

# Gender-based Violence: Its Impact on Women and Girls during COVID-19 Pandemic in Lagos State, Nigeria

Chiji Longinus Ezeji

ORCID iD: <https://orcid.org/0000-0003-4732-0485>

## Abstract

Gender-based violence is a phenomenon deeply rooted in gender inequality and continues to be a notable human rights violation within all societies. Gender-based violence is violence directed against a person because of their gender. Both women and men experience gender-based violence, but most victims are women and girls. Nigerian women and girls have witnessed incessant violence attacks related to gender-based violence during the COVID-19 pandemic lockdown. The study focuses on gender violence targeted against women and girls in Lagos, Nigeria. The paper is based on ecological approach to gender-based violence, which argues that no one factor alone causes violence, but rather that many factors combine to raise the likelihood that a particular man in a particular setting acts violently towards a woman. The study adopted a qualitative methodology. An interview technique was used for data collection. Sixty-five participants were purposively selected for the interview due to their vast knowledge on the topic under study. Findings reveal that domestic violence hinders full inclusion and participation of women in social life; violence against women is a manifestation of historically unequal power relations between men and women, which led to domination over and discrimination against women by men, perpetrators of violence are a minority group of mentally ill men; poverty or idleness leads to attacks on and abuse of women; violence against women is caused by drug and alcohol abuse. Recommendations include the need to equip gender-based violence first responders to enhance their capacities in assisting and providing services to the victims. Survivors should establish partnerships and collaboration with law enforcement officials, both nationally and internationally in addressing sexual violence. Furthermore, there is a need for specialised courts to prosecute gender-based violence

offenders, and the court and the criminal justice system should implement stringent penalties for offenders.

**Keywords:** Gender-based violence, impact on women, girls, COVID-19 pandemic, Lagos, Nigeria.

## **Introduction**

Gender-based violence is a dreadful violation of human rights and a widespread phenomenon, which does not discriminate based on race, religion, ethnicity or language (Olson & Defrain 2016). Violence against women as a social problem within close/immediate social settings has serious consequences affecting not only female victims' physical and emotional health and social well-being, but has considerable effects on children, the family and society as a whole (Olson & Defrain 2016). Domestic violence against women deprives them of their right to participate in societal life as a whole and holds them ransom under the special conditions set by the immediate social setting, such as family, kinship, social norms, and values shared by the majority (Bloom 2015). Domestic violence is prevalent in Lagos and has affected many families during the COVID-19 lockdown. The problem has broken marriages, relationships and family ties. Many women and girls have been affected negatively because of violence meted out to them by their parents, partners and relatives. Adewuyi (2014) affirms that, in most places in Nigeria, violence against women are not taken seriously, due to the belief that women are inferior to men. In this regard, victims find it difficult to relate to their abusers, engaging in continuous arguments and incessant fighting and disagreement. This problem increased during the COVID-19 pandemic lockdown that forced many families living together for months. During this period, victims of gender-based violence illustrated that the attack came in the form of psychological abuse and emotional violence; some of the victims witnessed attacks in the form of humiliation, calling of names, insults, embarrassing the victim intentionally in public, controlling victims' movement and activities, isolating the victim from friends and family, partners threatening to harm victims by controlling financial resources and withholding information or resources. This study aims to examine gender-based violence against women, identify causes of gender-based violence against women, identify the influence of COVID-19 and the

prevalence of gender violence on women and girls during lockdown, and identifying measures to checkmate gender violence against women and girls. The study adopted a qualitative methodology. An interview technique was used for data collection. Sixty-five participants were purposively selected for the interview due to their vast knowledge of the topic under study. The respondents selected include ten high-ranking officers from the Nigeria Police Force, from the crime prevention and investigating units, ten respondents from selected non-governmental organisations that specialise in victim empowerment and assistance, ten medical doctors and ten clinical psychologists, and five officers from the correctional services. Twenty victims were also interviewed. A literature review relating to the study was undertaken and data were analysed qualitatively. The significance of the study resonates with the ecological models that recognise multiple levels of influence on health behaviours, including intrapersonal/individual factors, which influence behaviour such as knowledge, attitudes, beliefs and personality. It identified the effect of violence on women that deprived them from social interaction and inclusion, and spotlighted the failure of the government to initiate appropriate regulation, leading to an increase in violent attacks on the members of society. It clarified that community factors, such as formal or informal social norms that exist among individuals, groups, or organisations, can limit or enhance healthy behaviours.

### **The following questions were answered in this study**

- (1) What is the gender-based violence prominent against women in Lagos State?
- (2) What causes gender-based violence against women?
- (3) What influence does COVID-19 pandemic have on women and girls during lockdown?
- (4) What measures can be adopted to checkmate gender-based violence against women in Lagos?

## **Conceptual Framework**

### ***Concept of Violence, Domestic Violence and Typology of Violence***

Domestic violence can be defined as the desire of one person in a relationship

---

to control his/her partner. It is a power breakdown and distortion of intimate relationships. Domestic violence is any form of abusive behaviour in any relationship used by a partner to gain or maintain power and control over another partner (Gelles 2003). Violence, on the other hand, is the intentional use of physical force with the intention to cause injury, harm, disability or death. Domestic violence can also be defined as abuse intimacy. It can be physical, sexual, psychological and emotional, or threats of physical or sexual violence inflicted on women (Olson & Defrain 2006).

According to United Nations 1993, violence against women is any act of gender-based violence that results in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. This definition refers to gender-based roots of violence, recognising that violence against women is an act that forces women into a subordinate position compared with men. It broadens the definition of violence by including both the physical and psychological harm done to women, and it includes acts in both private and public life. The United Nations Declaration defines violence against women as encompassing, but not limited to, three areas: violence occurring in the family, within the general community, and violence perpetrated or condoned by the State (UN 1993).

According to Bloom (2015), gender violence, also known as gender-based violence or gendered violence, is the term used to denote harm inflicted upon individuals and groups that are connected to normative understandings of their gender. This connection can be in the form of cultural understandings of gender roles, both institutional and structural forces that endorsed violence based on gender and societal influences that shape violent events along gender lines. Furthermore, Schuler et al. (2007) assert that, while the term is used synonymously with ‘violence against women’, gendered violence can and does occur to people of all genders, including men, women, male and female children and gender-diverse individuals. The prevalence of violence against women is severe in Africa, where around one-third of African women report experiencing domestic violence, both physical and sexual. Violence within the family, especially experienced by women, is attributed to ancient socio-economic conditions that shape social norms about marriage patterns, living arrangements and the productive role of women (Watts, Oslam & Win 2005). Gender-based violence is a phenomenon deeply rooted in gender inequality and continues to be notable human

rights violations within all societies. Gender-based violence is violence directed against a person because of their gender. Both women and men experience gender-based violence, but most victims are women and girls. In this regard, women and girls from different local governments of Lagos have been violated and have witnessed one of the above categories of gender-based violence.

Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in, or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation. The World Report on violence and health presents a typology of violence that can be useful to understand the contexts in which violence occurs and the interactions between types of violence (*The World Report on Violence and Health 2019*). This typology distinguishes four modes in which violence can be inflicted: physical, sexual, and psychological attack, and deprivation. It further divides the general definition of violence into three sub-types according to the victim-perpetrator relationship. It includes self-directed violence, which refers to violence in which the perpetrator and victim are the same individual and is subdivided into self-abuse and suicide. It also involves child maltreatment, intimate partner violence, and elder abuse. Interpersonal violence refers to violence between individuals, and is subdivided into family, intimate partner and community violence. It is broken down into acquaintance and stranger violence and includes youth violence, assault by strangers, violence related to property crimes, and violence in workplaces and other institutions. Collective violence refers to violence committed by larger groups of individuals and can be subdivided into social, political and economic violence (Watts *et al.* 2005).

### ***The Ecological Framework***

The ecological model is a framework that clarifies some of the key factors that contribute to women and girls' risk of intimate partner violence. It was adopted to examine other types of violence that women and girls are exposed to. The model is organised in terms of four levels of risk: individual, relationship, community and society. The ecological model supports the idea for developing strategies in reducing and eliminating risk through broad-based prevention programming (Wang 2015). The models agree that it is critical to

develop an understanding of the complex interplay of biological, psychological, social, cultural, economic and political factors that increase women and girls' likelihood of experiencing violence as well as men's likelihood for perpetrating violence (Violence Prevention Alliance 2019). The ecological framework is based on evidence that no single factor can explain why some people or groups are at a higher risk of interpersonal violence, while others are protected from it. This framework view interpersonal violence as the outcome of interaction among many factors at four levels, which involves the individual, relationship, community, and societal. At the individual level, personal history and biological factors influence how individuals behave and increase their likelihood of becoming a victim or a perpetrator of violence. Among these factors are being a victim of child maltreatment, psychological or personality disorders, alcohol and substance use disorder and a history of behaving aggressively or having experienced abuse.

Furthermore, personal relationships such as family, friends, intimate partners and peers influence the risks of becoming a victim or perpetrator of violence. For example, having violent friends influence whether a young person engages in or becomes a victim of violence (Wang 2015). At the community contexts in which social relationships occur, such as schools, neighbourhoods and workplaces, also influence violence. Risk factors here include the level of unemployment, population density, mobility and the existence of a local drug or gun trade. Societal factors influence whether violence is encouraged or inhibited. These include economic and social policies that maintain socio-economic inequalities between people, the availability of weapons, and social and cultural norms such as those around male dominance over women, parental dominance over children and cultural norms that endorse violence as an acceptable method to resolve conflicts (WHO 2020). The ecological framework treats the interaction between factors at the different levels with equal importance to the influence of factors within a single level. For example, longitudinal studies argue that complications are associated with pregnancy and delivery, because they lead to neurological damage and psychological or personality disorder, predict violence in youth and young adulthood, mainly when they occur along with other problems within the family, such as poor parenting practices (Watts *et al.* 2005). The ecological framework helps to explain the result violence has later in life, interaction of an individual and risk factor, the consequences of complications during birth, relationship of risk factor, and the experience of

poor parenting. This framework is also useful to identify and cluster intervention strategies based on the ecological level in which they act. For example, home visitation interventions act in the relationship level to strengthen the bond between parent and child by supporting positive parenting practices (Wang 2015).

Furthermore, Crosby (2017) affirms that the ecological models recognise multiple levels of influence on health behaviours, including intra-personal/ individual factors, which influence behaviour such as knowledge, attitudes, beliefs and personality. It includes the influence of violence attacks on individuals or victims. Interpersonal factors such as interactions with other people can provide social support or create barriers to interpersonal growth that promotes healthy behaviour. The effect of violence on women deprives them of social interaction and inclusion. Institutional and organisational factors, including the rules, regulations, policies, and informal structures constrain or promote healthy behaviours. The failure of the government to initiate appropriate regulation increases violent attacks on the members of society. Community factors, formal or informal social norms that exist among individuals, groups, or organisations, can limit or enhance healthy behaviours. Public policy factors, including local, state, and federal policies and laws that regulate or support health actions and practices for disease prevention include early detection, control and management (Crosby 2017).

### ***The Public Health Approach and Gender-based Violence***

Public health provides the maximum benefit for the largest number of people. Programs for the primary prevention of violence based on the public health approach are designed to expose a broad segment of measures and to reduce and prevent violence at a population-level (WHO 2020). The principles of public health provide a useful framework for both continuing to investigate and understand the causes a population to prevention.

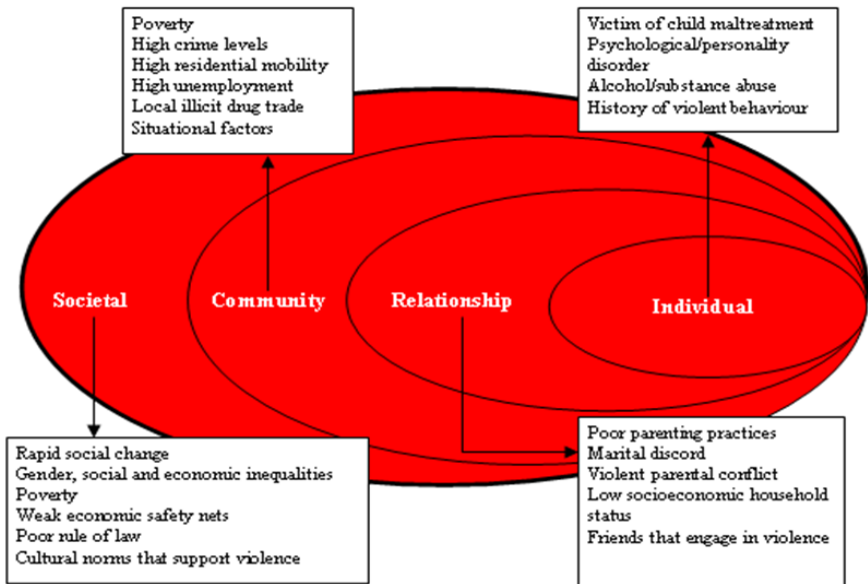
In addition, consequences of violence and for preventing violence from, occur through primary prevention programmes, policy interventions and advocating.

### ***The Activities of Violence***

Prevention alliance is scientifically tested and proven principles and recom-

## *The Impact of GBV on Women and Girls during the Pandemic*

recommendations described in the World report on violence and health. This public health approach to violence prevention seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence (Violence Prevention Alliance 2019).



*Source. Violence Prevention Alliance (2019)*

The approach consists of four steps that includes,

- defining the problem through the systematic collection of information about the magnitude, scope, characteristics and consequences of violence;
- establishing why violence occurs by using research to determine the causes and correlates of violence, the factors that increase or decrease the risk of violence, and the factors that are modified through interventions;
- determining what works to prevent violence by designing, implementing and evaluating interventions; and



- implementing effective and promising interventions in various settings.

The effects of these interventions on risk factors and the target outcome should be monitored, and their impact and cost-effectiveness be evaluated (WHO 2020).

## **Findings and Discussion**

### ***Nature of Gender-based violence***

The study reveals that gender-based violence is any form of abusive behaviour in any relationship used by a partner to gain or maintain power and control over another partner. In support of the above finding, Olson and Defrain (2016) agree that gender-based violence is the intentional use of physical force with the intension to cause injury, harm, disability or death. According to Respondent 42, domestic violence can be orchestrated in the form of physical abuse, sexual molestation, psychological and emotional threats, physical threats, and sexual violence inflicted on women and girls.

65% of respondents agreed that gender-based violence comes in the form of physical injuries. Other consequences include sexual abuse and gender inequalities. Respondent 5 opined that physical and sexual abuse leads to gynaecological problems such as pelvic inflammatory disease, chronic pelvic pain and vaginal bleeding, among other medical problems. Furthermore, Respondent 45 agreed with Gelles (2003) who points out that domestic violence comes in the form of physical violence and the intentional use of force such as kicking, plucking out hair with force slapping, pushing, biting, choking and using a knife, gun and other weapons with the motive of causing injury or death. It also includes coercing other people to commit such acts, which can be actual or threatening. Another form of domestic violence is sexual violence, which is the threat of or actual physical force to compel a person to engage in a sexual act against his/her will; also, an attempted or completed sex act with a person unable to understand as rape with an object (National Crime Victimization Survey 2010).

Most respondents (about 65%) agreed that gender-based violence comes in the form of economic abuse, whereby the abuser has complete control over the victim's money and other economic resources. This usually involves being put on a strict allowance, withholding money at will and

## *The Impact of GBV on Women and Girls during the Pandemic*

forcing the victim to beg for money before the abuser gives them money. According to Respondent 4, one of the causes of domestic against women is violent behaviour of their partners. Persons who have previously been victimised often become perpetrators of violence against their partners. The study found that most of the women who experienced physical violence have separated from their partners, due to the effect of the violence and the inability to cope with the relationship. In the opinion of Respondent 50, a violent act against women and girls is orchestrated by male partners after taking to excessive alcohol, thus using their female counterparts as a punch bag.

Fifteen victims out of the 20 interviewed revealed intoxication and alcohol abuse being the most precipitating factors that lead to the attack by their partners. Furthermore, the police investigators and officials from non-governmental organisations involve in victim assistance and empowerment unanimously agree that drunkenness is one of the causes of gender-based violence against women and girls. They point out that domestic violence is perpetrated by a male partner against a female partner after getting drunk.

According to Respondent 43,

*I have been married for approximately eleven years now and my husband has been beating me for eight years, my husband dependents on his siblings. He does not have his own opinion. The family members of my partner consciously insult me and I cannot defend myself.*

The study found that some of the victims of domestic and sexual violence pointed out that unemployment is one of the causes of gender-based violence. One of the victims illustrated that her husband asked permission from his parents before taking any decision in their family because the husband depended on his parents for financial help. According to her, any time the couple planned to do something, he asked the parent whether to do that or not.

*However, when I complain, he starts beating me without the parents coming to my rescue and I had to run back to my parents' house.*

Respondent 55, one of the victims, revealed,

*I was experiencing physical and economic violence from my husband*

*and psychological violence from his family, especially his mother. As soon as my husband gets drunk he starts to swear at me, cursing and beating me. I went to my mother-in-law for help but she accuses me, saying, I was guilty that is the reason he had such an attitude towards me, and she made everything even worse.*

## **Causes of Gender-based Violence**

There is no single factor to account for violence perpetrated against women. According to Schuler et al. (2007), there are inter-relatedness of various factors that should improve our understanding of the problem within different cultural contexts. Several complex and interconnected institutionalised social and cultural factors have kept women particularly vulnerable to violence directed at them, all of them manifestations of historically unequal power relations between men and women.

The factors that contribute to the unequal power relationship between men and women include socioeconomic forces, the family institution where power relations are enforced, fear of and control over female sexuality, belief in the inherent superiority of boys, and legislation and cultural sanctions that have traditionally denied women and children an independent legal and social status (Hayward 2004).

Furthermore, the study reveals that the lack of economic resources underpins women's vulnerability to violence and their difficulty in extricating themselves from violent relationships. The link between violence and lack of economic resources and dependence is circular. On the one hand, the threat and fear of violence keep women from seeking employment or, at best, compels them to accept low-paid, home-based exploitative labour.

About 55% of respondents agreed that without economic independence, women have no power to escape from an abusive relationship. They argued that in Lagos, women's increasing economic activity and independence is viewed as a threat that leads to increased male violence. It is particularly true when the male partner is unemployed and feels his power is undermined in the household.

The study linked a rise in violence to the destabilisation of economic patterns in society and revealed that macro-economic policies such as structural adjustment programmes, globalization, and the growing inequalities these have created have been linked to increasing levels of violence in several

## *The Impact of GBV on Women and Girls during the Pandemic*

regions, including Latin America, Africa and Asia. According to the findings in this study, an increase in poverty, unemployment, hardship, income inequality, stress, and alcohol abuse lead to increased violence in Lagos. Moreover, Watts *et al.* (2005) argue that these factors directly or indirectly increase the vulnerability of attacks against women. Respondent 12 points out the effect of encouraging more risk-taking behaviour, more alcohol and drug abuse, the breakdown of social support networks, and the economic dependence of women on their partners.

Approximately 50% of respondents agreed with Schuler *et al.* (2007) that religious, historical and traditions sanctioned the chastising and beating of wives in the past. They pointed out that the physical punishment of wives was sanctioned in particular under the notion of entitlement and ownership of women.

Respondent 25 opined that male control of family wealth inevitably placed decision-making authority in their hands, leading to male dominance and proprietary rights over women and girls. The study reveals that the concept of ownership in turn legitimises control over women's sexuality, which in many law codes has been deemed essential to ensure patrilineal inheritance.

Respondent 41 stated that traditional norms in most societies allow punishing daughters, sisters and wives suspected of defiling the honour of the family by indulging in forbidden sex, or marrying and divorcing without the consent of the family. Nevertheless, Respondent 38 opined that experiences during childhood, such as witnessing domestic violence and experiencing physical and sexual abuse, have been identified as factors that put children at risk of offending and victimisation. In support of Respondent 38, Respondent 15 argued that violence is learnt and used as means of resolving conflict and asserting manhood by children who have witnessed such patterns of conflict resolution. Respondent 8 pointed out that excessive consumption of alcohol and other drugs are factors that promote aggressiveness.

About 60% of respondents agreed that half of the cases of physical abuse are associated with the male or husbands' excessive alcohol consumption. They agreed that the isolation of women in their families and communities contributes to increased violence, particularly if those women have little access to family or local organisations. Alternatively, women's participation in social networks has been noted as a critical factor in lessening their vulnerability to violence and in their ability to resolve domestic violence.

In the view of Respondent 25, lack of legal protection, particularly within the sanctity of the home, is a strong factor in perpetuating violence against women. Until recently, the public/private distinction that has ruled most legal systems has been a major obstacle to women's rights. Respondent 49 argued that states are seen as responsible for protecting the rights of women even in connection with offences committed within the home, but in Lagos, violence against women is hampered by legislation, law enforcement and judicial systems that do not take domestic violence as a serious crime. Hence, many states in Nigeria have not domesticated gender-based law/legislation at state level.

The study found that domestic-based violence occurs in different settings and situations, which includes rape within marriage or dating relationship; rape by strangers/gang rape; systemic rape in armed conflicts; unwanted sexual advances or harassment including demand for sex in exchange for favours; unwanted touching; sexual abuse of mentally or physically challenged people; sexual abuse of children; forced marriage or cohabitation including the marriage of children; denial of right to use contraceptives; forced abortions; violent acts against the sexual integrity of women including female genital mutilation and obligatory inspections for virginity; forced prostitution and trafficking of people for the purpose of sexual exploitation, showing one's genitals or naked body to others without consent; masturbating in public; or watching someone in a private act without their knowledge or permission.

## **Influence of COVID-19 and the Prevalence of Gender Violence during Lockdown**

75% of the respondents agreed that many women and girls were victimised during the COVID-19 lockdown, due to families staying together for a longer time without going to work, lack of social amenities in some cases, the lack of food. 65% of respondents stated that the effects of sexual violence include minor physical injuries or serious conditions such as bruises, cuts, and broken bones; or injuries to private and outer parts of the body of the victims. 55% pointed out that physical effects of sexual violence include vaginal bleeding or pelvic pain; unwanted pregnancy; sexually transmitted infections (STIs), including HIV; and trouble sleeping or having nightmares. Respondent 5 reported that if the victim of sexual violence fell pregnant, the

injury incurred could affect her and the unborn child. Respondent 26 stated,

*Some women were sexually abused, suffered domestic violence and physical violence by their partners and family members during Covid 19 pandemic lockdown and the effects of the victimisation had long-term health problems such as arthritis, asthma, chronic pain, digestive problems such as stomach ulcers, heart problems, irritable bowel syndrome, nightmares and problems sleeping, migraine headaches, sexual problems such as pain during sex, stress, perception and problems with the immune system.*

One of the victims (Respondent 10) was traumatised because of a violent attack by her partner. She lamented that the effects of the attack interfered with her ability to work and that made her quit her job during the COVID-19 pandemic lockdown.

Respondent 29, a clinical psychologist, stated that the serious risk of physical abuse proceeds into concussion and traumatic brain injury due to injuries sustained by hitting the victim on the head or when the victim falls and hit her head on an object. The above respondent affirmed that he diagnosed and treated many patients of violence attacks during the COVID-19 pandemic lockdown. He treated many with traumatic brain injuries that caused headaches or a feeling of pressure, loss of consciousness, confusion, dizziness, nausea and vomiting, slurred speech, memory loss, trouble concentrating and sleeplessness. Respondent 29 further stated that some of the symptoms of traumatic brain injury take a few days to show up; over a longer period, it can cause depression and anxiety, problems with victims' thoughts, impair the victims' ability to plan and conduct a plan.

Respondent 14 affirmed that domestic violence affected the mental health of the victims during the COVID-19 pandemic lockdown. Victims who had experienced physical or sexual assault were affected emotionally, develop feeling of fear, confusion, and anger and numb. They started feeling guilty or shamed over victimizations. Some people tried to minimise the abuse or hide it by covering bruises.

The study reveals that sexual violence has health effects that include pregnancy and gynaecological complications; sexually transmitted diseases; mental health; psychological effects such as suicidal behaviour, depression, nightmares and flashbacks; social ostracization; difficulty concentrating,

anxiety and or phobia; post-traumatic stress disorder; eating disorders, low self-esteem; substance use and abuse; emotional effects such as guilt, shame, self-blame, embarrassment, fear, distrust, sadness, vulnerability, isolation, lack of control, anger, numbness, confusion, shock, disbelief, or denial.

55% of respondents pointed out that most victims of violence afterwards suffered from post-traumatic stress disorder during the violence attacks in some places in Lagos by one million boys that were terrorising the peace of most communities. As a result, the victims experienced stress, having been exposed to a scary experience such as sexual assault or physical abuse. 40% of respondents agreed that the victims were easily startled, feel tense, with the experience causing sleeping difficulties, or having outbursts of anger. They pointed out that the victims had trouble remembering or had negative thoughts about themselves.

Respondent 20 opined that victims of gender-based violence during the COVID-19 pandemic lockdown were depressed because of sexual violence. The effect of the victimisation made them become anxious about everything. They developed fear, the trauma interfered with their daily lives, causing them to shut people out, not wanting to do anything they normally enjoy, distrusting others and experiencing low self-esteem.

Respondent 24 stated,

*Some women who had experienced sexual violence during Covid 19 pandemic lockdown, were trying to cope with the trauma by using drugs, taking to drinking alcohol, smoking, or over-eating. Resort to substance use disorder, drug uses alleviate victims feel better in the moment, but it ends up making them feel worse in the long-term. Drugs, alcohol, tobacco, or overeating will not help them forget or overcome the experience. They should speak up to get help.*

Respondent 34 reported that when a female was raped, she encountered disbelief and suffered from the fear that she had contributed to the attack.

## **Measures to Checkmate Gender Violence**

The study reveals the recent initiative by the office of the Vice-President has set up teams to strengthen the coordinated response to gender-based violence

## *The Impact of GBV on Women and Girls during the Pandemic*

by improving services for survivors. Members of the team include representatives from the police department, the Human Rights Commission, the State Ministry of Women Affairs and Social Development, civil society organisations, sexual assault referral centres, and the Ministries of Justice and Health, which have assumed responsibility for rapidly responding to cases of gender-based violence. Furthermore, the Federal Ministry of Women's Affairs and Social Development engages in a policy dialogue with the office of the Vice-President to expand these teams, and ensure an integrated, formal response for survivors in project states. Adequate resources are mobilised in operationalising these teams to deliver services to the most marginalised groups.

Respondent 5 opined that victims who suffered physical injuries, or emotional and psychological effects of victimisation could receive help from a mental health professional who will assist in providing counselling and therapy to help them cope with the effects of the victimisation problem. Respondent 30 supported the above assertion and pointed out that counsellors or therapists could help victims to deal with their emotions, help them rebuild their esteem and develop coping skills.

The study revealed that the Istanbul Convention of Council of Europe (2000) focuses on preventing and combating violence against women and domestic violence. It is the benchmark for international legislation on tackling gender-based violence; it frames gender-based violence and violence against women as a gendered act, which is a violation of human rights and a form of discrimination against women. Under the Istanbul Convention, acts of gender-based violence are emphasized as resulting in 'physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life'. It is expected that every country adopt the provisions specified in the convention for preventing and combating gender-based violence.

The study revealed that the United Nations Population Fund is one of the United Nation's leading agencies working towards gender equality and women's empowerment, as well as to address the physical and emotional consequences of gender-based violence. UNPF's programmes offer psychosocial assistance, medical treatment and rape kits to survivors and promote the right of all women and girls to live free of violence and abuse (UN 2020). Respondent 31 stated,



*True indicators of a country's commitment to gender equality lie in its actions to eliminate any form violence against women and the vulnerable group.*

According to the finding, international human rights instruments such as the Universal Declaration of Human Rights were adopted in 1948, the Convention on the Elimination of All Forms of Discrimination Against Women, was adopted in 1979, and the Convention on the Rights of the Child, was adopted in 1989. These frameworks affirm the principles of fundamental rights and freedoms of every human being. Both CEDAW and the CRC underwrite are the concept of human rights that stretches beyond civil and political rights to the core issues of economic survival, health, and education that affect the quality of daily life for most women and children. Furthermore, the two convention call for the right of protection from gender-based abuse and neglect. The strength of these treaties rests on an international consensus, and the assumption that all practices that harm women and girls, no matter how deeply they are embedded in culture, need to be eradicated. Legally binding under international law for governments that have ratified them, these treaties oblige governments not only to protect women from crimes of violence, but also to investigate violations when they occur and to bring the perpetrators to justice.

## **Conclusion**

An approach to the prevention of violence approach is needed to address gender-based violence. The approach revolves around three theoretical models: the typology of violence, the public health approach, and the ecological framework. These models should guide understanding, research and action for violence prevention. The typology is a tool to help organise thinking about the types of violence and the ways in which violence occurs. The public-health approach offers practitioners, policy-makers and researchers a step-wise guide that can be applied to planning programmes, policies, and investigation. The ecological framework bridges two models that assist in understanding the contexts within which violence occurs and the interactions between risk factors in each of these contexts and between them. The ecological framework shows where and how to apply the public health approach and is useful for categorising planned or existing inter-

ventions to help understand the mechanisms by which they work. It is important to reduce risk factors through interventions that target childhood abuse at individual level, exposure to parental conflict at a child relationship level, weak community sanctions against gender-based violence community, poverty, and society level. It is also critical to understand and support protective factors. Some protective factors for intimate partner violence identified through WHO's multi-country research on health and domestic violence that can inform prevention efforts include the completion of secondary education for girls and boys; delaying the age of marriage to 18; women's economic autonomy and access to skills training, credit and employment; as well social norms that promote gender equality.

## **Recommendation**

The study recommends the need for the government to design sensitive projects to mitigate risks of sexual violence. It is crucial for governments to put in place an effective sexual violence response mechanism to address the problem swiftly. The following elements should be included in the strategic plan; ensure that families, including husbands, are aware of the project's aims, objectives, activities, and benefits; modalities ensuring that information reaches the most vulnerable through multiple communication channels; and mechanisms to ensure that community members are aware of potential risks associated with gender-based violence, equipping victims with information on how and where to get support, protection, and services.

There is a need for involving community members, religious leaders, community groups, and non-governmental organisations in addressing gender-based violence and support to the victims, as well as a need for the domestication of the domestic and gender violence law in Lagos State and all states in Nigeria. Healthcare staff should be specially trained on issues relating to gender-based violence. There is a need to encourage healthcare personnel to get involved in recording a full description of the incident and listing all the assembled evidence, to take note of the gynaecological and contraceptive history of the victim; document the results of a full physical examination; to test the victim against the risk of pregnancy, providing free medical testing for and treating sexually transmitted diseases including, where appropriate, testing for HIV. Victims should be treated with contraception and legal assistance and counselling regarding abortion; psycholo-

gical support and referral, where appropriate.

Community efforts should include preventative campaigns aimed at changing public attitudes towards sexual violence using the media such as the TV and radio. The media should be actively involved in the campaign against sexual violence. Another way to prevent gender-based violence against the vulnerable in society is a collective initiative of men and women. Men and women should form groups against domestic violence and rape. Actions in schools are crucial for stemming the tide of sexual violence and other forms of violence. There should be rules by schools prohibiting sexual violence by teachers and where it occurs, disciplinary measures should be taken against such a teacher. The culture of sexual violence with impunity in our schools at all levels should stop.

There is further a need for legal reformation that includes broadening the definition of rape according to the Violence against Persons (Prohibition) Act, 2015. It is crucial to reform the rules on sentencing and the admissibility of evidence. Where an offence attracts life imprisonment, such should be handed down without modification, conditions or qualifications. The punishment should be uniform throughout the country; courts should remove the requirement for victims' accounts to be corroborated. Even though corroboration is not required as a matter of law, but practice, it has hindered the sentencing of many culprits, thereby unleashing criminally minded people into the streets to again cause havoc amongst women. The State's Houses of Assembly should strengthen and enact laws against gender-based violence and child molestation. Every State should enact their Child Right Law and Courts should have the will to punish paedophiles.

## References

- Adewuyi, T. 2008. Utilization of Self Counselling Theories for Youth Peer Relationship *The Lagos Counsellor* 1,1: 5 – 21.
- Bloom, S. 2015. *Violence against Women and Girls: A Compendium of Monitoring and Evaluation Indicators*. Boston: Mass Allyn & Bacon.
- Crosby, F. 2017. Model of Egoistic Relative Deprivation. *Psychological Review* 83,2: 85 – 113. <https://doi.org/10.1037/0033-295X.83.2.85>
- Gelles, R.J. 2003. *Through a Sociological Lens and Social Structure and Family Violence*. Newbury Park, CA: Sage.

*The Impact of GBV on Women and Girls during the Pandemic*

- Hayward, R.F. 2004. *Breaking the Barrier and Lessons from South Asia to End Violence against Women*. New York: UNICEF.
- Istanbul Convention of Council of Europe 2000. *Council of Europe Convention on Violence against Women: A Report from Geneva*. World Health Organisation against Torture.
- Law of Federal Republic of Nigeria 2015. Violence against Persons (Prohibition) Act, 2015.
- National Crime Victimization Survey 2010. *The National Crime Victimization Survey. Crime Victimization Survey on Vulnerable Groups in Nigerian*. Lagos: Nigeria Statistics.
- Ndu, A. 2000. The Role of Family in Managing Indiscipline among Youths in Nigeria. *Journal of Counselling Psychology* 1,2: 45 – 51.
- Olson, D. & John DeFrain 2016. *Marriages in Families, Intimacy Diversity and Strengths*. 5<sup>th</sup> Edition. London: Springer.
- Schuler, S.R., S.M. Hashemi, A.P. Riley & S. Akhter 2007. Credit Programs, Patriarchy and Men's Violence against Women in Rural Bangladesh. *Journal of Social Science Medicine* 12: 1729 – 1742.  
[https://doi.org/10.1016/S0277-9536\(96\)00068-8](https://doi.org/10.1016/S0277-9536(96)00068-8)
- The World Report on Violence and Health 2002. Available at: [https://apps.who.int/iris/bitstream/handle/10665/42495/9241545615\\_eng.pdf?seq%09u](https://apps.who.int/iris/bitstream/handle/10665/42495/9241545615_eng.pdf?seq%09u)
- WHO 2019. *World Report on Violence and Health*. Geneva: World Health Organisation.
- UN 1993. *United Nations Declaration on the Elimination of Violence against Women*. California, USA: UNICEF.
- UN 2010. *United Nations Report on Violence against Women and the Vulnerable*. California, USA: UNICEF.
- Violence Prevention Alliance 2019. *Department of Violence and Injury Prevention and Disability*. Geneva: World Health Organization.
- Wang, T. 2015. *Violence against Women and its Impact on Sexually Transmitted Diseases*. New York: United Nations.
- Watts, C., S. Oslam & E. Win 2005. *Study of Violence in Southern Africa by Women in Law and Development in Africa*. Pretoria: University of South Africa.
- World Health Organization [WHO] 2020. *World Health Organization Concerned about Violence against Women in the Family*. New York: United Nations.

*Chiji Longinus Ezeji*

Chiji Longinus Ezeji  
Department of Criminology and Security Studies  
Caleb, University  
Imota, Lagos  
[chiji.ezeji@calebuniversity.edu.ng](mailto:chiji.ezeji@calebuniversity.edu.ng)  
[clezeji@gmail.com](mailto:clezeji@gmail.com)