

ISSUE BRIEF:

Gender-Based Violence (GBV) Prevention and Advocacy in Kwara State

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Brain Builders Youth Development Initiative (BBYDI) empowers young people through education, advocacy, and digital innovation, driving social change, promoting good governance, combating gender-based violence, and fostering inclusive development.

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Global Director: Abideen Olasupo

Executive Director: Nurah Jimoh-Sanni

Lead Researcher: Taibat Hussain

Director of Communication: Sanni Alausa-Issa

Visualization: Emmanuel Blessing Ajibola

Email: brainbuilderedu@gmail.com

Phone Number: 07068775529, 08168583387

Address: 14, Station Road, GRA, Ilorin, Kwara State, Nigeria.

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About Brain Builders Youth Development Initiative (BBYDI)

The Brain Builders Youth Development Initiative (BBYDI) is a Nigerian-based non-governmental organization dedicated to empowering youth and driving social change across West Africa. Headquartered in Nigeria, BBYDI operates at the local, national, and regional levels, engaging communities through education, advocacy, and technology-driven solutions. With its strategic base in Nigeria, the organization collaborates with local stakeholders, traditional leaders, and international partners to address critical issues such as gender-based violence, ensuring that innovative and sustainable interventions reach vulnerable populations throughout the region.

BBYDI is at the forefront of combating gender-based violence (GBV) through a multifaceted approach. Key initiatives include:

1. developing an AI-powered chatbot '**HerSafeSpace**' to counter technology-facilitated GBV, provide real-time psychosocial support, and educate diverse groups on digital safety and rights.
2. BBYDI has also deployed **StampOutGBV** champions to 50 secondary schools in Kwara, Osun, and Niger, and played a role in advocating for the passage of the Violence Against Persons Prohibition (VAPP) law in these states.

In addition to digital innovations, BBYDI actively engages traditional leadership by visiting all First-Class Traditional rulers in Kwara and training over 150 traditional rulers across rural communities in three senatorial districts, which led to the co-creation of a GBV prevention toolkit. Their outreach extends to a weekly radio program that employs storytelling to challenge GBV norms, and the Safernet Initiative, which focuses on online safety, cyberbullying prevention, and community outreach. Globally, BBYDI has represented Nigeria at the Global AI Action Summit in Paris (<https://www.thecable.ng/ngo-unveils-project-combat-online-gbv/>), contributing to the Laboratory for Women's Rights Online and showcasing HerSafeSpace as an innovative solution to combat online gender violence.

Executive Summary

This issue brief highlights the urgent need for stronger GBV prevention and advocacy for women and girls in Kwara State, where high rates of domestic violence, sexual assault, spousal abuse, and online harassment against women and girls persist despite existing legal frameworks such as the Violence Against Persons Prohibition (VAPP) Law. The objective of this brief is to assess the prevalence and impact of GBV in the state, identify key challenges including weak enforcement, cultural norms that perpetuate violence, and inadequate survivor support and propose actionable strategies for prevention and response. Women and girls remain the most affected, facing physical, emotional, and sexual violence, with limited access to justice and essential services. Addressing these challenges requires a multi-stakeholder approach, including stronger government commitment, increased funding for survivor support services, and enhanced community engagement. Traditional rulers, civil society organizations, and law enforcement must collaborate to raise awareness, advocate policy reforms, and ensure better enforcement of GBV laws. Sustainable solutions, including economic empowerment for women, expanded GBV response infrastructure, and digital safety initiatives, are essential to fostering a safer and more equitable society in Kwara State.

“Addressing these challenges requires a multi-stakeholder approach...”

Introduction



The term gender-based violence (GBV) encompasses various forms of abuse directed at individuals based on their gender.¹ GBV refers to harmful acts directed at individuals or groups based on their gender.² It is rooted in gender inequality, power imbalances, and harmful social norms. It is recognized as a persistent concern that affects different age groups and social strata, with reports indicating that both men and women may be involved as perpetrators or survivors.⁴ Cultural norms,³ economic factors, and social structures can play a role in shaping the dynamics of GBV, leading to multiple manifestations such as emotional, physical, and sexual forms of abuse in urban and rural settings.⁵

GBV remains a critical global issue, affecting millions of women worldwide. Current statistics indicate that approximately 1 in 3 women have experienced physical and/or sexual violence in their lifetime,⁶ which translates to around 736 million women globally.⁷ Specifically, 35% of women have faced intimate partner violence or non-partner sexual violence,⁸ while 7% have been victims of sexual assault by someone other than a partner.⁹ Furthermore, intimate partners are

responsible for nearly 38% of all murders of women, highlighting the severe risks associated with GBV.¹⁰ The World Health Organization notes that the prevalence of intimate partner violence varies by region, with rates ranging from 20% in high-income countries to as high as 33% in some areas of Africa and Southeast Asia.¹¹ These staggering figures underscore the urgent need for effective prevention and response strategies to combat GBV on a global scale. Study indicates that 1 in 3 women in Nigeria have experienced some form of violence,¹² with approximately 6,142 cases reported between January and May 2024 alone.¹³ Overall, there have been 43,248 reported GBV cases to date, including 2,097 fatal incidents.¹⁴ While GBV remains a national and global issue, it is also a significant concern in Kwara State, with alarming statistics highlighting its prevalence. Over the past year, the Kwara State Command of the Nigeria Security and Civil Defence Corps (NSCDC) recorded 159 cases of GBV, including 76 cases of domestic violence, 58 cases of abandonment of responsibility, 11 cases of sexual abuse and rape, as well as other forms of violence such as threats to life.¹⁵

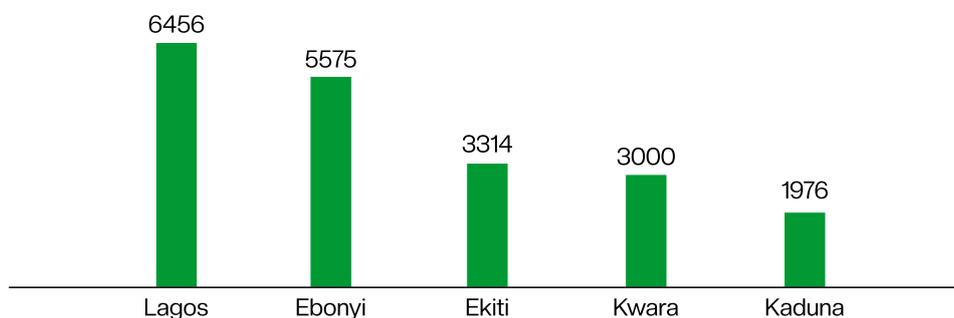
However, a recent report by Invictus Africa (2024) reveals that Kwara State ranks among the top five states with the highest prevalence of GBV in Nigeria. The data shows that out of 36 states, Kwara recorded 3,000 cases, placing it fourth on the list, behind Lagos (6,456 cases), Ebonyi (5,575 cases), and Ekiti (3,314 cases), while Kaduna ranked fifth with 1,976 cases.¹⁶ This widespread violence not only affects women and girls but also undermines broader efforts to achieve gender equality and social stability in the state. The objective of this brief is to assess the prevalence, impact, and challenges of GBV in Kwara State and propose actionable strategies that enable traditional rulers to play a more effective role in its prevention, response, and advocacy.

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Critical Issues of Concern Regarding GBV in Kwara State

Violence During Pregnancy:

One particularly concerning aspect of GBV in Kwara is violence during pregnancy, which has been documented among expectant mothers. Studies and community reports indicating that such abuse often occurs within intimate relationships, influenced by power imbalances and certain cultural beliefs. Report reveals that among women aged 15-49 who have ever been pregnant, 4.1% in Kwara have experienced physical violence during pregnancy. This rate is notably higher than in several other regions, including Katsina at 0.5%, Bayelsa at 1.0%, Jigawa and Kano at 0.0%, and Osun at 1.7%, yet it remains slightly lower than the national average of 5.5%.¹⁷ Though this is slightly lower than the national average of 5.5%, it highlights the need for greater attention to the issue in Kwara State, where cultural and societal factors may continue to influence the rates of violence during pregnancy.

Physical Violence

remains of the most common manifestation of gender-based abuse, with numerous reports documenting acts such as slapping, punching, kicking, and other forms of bodily aggression. This type of violence is deeply embedded in local cultural norms and patriarchal attitudes that can normalize such behaviour within domestic settings. According to NPC, 42.5% of women aged 15–49 in Kwara have experienced physical violence since the age of 15, a rate significantly higher than that reported in other states, Jigawa at 4.4%, Nasarawa at 19%, Sokoto at 8.6%, Delta at 33.5%, Oyo at 17.1%, and Lagos at 25.7%, and exceeding the national average of 31.0%.

Sexual Violence:

This remains a critical component of GBV in the state, with research indicating that many women face unwanted sexual acts, coercion, and other forms of sexual abuse. Data collected in the region reveal the involvement of various perpetrators, including intimate partners, family members, and acquaintances, highlighting the complex social dynamics at play. Statistics indicate that 3.6% of women aged 15-49 in Kwara State have experienced sexual violence, a figure higher than in FCT-Abuja (3.0%), Kano (3.1%), Kebbi (0.4%), and Ogun (1.3%) Perpetrators of sexual violence in the region often operate with relative impunity. Social stigma, fear of retribution, and systemic challenges within the justice system discourage victims from coming forward. As a result, many offenders remain unidentified or unpunished, perpetuating a cycle of violence that further endangers women and erodes trust in legal and support institutions. Study reveals a disturbing breakdown of the sources of sexual violence. A significant 74.0% of women who experienced sexual violence identified a member of their own family as the perpetrator, while 27.6% pointed to someone from their husband/partner's family. Other categories include 11.5% for boyfriends, 11.2% for friends, and 9.7% for neighbours. Lower percentages were reported for religious leaders (2.1%), police (0.5%), doctors/medical personnel (0.4%), social work organisations (0.1%), and other perpetrators (1.1%), with only 1.3% identifying their husband/partner directly and no cases attributed to lawyers. These figures underscore the complexity of sexual violence, particularly given the prevalence of abuse within close-knit social and familial circles.

Spousal Violence:

The spousal violence by husbands or partners is a significant issue, with many women enduring physical, emotional, and sexual abuse within their marriages. These acts of violence can be traced to deeply rooted patriarchal beliefs that normalize power imbalances, enabling abusive behaviours to persist in households. As a result, survivors often face limited avenues for seeking help or escaping the violence. According to NDHS (2018), 34.2% of ever-married women aged 15-49 in Kwara have experienced emotional violence, 26.4% have faced physical violence, and 2.7% have encountered sexual violence by their current or most recent husband/partner. Nationally, these figures stand at 31.7% for emotional

violence, 19.2% for physical violence, and 7.0% for sexual violence. Women in Kwara frequently experience a combination of emotional, physical, and sexual violence. For instance, a combined total of 36.5% of women in Kwara have experienced at least one form of violence whether physical, sexual, or emotional compared to 36.2% at the national level. This multifaceted violence not only causes immediate harm but also contributes to long-term psychological trauma and a diminished quality of life for survivors. The overlapping nature of these abuses makes recovery particularly difficult, as survivors must navigate a complex web of interrelated challenges arising from their experiences. These issues necessitate urgent interventions to support survivors and break the cycle of violence.

Forms of Spousal Violence

Physical Violence

- Pushed her, shook her, or threw something at her
- Slapped her
- Twisted her arm or pulled her hair
- Punched her with his fist or with something that could hurt her
- Kicked her, dragged her, or beat her up
- Tried to choke her or burn her on purpose
- Threatened her or attacked her with a knife, gun, or other weapon

Sexual Violence

- Physically forced her to have sexual intercourse with him when she did not want to
- Physically forced her to perform any other sexual acts she did not want to
- Forced her with threats or in any other way to perform sexual acts she did not want to

Emotional Violence

- Said or did something to humiliate her in front of others
- Threatened to hurt or harm her or someone she cared about
- Insulted her or made her feel bad about herself.

Source: NDHS 2018

Justifying beating of wives:

A troubling issue in Kwara State is that both men and women often justify the beating of wives, which reflects a deeply rooted cultural acceptance of domestic violence. This normalization not only perpetuates harmful stereotypes but also creates an environment where abuse is viewed as a form of discipline rather than a severe violation of human rights. Such attitudes undermine efforts to promote gender equality and protect women from violence. Data shows that in Kwara State, a significant percentage of women who believe a husband is justified in beating his wife cite reasons such as going out without informing him (5.7%), neglecting the children (8.5%), arguing with him (14%), refusing sex (21.4%), or burning the food (14.2%). Moreover, a worrying percentage of men in Kwara also hold similar beliefs that violence against wives is acceptable in specific situations. For example, 2.7% of men think beating a wife is justified if she goes out without telling him, while 4.4% view it as warranted if she neglects the children, and 26.2% believe that a husband is justified in beating his wife for refusing sex.¹⁸ This pervasive cultural acceptance of spousal violence not only impedes progress toward gender equality but also undermines ongoing efforts to protect women from abuse.

Child marriage:

Child marriage remains a prevalent issue in Kwara State, despite ongoing efforts to combat the practice. In many rural and underserved areas of the state, deeply ingrained cultural practices and socio-economic factors contribute to its continued occurrence. Poverty, limited access to education, and traditional beliefs often lead families to marry off their daughters at an early age, with the perception that it secures

their future and alleviates economic burdens. The state government raised the minimum age of marriage to 18 years and implementing the Child Rights Act passed in 2007. These legislative measures protect the rights of girls and ensure they have the opportunity to pursue education and personal development. Despite this, 10.0% of girls aged 15-19 in Kwara are married or in a union before age 15, which is higher than the 8.3% reported in the North Central region but lower than the national figure of 12.2%. While efforts to reduce child marriage are ongoing, significant challenges remain. Among women aged 20-24, 17.8% in Kwara were first married or in a union before age 18, compared to the national rate of 30.3%.¹⁹

Female Genital Mutilation (FGM):

The Female Genital Mutilation (FGM) continues to be a harmful traditional practice in parts of Kwara State, contributing significantly to the broader spectrum of gender-based violence. Despite concerted national and international efforts to eradicate FGM, its persistence in certain communities undermines the physical and psychological well-being of women and girls. This practice is deeply intertwined with cultural norms and continues to pose a formidable barrier to achieving full gender equality. The prevalence figures starkly illustrate this issue: among women aged 15-49, 58.3% in Kwara have undergone some form of FGM, compared to just 15.1% at the national level.²⁰ Similarly, the practice affects younger generations, with 35.0% of daughters aged 0-14 in Kwara reported to have undergone FGM, in contrast to just 8.2% nationally.²¹ These statistics highlight the urgent need for targeted interventions and culturally sensitive strategies to address and ultimately eliminate FGM in the region.

Poor GBV reporting culture:

The poor reporting of specific individuals who commit acts of GBV is a critical issue in Kwara State. Survivors often hesitate to name their abusers due to fear of backlash, social ostracism, or further victimization. According to the NDHS (2018) on ever-married women in Nigeria who experienced sexual violence further highlights the problem. Among these survivors, 64.8% reported their current husband or partner as the perpetrator, while 18.4% identified a former husband or partner. Other reported perpetrators include current or former boyfriends (6.6%), father or stepfather (0.9%), brother or stepbrother (0.9%), other relatives (2.8%), and in-laws (0.6%). Similarly, 4.7% of survivors named an own friend or acquaintance, 0.8% a family friend, and 0.5% a teacher. This reluctance to report not only distorts the data on the true prevalence of GBV but also hampers the ability of authorities to hold perpetrators accountable. Without clear identification of the abusers, legal and support institutions struggle to implement effective measures to deter future violence and to offer justice to survivors. A 2023 Womanity Index report highlights the severity of this problem, revealing that out of the 37 reported cases of GBV, only 5% have been successfully closed, while 19% remain open and under investigation.²² The remaining cases either lack sufficient evidence, are withdrawn by survivors due to external pressures, or are indefinitely stalled in the legal system.

As a result of this inefficiency, many individuals in Kwara State turn to informal justice systems instead. A recent survey found that 26.3% of respondents prefer seeking justice through traditional or religious leaders rather than formal legal channels.²³ This reliance on alternative dispute resolution mechanisms reflects deep-seated distrust in the formal judicial process, as well as the perception that informal systems provide quicker resolutions, albeit often without adequate protection for survivors or the enforcement of legal consequences for abusers.

GBV in Schools:

There serious concern about the GBV affecting adolescents and adults alike. Studies conducted in Ilorin have revealed that GBV is prevalent among secondary school students, with at least one form of GBV experienced by 89.1% of public-school students and 84.8% of private school students.²⁴ Psychological violence is the most common type of GBV experienced, while sexual violence is also significant.²⁵ Factors such as being in a relationship and having a history of parental violence increase the likelihood of experiencing sexual and psychological violence. Research indicates that poverty, illiteracy, and gender discriminatory norms are major contributors.



Online GBV in Kwara:

Online GBV in Kwara State has emerged as a pressing issue, particularly with the increasing use of social media platforms. As internet access expands, forms of Internet Facilitated Gender-Based Violence (IFGBV) such as cyberbullying, stalking, doxxing, and non-consensual pornography have become prevalent. In Nigeria, 23.9% had harassed someone electronically, 39.8% had been victimized, and 21.0% were both victims and perpetrators.

Research indicates that the rise in social media usage has inadvertently created a breeding ground for various manifestations of online violence against women. Perpetrators often exploit these platforms to target victims using false identities and social engineering tactics, leading to significant psychological trauma and social isolation for survivors and luring into physical meetings for evil acts. A recent tragic incident involved a young final-year student from the Ilorin College of Education, who was lured into a physical meeting by a young man she met on Facebook. This encounter ended fatally, indicating the severe risks associated with online interactions.²⁶ Such cases are not isolated; they reflect a broader trend where individuals, particularly women and girls, are increasingly vulnerable to manipulation and violence through digital channels. The anonymity afforded by the internet allows perpetrators to evade accountability, making it imperative for communities to address the dangers posed by online platforms.

Poor funding and infrastructure:

In 2025, the Kwara State government allocated N10 million for the support and grant programs aimed at assisting gender-based violence (GBV) survivors, including funding for both Sexual Assault Referral Centres (SARCs). This budget covers essential needs such as the purchase of forensic kits and other consumables necessary for evidence collection and survivor support. However, this allocation represents a 29% reduction from the N33

million designated for GBV-related activities in the 2024 fiscal year.²⁷ The previous year's budget was divided across two key activities: the renovation and furnishing of the situation room and shelter for GBV cases at Aderemi Close, GRA, Ilorin, and the provision for sexual and gender-based violence (SGBV) activities and programs through the Office of Her Excellency. The sharp decline in funding raises concerns about the government's commitment to strengthening GBV response mechanisms and could hinder ongoing efforts to protect survivors and bring perpetrators to justice. The impact of this funding reduction is evident in the limited infrastructure available for GBV response across the state. Out of the 16 Local Government Areas (LGAs) in Kwara, the state only has one Family Support Unit (FSU), one active shelter, and one active Sexual Assault Referral Centre (SARC) to serve the entire population.

Poor Awareness:

Lack of awareness remains a significant barrier to addressing gender-based violence (GBV) in Kwara State. While legal frameworks exist to combat GBV, their impact is limited when the public is not adequately informed about them. Survey findings indicate that 55.9% of respondents are aware of these laws, suggesting that nearly half of the population remains uninformed about legal protections and avenues for seeking justice. Despite this, 59.8% of those aware perceive the laws as effective, highlighting a gap between awareness and implementation. Without widespread knowledge of these legal provisions, many survivors may be unable to access the justice and support services they need. Also, 60% of respondents reported not knowing of any GBV-related information, education programs, or materials in the state.²⁸ This lack of awareness severely limits efforts to prevent GBV, as individuals may not recognize abusive behaviours, understand their rights, or know where to seek help. Without targeted awareness campaigns and educational initiatives, the effectiveness of existing laws and support structures remains undermined.

Consequences of GBV

Impact on Survivors:

GBV inflicts profound physical, emotional, and psychological wounds on survivors, significantly impacting their overall well-being and quality of life. Research indicates that survivors often experience a range of mental health issues, including depression, anxiety, and post-traumatic stress disorder (PTSD). For instance, a study highlighted that GBV has long-term devastating effects on psychological health, resulting in various mental health symptoms that can hinder survivors' ability to connect with themselves and others.²⁹ The overlapping nature of these abuses complicates recovery efforts, as survivors frequently confront interrelated challenges stemming from their traumatic experiences. The physical injuries sustained during incidents of violence can also lead to chronic health issues, further exacerbating the emotional toll on survivors. Women subjected to intimate partner violence during pregnancy face a significantly higher risk of adverse outcomes, including a 1.84 times greater likelihood of preterm birth and a 2.73 times higher chance of delivering a low birth weight infant.³⁰

The economic instability faced by GBV survivors is another critical aspect of their recovery journey. Many women who experience violence may find themselves unable to work due to physical injuries or psychological trauma, leading to financial dependence on their abusers. A study conducted in Sub Sahara Africa found that exposure to intimate partner violence was significantly associated with health complications such as hypertension, which can further limit a survivor's ability to gain employment and achieve financial independence.³¹

Economic Consequences of GBV:

Survivors of GBV often face immediate and long-term financial challenges. Medical expenses for treating physical injuries and psychological trauma can be substantial, leading to increased out-of-pocket spending. A study by the International Monetary Fund (IMF) highlighted that violence against women results in a significant drop in female employment, thereby reducing household income and exacerbating poverty levels.³² Moreover, the trauma associated with GBV can hinder survivors' ability to maintain employment or pursue educational opportunities, further limiting their economic prospects. In Nigeria, research indicates that women who have experienced intimate partner violence are more likely to face job insecurity due to absenteeism and decreased productivity.³³ At the community level, GBV undermines economic development by restricting women's participation in the workforce. The IMF's research on sub-Saharan Africa found that countries with higher rates of violence against women experience slower economic growth, partly due to the reduced labour force participation of women.³⁴

Furthermore, the economic burden extends to increased healthcare costs, legal expenses, and social services required to support survivors. A World Bank analysis emphasized that GBV impedes gender equality and the achievement of a range of development outcomes, as experiencing violence precludes women from contributing effectively to economic activities.³⁵

Impact on Families:

GBV profoundly impacts families, creating ripples that affect not only the survivors but also their loved ones. When a family member experiences violence, the entire family dynamic shifts, often resulting in emotional and psychological strain for all involved. Children exposed to GBV, whether as direct victims or witnesses, are particularly vulnerable. Studies show that children who grow up in violent homes are more likely to develop anxiety, depression, and emotional regulation issues. They may also internalize the normalization of violence, increasing the likelihood of perpetuating or experiencing abuse in adulthood. As noted by the United Nations Population Fund (UNFPA), "Children who witness violence in the home may grow up feeling insecure, develop anxiety, or struggle with emotional regulation," perpetuating a cycle of intergenerational trauma.³⁶

Survivors often face challenges maintaining employment due to physical injuries or mental health struggles, leading to financial strain that affects the entire household. This economic instability can hinder children's access to education and development opportunities, limiting their future potential. Meanwhile, secondary trauma is common among other family members, such as partners or siblings, who may feel helpless or guilty for being unable to prevent the violence. According to Safe and Equal, "Family violence can disadvantage a person's income, employment, education, housing security and general participation in social and civic life," demonstrating how GBV disrupts not only personal well-being but also broader family stability.³⁷

Disrupting Social Harmony and Community Development:

GBV disrupts social harmony and hinders community development by creating an atmosphere of fear and mistrust.^{38,39} The high prevalence of GBV undermines social cohesion, as communities grapple with weakened collective efficacy, where individuals feel less capable of working together to address shared challenges.⁴⁰ For example, when a significant portion of the population acknowledges that spousal beating and battering are common practices, it normalizes violence and erodes the sense of safety and mutual respect necessary for community progress. The impact of armed conflict on GBV also has long-term repercussions on the physical, mental, and emotional health of women.⁴¹ GBV influences not only the individuals directly affected but also their families and communities, creating transgenerational consequences.⁴² The cumulative effect of Gender-based violence has substantial deleterious impacts on the physical and psychological welfare of individuals given their cumulative, ongoing, and pervasive nature.⁴³

Impact on Education:

GBV undermine academic potential and well-being of students, particularly girls. The prevalence of GBV in educational settings creates an unsafe environment that discourages attendance and participation. The repercussions of such violence are profound. Students subjected to GBV often exhibit decreased academic performance, increased absenteeism, and a higher likelihood of dropping out.⁴⁴ The trauma associated with GBV can lead to mental health issues such as anxiety, depression, and post-traumatic stress disorder, further hindering educational attainment.⁴⁵ A study focusing on Northern Nigeria highlighted that violence in a child's formative years has far-reaching consequences on their physical, mental, sexual, and emotional well-being, which in turn adversely affects their educational opportunities.⁴⁶

Moreover, the presence of GBV within schools fosters an environment of fear and insecurity, particularly among female students. This atmosphere can deter active participation in class and extracurricular activities, limiting students' educational experiences and personal development. The societal stigma associated with GBV further exacerbates the issue, as victims may feel isolated or unsupported, leading to reluctance in reporting incidents or seeking help.

“ When the girl child is assured of protection from harm, her attitude towards going to school to learn will change because she is sure that she is protected and her security is guaranteed.”

*Ms. Nurah Jimoh-Sanni,
Executive Director at BBYDI's*



The Need for Advocacy and Prevention

GBV is not a private issue but a societal problem that requires collective action. Advocacy and prevention efforts are critical in addressing the root causes of GBV and fostering an environment where survivors receive justice and support. In Kwara State, there are several policies and legal frameworks aimed at combating GBV and protecting vulnerable populations. One of the most significant pieces of legislation is the Violence Against Persons Prohibition (VAPP) Law, enacted in 2020. This law aims to eliminate all forms of violence against persons, including physical, sexual, verbal, and psychological, or economic abuse. It provides comprehensive definitions of various forms of GBV (e.g. rape, stalking, intimidation, spousal battery, harmful traditional practice, female circumcision or genital mutilation prohibited, etc.) and outlines penalties for offenders, ensuring that victims receive maximum protection and effective remedies. Notably, the state VAPP Law includes provisions for the establishment of a sexual offender register, as specified in Section 1(4), which aims to monitor and manage offenders to prevent recidivism.⁴⁷

In addition to the VAPP Law, the Kwara State Child Rights Law was passed into law in 2007.⁴⁸ This legislation domesticated the federal Child Rights Act of 2003, which itself was based on international conventions such as the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child. Section 274 of the Kwara State Child Rights Law defines a child as any person under the age of 16, providing a framework for protecting children from abuse, neglect, exploitation, and violence.⁴⁹ The law encompasses provisions for children's rights to survival, development, protection, and participation. It prohibits harmful

practices such as child labour, early marriage, and physical or emotional abuse. Furthermore, in March 2023, the Kwara State government reaffirmed its commitment to implementing this law by inaugurating a Child Rights Implementation Committee (CRIC) to oversee its enforcement across the state's 16 local government area.⁵⁰

Moreso, the Nigerian Penal Code, applicable in northern Nigeria, as applicable in Kwara state contains several provisions relevant to addressing GBV in Kwara State. One of which is sections is Section 282, which defines the offense of rape. According to this provision, "A man is said to commit rape who, except in the case referred to in subsection (2) of this section, has sexual intercourse with a woman in the following circumstances: (a) against her will; (b) without her consent; or (c) with her consent when the consent has been obtained by putting her or any person in fear of death or of hurt."⁵¹ This legal framework provides essential protection for victims of sexual violence and establishes clear penalties for offenders. Also, Section 283 addresses the issue of sexual assault, specifying that any person who unlawfully and indecently deals with a girl under the age of 16 years is guilty of a felony and liable to imprisonment for a term not exceeding seven years. This provision is crucial in safeguarding minors from sexual exploitation and abuse. The Penal Code also includes provisions against other forms of violence, such as Section 244, which criminalizes causing bodily harm, and Section 245, which addresses grievous hurt.⁵² These sections collectively contribute to a legal framework aimed at combating GBV by holding perpetrators accountable and providing a basis for legal recourse for victims.

Similarly, the Cybercrimes (Prohibition, Prevention, Etc.) Act, 2015 as amended contains several provisions relevant to addressing online gender-based violence (OGBV) in Kwara State. Key sections include Section 24, which criminalizes cyberstalking, cyberbullying, blackmail, extortion, and revenge porn. This section specifically targets the use of computer systems or networks to bully, threaten, or harass individuals, particularly when such actions induce fear of death, violence, or bodily harm. Violators may face up to 10 years in prison and/or a minimum fine of N25 million. Similarly, Section 23 prohibits online sexual solicitation of children, making it illegal to engage in sexually oriented communication with minors, especially for the purpose of arranging offline encounters. Offenders face a maximum prison sentence of 10 years and a fine of up to N15 million, with harsher penalties if coercion, inducement, or threats are involved.⁵³

The Act also addresses cyberbullying, online harassment, identity theft, impersonation, and child pornography. While it does not explicitly mention the non-consensual dissemination of intimate images (NCII), its provisions can be applied to such cases, recognizing NCII as a form of technology-facilitated gender-based violence (TFGBV). Section 26 further criminalizes racist or xenophobic comments, imposing penalties of up to five years in prison or a fine for promoting hate, discrimination, or violence based on race, ethnicity, or nationality. These provisions are reinforced by Nigeria's Constitution, which upholds fundamental human rights, including dignity, privacy, and protection from discrimination. The Violence Against Persons Prohibition (VAPP) Act of 2015 also complements the Cybercrimes Act by safeguarding individuals from emotional, verbal, and psychological abuse, stalking, and intimidation.⁵⁴

Despite the existence of various legal frameworks and policies against GBV in Kwara State and Nigeria as a whole, several challenges hinder effective implementation. One of the primary issues is the inadequate enforcement of existing laws. While the Violence Against Persons Prohibition (VAPP) Act and other relevant legislation provide comprehensive measures to address GBV, their implementation remains uneven across different states. Many local governments lack the necessary resources and training to enforce these laws effectively. For instance, police officers often receive insufficient training on handling GBV cases sensitively, leading to inadequate responses when victims seek help. A report highlights that "the judiciary is sometimes slow in prosecuting offenders," which prolongs the suffering of victims and discourages others from coming forward to report incidents of violence.⁵⁵

Cultural and societal norms also pose significant barriers to addressing GBV. Deep-rooted beliefs that perpetuate gender inequality make it difficult to change attitudes toward violence against women. In many communities, domestic violence is viewed as a private matter, leading to reluctance among community members to intervene or report such cases. This cultural backdrop contributes to a climate of silence around GBV, where victims may feel ashamed or fearful of social stigma if they speak out. As noted by Dr. Abiola Akiyode-Afolabi, "There should be continuous review of the existing policies and laws on GBV in order to accommodate best practices".⁵⁶ Also, economic dependence on abusers further complicates the situation, as many women who experience violence find it challenging to leave abusive relationships due to financial constraints.



The lack of shelters and support services for survivors exacerbates these challenges, leaving victims with few options for safety and recovery. Furthermore, corruption within law enforcement agencies can obstruct justice for victims, as some may encounter bribery or bias when seeking legal recourse.⁵⁷ Overall, addressing these challenges requires a multi-faceted approach that includes enhancing legal enforcement mechanisms, changing societal attitudes through education and awareness campaigns, and providing adequate support services for survivors of GBV.

Another significant challenge in addressing in the state is the weak coordination and collaboration among various stakeholders, including government agencies, civil society organizations (CSOs), traditional rulers, religious leaders, students, and women's groups. Each of these entities plays a crucial role in combating GBV, yet their efforts often operate in silos, leading to fragmented approaches that undermine the overall effectiveness of interventions. For instance, while CSOs may provide vital support services for survivors, such as counselling and legal aid, they often lack the necessary funding and resources to reach a broader audience. Meanwhile, government agencies may have policies

in place but struggle with implementation due to bureaucratic inefficiencies and insufficient training on GBV issues. This disconnect results in missed opportunities for comprehensive solutions that address the root causes of violence and provide holistic support for victims.

Moreover, traditional rulers and religious leaders hold significant influence over community norms and values, yet their involvement in GBV prevention efforts is often limited due to deep-rooted cultural beliefs, a lack of awareness, and limited engagement with formal advocacy initiatives. These leaders serve as custodians of tradition and morality, shaping societal attitudes and behaviours through their teachings, rulings, and community interventions. However, in many cases, they may either downplay the severity of GBV or view it as a private family matter rather than a serious human rights violation that requires intervention. Traditional dispute resolution mechanisms, which are often preferred over formal legal processes as earlier stated, sometimes favour reconciliation over justice for survivors, allowing perpetrators to escape accountability. However, without structured collaboration between these leaders' messages about the unacceptability of GBV may not resonate effectively within communities.

General Strategy for prevention of GBV in the State

Strengthening law enforcement and the justice system

is crucial to effectively addressing GBV in Kwara State. Ensuring the full enforcement of the Violence Against Persons Prohibition (VAPP) Law and other GBV-related legislation will provide a strong legal foundation for protecting survivors and prosecuting offenders. Establishing specialized GBV units within law enforcement agencies will enhance case management, ensuring that survivors receive timely and sensitive responses. Thus, training police officers, judicial officials, and other stakeholders on survivor-centred approaches can improve their ability to handle GBV cases with professionalism and empathy. Implementing community-based reporting mechanisms, such as trusted local committees, will further encourage survivors to come forward, ensuring that cases are addressed without fear of stigma or retaliation. These efforts will contribute to a justice system that is more responsive, survivor-friendly, and effective in combating GBV.

Engaging traditional and religious leaders

is essential for shifting societal norms and strengthening GBV prevention efforts in Kwara State. Mobilizing these influential figures to publicly condemn GBV and integrate anti-violence messages into community gatherings and sermons can help change perceptions and discourage harmful practices. Establishing GBV response committees within traditional

institutions will create a structured system for addressing cases, providing survivors with an accessible and trusted first point of intervention. The encouragement of traditional leaders to enforce bans on child marriage and FGM will help eliminate deeply rooted harmful practices that violate the rights of women and girls.

Community awareness and behavioural change

are key to preventing GBV in Kwara State by addressing the societal attitudes that enable violence. Launching mass awareness campaigns through radio, television, social media, and community forums will help educate the public on GBV, the rights of women and girls, and the legal consequences of such violence. Incorporating GBV education into school curriculums will promote gender equality from an early age, equipping young people with the knowledge and values needed to challenge discrimination and prevent violence in their communities. It just be noted that efforts must focus on challenging harmful social norms that justify spousal violence and reinforce gender stereotypes, fostering a shift towards more equitable and respectful relationships. Through these initiatives, the community can be empowered to reject violence, support survivors, and create a culture of accountability and gender justice.

Improving survivor support services

is essential to ensuring the safety, recovery, and empowerment of GBV survivors in Kwara State. Strengthening partnerships between healthcare providers, social workers, and legal aid organizations will enhance a coordinated response, ensuring survivors receive comprehensive medical, psychological, and legal support. There is also the need to expand the economic empowerment programs, such as vocational training, financial assistance, and job placement, will help survivors regain independence and reduce their vulnerability to future violence.

Addressing online GBV and enhancing digital safety

are critical to protecting women and girls from cyber harassment in Kwara State. Implementing digital literacy programs will equip women and girls with the knowledge and skills needed to navigate online spaces safely, recognize cyber threats, and prevent online harassment. Strengthening the enforcement of the Cybercrimes Act will ensure that perpetrators of cyberbullying, doxxing, and revenge pornography face strict penalties, deterring further offenses and providing justice for victims. Encouraging social media platforms and community watchdogs to actively monitor and report cases of online GBV can also enhance accountability and create safer digital environments.

Multi-Stakeholder Collaboration and Policy Implementation:

Effective GBV prevention in Kwara State requires strong collaboration among key stakeholders, including government agencies, development partners, civil society organizations, traditional rulers,

and law enforcement, to ensure the successful implementation of GBV prevention policies. Allocating sufficient budgetary resources is crucial for funding survivor support services, strengthening law enforcement capacity, and running awareness campaigns that challenge harmful gender norms. Additionally, monitoring and evaluating GBV trends through systematic data collection and research will provide valuable insights into the effectiveness of existing policies and help shape evidence-based strategies for future interventions. Through these coordinated efforts, Kwara State can build a more responsive and sustainable framework for GBV prevention and advocacy.

Increasing Funding for GBV Prevention and Response: Adequate funding is essential for strengthening Gender-Based Violence (GBV) prevention and response efforts in Kwara State. To effectively combat GBV, the government must increase budgetary allocations for survivor support services, law enforcement training, and awareness campaigns. A substantial investment is needed to expand Sexual Assault Referral Centres (SARCs), ensuring that all the 16 Local Government Areas (LGAs) have accessible, well-equipped shelters and medical facilities for survivors. Funding should be directed towards training law enforcement and judicial personnel to handle GBV cases with professionalism and sensitivity, ensuring swift prosecution of offenders. Resources should also be allocated for community education programs, including school-based GBV education, mass media campaigns, and engagement with traditional and religious leaders to change harmful societal norms. Economic empowerment initiatives, such as vocational training and financial assistance for survivors, should be adequately funded to help victims rebuild their lives and reduce their dependency on abusive relationships.



Key Strategies for Traditional Rulers in GBV Prevention and Advocacy

Promote Awareness and Understanding:

Traditional rulers play a crucial role in preventing and advocating against GBV by leveraging their influence and cultural authority to promote awareness and understanding. They can issue public declarations condemning GBV, reinforcing the message that such acts are unacceptable within their communities. Integrating anti-GBV messages into cultural events and traditional ceremonies helps embed these values into societal norms, making the fight against GBV a collective responsibility. They can also engage the youth and women's groups in advocacy campaigns fosters grassroots participation, empowering these groups to challenge harmful practices and promote gender equity. Through these strategies, traditional rulers can drive meaningful change, fostering a culture of respect and protection for all individuals. Partner with Government, Civil Society Organizations (CSOs), and the Media: Traditional rulers can strengthen GBV prevention and advocacy by partnering with the government, civil society organizations (CSOs), and the media to amplify their impact. By advocating for stronger GBV policies and ensuring the enforcement of existing laws, they can push for systemic changes that protect survivors and hold perpetrators accountable. Collaborating with CSOs enables them to facilitate access to survivor support services, including legal aid, counselling, and shelter, ensuring that victims receive the necessary care and protection. Also, utilization of media platforms both traditional and digital can help spread anti-GBV messaging to a wider audience, reinforcing awareness and encouraging societal change. Through these partnerships, traditional rulers can enhance their efforts in creating safer and more just communities.

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Empower Girls and Women:

Empowering girls and women is a vital strategy for traditional rulers in GBV prevention and advocacy, as it addresses the root causes of gender inequality. They need to encourage women's participation in leadership roles, foster inclusive decision-making, and ensure that their voices are heard in matters affecting their lives and communities. Note that challenging discriminatory cultural practices, such as early marriage and gender-based restrictions, could help shift societal norms toward greater gender equity. Through these efforts, traditional rulers could create an environment where women and girls are empowered to thrive, reducing their risk of experiencing GBV.

Facilitate Justice and Accountability:

Traditional rulers can play a critical role in facilitating justice and accountability in GBV prevention by supporting legal reforms that strengthen protections for survivors. Their advocacy can influence policy changes that ensure stricter enforcement of laws against GBV. Also, implementing community-based reporting mechanisms such as confidential complaint systems or trusted local committees encourages survivors to come forward without fear of stigma or retaliation. These efforts will help build a culture of accountability, reinforcing the message that GBV will not be tolerated, and that justice will be served for survivors. These committees can serve as the first point of response, offering immediate support to survivors, documenting cases, and ensuring that reports are escalated to the appropriate authorities for legal action.

Develop Long-Term GBV Prevention Strategies:

Traditional rulers can ensure the sustainability of GBV prevention efforts by developing long-term strategies that create lasting cultural and structural change. Establishing clear community guidelines against GBV helps set behavioural standards and reinforces collective responsibility in preventing violence. Implementing monitoring and evaluation frameworks allows for continuous assessment of anti-GBV initiatives, ensuring they remain effective and responsive to emerging challenges. Thus, fostering a culture of respect, equality, and non-violence through education and advocacy helps shift societal norms, making GBV prevention an ingrained community value. With these long-term strategies, traditional rulers can contribute to a safer and more equitable society for future generations.

Conclusion

Addressing GBV in Kwara State requires a comprehensive and sustained approach that prioritizes legal enforcement, survivor support, and cultural change. Despite the existence of protective laws such as the Violence Against Persons Prohibition (VAPP) Law, and the Child Rights Law, enforcement remains weak, and harmful societal norms continue to fuel GBV. The prevalence of domestic violence, sexual assault, spousal abuse, and online harassment underscores the urgent need for coordinated action. With Kwara ranking among the top states for GBV cases, efforts must go beyond policy formulation to effective implementation, ensuring survivors receive justice and support while perpetrators are held accountable. In the same vein, addressing the economic and social vulnerabilities that increase women's risk of violence is crucial, as financial dependence and limited access to justice often trap victims in abusive situations. To achieve meaningful change, a multi-stakeholder approach is essential, involving government agencies, civil society organizations, law enforcement, traditional leaders, and community members. Expanding survivor services, increasing awareness campaigns, and strengthening institutional responses will be critical to breaking the cycle of GBV. Furthermore, addressing online GBV, improving data collection, and ensuring adequate funding for GBV response initiatives will reinforce prevention and intervention efforts. Ultimately, creating a safer and more equitable society in Kwara State will require not only policy-driven solutions but also a cultural shift that rejects all forms of gender-based violence and promotes gender equality at all levels.

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