

Evidence Accelerator Brief Series

Analysis of selected policies in Nigeria that promote the physical well-being of sexual violence survivors

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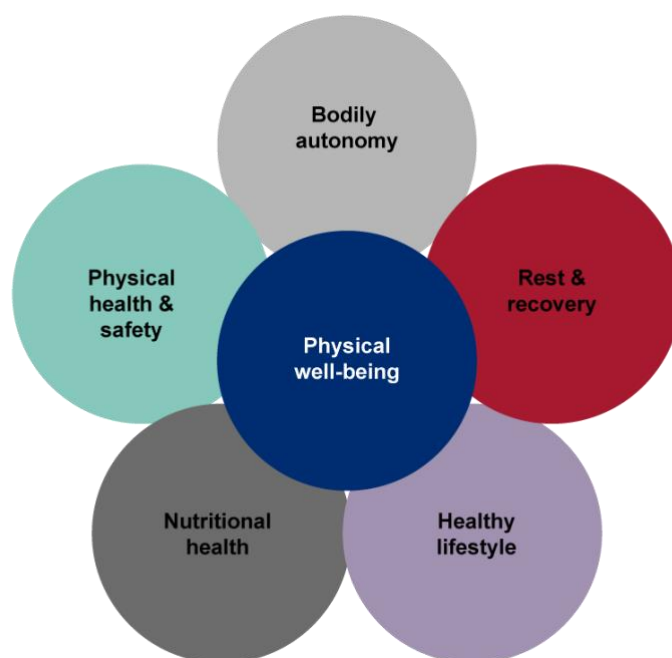
Gender/GBV Evidence Accelerator Fellowship Program
Johns Hopkins Center for Global Women's Health & Gender Equity

Why This Matters

- Nigeria continues to have an alarming occurrence of sexual violence, with over 27,000 recorded cases of sexual and gender-based violence (SGBV) between 2020 and 2023, including 1,150 fatal cases and over 9,600 open cases, as reported by the Federal Ministry of Women Affairs.¹ Approximately 9% of women aged 15 to 49 have experienced sexual violence during their lifetime.²
- Influenced by scarce rehabilitative systems, survivors are faced with a myriad of physical and mental challenges including infections, sexual dysfunction, depression and anxiety, feelings of guilt and self-blame, denial, dissociation, and stigmatization, which leave victims in pain and contribute to decreased well-being.³
- Ensuring the physical well-being of sexual violence survivors requires a multi-dimensional approach that addresses safety and security, medical care and recovery, reproductive and sexual health, pain management, rest, nutrition and hydration, hygiene and self-care, and bodily autonomy (Figure 1).
- The Violence Against Persons Prohibition (VAPP) Act of 2015 is considered the most comprehensive legislation in Nigeria to address various forms of violence, ensuring medical care, protection, and justice for survivors; however, it is currently up for repeal.
- A 2024 legislative bill sought to repeal the Act based on its ambiguity in definition of rape and consent, use of gendered language, and weak penalties for offenders.
- The proposed repeal of the VAPP Act threatens critical protections for the physical well-being of sexual violence survivors. Urgent analysis is needed to identify potential gaps and overlaps with other policies to ensure comprehensive coverage remain should the VAPP Act be repealed.

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Figure 1. Domains of physical well-being as identified by the World Health Organization⁴



Key Findings

This brief summarizes findings from an analysis of existing state policies and acts in Nigeria. The objective of this analysis was to better understand current protections for the physical well-being of sexual violence survivors under the VAPP Act (Box 1), and to compare the VAPP Act to other local policies, highlighting the implications of the VAPP Act's absence, should it be repealed.

Box 1. How the VAPP Act addresses physical well-being

The VAPP Act	Provides physical health and safety through protective orders, the right to lodge a complaint, incarceration of perpetrators, and immediate care for incurred injuries. Bodily autonomy is emphasized through the autonomous decision-making of the survivor's care; it details unrestricted access to information and comprehensive health and social care that extends to all areas of physical well-being, including nutrition, physical recovery, sexual and reproductive health services, psychosocial support, and more.
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There are significant gaps between what the VAPP Act ensures and the outlined protections in other acts and policies in Nigeria (Box 2). The repeal of the VAPP Act would leave sexual violence survivors inadequately supported, compromising their physical well-being.

Box 2. Selected acts and policies in Nigeria with their insufficiencies related to the physical well-being of sexual violence survivors

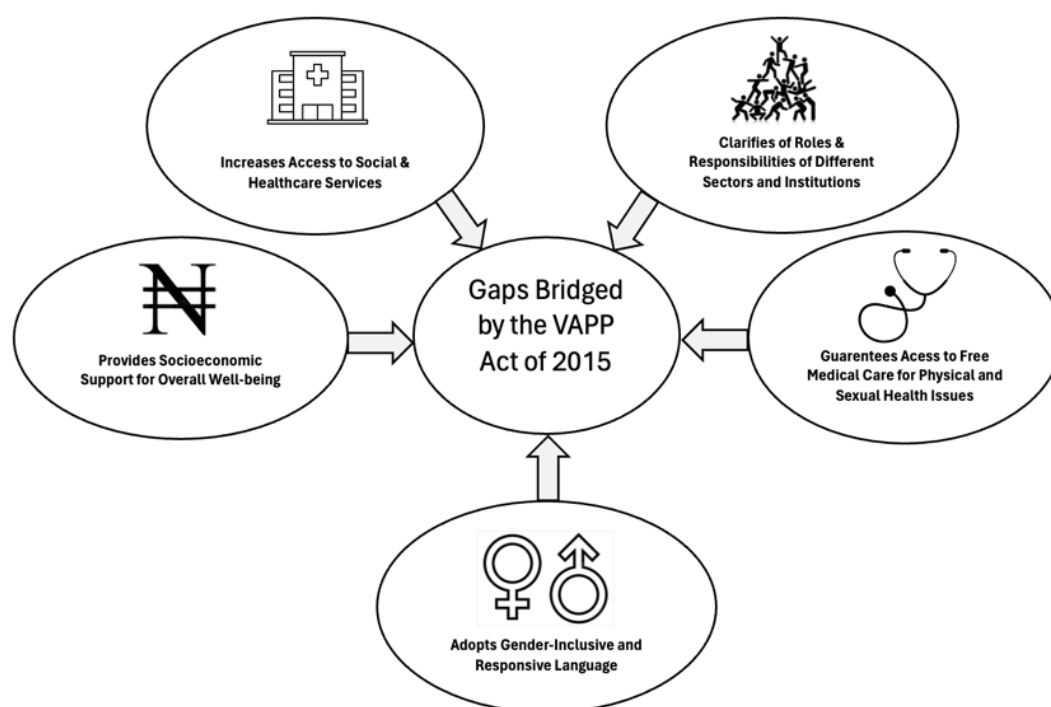
Act/Policy	Gaps
National Gender Policy (NGP) – 2021	The effectiveness of the NGP lies in its implementation and the coordinated efforts of multiple sectors. However, policy implementation is a major barrier given insufficient commitment from political leaders, weak institutional capacity, and inadequate funding. Therefore, there is a significant gap in policy formulation and actual practice, failing to meet the needs of survivors of sexual violence, including ensuring their physical well-being.
Child Rights Act – 2003	The Child Rights Act has little provision for the mental, physical, and social well-being of survivors and uses a gendered language that limits its effectiveness for male children. It also focuses mainly on criminalizing perpetrators without addressing other domains of physical well-being.
Criminal Code Act & Penal Code Act – 1999 Constitution as Amended	These acts (Penal Code for the North and Criminal Code for the South) feminize sexual violence. There is limited inclusion of male survivors and inadequate focus on promoting the physical well-being of all survivors. The act's promotion of physical well-being is focused mainly on incarceration of offenders with limited coverage for other aspects of well-being.
Trafficking in Persons (Prohibition) Enforcement and Administration Act – 2015	This act uses masculinized language for perpetrators and offers limited recognition of male survivors. It mostly focuses on sexual violence against minors. The act's support for survivor's well-being is wielded around investigating, protecting survivors by prosecuting offenders, and outlining survivor's entitlement to compensation and recovery, with recommendations for the establishment of counselling and rehabilitation. While certain domains of physical well-being are included, its provisions are inadequate.
National Action Plan (NAP) for the Implementation of United Nations Security Council Resolution 1325 (2017 – 2020)	The action plan focuses on crisis-induced SGBV but is unclear on the sectoral tasks and responsibilities in relation to survivors of crisis-induced SGBV.

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The VAPP Act promotes the physical well-being of survivors of sexual violence in ways that are not covered in other policies or acts, including by:

- **Increasing access to social and healthcare services** for survivors by adopting multisectoral responses.
- **Clarifying roles and responsibilities of different sectors and institutions** to ensure gender-responsive healthcare, legal protection, and support reintegration.
- **Guaranteeing access to free medical care** for physical and sexual health issues for survivors, including injury treatment and post-trauma care.
- **Adopting gender-inclusive and responsive language** through a general protection coverage for all survivors, irrespective of their gender, without bias or stereotyping.
- **Providing socioeconomic support for overall well-being**, including things that support rest, recovery, and nutrition.

Figure 2. Gaps Bridged by the VAPP Act of 2015



Implications of the Findings

- Other current policies and acts are not as comprehensive as the VAPP Act in promoting the physical well-being of survivors of sexual violence.
- If the VAPP Act is repealed, there will be major gaps in provision of care, potentially resulting in serious health consequences for the survivors.

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Action Steps

- Ensure policymakers do not repeal the VAPP Act. Collaborate with policy makers to make modifications to align the VAPP Act's provisions with the societal changes, including improved definitions of debated terms (i.e., rape, consent), rather than repealing it.
- Work with sexual violence service delivery agencies, security and judicial sectors, and violence-based organizations to advocate for improved awareness of the provisions of the VAPP Act, ensuring physical well-being is embedded in their care.

Methods

The objective of this analysis was to compare the VAPP Act to other policies in their promotion of physical well-being for sexual violence survivors, and to highlight the implications of the VAPP Act's absence, should it be repealed. This analysis employed a review of existing state policies and acts in Nigeria that address sexual violence, including the National Gender Policy (2021), Violence Against Persons (Prohibition) Act (VAPP Act, 2015), Child Rights Act (2003), Criminal Code Act (Southern Nigeria) / Penal Code Act (Northern Nigeria), Trafficking in Persons (Prohibition) Enforcement and Administration Act (2015), and the National Action Plan for Implementing UNSCR 1325. The analysis assessed how the selected policies support the five domains of physical well-being: physical health and safety, autonomy and reproductive rights, nutritional and physical recovery, adequate rest, stress management, and access to health and psychosocial services.

Suggested Citation:

Akinyemi AH, Kalbarczyk A, Wood SN, Williams A, Thomas HL, Decker MR. Analysis of selected policies in Nigeria that promote the physical well-being of sexual violence survivors. Johns Hopkins Center for Global Women's Health & Gender Equity and Oxfam Nigeria. Baltimore, USA and Abuja, Nigeria.

The Evidence Accelerators Program is supported by generous funding from the David and Lucile Packard Foundation.

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