. Alleged Perpetrator Information

No. of alleged perpetrators ☐ 1 ☐ 2 ☐ 3 ☐ More than 3 ☐ Unknown

Alleged perpetrator(s) age range ☐ 1-12 ☐ 13-17 ☐ 18 – 25 ☐ 26 - 35 ☐ 36 – 50 ☐ 51 – above ☐ Unknown ☐ Adult ☐ Minor ☐ Adult and Minor

Alleged perpetrator's relationship with survivor?
☐ No relationship ☐ Intimate partner /Former partner/ Spouse ☐ Family other than spouse or caregiver ☐ Primary caregiver ☐ Housemate / Cohabitant ☐ Friend of the family / Neighbour ☐ Co-worker ☐ Supervisor/Employer ☐ Teacher/School official ☐ Community/spiritual leader ☐ Classmate ☐ Unknown

How long did the case last?

_____

Ongoing ☐ Dismissed ☐

If dismissed, why

_____

Was alleged perpetrator convicted? ☐ Yes ☐ No ☐ Unknown

4. Forensic Evidence

Was forensic evidence, including from hospital presented in court? ☐ Yes ☐ No ☐ Unknown

Details

---

5. Status of case

☐ Ongoing ☐ Closed

If closed, why?

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6. Referral

Was victim referred to another institution? ☐ Yes ☐ No ☐ Unknown

If yes, which institution

Have you received any feedback from the institution to which they were referred? ☐ Yes ☐ No ☐ Unknown