

# FALLING ON DEAF EARS?

Listening to survivors of sexual and gender-based  
violence in Plateau state, Nigeria



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## Listening to survivors of sexual and gender-based violence in Plateau state, Nigeria

Researcher: Solange Mbonigaba

Authors: Solange Mbonigaba and Pauline Nnenna

Firstly, the authors would like to convey their gratitude to survivors of sexual and gender-based violence (SGBV) from the communities of Mista Ali, Fobur, Yelwa, Mabudi, Miango and Zagun who participated in this research by giving their time and sharing their stories. Their participation and discussions in groups provided valuable insights into the reality of SGBV in Plateau state.

Our thanks go to Faith Alive Foundation (FAF), COCIN AIDS Awareness Care Programme (CAACP), and Team-Community Integrated Health Development (TEAM-CIHD), who are working with survivors of SGBV in Plateau state and helped us reach participants in this research.

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### **Tearfund**

100 Church Road, Teddington, TW11 8QE, United Kingdom

T +44 (0)20 3906 3906 E [publications@tearfund.org](mailto:publications@tearfund.org)

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## Executive summary

This report summarises the findings of a study about sexual and gender-based violence (SGBV) in six communities in Plateau state, Nigeria: Mista Ali, Fobur, Yelwa, Mabudi, Miango and Zangun. Plateau state has seen a recent increase in violence against women, with an estimated 430 cases of SGBV occurring every month (*Daily Trust* newspaper). Some of these incidents have resulted in serious physical harm, with some being fatal. The findings shared in this report show that current cultural understandings of power relations between men and women are perpetuating SGBV towards women and girls in Plateau state.

This scoping study builds on existing programmatic work supported by Tearfund involving women affected by HIV in the six communities. The women highlighted the need for and participated in this research. Tearfund's partners in Nigeria – COCIN AIDS Awareness Care Programme (CAACP), Faith Alive Foundation (FAF) and TEAM-Community Integrated Health Development (CIHD) – have been working in these communities for the past three years and became aware of the relationship between HIV and SGBV: many of the women living with HIV are also survivors of SGBV.

This aim of this research was to listen to the experiences of survivors and their views of gender power relations to understand the needs of survivors and thereby provide recommendations for an appropriate response to SGBV in Plateau state. Specifically, the study sought to ascertain:

- what women understand by SGBV
- why survivors remain silent in the face of SGBV
- how survivors' lives are affected
- survivors' needs and priorities
- survivors' opinions on the value of an SGBV survivors' movement.

A total of 92 women from six different communities in Plateau state took part in the research, all of whom are survivors of SGBV. These participants were organised into focus groups by Tearfund's partners, who then facilitated researchers' access to these women and also undertook Key Informant Interviews (KIIs). Group therapy techniques were used to help survivors cope with any difficult emotions or triggers of trauma that arose in these discussions.

The study found that women's understanding of SGBV covered rape as well as emotional and physical abuse perpetrated by partners. Tolerance for SGBV was a clear theme – embedded in cultural norms and behaviour within communities. 65 per cent of women reported that they had experienced SGBV at home by a partner or family member; 35 per cent had been abused by strangers. Of the percentage experiencing some form of SGBV in the home, a greater proportion of this was said to be domestic violence (65 per cent) than sexual violence (35 per cent); in all of these cases, partners were the main perpetrators (intimate partner violence, IPV). Harmful social norms contribute to the tolerance and silence around SGBV. Women spoke of being shamed or stigmatised if they dared to report it to someone in authority, such as the pastor, the imam or the administrative authorities. Tolerance of IPV is so entrenched that survivors are often ridiculed by other women in their communities. This kind of treatment often deters women from reporting SGBV. Married women were most likely to be affected by SGBV, with 47 married women agreeing that they often do not negotiate sex with their partners. Participants of Christian faith said that a husband cannot be found guilty of raping his wife because the Bible clearly states that a husband is the head of the family and all a woman needs to do is to respect him. This shows that the use and interpretation of religious scripture perpetuates harmful norms and behaviours within relationships. Women felt that a global movement of survivors would be of paramount importance to their lives.

## Key findings:

- The majority of SGBV cases were perpetrated in the home, by partners
- Silence of survivors' abuse is pervasive in communities
- Survivors' experiences of SGBV have resulted in them being fearful of their partners and fearful of sex
- There are unequal gender norms across communities which perpetuate SGBV
- The cycle of poverty leads to early forced marriage which helps make women and girls even more vulnerable.

# 1. Introduction

## 1.1 Background and rationale

Nigeria is the most populous country in Africa, with an estimated population of 126 million in 2016. The country is subdivided into 36 states. Plateau state, where this study was conducted, is the 12<sup>th</sup>-largest and located in central Nigeria, with Jos as its capital (see Figure 1). It is flanked by Kaduna and Bauchi states to the north and Taraba and Nasawara states to the south. It was created in February 1976, when it was carved out of Benue-Plateau state.

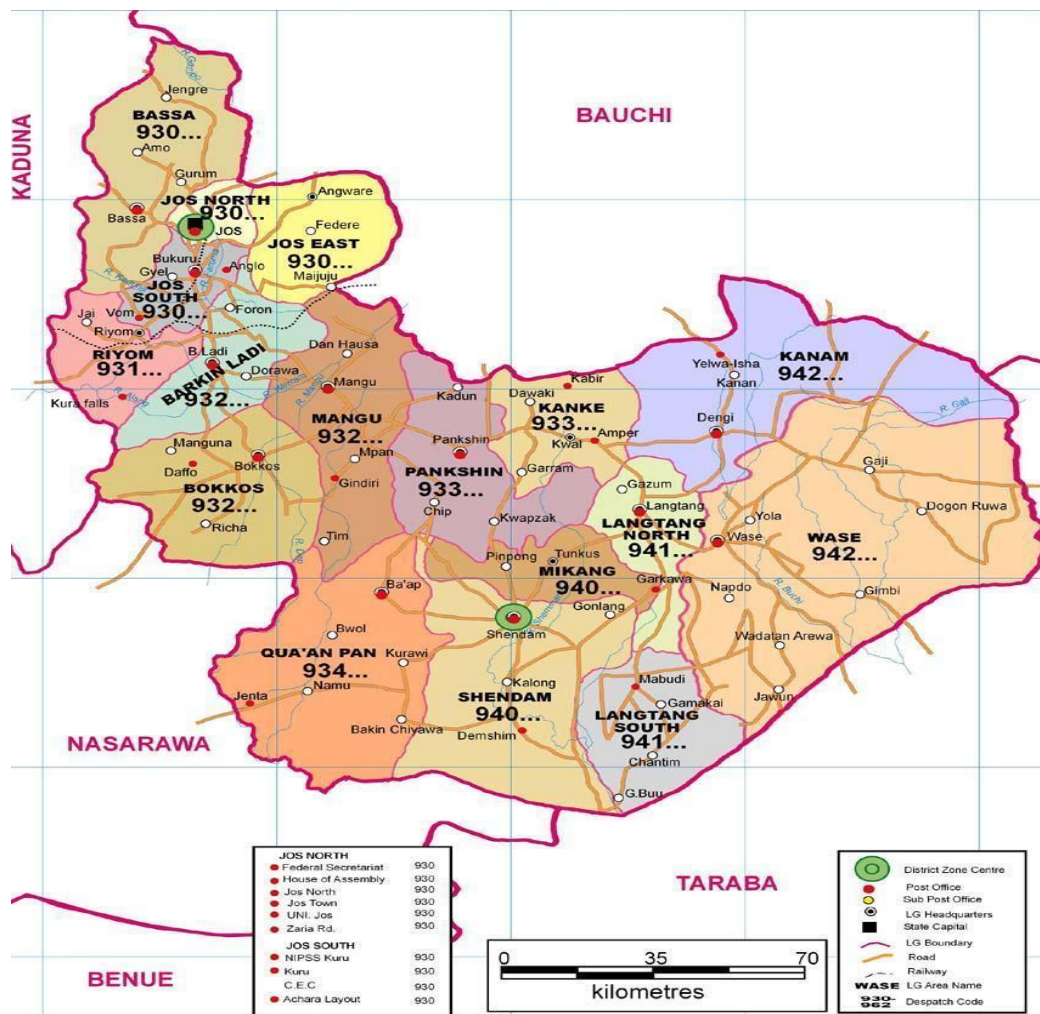
With an area of 26,899 square kilometres and a population of about 3,178,712 in 2016 (based on estimates in the 2006 census), Plateau state is said to be a 'miniature Nigeria', primarily because it is home to more than 40 of Nigeria's ethnic groups (Plateau state government website, 2017). The state has 17 local government administrations: Barkin Ladi, Bassa, Bokokos, Jos East, Jos North, Jos South, Kanam, Kanke, Langtang North, Langtang South, Mangu, Mikang, Pankshin, Qua'an Pan, Riyom, Shendam and Wase. This study was conducted in four local government administrations: Bassa, Jos East, Langtang North and Shendam (see Figure 2).

**Figure 1: Location of Plateau state**



Source: Google Images

Figure 2: Plateau state's local government administrations



Source: Google Maps

According to UN Women, 16 per cent of Nigerian women suffer intimate partner physical and/or sexual violence at least once in their lives; 11 per cent have experienced intimate partner physical and/or sexual violence in the last 12 months; and a further two per cent are subjected to non-partner sexual violence at least once in their lives. Almost half of Nigerian women (43 percent) are subjected to early marriage, while 25 per cent undergo female genital mutilation/cutting.

In other African countries, evidence has shown that women often do not speak out about SGBV because of entrenched cultural norms (Mukamana and Isazu, 2014). There is evidence that the same is true in Nigeria, and also in Plateau state, which has a high degree of tolerance for gender-related abuse (Aluko, 2016). Plateau state has been characterised by violence in recent times, which has made the population – and women in particular – vulnerable in many respects (Gwaza et al, 2015). SGBV against women and girls in Plateau state is frequently connected to communal violence, which sees women and girls caught up in the conflict between various groups, and also includes the destruction of homes and businesses. Women have also been the target of reprisal attacks over perceived injustices related to land and livestock (Taft, 2016). Violence against women is so high in this state that 430 cases of sexual violence are estimated to occur every month, with some serious instances resulting in bodily harm and even death (Olufunmilayo, 2016). In Plateau state, rape affects women and girls of all ages and is mainly linked to partners from a previous or current relationship. A study in Jos, which assessed the clinical needs of survivors of rape, found that in 77 per cent of cases, survivors had a current or previous relationship with their attacker (Daru et al, 2011).



Tearfund has been working with Faith Alive Foundation (FAF), COCIN AIDS Awareness Care Programme (CAACP) and TEAM-Community Integrated Health Development (TEAM-CIHD) in this state to provide services to women affected by HIV. Tearfund works through Improving Parent and Child Outcomes (IMPACT), a programme in which volunteers known as Mother Buddies visit pregnant women living with HIV to ensure they have access to health care. While HIV can be acquired through high-risk behaviours, in most cases it is contracted through SGBV, as the Mother Buddies discovered during the course of their visits. In Plateau state, the unequal power relationship between men and women that stems from cultural norms increases women's risk of SGBV. The problem is exacerbated in communities where women remain silent after they have been sexually abused, even though the trauma has a longlasting and damaging effect on their lives.

These circumstances prompted Tearfund to conduct a study on SGBV in Plateau state, talking to women about their understanding of SGBV and its impact, why they choose to remain silent, how they think they should be helped and their views on the benefits of a global survivor movement.

The communities chosen for this research include women from different faith communities (Christians, Muslims and traditionalists), which provided a rationale for making recommendations to leaders of all faiths.

## **1.2 Purpose, objectives and significance**

### **1.2.1 Purpose of the study**

The purpose of this study was to collect the views and opinions of survivors of SGBV in Plateau state in order to map their needs and ensure prioritisation of their experiences in shaping Tearfund's response. Survivors keep silent about their experience of SGBV, which can be detrimental to the person in many ways, preventing their emotional healing and helping abuse to persist across communities and structures.

### **1.2.2 Research objectives**

This study sought to achieve the following objectives:

- To explore survivors' understanding of SGBV
- To understand why survivors remain silent about SGBV
- To examine the root causes of SGBV
- To map and understand the impact of SGBV on the lives of individual survivors
- To explore survivors' needs
- To determine survivors' views on the need for and benefits of a global survivors' movement
- To ascertain the role of faith leaders in community interventions on SGBV.

### **1.2.3 Significance of the study**

To date, survivors of SGBV in Plateau state have largely stayed silent. Reports on the issue have mainly been based on police statistics which do not represent the experiences of survivors who live in rural and conflict-affected areas where legal and judicial systems are not robust enough to serve SGBV survivors. Furthermore, these statistics only provide minimal understanding of SGBV and lack a depth of insight into SGBV survivors' experiences.

This research is significant because survivors' voices have been listened to and recorded and through these voices, meaningful plans can be made to tackle the root causes of SGBV in the communities of Plateau state. Experiences of SGBV survivors cannot be generalised, and this report is unique in providing a contextual insight into SGBV in the Plateau area and into the specific concerns and needs that survivors have in these communities. Most of all, it is hoped that survivors' voices will be heard by faith and community leaders, and that they will be mobilised to actively speak out and act to prevent SGBV.

## 1.3 Methodology

### 1.3.1 Study design

This was a qualitative study using focus group discussions (FGDs). The value of this approach is the depth of insight it provides from multiple perspectives and experiences. It also creates a non-threatening environment that puts participants at their ease, allowing them to answer questions thoughtfully and in their own words (Zastrow, 2009). In these focus groups, participants were seated in a circle, creating an open and inclusive space in which all are able to contribute, listen to one another and have meaningful, rich discussion.

Researchers were aware that talking about SGBV is a taboo in some communities, and were prepared that women might be reluctant or might take time to open up about the issue. Indeed, women in Plateau state were reluctant to speak honestly about SGBV because of the commonly held view that SGBV is a family matter, not a public one. Researchers encouraged open discussion so that participants could feel safe and be able to share ideas and insights in response to the research questions. FGDs also included techniques such as probing questions to allow for deeper discussion. While this is important, it can cause distress; when this occurred, the facilitator introduced a group therapy approach and techniques to help participants feel safe.

### 1.3.2 Study population

The study population – all survivors of SGBV – were identified by three of Tearfund partners: Faith Alive, CAACP and TEAM-CIHD. They have all been providing services to women affected by HIV in several communities and were asked by Tearfund to identify groups of women living with or affected by HIV to participate in the research. All the women who took part gave their consent before the study began. Faith Alive identified two groups of participants from communities in Mista Ali (Bassa) and Fobur (Jos East). CAACP drew two groups of participants from communities in Yelwa (Shendam) and Mabudi (Langtang South) while TEAM identified participants in two communities in Miango and Zagun, both in Bassa.

Table 1 shows that the groups did not differ significantly in terms of age range, however group size did vary. The youngest study participants were aged 17, while the eldest were aged 50. The group in Mista Ali had the fewest participants (10), while the largest group was from Miango, which initially had 38. However, it was decided there should be a maximum of 15 women per group, to make discussions richer and more manageable, and so the Miango group was split into two groups of 15, with participants accepted on a 'first come, first served' basis.

**Table 1: Summary of the study participants**

Partner	Local government administration	Community group name	Number of participants	Age range
Faith Alive	Bassa	Mista Ali	10	17–37
	Jos East	Fobur	11	19–42
CAACP	Shendam	Yelwa	13	18–44
	Langtang	Mabudi	13	22–50
TEAM-CIHD	Bassa	Miango	15	17–45
			15	17–45
	Bassa	Zagun	15	17–40

**1.3.3 Data collection**

Open-ended questions were asked to facilitate discussion and achieve the project objectives. In cases where women had traumatic experiences of SGBV, one-on-one discussions were held between the researcher and the survivor to ensure confidentiality. Group discussions were recorded, with participants speaking in local languages, and transcripts translated into English during data analysis.

In compliance with standard ethical practice, study participants were informed that their participation was voluntary. The purpose of the study was explained and they signed consent forms. Researchers were also aware of and respected participants' cultural norms. Participants were assured that data would be treated confidentially and stored on researchers' password-protected computers, and that their names would not be included in the report.

**1.3.4 Data analysis**

Data analysis started immediately after data collection. Focus group discussions were transcribed verbatim and then translated into English during the course of data analysis. Results were grouped according to the themes that emerged from participants' responses.

## 2. Findings

The results of the study have been grouped into the major themes that emerged around the research objectives: to explore survivors' understanding of SGBV; to understand why survivors remain silent; to examine the root causes of SGBV; to understand how survivors' lives are affected; to explore their needs and map their priorities; to determine their views on establishing a survivors' movement; and to understand their experience of faith leaders in connection with SGBV.

### 2.1 Survivors' understanding of SGBV

The way survivors conceptualise SGBV reflects the prevailing circumstances in Plateau state where, as highlighted earlier, an unequal gender power balance is embedded in local culture. Women and girls are often caught up in communal conflicts that also characterise this state. Based on the analysis of women's responses in this study, approximately 65 per cent of cases of SGBV against women were perpetrated at home by partners or members of their extended family. The women understood that there are different forms of SGBV, including rape by strangers, forced sexual relationships perpetrated by current or previous partners or even extended family members (cousin, uncle, etc), and domestic violence.

#### 2.1.1 Rape committed by strangers

While participants shared that most cases of SGBV occurred within the family (65 per cent), this leaves a relatively large percentage of SGBV cases being perpetrated by strangers (35 per cent). It was thought by participants that rape committed by strangers may become more common during periods of conflict as an act of reprisal. It was also discussed that this type of abuse is committed by a perpetrator wanting to exercise power over a woman or girl who may be particularly vulnerable: she may be a widower living alone; be significantly younger in age than the perpetrator or in a position of less power. This was the case for one 43-year-old widow in Zagun, who reported to the elders that she was being sexually harassed by men who knew she lived alone, but the elders failed to act. Another participant, aged 18, from Miango said that she had been raped by a National Youth Service member who had been posted to teach in her school.

#### 2.1.2 Forced sexual relationships

Another form of sexual abuse recognised by the women who took part in the study was forced sexual relationships with partners. Their views provided a sense of how brutal this can be. Participants repeatedly stated that SGBV is when a man forces his wife/partner to have sex with him against her will. Examples given included: men threatening to stab their wives to death if they refuse sex (the view of one participant in Yelwa); men forcing sex upon women, without consent, and at times, in the knowledge of carrying HIV (the view of a 53-year-old in Mabudi). Another woman (aged 37) in Yelwa explained SGBV as 'a tradition in Tarok lands, where men or husbands do not know how to negotiate sex but feel it is their right to have sex with women when they feel like it, even when the woman does not want to'.

Descriptions of SGBV given by women across the different communities offer an insight into the emotional and physical pain suffered by survivors in these areas. A 35-year-old divorced woman in Miango reported that SGBV is 'when a man ties her hands and hangs her legs up with a rope to make love to her, after which he mocks and beats her mercilessly'. In Zagun, a respondent (aged 34) described SGBV as 'when a man forcefully has sex with the intention of damaging [a woman's] self-worth, to ruin her life and paint her black' and a woman from Zagun shared her understanding of SGBV to be 'when a man forcefully has sex with a woman, threatening her with a weapon not to talk or shout just to infect her with diseases like HIV, and STIs'.

Furthermore, the participants also shared their vulnerability to violence with former partners/spouses. Some women from across the different communities testified about experiencing rape and other forms of sexual abuse after their partner had left the relationship. One 30-year-old participant in Mabudi described her experience of rape at the age of 15 by her then ex-boyfriend. Some women also identified that they had experienced sexual violence from extended family members as a form of SGBV.

### **2.1.3 Domestic abuse**

One of the most prevalent forms of SGBV in Plateau state is intimate partner violence. According to the women who took part in the study, domestic abuse is a result of the prevailing harmful cultural beliefs and includes physical and emotional harm, and exploitation of women and girls.

### **2.1.4 Physical harm**

Women identified physical harm sustained during altercations with partners or husbands as a form of SGBV. Plateau state is characterised by conflict between partners that often leads to serious injury and even death. In some cases – participants from across the groups shared – women are beaten when they resist sex with partners who have mistreated them.

### **2.1.5 Emotional harm**

Women commented on the behaviours that a man adopts with the purpose of causing emotional harm. The most frequently cited instance is that of a man bringing home another woman and having sex with her in the presence of his partner. One woman in Zagun described in her own words that she saw SGBV as ‘when my husband makes love to another woman in my presence’. Men usually do this to show their partners that they should comply with any sexual request.

Another recurring theme of emotional harm is mistreating and blaming women who only give birth to girls, as men in the chosen communities believe their wives are responsible for the gender of the child. This implies that a woman’s ‘failure’ to deliver a boy is a source of shame to the family, which has an adverse emotional impact on the woman. This experience was echoed by a participant from Mista Ali, who said she understood SGBV as ‘a situation when a husband blames her for not having given birth to a baby boy’.

### **2.1.6 Exploitation**

Across the six communities, women said that men’s refusal to assist them in activities that support the household was also a form of SGBV. Many reported that men spent time socialising, such as playing cards with other men, while women provided for the family but were still expected to look after their partners when they returned home.

## **2.2 Why do survivors remain silent?**

### **2.2.1 Fear of divorce or abandonment**

Participants shared that cultural norms in Plateau state implicitly dictate that women must stay in their relationships, regardless of the situation at home. This compels women to remain silent, as speaking out would result in their husbands abandoning or divorcing them. It was also widely discussed among groups that women who *do* divorce or leave their partners are then stigmatised by their community, which further traps women in abusive relationships.

### **2.2.2 Fear of further violence**

Survivors of SGBV in Plateau shared that they would be beaten by a partner or even family members if they spoke out about their experiences and that because of this fear, they remain in violent relationships.

Fear of violence is experienced by survivors who've experienced abuse outside of a relationship as well: one participant shared that a 15-year-old in Yelwa had been raped by a stranger but kept silent about it because she feared being beaten by her parents.

### **2.2.3 Lack of protection**

Many women felt that the judicial system was insensitive. One participant said she had never seen or heard of any law or case that supported women on this issue; she felt, therefore, that there was no point in speaking out about her ordeal. A survivor in Yelwa commented: 'I remain silent because no one is willing to listen; even when they do listen, they cannot do anything because [there is] no law to back up the claims of abuse by the husband.'

### **2.2.4 SGBV condoned by birth family**

Even worse, women indicated that speaking out would get them into trouble with their birth family. Families affected by divorce are stigmatised and therefore divorce or separation are deeply discouraged and avoided. One respondent shared that 'the reason behind my silence is because no family wants a tainted image. Every family wants a good name so that "good" [rich] suitors would come asking for marriage.' This view was commonly shared among the participants. Survivors indicated that they are also compelled to remain with abusive husbands as returning to their birth family was not an easy option. The view of many women was that silence is the best way to avoid increased violence. One participant in Yelwa expressed it in these terms: 'Parents often sympathise but say go back, because he is your husband.'

### **2.2.5 Fear of being ridiculed**

In Plateau state, as in many other parts of the developing world, survivors are blamed by their communities, which argue that they could have avoided being abused. Local culture does not permit a woman to divulge SGBV perpetuated by her husband or partner. Even if she did, cultural norms are so shaped by men's views that SGBV, particularly when perpetuated by husbands and partners, is not recognised as such by society. In this respect, a survivor said: 'Sexual matters are taboo in the state of Plateau, especially sexual violence by family relatives.' These were the predominant views in Fobur. It seems that having a husband is felt to be so prestigious that, according to cultural norms, losing a husband – even a violent one – is a serious issue. These norms are so firmly established that in some cases survivors who attempt to leave an abusive relationship are ridiculed by other women in their community, participants commented. One example given was the following comment, directed by one woman at another: 'Shameless woman, are you the only one beaten and raped by your spouse, why must you wash your dirty linen in public?'

## **2.3 Root causes of SGBV**

SGBV in Plateau state seems to be driven by harmful cultural norms that undermine women as human beings and deny them their basic human rights. This includes denying women the opportunity of empowerment through education and forcing women into early and unwanted marriages.

### **2.3.1 Unequal gender relationships**

Participants felt that women in Plateau state are constantly undermined in their relationships with their husband or partner. They felt they are often used for the man's personal sexual pleasure and they felt unequal because unprotected sex would be forced on them. The unequal balance of power in these relationships was recognised by participants firstly as their lack of consent to sex being ignored and secondly their partner's lack of responsibility for the possible pregnancy that could follow. A few participants shared that in cases where unmarried women become pregnant, partners who do not want

to take on the responsibilities of parenthood force women to terminate their pregnancy: a 19-year-old participant in Mista Ali commented that ‘a man impregnates a girl and abandons her because she refuses to abort the pregnancy’. A 17-year-old girl in Miango described the control a man has over a partner as ‘when your boyfriend impregnates you, denies it and abandons mother and baby’.

When women do refuse to terminate a pregnancy, participants from across the groups shared that men refuse to take on fatherhood responsibilities: in Zagun, a similar experience was shared by a mother of triplets. She described her experience as ‘when a man marries a woman, gets her pregnant and abandons her and the triplets’. In some cases, participants shared that despite not taking on any responsibilities, some men continue to perpetrate violence against the mother after the baby is born. One respondent in Fobur described this experience as ‘when men are not taking responsibility for looking after their wives and children and then they ask for a sexual relationship’. Similarly, according to a 45-year-old respondent from Miango, a man undermines a woman when he ‘neglects his wife and children, steals his wife’s money to give to other women and then wants an intimate relationship with the wife’.

With regard to an unequal balance of power between men and women, participants argued more generally that it is not only this type of irresponsible behaviour that is problematic, but also the prevailing attitude that women are not worthy of respect, even when they have some sort of standing in society. A survivor in Yelwa reflected: ‘I am empowered, self-reliant [yet] still my husband seems not bothered or interested in me.’ The lack of value placed on girls by society in general is such that husbands see it as imperative that their wives give birth to boys, and will force their wives to have sex until she gives birth to a boy. One woman reported that her partner repeatedly denied her access to family planning services because she had not given birth to a boy. The lack of choice and autonomy felt by women was articulated by a 43-year-old female participant who described this as ‘when a woman gets pregnant against her wish just to please the husband who is looking for baby boys’. A respondent in Mista Ali echoed the view that women are undermined because ‘they have to seek their husband’s permission before one can attend hospital or even access family planning’. Furthermore, participants shared that the unequal treatment of a woman is often reinforced by other family members. In Miango, a participant described the experience of a woman she knew: ‘mother in-law maltreated her, made her a filthy rag until she chased her out of her home with no action from the husband’. The same sentiments were expressed by a respondent in Yelwa.

### **2.3.2 Early and forced marriage**

Women in the groups felt that early and forced marriage also constituted a type of abuse. Participants explained that because of societal taboo and concepts of family shame, should a married girl try returning to her family after being abused by her husband, she is likely to be turned away and forced to return to her husband. One participant shared that the shame and stigma of leaving a marriage outweighed her family’s concern experiencing SGBV: after being abused by her husband, her family refused to take her back because they believed that a failed marriage would bring shame to them all.

Furthermore, some women indicated that families sometimes force their daughters to marry (often wealthy) men they do not like because of the material benefits the marriage will bring to the family. An example given was of a woman who was forced to marry a shopkeeper who beat her but she was unable to leave him because her parents would not accept her back.

## 2.4 How survivors' lives are affected

SGBV affects the lives of survivors in many ways, with psychological, physical, social and economic impacts. The circumstances in which marriage takes place and the societal and cultural norms around gender relationships create an unequal power balance between men and women, whereby men's behaviours within or outside of marriage are condoned and they are allowed to act with impunity. This unequal power balance is the root cause of SGBV in the focus areas.

### 2.4.1 Psychological impact

Female participants shared that abuse has a deep impact on survivors' self-esteem and overall well-being: some recalled survivors suffering from serious depression. SGBV is a traumatic experience that affects the way people think, as well as how they behave. Survivors in Plateau state said they experienced constant fear, felt ashamed, unworthy and unhappy, and resented men. Most survivors had developed a fear of men or sexual intercourse. Those who were able to marry described the problems they had with current partners that were caused by their earlier experience of SGBV. A participant in Mabudi said: 'Most of the time, I do not feel in the mood for sexual intercourse with my husband; even if I agree, I develop an unconscious refusal of it.'

Discussions revealed the depth of unhappiness among women who have suffered SGBV, typified by a woman from Yelwa: 'I was crying, tears every time I remember the situation at home. For me, I understand sexual violence as breaking the heart into pieces. Until now, my heart is like pieces.'

### 2.4.2 Physical impact

The majority of participants had been infected with HIV by their husbands. One woman's husband did not hide the fact that he was sleeping with other women and still forced her to have unprotected sex with him. Women also mentioned unplanned pregnancies as one of the consequences of SGBV. Pregnancy has an impact on women's health, and pregnancies resulting from SGBV are often more problematic because of the trauma and stigma associated with them. In some cases, babies die at birth as a result of medical complications caused by SGBV. These consequences were reported as being more prevalent in Yelwa, Mabudi and Zagon.

### 2.4.3 Social impact

Family breakdown and social rejection in the form of stigma were highlighted as two of the social impacts of SGBV. Some survivors said that they were thrown out by their partners or their in-laws after they had abused them. In most cases, women took refuge in pastors' homes. This is typically the situation in Zagon, where a study participant said: 'I fled from my home for a whole year and went to my pastor, with no intention of re-marrying again.' Survivors identified social rejection as one of the most devastating impacts of SGBV and it is reinforced by various parts of their community – from family, church and friends including other women. This stigmatisation often leads to a survivor being completely rejected by her community or family. In Zagon, a woman described her experience of rejection: 'When I fled to my father after suffering SGBV, he expelled me from home and denounced me as a child.'

### 2.4.4 Economic impact

Because many women become pregnant and have children as a result of SGBV, they are less able, or even unable, to work and earn an income. This also increases the number of girls who drop out of school, which in turn has serious implications for their future, as many are forced to abandon their plans of having a career. One example was given by a participant from Yelwa who, after being subjected to SGBV, ran away from home in order to avoid being stigmatised by her community. Leaving home forced her out of an environment that could financially support her to attend school; thereafter her ability to achieve her goals was significantly limited.



In circumstances where survivors are already living in poverty, SGBV can intensify this: they may suffer a lack of economic provision as well as sexual violence in their relationship. A number of survivors said that because of this, they had to be economically self-reliant in providing for themselves and their children, lacking any assistance from their partners. As a result, they take on jobs they have never had before, becoming, for example, street hawkers, masons and labourers. One woman from Mista Ali described her struggle to care for her children: 'I learned to cultivate to get food and my life is very hard. I will accept suffering for my child'. In some cases, the physical results of SGBV prevent them from taking on some types of work: one participant from Fobur shared that 'I am not doing farm work. I used to work but after I was severely beaten by my partner, I cannot cultivate the land because I feel very weak.'

## **2.5 What do survivors need?**

### **2.5.1 Enforcement of human rights**

Throughout discussions, women reiterated the view that SGBV is rooted in society's (and their partners') belief that women are of less value than men. They said their suffering began when they were denied basic human rights, such as the right to education and health care, and to choose whom and when to marry. They believed their lives would be better if they were treated as human beings, and if both men and women were taught that women are also worthy of respect. A woman from Mista Ali said she thought girls and boys should be educated about women's rights from a younger age.

### **2.5.2 Effective judicial system**

Women said they needed an effective judicial system that would come to their rescue. They maintained that cases of abuse were not dealt with, even when recognised by a court of law, because of a corrupt judicial system in which partners bribe officers. Participants again stressed the need for women to be considered as human beings. One participant in Zagan suggested that there should be a private area of police stations demarcated to dealing with reports of SGBV and managed only by staff who are specially trained in and sensitive to SGBV issues.

### **2.5.3 Poverty alleviation**

Participants in Plateau state are extremely poor. They believe poverty plays a role in SGBV in that some parents compel their daughters to marry (early), usually into a wealthy family. Partners from wealthy families take advantage of the birth family's poverty. Poverty is one of the factors that causes unhappiness among women who struggle to survive without help from their partners. Nevertheless, because of widespread abuse in both poor and wealthy families, poverty alleviation was not top of the agenda for reducing SGBV in Plateau state.

### **2.5.4 Challenging harmful cultural norms**

Women considered that being denied basic rights, and not being treated as human beings worthy of respect, were the direct consequences of cultural norms. Therefore, they felt that their situation would be vastly improved if enforcement of human rights went hand in hand with mechanisms to challenge the harmful cultural norms that prevail in Plateau state. Survivors expressed the need to sensitise society to recognise SGBV, to report cases when they occur and to stop rejecting survivors.

### **2.5.5 Medical and emotional care**

While enforcing human rights and tackling harmful cultural norms and practices would go a long way towards addressing the issue of SGBV, women were aware that this could not be achieved in a short period of time. They felt that the immediate consequences of SGBV, such as physical and emotional harm, need to be addressed; some women believed this was of the utmost importance. Indeed, most

women indicated the frustration they felt, after suffering physical and emotional harm as a result of domestic abuse, at not having access to clinics or counselling services.

In short, most participants agreed that changing harmful cultural norms that undermine women's basic human rights is central to tackling SGBV perpetrated against women in Plateau state.

## 2.6 Would a survivors' movement be beneficial?

Study participants liked the idea of a global movement that would unite all survivors. Broadly, it emerged from discussions that the movement would bring several advantages, notably empowerment, advocacy and learning from one another.

Women thought the movement would empower them by connecting them to survivors in other parts of the world. One survivor said: 'How other survivors solve their problems could help us in solving our problems too.' Another woman in Mista Ali added that 'a problem shared is a problem half-solved'. In Mabudi, a participant said a global movement would help protect newborn girls from future abuse. In Yelwa, women felt it would help to spread the news about violence against women. Other participants said it would help to boost women's confidence.

On self-advocacy, survivors of SGBV felt that a survivors' movement would encourage people to report sexual violence and the bitter feelings they suffer. They added that through such a movement, voices would be heard and responded to. Another woman in Mabudi said that 'violence at home would be recognised by society as a crime'. In Miango, a woman thought that such a movement would also help women to speak out. Another survivor in Mista Ali suggested that it would be a platform where women could put together ideas for concerted actions to mitigate the impact of SGBV. Finally, women felt the movement would be a platform to advocate for their rights and to ensure that decision-making is informed by their concerns.

On learning new behaviours, women felt that such a movement would help to teach young boys and girls how to behave and encourage men not to use drugs or alcohol, which they saw as contributors to SGBV. Other participants believed that the movement would help curb violence at home and challenge harmful cultural norms and practices. People would be able to compare the culture of other countries with that of their own, and might be influenced by another culture's more positive attitude towards women. Others in Miango thought that the movement would help women to help each other financially.

On making authorities accountable, participants in Zagun were of the view that the movement would help women to demand accountability from policymakers and the judicial system. They felt it would also create a platform to enable them to claim their rights from the judicial system. One survivor said: 'In such a movement, we could raise our voices together as one to claim our rights...'. Another added: 'I will have the opportunity to ask for the best response to my situation.'

## 2.7 Experience with faith leaders

The way that faith leaders and their wives interpret scripture was also raised as an issue. Several participants from Christian communities said that pastors' wives often cite Proverbs 31 ('The wife of noble character'), interpreting it in a way which supports unequal gender roles and suggests that survivors suffer SGBV because they do not follow the recommendations in this Proverb.

Women thought that the attitude of religion towards marriage was also problematic. One woman in Yelwa said: 'Religion is one of the causes [of SGBV] because marriage courses teach women to be obedient to their husband no matter what.' Women are expected to have male children and when they do not, they often become the subject of abuse.

### 3. Discussion of the findings

SGBV continues to be a persistent problem in all areas of the world and these findings demonstrate that Plateau state is no exception. The findings showed that survivors sometimes struggle to meet their own primary needs and those of their children and also revealed the trauma and emotional pain that is caused by SGBV. Discussions revealed that participants' understanding of SGBV was directly related to their own contexts and personal experiences. In particular, it was noted that most incidences of SGBV were perpetrated at home by partners rather than by strangers.

It is evident from the findings that existing attitudes and norms in Plateau state encourage women to see SGBV as something they should expect in life and that keeping silent is the norm. These norms include forced sexual activity when women resist an intimate relationship with a partner who does not provide emotional or physical support; denying women family planning services as a way of increasing their chances of giving birth to a boy; and subjecting women to the authority of their husband's family. When women resisted this abuse, it resulted in fights that caused serious bodily harm and even death. A number of women who took part in the study showed researchers the scars they had sustained as a result of SGBV at home.

Cultural norms in Plateau state were felt to be the main underlying cause of SGBV. These norms also explained why women in these communities remained silent about it. The most recurrent view in discussions was that women have to remain in their marriage or partnership because breaking up with a partner, even an abusive one, was not condoned by local culture. Some women recounted taking refuge from abusive husbands with their birth family, only to be thrown out and compelled to return, with the advice that staying in a marriage requires patience. Similarly, other women suggested their vulnerability to SGBV was mainly a result of being compelled to remain married to abusive husbands. These attitudes persist because women are undermined in general, and because prevailing beliefs in society at large have encouraged people to turn a blind eye to SGBV at home. It is because of these entrenched attitudes that legal and security services only intervene when SGBV has resulted in a fatality. The seriousness of this issue is evidenced in a recent increase in legal cases involving the killing and serious injury of women by their partners in Plateau state (Taft, 2016).

Women shared that they suffer greatly from the physical and psychological impacts of SGBV. In discussions, most women agreed that HIV and STIs were the most common health-related problems. They were often acquired because men demanded unprotected sex in order to have more children, while at the same time having other sexual partners. Another threat to survivors' health was the risk of serious injury arising from fights at home. The enormous psychological impact of living in unhappy circumstances for long periods of time was also noted. Women's frustration increased when they were caught between abusive conjugal homes and birth families that would not accept them back.

Though all women believed the cycle of SGBV should be brought to an end, affected women had mixed views about how this could be achieved in Plateau state. Some survivors thought that culture is difficult to change and that reliance on God through prayer for strength and patience was the way forward. Cultural norms are so entrenched that some women cannot even imagine them changing unless there is supernatural intervention from God. On the other hand, some women thought that consistently educating abusers about women's human rights would eventually make a difference to women's lives. They felt that this should also include young boys and girls, so that they grow up with a new mindset. With respect to a global movement of survivors, women were of the view that it would be very helpful, empowering them in many ways, enabling them to learn from each other's experiences and providing a platform through which to express their frustration. These findings have implications for policymakers at national and global levels.

## 4. Conclusions and recommendations

### Conclusions

- SGBV is prevalent in homes in Plateau state and affected women conceptualise SGBV according to their individual experiences.
- Cultural norms play a central role in explaining why SGBV occurs and why women remain silent. Cultural norms and beliefs tend to encourage people to turn a blind eye to SGBV until fatalities occur.
- SGBV in Plateau state is widespread, irrespective of socio-economic status, but poverty compounds the traumatic consequences of SGBV. Psychological and physical impacts (HIV and STIs) were the most direct and life-threatening consequences of SGBV in Plateau state.
- Survivors' views were that faith leaders provide some physical support but they do not understand survivors' circumstances very well and sometimes contextualise the scriptures in ways that might be construed as supporting SGBV.

### Recommendations

- Programmatic responses should adopt a multifaceted and holistic approach to ensure they bring about healing in survivors' lives. To do this it is recommended that Tearfund enables survivors to begin a healing journey by creating peer support groups of survivors and conducting 'Journey to Healing' sessions over a period of time.
- Priority needs to be given to addressing harmful cultural norms of masculinity, gender and power relations between men and women within the home and in a broader community context. These currently perpetuate varying forms of SGBV.
- Faith and community leaders need to be engaged and mobilised to speak out against SGBV and to equip their wider communities to do the same.

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# FALLING ON DEAF EARS?

Listening to survivors of sexual and gender-based violence in Plateau state, Nigeria

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100 Church Road, Teddington, TW11 8QE, United Kingdom

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