

Summary of Findings

Nigeria is leading efforts to build an evidence base for preventing and responding to violence against children. It was one of the first countries to become a Pathfinder Country to End Violence Against Children (VAC) by committing to three to five years of accelerated action, and the main goal of its Child Protection System Strengthening (CPSS) modelling programme is to end VAC. Part of these efforts is to understand why VAC is happening in order to effectively prevent it through the 2030 End VAC National Plan of Action. As part of this process, Nigeria undertook a national Research to Policy and Practice Process (R3P) to understand the 'Drivers of Violence Affecting Children'. This methodology was pioneered by UNICEF's Office of Research-Innocenti in partnership with the University of Edinburgh. The study in Nigeria was led by the Federal Ministry of Women's Affairs and Social Development (FMWASD), with academic leads from the University of Edinburgh and Viable Knowledge Masters. This study systematically and comprehensively engaged with the existing data to understand why violence happens and what can be done to prevent it. In addition, Nigeria is one of the first countries to map these drivers of violence onto strategies that are highly likely or proven to be effective at preventing violence according to the INSPIRE framework, which is a multi-agency collaboration led by the World Health Organization with the goal of ending VAC. This analysis will ensure that findings are used to inform evidence-based programming and policies that are grounded in the context and experiences of Nigeria.

Programme is funded by:









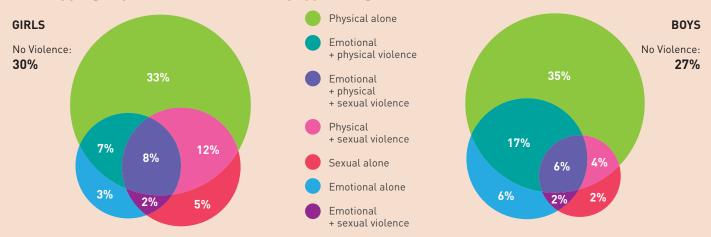
Research undertaken by:



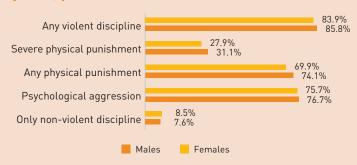


SCOPE OF VIOLENCE AGAINST CHILDREN IN NIGERIA

Overlapping experiences of violence by type and gender



Type of discipline among children age 1-14 years, past month



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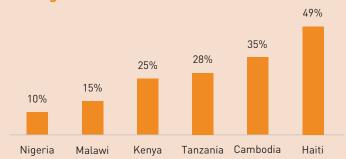
Over four in five boys and girls have experienced some form of violent discipline in the past month (MICS 2016-17). Children in Nigeria experience the highest prevalence of severe physical punishment in West Africa (UNICEF, 2017).

Percentage of caregivers who believe a child needs to be physically punished



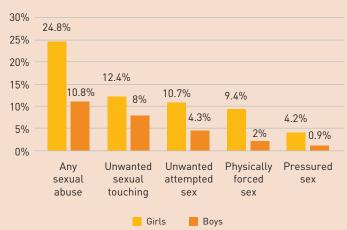
Nearly two-thirds of caregivers believe physical punishment is a necessary form of discipline for children, the second-highest prevalence globally (MICS 2016-17).

Lifetime prevalence of polyvictimization among males



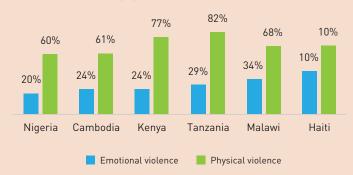
One in ten boys have experienced more than one type of violence in their lifetime, which is the lowest prevalence of polyvictimization when compared to other countries that have done similar surveys. Experiencing physical and emotional violence was the most common type of polyvictimization that boys experience (12%) (VACS 2014 data; Analysis by Palermo et al., forthcoming).

Lifetime prevalence of sexual violence prior to the age of 18 years among females aged 18-24 years



Girls are more likely to report all forms of sexual violence compared to boys. Intimate partners are the most common perpetrators of sexual violence reported by girls (40%) while boys reported classmates (27%) and neighbors (26%) to be the perpetrators (VACS 2014).

Lifetime prevalence of emotional and physical violence among girls



One in five girls in Nigeria have experienced emotional violence and three in five have experienced physical violence in their lifetime. Compared to other countries that have done similar surveys, girls in Nigeria report the lowest prevalence of these types of violence (VACS 2014 data; Analysis by Palermo et al., forthcoming).

DRIVERS OF VIOLENCE: FINDINGS FROM THE DRIVERS OF VAC PROCESS

How Gender Norms and Inequalities Manifest at all Levels

Findings were mapped according to levels of the socio-ecological model in order to understand how **drivers** - or those factors at the structural and institutional level that create the conditions in which violence is more likely to occur - interact with **risk factors** at the community, interpersonal and individual level to **increase children's risk** of violence, or how they can **protect** children from violence.

Often drivers and risk factors overlap across levels, as seen in the example of gender norms and inequalities below, which highlights the **complexity** of the underlying causes of violence.



circumstances

Stigma and shame

Early/Child marriage

Findings on social norms:

A social norm can be broadly defined as a belief that a group considers to be 'normal' which often governs their actions. A wide range of social norms and beliefs were identified through the Drivers of VAC process including:

- Norms around the use of physical punishment
- Norms and beliefs around the use of witchcraft
- Gender norms
- · Norms around the concept of childhood

family affairs

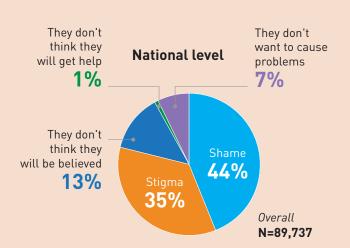
response services

to get involved in

- Parental beliefs
- Culture of 'silence', stigma and shame around discussing violence – particularly sexual violence
- Institutional norms related to getting involved in private family life

Findings identified several barriers to reporting and help-seeking at the community level

Why do you think children who experience sexual violence remain silent about what happened to them?



A number of factors are associated with disclosure of sexual violence among females:

- Girls who lost both parents were 6 times more likely to disclose compared to girls who still had both parents living.
- Girls with a very close relationship with one or both parents were 6 times more likely to disclose compared to girls with no relationship with their parents.
- Girls who experienced emotional, physical and sexual violence were 3 times more likely to disclose compared to girls who experienced sexual violence only.
- Girls were 6 times more likely to disclose when the sexual violence was perpetrated by a family member compared to girls who experienced sexual violence by a partner, friend, or another person.

(VACS data; Nguyen et al., 2018)



Data showed that children may be at increased risk of violence within a school setting

- 1. Common perpetrators of all types of violence are peers/classmates (VACS, 2014)
- 2. Children feel unsafe walking to and from school (UNICEF U-Report, 2017)
- 3. School enrolment is a risk factor rather than a protective factor against violence (VACS, 2014)

STRUCTURAL FACTORS:

National data shows that children in the richer and richest wealth quintiles are at increased risk of experiencing emotional violence and physical violence (girls) and sexual violence (boys) challenging our general assumption that only the poorest are at increased risk of violence (VACS 2014). However, poverty remains a significant risk factor, as identified in several studies, for sexual violence of girls. Economic Factors are drivers of violence and this varies by type of violence and gender but violence occurs across all socio-economic status levels.



- Economic factors
- Broader societal violence and conflict
- Gender norms and inequality
- Migration

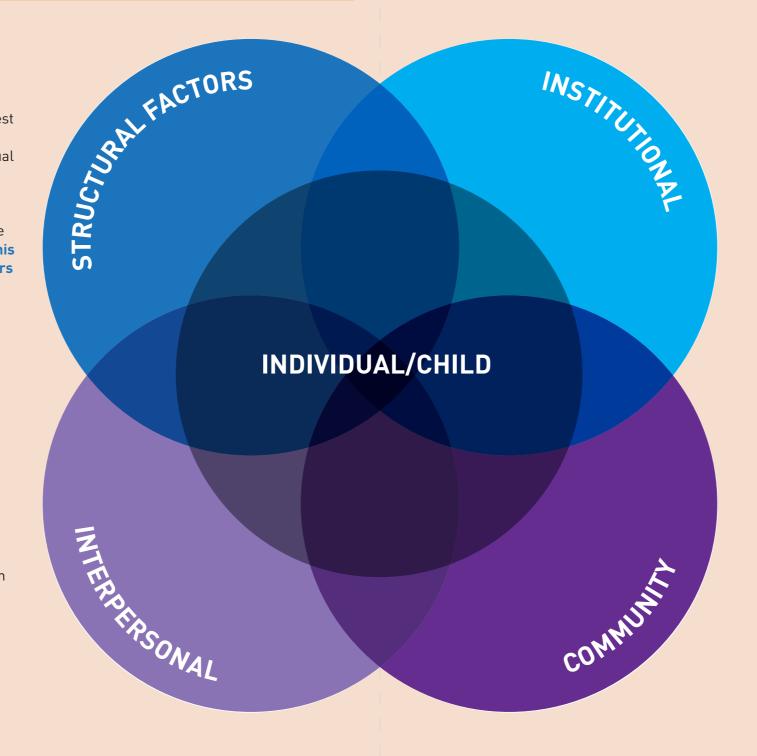
INTERPERSONAL:

Data shows that a variety of family constellations increase vulnerabilities for children including single parent families and polygamous families (Ajuwon et al, 2006; Chinawa et al, 2014; Ogundele & Ojo, 2007; Nlewen & Amodu, 2017). Data highlights that the number of children in the household is protective for both boys and girls against experiencing violence. This may suggest that there is a **protective role of siblings** and other family members (Palermo et al., forthcoming).



- Family context
- Family structure
- Parenting Style
- Early experiences of violence

Notes: Findings from analysis of 120 Nigerian primary research studies and secondary analysis of four separate datasets (MICS, DHS, VACS and U-Report). Please see accompanying report for the list of included studies.



INDIVIDUAL/CHILD:

Children living with disabilities are at an increased risk for all forms of violence including sexual violence. Children with disabilities are also often considered to be at particular risk of witchcraft accusations, as certain medical conditions such as having a hunchback, deafness or epilepsy are often considered to be evidence of witchcraft which leads them to be more vulnerable to abusive situations (Foxcroft & Secker, 2010; Aderemi & Pillay, 2013; Ibukun et al, 2015).



- Gender
- Parental education and experiences
- Chronic conditions and disability
- Parental beliefs
- Age
- School attendance
- Alcohol/Drug abuse

INSTITUTIONAL:

Studies highlighted gaps in the implementation and enforcement of existing laws and that mistrust of law enforcement agencies as a barrier to reporting abuse (Adebayo & Ogunbanwo, 2017; Adeosun, 2015; British Council Nigeria, 2012).



- Weak or ineffective response systems
- Lack of school policies and teacher training
- Weak enforcement of laws

COMMUNITY:

Codes of silence are a risk factor for the perpetuation of violence. Barriers to the reporting of sexual abuse include stigma, considering the discussion about sex as taboo, and the belief that the violence was not a problem (Nguyen et al., 2018; Adeosun, 2015; UNICEF U-Report, 2017). Only a small proportion of children who experience violence tell anyone about it and an even smaller proportion receive help.

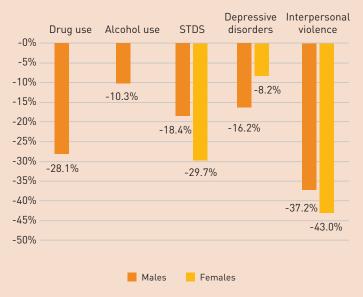


- Code of silence
- Gender norms
- Early/child marriage
- Quality of community relationships
- Urban/rural
- Religious beliefs
- Social norms and beliefs
- Communication and barriers to reporting

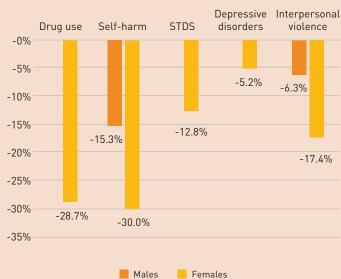
CONSEQUENCES OF VIOLENCE AGAINST CHILDREN

Violence against children has tremendous consequences not only for children, their families but also communities and society at large.

Impact of Childhood Physical Violence on Health Outcomes by Gender



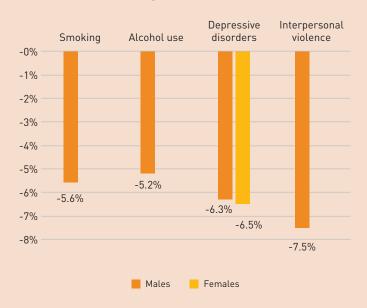
Impact of Childhood Sexual Violence on Health Outcomes by Gender



Nationally-representative data highlights the impacts of physical violence on health and future violence outcomes. This data shows that 43% of intimate partner violence for females and 37% for males could be reduced if physical violence during childhood was prevented (VACS data; Fang et al., 2017).

The consequences of sexual violence are particularly pronounced for girls. One in every three cases of female self-harm could be prevented if sexual violence against girls was addressed during childhood (Fang et al., 2017).

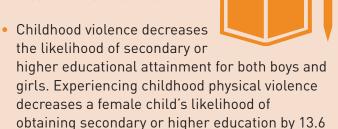
Impact of Childhood Emotional Violence on Health Outcomes by Gender



The data also shows that over 1 in 20 cases of depressive disorders could be reduced if emotional violence was prevented in childhood (Fang et al., 2017).

Impact of Violence on Educational Outcomes

percent (Fang et al., 2017).



- For males, experiencing childhood emotional violence or sexual abuse decreases their likelihood of obtaining secondary or higher education by 5.8 percent and 9.9 percent, respectively (Fang et al., 2017).
- Increasing access to education is only protective
 if schools are safe places to be. Data shows that
 school enrolment is actually a risk factor for
 different forms of violence in Nigeria
 (Palermo et al., forthcoming).

RECOMMENDATIONS

Based on the findings from the study and building upon the existing initiatives under the Child Protection System Strengthening modelling programme, the following recommendations are made for each of the strategy areas of the INSPIRE framework (full recommendations are listed in the accompanying report):

Strategy

To address identified risk factors

Recommendations to inspire action



Implementation and enforcement of laws

- · Addresses structural factors related to
- societal violence, conflict and migration.

 Addresses institutional factors related to norms and responses to violence.
- Addresses interpersonal factors on alcohol abuse, family structure and domestic violence in the home.
- Continue advocacy for the domestication of the Child Rights Act across Nigeria in line with international standards and support full implementation of the CRA where domesticated
- Increase public budget expenditure on preventive and response services across line ministries and agencies in line with National Road Map to End VAC
- Increase minimum age of criminal responsibility to international acceptable level



Norms and values

 Addresses risk factors across all levels including for parental beliefs, codes of silence, gender norms and inequality, norms around childhood, witchcraft and about violent discipline.

- Develop an evidence based comprehensive National Social Norms strategy to End VAC in line with National Road Map to End VAC
 Undertake social norms ethnographic and prevalence studies to determine extent of social norms and measure change -particularly to understand which reference networks are upholding the social norms identified in the study



Safe environments

- Addresses community risk factors related to place (e.g., urban/rural) and quality of community relationships.
- Addresses interpersonal risk factors related to alcohol abuse and domestic violence. Addresses individual risk factors that put
- children with disabilities and children at different ages at increased risk of violence.
- Strengthen community-based child protection structures
 Explore confidential and safe spaces for children to report
- violence that are easily accessible to children across the country such as a national child helpline
- Develop comprehensive school-related support for adherence to child protection policies



Parent and caregiver support

- · Addresses underlying structural level
- Addresses all individual and interpersonal factors related to families.
- Enhances protective factors through family strengthening
- Implement evidence-based programmes, such as the Better Parenting Nigeria (BPN 2018) curriculum to a wide range of families to address the gap in prevention programming, ensuring that they build on positive norms and protective factors in the home
 • Implement programmes and policies to end domestic violence
- and coordinate with VAC recommendations
- Scale up use of parenting guidelines developed by religious organizations and extend initiatives to engage traditional leaders



Income and economic strenathenina

- Addresses the underlying structural level factors.
- Addresses community factors such as early/child marriage.
- Addresses interpersonal factors of domestic violence in the home and family financial stress.
- Explore linking child protection prevention strategies with cash transfer programmes (e.g. linking cash transfers with parenting programmes or other interventions to support families)



Response and support services

- Addresses the structural risk factors related to societal conflict and migration
- Addresses institutional risk factors related to weak or ineffective response systems
- Addresses community risk factors related to a lack of codes of silence and barriers to reporting
- Addresses interpersonal risk factors related to alcohol abuse and domestic violence.
- Strengthen and replicate existing initiatives in modelling states to build up government led integrated child protection case management system including clear reporting and referral mechanisms at the state and LGA level
- Link community structures with LGA case management units (social welfare) clearly defining roles
- Strengthen and replicate existing initiatives to establish integrated child protection information management systems to inform resource allocation and programming



- Addresses individual and interpersonal level risk factors related to quality of family and other relationships, alcohol abusé and domestic violence.
- Addresses risk factors related to school attendance, lack of school policies and teacher training.
- Develop capacity building initiatives for teachers for preventing VAC
- Ensure schools are safe places for children to be so that education can be a protective factor for preventing VAC
- Develop life skills (especially around relationships and sexuality)
- education that is delivered regularly to boys and girls
 Support safe transport to school programmes

Source for strategies and icons: INSPIRE Framework from WHO et al., 2016.

Monitoring and evaluation

Study findings will be aligned with the End VAC National Plan of Action and Social Norms Change National Strategy which will include monitoring and evaluation plans.

Multi-sectorial actions and coordination

The Technical Working Group to End VAC will regularly meet and coordinate action towards these recommendations.

METHODOLOGY AND NEXT STEPS

Methodology

The study began with a systematic review of all the qualitative and quantitative literature on the prevalence and drivers of violence affecting children in Nigeria, with 120 studies identified and reviewed, and is complemented by a secondary analysis of the existing Violence Against Children Survey (VACS) data, the latest Multiple Cluster Indicator Survey (MICS), the Demographic Health Survey from multiple years and the UNICEF U-Report child protection data.

An additional **mapping exercise** was completed to identify prevention interventions currently being undertaken and/or evaluated in the following four focus states of the CPSS modelling programme: Cross River, Gombe, Lagos and Plateau.

This short summary is complemented by a full technical report: The Federal Ministry of Women Affairs and Social Development (FMWASD), the University of Edinburgh (UoE), Viable Knowledge Masters (VKM) and the United Nations Children's Fund (UNICEF), A National Study on the Drivers of Violence Affecting Children in Nigeria. Abuja: FMWASD and **UNICEF Nigeria, 2018.**

Next steps

- Study findings will be used to help the government develop an End VAC National Plan of Action and a Social Norms Change National Strategy.
- Building off the Global Partnership to End Violence Against Children's Solutions Summit, Nigeria will continue to prioritise prevention as a Pathfinder country.
- The Technical Working Group to End Violence Against Children in Nigeria will engage with and take forward the recommendations including using findings for advocacy, policy change, and for testing and scaling-up prevention initiatives.

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Note: U-Report polls can be accessed here: https://nigeria.ureport.in/polls/

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