

## A call for action: SGBV in the Lake Chad Basin crisis

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Sexual and gender based violence (SGBV) is a core - though often hidden - dimension of the protection crisis in the Lake Chad Basin. The humanitarian response has lagged far behind the needs, and there is a need to increase preventive measures and ensure a holistic response to survivors, taking into account not only short, but also longer term needs.

Boko Haram tactics have included the abduction of women and girls primarily for sexual abuse, forced marriages and labor, and the kidnapping of boys to join as fighters.<sup>1</sup> In Cameroon, women and girls reportedly make up the majority of some 1,000 persons abducted by Boko Haram since March 2014.<sup>2</sup>

Those who are able to escape Boko Haram captivity often face stigma and discrimination by their communities, and other barriers to reintegration.<sup>3</sup> Women and girls who were compelled to become wives of insurgents, often referred to as “Boko Haram women” or “Sambisa women” face social marginalization and are treated with suspicion that they may have been indoctrinated.<sup>4</sup>

Among displaced communities, the risk of SGBV has increased with the breakdown of family and community structures, changes in social and gender roles or responsibilities and increased socio-economic vulnerability. Humanitarian protection actors have observed a rise in harmful traditional practices, in particular forced and early marriage among displaced populations. In the Diffa region of Niger, a 2016 survey conducted by DRC found a prevalence of forced marriage in 26 of 42 sites assessed, and early marriage in 31.<sup>5</sup> Domestic violence is also on the rise.

While SGBV goes largely under-reported due to stigma and cultural taboos, there are reports of increased incidents among the displaced. In Nigeria, first assessments in the North East have identified over 7,000 survivors of SGBV<sup>6</sup> and a May 2016 protection sector assessment revealed that over half of internally displaced person (IDP) sites around Maiduguri reported cases of sexual exploitation and survival sex, including in exchange for food assistance and to gain freedom of movement in/out of camps.<sup>7</sup> Many also reported cases of rape, sexual abuse and sexual harassment.<sup>8</sup>

A UNFPA report published in September 2016 found that about half of sexual violence cases identified in Northeast Nigeria were due to Boko Haram insurgents, 23.7% were unknown and 17.8% were members of the police and armed forces.<sup>9</sup>

Further challenges are the prevalence of impunity for perpetrators of sexual violence in all affected countries and the need to strengthen legal frameworks and ensure access to justice. In Chad, SGBV tends to be resolved by traditional leaders without consideration for national laws punishing SGBV, and impunity prevails in most cases.<sup>10</sup>

Survivors and people at risk face significant challenges in accessing services, such as legal aid and psychosocial support. The capacity of local communities remains weak to effectively prevent and respond to SGBV incidents. Communities play a key role in identifying and responding to reintegration needs of survivors. Organizations and institutions capable of providing adequate support to survivors are also lacking.



Awa, a Nigerian refugee in Niger's Diffa Region, helps refugee girls and women to give birth in Sayam Forage camp. © UNHCR/Louise Donovan.

*“When girls get married as children, they always end up getting pregnant quickly – they have no choice in the matter,” says Awa. “As wives, they are expected to obey their husbands, but they have no time to grow up themselves. At 14 or 15 years old, the body is not ready, many pregnancies have terrible complications”.*

Early pregnancy often results in complications and may cause irreparable damage to the reproductive systems. Awa's own traumatic experience giving birth as a teenager changed her life, and has inspired her to assist many young mothers in her village and in the refugee camp.

## Facts and Figures

At least **7,000** girls and women have suffered from sexual violence perpetrated by Boko Haram since 2009.<sup>11</sup>

At least **8,000** children have been recruited and used by Boko Haram since 2009.<sup>12</sup>

Cameroon, Chad, Niger and Nigeria rank **among the top 20 countries in the world** with the highest rates of child marriage.<sup>13</sup>

The CJTF in Nigeria reportedly has around 26,000 members, including **many boys** between 10 and 18 years of age.<sup>14</sup>

In May 2016, **over half** of IDP sites assessed around Maiduguri reported cases of sexual exploitation and survival sex, including in exchange for food.<sup>15</sup>

SGBV incidents reported in Chad's Dar Es Salam refugee camp in 2016: **40%** physical assault, **27%** psychological abuse, **19%** rape or sexual assault, and **15%** forced and child marriage.<sup>16</sup>

**70% – 80%** of Nigerian IDP children are out-of-school, placing them at increased risk of SGBV, among other risks.<sup>17</sup>

**99%** of vulnerable households in North East Nigeria lack sufficient livelihood and **43%** are staying in open, makeshift shelters or abandoned buildings.

**97%** of SGBV survivors were women and girls in Cameroon in 2015<sup>18</sup>

## Key Challenges

- The protection sector remains underfunded, and SGBV needs far exceed the available response.
- Insecurity continues to impede humanitarian access to refugees, IDPs and other affected populations in some areas in all concerned countries.
- Many refugees and IDPs have been displaced multiple times, rendering continuity of assistance and support difficult and aggravating certain risk factors.
- Limited capacity of partners, local actors and other stakeholders.
- Challenges to maintaining the civilian and humanitarian character of refugee and IDP sites increases risks.
- Limited access to economic empowerment opportunities has contributed to the rise in negative coping mechanisms and harmful traditional practices.
- Health and other basic infrastructure remains inadequate to enable survivors to access quality national systems for prevention and response.
- A culture of impunity for perpetrators of SGBV prevails, due to gaps in legal frameworks, limited access to legal recourse and fear of reporting.



Dr. Rebecca Dali (middle) with some mothers of the Chibok girls, 6 May 2014. Photo: CCEPI

In 2017, Dr. Rebecca Samuel Dali, the President and CEO of the Centre for Caring, Empowerment, and Peace Initiatives (CCEPI) was awarded the Sergio Vieira de Mello award for her work in caring for women and children ; orphans, the most vulnerable populations in northeast Nigeria.

She has been instrumental in the integration of women who lived with Boko Haram despite resistance from the communities.

# Regional Protection Strategic Framework for the Lake Chad Basin 2017 – 2018: SGBV Chapter

## Regional Objectives

- 1 SGBV prevention is enhanced and the risks associated with SGBV are reduced.
- 2 SGBV survivors, including men and boys, can confidentially report incidents and have timely and non-discriminatory access to services and support, including medical, psycho-social, legal and material assistance, as well as safe spaces where needed.
- 3 SGBV survivors are able to seek a judicial remedy.
- 4 Women, girls, men and boys benefit from quality national systems for prevention of and response to SGBV.

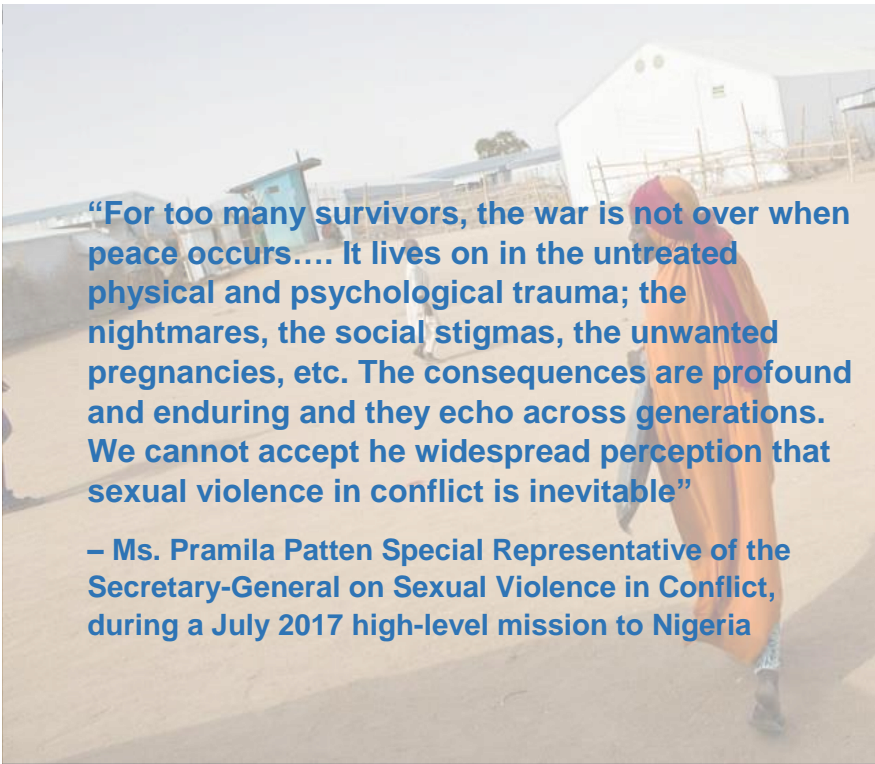
## Regional Priorities

- 1 Strengthen SGBV prevention and response mechanisms, including identification, referrals and multisectoral assistance.
- 2 Enhance training and awareness-raising among key stakeholders.
- 3 Improve the protection environment for women and girls through community-based protection measures.
- 4 Strengthen SGBV mainstreaming and ensure it is integrated in all aspects of the humanitarian response.

## Government Commitments in the Abuja Action Statement of June 2016

### Relevant Action Points

- Strengthen access to justice (Action 10)
- Conduct training and capacity building of all stakeholders on protection issues, including security forces (Actions 4 & 7)
- Strengthen identification of persons with specific needs, such as women and children at risk (Action 11)
- Improve multi-sectoral referral and response mechanisms (Action 12)
- Pay particular attention to the needs of children at risk, including those at risk of SGBV (Action 13)
- Ensure increased involvement of local communities and community-based organizations in the provision of support and services to most vulnerable groups (Action 14)
- Promulgate national legislation aimed at protection and increasing the involvement and engagement of affected populations (Action 15)



**“For too many survivors, the war is not over when peace occurs.... It lives on in the untreated physical and psychological trauma; the nightmares, the social stigmas, the unwanted pregnancies, etc. The consequences are profound and enduring and they echo across generations. We cannot accept the widespread perception that sexual violence in conflict is inevitable”**

**– Ms. Pramila Patten Special Representative of the Secretary-General on Sexual Violence in Conflict, during a July 2017 high-level mission to Nigeria**

**Abuja  
Action  
Statement**

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## Recommendations

- Call on all humanitarian and development actors, national authorities, donors and other actors to come together to scale up efforts to prevent and respond to SGBV across all sectors.
- Call on the Governments of Cameroon, Chad, Niger and Nigeria to implement their commitments in the Abuja Action Statement and on humanitarian and non-governmental actors to continue supporting them in line with national and regional protection strategies.
- Call on donors to strengthen support for short and long term SGBV prevention and response activities across all program sectors consistent with the IASC Guidelines for GBV interventions in Humanitarian Settings in order to ensure a comprehensive and integrated response to GBV in the affected areas.
- Call on all actors to ensure essential life-saving SGBV prevention and response activities are included in all emergency humanitarian appeals as well as early recovery, reconstruction and development planning, including in the context of return and reintegration planning for refugees and IDPs.
- Call on all actors involved in the response to ensure age, gender and diversity is mainstreamed into all sectors and strengthen intersectoral coordination.
- Call on humanitarian protection actors to strengthen coordination, data collection and information sharing mechanisms.
- Call for strengthened capacity-building of all actors involved in SGBV prevention and response.

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## Endnotes

- <sup>1</sup> Report of the Secretary-General on the situation in Central Africa and the activities of the United Nations Regional Office for Central Africa, UN Doc. No. S/2016/996, 28 Nov 2016, para. 28; Amnesty International estimates that more than 2,000 women and girls were abducted by Boko Haram between 2009 and 2015, many of whom were forced into marriage with Boko Haram fighters. Amnesty International, *Nigeria: 'Our Job Is to Shoot, Slaughter and Kill': Boko Haram's Reign of Terror in North East Nigeria*, 14 April 2015, p. 59.
- <sup>2</sup> International Crisis Group, *Cameroon: Confronting Boko Haram*, Report No. 241/Africa, p. 11.
- <sup>3</sup> See e.g. Report of the Special Rapporteurs on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, on the sale of children, child prostitution and child pornography and on contemporary forms of slavery, including its causes and consequences on their joint visit to Nigeria, UN Doc. No. A/HRC/32/32/Add.2, 16 June 2016, paras. 40-41; UNICEF, *Beyond Chibok*, April 2016, p. 5. International Crisis Group, *Nigeria: Women and the Boko Haram Insurgency*, Report No. 242/Africa, 5 Dec 2016; International Crisis Group, *Cameroon: Confronting Boko Haram*, Report No. 241/Africa, p. 20.
- <sup>4</sup> See e.g. UNICEF/International Alert, *Bad Blood*, 2016, p. 15. International Crisis Group, *Nigeria: Women and the Boko Haram Insurgency*, Report No. 242/Africa, 5 Dec 2016, p. 15.
- <sup>5</sup> DRC, *Rapport d'Evaluation Rapide de Protection*, Oct 2016, p. 9.
- <sup>6</sup> UNHCR, *Access to Justice Report*, June-Dec 2016, p. 1; UNHCR, *North East Nigeria Vulnerability Screening Report Round II*, June 2016, p. 2.
- <sup>7</sup> PSWG Nigeria, *Rapid Protection Assessment Report Borno, Nigeria*, May 2016.
- <sup>8</sup> Ibid. See also Human Rights Watch, *Nigeria: Officials Abusing Displaced Women, Girls*, 31 Oct 2016.
- <sup>9</sup> UNFPA, *Sexual and Gender-Based Violence Assessment in North East Nigeria*, Sept 2016, p. 2.
- <sup>10</sup> UNHCR, *SGBV Strategy 2012-2016: Chad*, p. 2.
- <sup>11</sup> The UN estimates that at least 7,000 girls and women have suffered from sexual violence perpetrated by Boko Haram since 2009, including following abductions and during forced marriage. UN Security Council, *Report of the Secretary-General on children and armed conflict in Nigeria*, 10 April 2017, S/2017/304, para. 54.
- <sup>12</sup> Estimates indicate that at least 8,000 children have been recruited and used by Boko Haram since 2009. UN Security Council, *Report of the Secretary-General on children and armed conflict in Nigeria*, 10 April 2017, S/2017/304, para. 29.
- <sup>13</sup> Child marriage prevalence is the percentage of women 20-24 years old who were first married or in union before they were 18 years old (UNICEF State of the World's Children, 2016). Cameroon 38%; Nigeria 43%; Chad 68%; Niger 76%. See *Girls Not Brides*.
- <sup>14</sup> UN Security Council, *Report of the Secretary-General on children and armed conflict in Nigeria*, 10 April 2017, S/2017/304, para. 29.
- <sup>15</sup> PSWG Nigeria, *Rapid Protection Assessment Report Borno, Nigeria*, May 2016.
- <sup>16</sup> UNHCR, *2016 Annual Report on SGBV Incidents Among Refugees in Chad*, p. 21.
- <sup>17</sup> Estimation of the Nigeria inter-agency Education Working Group, April 2017.
- <sup>18</sup> *Stratégie nationale du secteur protection au Cameroun 2016 – 2017*, p. 12.