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'BAD BLOOD'

Perceptions of children
born of conflict-related
sexual violence and
women and girls
associated with
Boko Haram in
northeast Nigeria

**RESEARCH
SUMMARY**

In partnership with:



Borno State Ministry of Women
Affairs and Social Development

Funded by:



From
the People of Japan

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RESEARCH SUMMARY

February 2016

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ACKNOWLEDGEMENTS

This research was conducted by Dr Abubakar Monguno, Dr Yagana Imam, Yagana Bukar and Bilkisu Lawan Gana on behalf of the University of Maiduguri; Martha Philip Y Chibok and Amina D. Mohammed on behalf of the International Organization on Migration; Lydia Ibrahim Wakawa and Yagan Largema on behalf of the Borno State Ministry of Women Affairs and Social Development; and Ola Alhaddad on behalf of UNICEF and Ndeye Sow and Kim Toogood on behalf of International Alert.

The research benefited greatly from the input of the staff at International Alert and UNICEF Nigeria, UNICEF West and Central Africa Regional Office and UNICEF Headquarters.

The research was carried out with the kind support of the Government of Japan. International Alert is also grateful for the support from its strategic donors, whose funding contributed to this project: the UK Department for International Development UKAID; the Swedish International Development Cooperation Agency; the Dutch Ministry of Foreign Affairs; and the Irish Department of Foreign Affairs and Trade.

Last but not least, we are extremely grateful to the girls, women, community leaders and members, and government and NGO partners who took their valuable time to speak to the research team and share their views and experiences.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the United Nations Children's Fund or the opinions and policies of International Alert's donors or partners.

EXECUTIVE SUMMARY

Sexual violence is a characteristic of the ongoing insurgency in northeast Nigeria, during which hundreds of women and girls have been raped by fighters belonging to Jama'atul ahl al-sunnah li da'awati wal jihad (JAS), known globally as Boko Haram. Many of the women and girls were abducted, forcibly married to their captors and became pregnant as a result of rape.

The ongoing offensive of the Nigerian Armed Forces and the recapturing of swathes of territory held by JAS has led to large numbers of men, women and children being encountered and released. Women and girls who have been subjected to sexual violence have been returning to their communities in the internally displaced camps and host communities or returning to their local government areas (LGAs). Some are returning with their children who were born as a result of sexual violence. As they return, many face marginalisation, discrimination and rejection by family and community members due to social and cultural norms related to sexual violence. There is also the growing fear that some of these girls and women were radicalised in captivity. The children who have been born of sexual violence are at an even greater risk of rejection, abandonment and violence.

International Alert and UNICEF¹ have carried out research in Borno in northeast Nigeria to understand the impact of communities' and authorities' perceptions of these women, girls and their children on safety, rehabilitation and reintegration opportunities. This report provides policy and programming recommendations to ensure that reintegration and relocation plans are conflict sensitive and support child protection and peacebuilding outcomes.

¹ The research was carried out in collaboration with the State Ministry of Women Affairs and Social Development in Borno and the International Organization for Migration, with funding from the Government of Japan.

INTRODUCTION

The evolution of JAS has been well studied.² JAS, or 'People Committed to the Propagation of the Prophet's Teachings and Jihad', has been misrepresented in Nigerian and international media as 'Boko Haram', which has been translated as 'Western Education is Forbidden'. JAS is linked to the historical Islamic movement known as *Jama'atu Izalat al-Bid'a wa iqamat al-Sunna* (Izala or JIBWIS), which spread Salafism in Nigeria in the early 1970s.³ After splitting from Izala, JAS retained the commitment to Salafism but became a substantially jihadist⁴ movement.

Gaining momentum in the 1990s in the al-Haji Muhammadu Ndimi Mosque in Maiduguri, Borno, the strict adoption of Islamic doctrine by JAS's former leader, Mohammed Yusuf, promoted a movement for the adoption of Islamic law in northern Nigeria.⁵ This was unsuccessful. JAS perceived the government as a barrier to the spreading of its religious views. As a result, it began targeting Nigerian police and military – seen as representing the central and state government – with isolated attacks. A more radical and violent splinter group relocated to Yobe State under the leadership of Abubakar Shekau. With the death of Yusuf at the hands of the Nigerian authorities in 2009, the group's tactics evolved into mass and more indiscriminate attacks against government and civilians. These attacks became increasingly lethal and targeted far wider geographical areas. For example, in July 2009, JAS allegedly murdered over 700 people in the two northeastern cities of Maiduguri and Bauchi, targeting mainly non-Muslims rather than government positions. From 2011, the group began to indiscriminately target Nigerians with hit-and-run attacks, bombings and suicide attacks, focusing on soft targets such as churches, mosques, schools and markets, or attacking and destroying entire villages.⁶ By 2014, JAS

2 M. Abdulkareem, The paradox of Boko Haram, Moving Image Limited: Nigeria, 2010; A. Adesoji, The Boko Haram uprising and Islamic revivalism in Nigeria, *Africa Spectrum*, 45(2), 2010; A. Adesoji, Between Maitatsine and Boko Haram: Islamic fundamentalism and the response of the Nigerian state, *Africa Today*, 57(4), 2011, pp.98–119; F.C. Onuoha, The audacity of the Boko Haram: Background, analysis and emerging trend, *Security Journal*, 25(2), 2012, pp.134–151

3 Office of the National Security Adviser, Policy brief: Religious and ideological dimensions of radicalisation, 2015, p.4. See also M. Sani Umar, The roles of the Ulama in radicalization, counter-radicalization and de-radicalization, NSRP project on radicalization, counter-radicalization and de-radicalization in northern Nigeria, NSRP: Abuja, 2014; and M. Sani Umar and D. Ehrhardt, Pathways to radicalization: Life histories of JAS members, NSRP project on radicalization, counter-radicalization and de-radicalization in northern Nigeria, NSRP: Abuja, 2014

4 Office of the National Security Adviser, Op. cit., 2015, p.4

5 Journal of the Center for Complex Operations, Lessons from Colombia for curtailing the Boko Haram insurgency in Nigeria, PRISM Challenges and Opportunities, Vol. 5, No. 2, 2015, pp.97–100

6 Ibid., p.97

had shifted tactics and sought to establish control over territory. By early 2015, it controlled 12 out of 27 LGAs in Borno, 5 out of 21 in Adamawa, and 2 out of 17 in Yobe.

SEXUAL AND GENDER-BASED VIOLENCE

Rape and other forms of sexual violence are human rights violations, and may amount to grave breaches of international humanitarian law. If committed as part of a widespread or systematic attack against a civilian population, sexual violence can constitute war crimes and crimes against humanity under the Rome Statute of the International Criminal Court, to which Nigeria is a party as of 2001. Rape and sexual violence are also crimes under national law and breach local customs.

Early in the insurgency, there was no specific targeting of women. On the contrary, women and children were largely spared. However, reports of forced marriage of teenage girls began to be recorded in 2012 in the Bulabulin Ngarannam neighbourhood in Maiduguri, the capital of Borno. From the end of 2012, the number of teenage girls abducted by JAS and forcibly married to JAS combatants began to increase. Although the abductions and forced marriages received little coverage in Nigerian or international media, this marked the earliest period of use of sexual violence against women and girls by JAS as a tactic of the conflict. This phenomenon made headlines only in April 2014, when 276 female school-goers were abducted from a school in Chibok,

generating national and international condemnation, and the #BringBackOurGirls international campaign. The total number of abductions during the conflict is unknown, but it is estimated that between 500 and 2,000 women and children (boys and girls) have been abducted since 2012.

As JAS seized and took effective control of large swathes of Nigeria into its new Caliphate,⁷ more women and girls from these areas were forcibly married or remarried⁸ to the group's members. This shift in targeting is believed to have been driven by the group's need for more support services traditionally performed by women (such as cooking food and washing clothes) as they claimed and held more territory. While some of the women and girls escaped from captivity, many more were unable to do so and were held by JAS, enslaved and raped, often by different men over months or years. In addition to sexual violence experienced by abductees, women and girls were raped as their villages were attacked by JAS and occupied for months at a time.

⁷ Between August 2014 and February 2015, JAS controlled a contiguous stretch of 19 local government areas of the northeast region of Nigeria – 13 in Borno, four in Adamawa and two in Yobe.

⁸ Women who were previously married were remarried to JAS members after they took control of their towns and villages. According to JAS, marriage to their original husbands ended with the taking of control of these territories by the group.

A major Nigerian military offensive in 2015 resulted in the recapturing of most of the territory held by JAS. As the military takes back territory, it is encountering many women and children who were abducted or who have been living in JAS strongholds.

As these victims of conflict reach internally displaced person (IDP) camps in Maiduguri Metropolitan Council (MMC) or attempt to return to their villages of origin, many of them are suffering from acute mental distress resulting from sexual, psychological and physical violence suffered in captivity. Yet, a significant proportion of them still face stigma and rejection from their communities. All women and girls who have experienced sexual violence during the conflict face stigmatisation from communities at large. However, the stigma and potential rejection from families and community members has been much more acute for those who are perceived to have been associated with JAS – as abductees, those living in JAS strongholds, or those who were 'wives' of JAS combatants either by choice or force.

The rejection and re-victimisation of women, girls and their children, as well as their yet unborn babies, needs to be understood in the context of the ongoing insurgency. Many people view these women, girls and their children as a direct threat, fearing that they have been indoctrinated and radicalised by JAS. The recent increase in the use of female suicide bombers throughout Nigeria, including under-18-year-olds, has also reinforced the widely held belief among many that women and girls exposed to JAS (whether by force or voluntarily) are contributing to the overall insecurity in the region. Some also believe that the children conceived as a result of sexual violence or sexual relations with JAS members will become the next generation of fighters, as they carry the violent characteristics of their biological fathers. Many perceive these victims of conflict as being partly responsible for the violence and losses suffered by entire communities during the insurgency. As a result, children and newborns as well as their mothers are being increasingly ostracised and are at risk of further violence.

DEFINITION OF VIOLENCE AGAINST WOMEN

The United Nations defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.⁹

⁹ Violence against women: Intimate partner and sexual violence against women, Fact Sheet No. 239, World Health Organization, 2016, <http://www.who.int/mediacentre/factsheets/fs239/en/>

Humanitarian actors have only recently begun to address the issue and needs of children born of sexual violence or those of women and girls who have become pregnant or given birth as a result of conflict-related sexual violence. This has left a wide protection and service gap for women and children. Government programmes are limited. For example, the Office of the National Security Adviser (ONSA) established a facility outside the States of Emergency for the rehabilitation of non-combatant children and women associated with JAS, including their children born of sexual violence. The programme provided medical care, psycho-social support, counselling for post-traumatic stress disorder (PTSD), a 'de-radicalisation' programme as well as education and livelihood programmes. However, by the end of 2015, this facility was no longer in operation.

The rapid assessment detailed in this report was designed to identify and understand the perceptions of families, communities, traditional and religious leaders, and government stakeholders towards affected women, girls and children. It also sought to identify the drivers of these perceptions and consequences for their safety and reintegration in order to devise ways forward to ensure protection of and provision for this highly vulnerable group.

METHODOLOGY

The research was conducted in MMC, the Borno state capital, where roughly 95% of IDPs related to JAS violence are residing. There are 17 officially registered IDP camps in MMC and Jere, with population numbers ranging from 3,000 to 18,000 in each camp, as well as a number of informal IDP camps. However, this assessment focused on four IDP camps, representing four LGAs that are perceived to have suffered heavy attacks by JAS over the period of the insurgency – namely, Bama (Dalori IDP camp), Gwoza (Government College IDP camp), Dikwa (Sandi-Kyarimi II School IDP camp) and Damboa (NYSC Permanent Orientation IDP camp). The assessment also explored whether the respondents' positions differed depending on their LGA of origin, their residency in a particular IDP camp or their residency in the 'host community' in MMC.¹⁰

Over a period of 12 days, the trained research team of eight members held 19 focus group discussions (FGDs) with a number of stakeholders. The stakeholders included impacted family members, religious leaders,¹¹ traditional rulers,¹² community leaders,¹³ women leaders,¹⁴ government representatives and service providers. The team also collected 14 key informant interviews (KIIs) with survivors (women and girls) with and without children born of sexual violence by JAS. KIIs were also carried out with sexual violence experts and government representatives in Abuja and Maiduguri.

Ethical research practices were considered throughout the design and implementation of the research.

¹⁰ While the four IDP camps listed above were the primary focus of the research, secondary IDP camps for those from Bama LGA (Dalori II IDP camp) and Gwoza LGA (Arabic Teachers College IDP camp) as well as host communities in MMC (Bama Road, Damboa Road and Custom Road) were also included.

¹¹ Defined as those who hold a religious responsibility for the moral and ethical performance of society.

¹² Defined as those who are appointed by birth or blood to hold a position in society.

¹³ Defined as those who are appointed by the community to represent their interests and needs, although more fluid than the position of religious and traditional rulers.

¹⁴ Defined as women who are appointed by the community to represent their interests and needs, similar to the position of community leaders.

FINDINGS

1. SERVICE PROVISION: ACCESS AND DISTRIBUTION

Humanitarian assistance is reaching survivors; however, the assistance being provided is inadequate for the breadth and depth of the need. It is perceived that those who arrived at the camps first have better access to goods and services.

“Those who came to the camp earlier do discriminate against those of us who came much later.”

FGD with family members, Government College, Respondent 5, 22 October 2015

*“Those who came to the camp earlier do discriminate against those of us who came much later.”*¹⁵ There are also perceptions that older or larger camps have better access to services and better-quality services. This may be due to the concentration of service providers in NYSC, which was the first camp to be established in MMC, and the size of particular camps such as Dalori I, which is estimated to accommodate

over 18,000 IDPs. However, women and girl survivors do not feel discriminated against by government or aid organisations/UN for their association with JAS.

There are perceptions that services provided by the IDP camps and host communities are inequitable with those in the IDP camps benefiting from greater access to services. For instance, girls and women living with host communities in MMC reported not receiving any services, marking a disparity in outreach to IDPs between host communities and camps.

“The counselling made the girls feel better.”

FGD with family members, Government College, Respondent 2, 22 October 2015

Among the services provided by both government and non-governmental agencies to women and girl survivors of sexual violence, psycho-social support (PSS), maternal healthcare and distribution of hygiene kits were particularly appreciated by those interviewed.

Counselling and PSS for victims of violence are crucial for the recovery and reintegration of both the survivor and their families. Counselling is helping girls and women to talk about their ordeal, supporting psycho-social recovery in the IDP camps and supporting them to make choices about their future. These services need to be strengthened and improved, increasing outreach to

¹⁵ FGD with family members, Government College, Respondent 5, 22 October 2015

all those in need, including those in host communities. There is also a need for long-term availability of PSS services, as the girls and women may face distress at different points in the children's lives. Notably, PSS was not mentioned as an available service by family members, husbands or community members, indicating that the focus of the support has been on the women and girls. While this makes sense considering the severity of their experiences with JAS, it is clear from this assessment that everyone has experienced distress due to the conflict and their forced displacement and may require counselling, not least to be able to support their returning wives and daughters.

"...there are too many people for the services provided."

FGD with government representative, Government College, Respondent 4, 21 October 2015

However, the number of those in need and type of trauma suffered outstrip the services available, as admitted by government representatives. Also, given the fact that only a small number of survivors have begun to return from captivity compared with those who are still missing, it is likely that the available services will become even more overwhelmed by the returning population's needs.

Service providers also need to take into consideration the reality that many women and girls are reluctant to report their experiences and therefore may not be accessing the services they need. As well as fearing stigma and marginalisation, mothers and wives expressed guilt for being separated from their children and the husband they had prior to captivity and for not being able to escape. In most cases, women and girls do not know how to formally report sexual violence suffered or do not trust formal authorities. In IDP camps, women and girls often feel uncomfortable reporting their case to the National Emergency Management Agency (NEMA) representatives, who are generally male.¹⁶ The lack of information on options for the women and girls is a major gap in service provision that needs to be addressed.

The lack of livelihood opportunities for women inside IDP camps, especially for those who have been rejected by their husbands and separated from families, has reportedly created destitution. Some women and girls have exchanged sexual activities for money.¹⁷

"If only I could run faster, scream louder."

KII with sexual violence expert, Abuja, 4 and 5 December 2015

¹⁶ KII with sexual violence expert, Abuja, 9 November 2015

¹⁷ KII with sexual violence expert, Abuja, 12 November 2015

Some mothers do not want the child and have tried to abort the pregnancy. Abortion is not legal in Nigeria, unless it is necessary to save the life of the mother. Therefore, women and girls who wish to abort the child cannot access health facilities to carry out the procedure. Medical conditions for women who have attempted abortions are unknown.

"Initially, I wanted to abort. I tried using many local methods to abort but they failed."

KII, Bama Road (Bama LGA), 24 October 2015

"Families might not be willing to adopt Boko Haram's children. The only option I see is the orphanage."

KII with sexual violence expert, Abuja, 12 November 2015

Emergency and longer-term care is needed for children born of sexual violence and for their mothers (including child mothers) who cannot immediately reintegrate or who are rejected or abandoned. Government support systems to care for children without parental or family care are generally limited. While informal care options and spontaneous care are providing care for the majority of unaccompanied children in the northeast, the system is largely unregulated and unmonitored and children are at risk of abuse. Trafficking and secondary separation are also occurring as caregivers return to their communities.¹⁸ Even where alternative care options exist, the caregivers may be reluctant to take in children born of sexual violence either in the short or longer term.

2. PERCEPTIONS OF WOMEN AND GIRLS ASSOCIATED WITH JAS AND CHILDREN BORN OF SEXUAL VIOLENCE

Community perceptions

Communities reported fearing women, girls and children who are perceived to be associated with JAS and who are arriving in IDP camps from newly liberated areas in the northeast. Popular cultural beliefs about 'bad blood' and witchcraft, as well as the extent of the violence experienced by people at the hands of JAS, form the basis of this fear. This general perception has been exacerbated by stories of women and girls returning from captivity and murdering their parents.¹⁹ Such accounts give rise to the fear that

¹⁸ KII with sexual violence expert, Abuja, 12 November 2015 and KII with sexual violence expert, Abuja, 10 November 2015

¹⁹ FGD with women leaders, NYSC camp, Respondent 4, 23 October 2015

*"...if we accept sons/daughters of JAS ... they [the mothers] may come back to kill us."*²⁰

Women and girls who spent time in captivity are often referred to by communities as "Boko Haram wives", "Sambisa women", "Boko Haram blood" and "Annoba" (which means epidemics).²¹ The description of women as an 'epidemic' reveals fears that their exposure to JAS could spread to others. This infers that these girls and women were radicalised while in captivity, and if allowed to reintegrate into their communities, they might recruit others. However, excluding some cases in Government College IDP camp, communities expressed the belief that over time relations could be rebuilt and that the women and girls could gradually be accepted and trusted by the displaced community.

However, acute fear and suspicion persist of children born of sexual violence, whose fathers are believed to be JAS fighters. It is unlikely that such fears and suspicion will decrease. These perceptions place these children at risk of rejection, abandonment, discrimination and potential violence. While women and girl victims of sexual violence, and to some extent their families, have more nuanced views, most of the conflict-affected communities are not prepared to accept children born of sexual violence by JAS. They are deemed "hyenas among dogs", as one community leader described them. Entrenched deterministic views among communities in northeast Nigeria refer to "bad blood" transmitted to children by their biological father – "a child of a snake is a snake" is a common saying.²² There is a belief that, like their fathers, the children will

"JAS uses 'juju' (charms) to initiate members, so all women and children may have some of these traits in their blood."

FGD with government representatives, Government College, Respondent 4, 21 October 2015

"The lady would be accepted, but not her child because of the husband's genes."

FGD with influential leaders, Government College, Respondents 1, 2 and 4, 22 October 2015

"There will always be a constant reminder of the child's circumstances and background."

FGD with religious leaders, NYSC camp, Respondent 2, 23 October 2015

"We believe that they would be treated nastily as it is a belief that they would inherit their parents' behaviour."

FGD with influential leaders, Government College, Respondents 1 and 4, 22 October 2015

20 FGD with family members, Government College, Respondent 4, 22 October 2015

21 FGD with religious leaders, NYSC camp, 23 October 2015

22 FGD with influential leaders, Government College, Respondents 1, 2 and 4, 22 October 2015

inevitably do what hyenas do and 'eat' the innocent dogs around them. In addition to the immediate risks to these children, it is likely that they will be stigmatised throughout their life, thus increasing their vulnerability to abuse and exploitation. Moreover, the fears that these children may have 'the blood of JAS in their veins' and will therefore be a risk to communities may become a self-fulfilling prophecy, as communities reject and discriminate against them, in turn increasing their vulnerability to radicalisation in the future.

"They persuaded our daughters and gave them not more than NGN 10,000 [about €46] and our daughters willingly followed them."

FGD with family members, Government College, Respondent 3, 22 October 2015

"At first, I was fearful that my husband would not accept me, but in the end I have no more fears because now I am married and my husband accepted even the child."

KII, Bama Road (Gwoza LGA), 23 October 2015

"Those married women who were abducted on return had problems because the co-wives persuade the husband to either divorce them or to expose them to a series of screenings before being taken back."

FGD with family members, Government College, Respondent 3, 22 October 2015

Family perceptions

Victims' husbands and fathers – whose views and feelings carry more weight in highly patriarchal societies such as the one in Borno – also have mixed feelings about their wives and daughters. These feelings range from complete rejection and fear to acceptance. Some husbands are not willing to take their wives back ("*No, I will not accept her, I am afraid,*" said one family member²³) and have divorced their wives on their return. However, other husbands have accepted their wives back into their lives. These views are shaped by perceptions on whether women and girls left willingly or if they were abducted ("*Yes I will accept her, it isn't her fault*"²⁴).

Views are also shaped by individual family circumstances. Husbands who had been married for longer than five years, and who had children with their wives before they were taken, tend to welcome their wives back. Interestingly, in these cases, children born as a result of sexual violence are also accepted by husbands and are integrated into the family. However, as most families in Borno are extended families all living in the same house, all family members' opinions and perceptions matter regarding the reintegration of women, girls and their children back into the communities. In polygamous families,

23 FGD with family members, Government College, Respondent 4, 22 October 2015

24 FGD with family members, Government College, Respondent 1, 22 October 2015

the other wives are more negative, expressing the fear that the returning wife or daughter will have been radicalised and will spread their ideas to others.

For their daughters, fathers expressed concerns for their future – *“As a father, I will think of who will marry her”*.²⁵ This is also a great concern for victims – *“Many girls and women worry about whether they will be married later”*.²⁶

Perceptions of community, religious and traditional leaders

Among community members, many religious leaders and traditional leaders had the most open-minded approach to women and girls and their children. Specifically, religious leaders such as those interviewed at the NYSC camp noted that, given the Quran’s position on husbands being able to accept children that are not their own, returning wives with children born of sexual violence could be reintegrated.

“At least, the kid will not be considered a bastard since the Quran sanctions the original husband to accept the child as his own.”

FGD with religious leaders, NYSC camp, Respondent 4, 23 October 2015

However, there is great diversity of views among community, religious and traditional leaders, with many holding negative and extreme views – *“Some of these mothers deserve these treatments because they voluntarily joined JAS”*.²⁷ They also fear for their communities – *“Their ideas and ways of life may now be different and may not be good for the community”*.²⁸ Community leaders also expressed concerns regarding further divisions and discrimination in communities against children of JAS.²⁹

The research found that a ‘new’ structure of leadership has emerged within the IDP camp structures in MMC following the displacement, which seems to run in parallel with the traditional community leadership structures. It was found that the most negative perceptions were held by the ‘new’ community leaders, especially the women leaders. While these changes in social fabric are common among displaced communities globally, this assessment found that these widely differing positions may lead to heightened risk of rejection, stigmatisation and violence within communities on transition back to the LGA of origin.

25 FGD with influential leaders, NYSC, Respondent 1, 23 October 2015

26 FGD with government representatives, Government College, Respondent 4, 21 October 2015

27 FGD with religious leaders, Government College, Respondents 3 and 5, 22 October 2015

28 FGD with women leaders, NYSC, Respondent 6, 23 October 2015

29 FGD with influential leaders, NYSC, Respondent 2, 30 October 2015

“Relationships between my children are good – the bigger one calls him yaya and they play together. They love each other. My husband even carried him.”

KII, Bama Road (Gwoza LGA), 23 October 2015

“I did not follow JAS willingly. The government should take the custody of the child when I deliver.”

KII, Dalori I camp, 22 October 2015

Perceptions of the mothers towards their children born of sexual violence

Even though girls and women face rejection by their families and communities as well as the trauma of the sexual violence they have experienced, the majority interviewed expressed a willingness to keep their children. The majority of the mothers, many of whom are barely teenagers, are displaying natural affection for their children.

However, not all of the mothers are willing or able to care for the children, and some of those interviewed had tried to abort the pregnancy.

3. REINTEGRATION: OPPORTUNITIES AND CHALLENGES

Community perceptions towards women and girls is shifting between empathy for and understanding of their trauma and a desire to reintegrate them in communities, and fear that the time spent in captivity has transformed them. Generally, even though there is a deeply held fear and distrust regarding the returning women and girls, most in the communities view them as victims of the insurgency. It is largely believed that the existing mistrust towards this group will reduce over time, allowing for their reintegration.

Communities believe that the government-led ‘de-radicalisation’ process for those who spent time with JAS in captivity is a necessary precondition for their reintegration and that initial acceptance of those who have already returned is due to the ‘clearing’ process implemented by the authorities on arrival at the camps. However, an overwhelming majority among the displaced population remain deeply distrustful of the returnees even though they have been screened. They believe that the women and girls will need to go through a more comprehensive rehabilitation process before returning to their village of origin, as many fear that their return to the environment from where they were abducted could re-traumatise and ‘radicalise’ them. While communities expressed trust in the government-led de-radicalisation and rehabilitation programme, there was limited understanding of what it entailed.

The research also highlighted the differences in perceptions between different communities. These perceptions seem to have been shaped by the history of conflict in the specific LGA, including the presence or provenance of JAS members in a specific LGA. The IDP population from Bama LGA expressed less extreme views towards women, girls and the children born of sexual violence. This may be because they see them as an extension of their community as many of the men and boys from Bama were also recruited by JAS. Many from Bama also have more nuanced views towards JAS and some sympathise with the JAS ideology, although violence was condemned by all those interviewed. This is in stark contrast to the views of displaced people from Gwoza LGA. Out of the four LGAs, those displaced from Gwoza expressed the most fear and intolerance towards returning women and girls, including towards those from Gwoza. It was highlighted to the research team that women and girls from Gwoza who have returned with or without children are only safe in the IDP site(s) under the protection of NEMA and government forces. Moreover, should they attempt to return with the rest of their community to Gwoza, they may face grave danger.

During the research, it was also noted that, although Gwoza is a mixed LGA with Christians and Muslims, the IDP camps (Government College and ATC specifically) were accommodating only Muslim respondents during the assessment. It was confirmed by the government representative working in Government College that this particular dynamic is a circumstance of the insurgency. Christians fled Gwoza LGA earlier due to perceptions of being targeted specifically by JAS because of their religious beliefs, and they reside in various IDP camps run by local MMC churches. One government representative noted that *"they should not separate camps for Muslims and Christians"*³⁰ as there is a risk that this separation will

"Initially I didn't want to, but when we were rescued and counselled in the camp, I decided to keep the pregnancy ... When I think of the baby that will come, it disturbs me a lot because I always ask myself this question ... Will the child also behave like JAS?"

KII, Dalori I IDP camp, 20 October 2015

"When these girls were first rescued, they were not allowed to socialise till after questioning so..."

FGD with family members, Government College, Respondent 1, 22 October 2015

"They will be accepted without problem and treated well with their children if they came in through the government."

FGD with influential leaders, NYSC camp, Respondent 3, 23 October 2015

³⁰ FGD with government representatives, Government College, Respondent 6, 21 October 2015

“There were some women who escaped with their children and we set up a committee to observe them secretly.”

FGD with influential leaders, NYSC, Respondent 4, 30 October 2015

“Now that our husbands and sons are being muddled [i.e. taken or co-opted], our [woman respondent] roles have increased, and yet, with no source of livelihood.”

FGD with family members, Government College, Respondent 2, 22 October 2015

“If our youths are empowered, they will have less time for nuisance.”

FGD with family members, Government College, Respondent 4, 22 October 2015

continue in the Gwoza LGA as communities begin to return home, thus impacting on community stability.

Those interviewed also highlighted the pressing concern around economic wellbeing. In Government College, respondent FGDs with families of women and girls who have been taken by or left with JAS noted that their lives have changed significantly. There are indications that women feel burdened by greater livelihood responsibilities. Women specifically noted that they have to take on multiple roles in the family due to the absence of either their daughters or their sons – *“what our sons did for us, we now do for ourselves”*.³¹

Some among the displaced are seeking employment in Maiduguri: *“If I get any sort of employment, I would remain; if not, I will go back to Zamfara state to reunite with my family.”*³²

Family members from Gwoza LGA in Government College highlighted that relocation to the LGA will need clear planning to reduce poverty and give young people things to do, as they believe that *“it was poverty that put us in this situation that we are in today”*.³³ Therefore, they hoped that young people would be actively engaged in productive activities on return to the LGA. There is a fear that there will be instability among the returning populations and that the conflict will reignite if the needs of the communities are not met.

31 FGD with family members, Government College, Respondent 4, 22 October 2015

32 KII, Bama Road (Gwoza LGA), 23 October 2015

33 FGD with family members, Government College, Respondent 3, 22 October 2015

RECOMMENDATIONS

The following recommendations are based on the findings of the rapid assessment and on the proposals of the intersectoral experts' meeting held on 10 December 2015 to review these findings.

Government and humanitarian actors (e.g. the United Nations (UN), non-governmental organisations (NGOs), international NGOs (INGOs) and community-based organisations (CBOs)) should enhance service provision and access to services for women and girls who are survivors of conflict-related sexual violence.

- 1. Address inequitable distribution of aid between the host community and IDP camps** to ensure that girls and women survivors of sexual violence and their children receive the support that they need through a coordinated expansion of services to host communities.
- 2. Ensure that the provision of services for women and girls is adequate, efficient and survivor centred.**³⁴ In particular:
 - Integrate support for children born of sexual violence and their mothers into existing programmes on gender-based violence (GBV), child protection and women's empowerment;
 - Continue to provide medical and psycho-social support during pregnancy and after birth for the current returnees and make preparations for a potential influx of new survivors over the next few months as more JAS strongholds are retaken by the Nigerian Armed Forces;
 - Identify women and girls who are pregnant as a result of sexual violence as early as possible in their pregnancy, using non-stigmatising and safe methods;
 - Raise awareness of affected girls and women, including the awareness of community leaders on available support services and how to access them;

³⁴ Key elements of a survivor-centred approach for promoting ethical and safety standards are: safety, confidentiality, respect and non-discrimination. In addition, all of the below recommendations should be operationalised through the concept of 'do no harm'. The concept of 'do no harm' means that actions must strive to minimise the harm they may inadvertently be doing by being present and providing assistance (for more information, see the 2015 *Inter-Agency Standing Committee (IASC) guidelines for integrating gender-based violence interventions in humanitarian action: Reducing risk, promoting resilience and aiding recovery*, available at www.gbvguidelines.org).

- Ensure that survivors of sexual violence who seek assistance have access to comprehensive clinical services, including emergency contraception and post-exposure prophylaxis to prevent HIV infection;
- Ensure that state authorities authorise medical abortion in cases of sexual assault and rape where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus – as per Nigeria's obligations under the Optional Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (2003) (so-called 'Maputo Protocol');
- Establish mobile health services for host communities;
- Provide training on GBV, protection for children born of sexual violence and available referral mechanisms for service providers, government representatives and civil society organisations (CSOs) to ensure that children and women requiring specialised support are identified and referred when necessary;
- Integrate social workers into health clinics (including at the point of registration) to provide a comprehensive assessment and response for women, girls and children born of sexual violence;
- Give special attention to the needs and wishes of mothers (both adults and child mothers) in the provision of services and support;
- Avoid creating separate services by only targeting this group, as this might promote stigma. Enhance service provision for the entire community to avoid perceptions of inequitable treatment and risk of resentment that may lead to further stigmatisation; and
- Link service provision activities with the Nigerian Victims' Support Fund (VSF) and the President's Initiative for the North East (PINE) to ensure that activities for survivors of sexual violence are coordinated.

3. Strengthen data collection and encourage further research on conflict-related sexual violence and on children born of sexual violence

to enable more effective development and targeting of services. In particular:

- Integrate data collection on women and girls who are pregnant after rape into tools used by reproductive health services; and
- Continue to encourage hospitals, centres for psycho-social support and others who assist vulnerable children and/or victims of sexual violence to collect anonymous sex-disaggregated data on the number of children born of sexual violence.

- 4. Expand reintegration and psycho-social support (PSS) services** to ensure that all affected women and girls have access to this support.
- 5. Extend PSS services to families and husbands** to ensure that returning women and girls, and their children, are supported and protected and that the risk of family breakdown and rejection is mitigated. In particular:
- Ensure that organisations providing PSS – such as UNICEF, the United Nations Population Fund (UNFPA), UN Women, the International Organization for Migration (IOM), Save the Children and government social welfare officers – expand programmes to provide PSS for families of affected girls and women; and
 - Where families are identified as being at risk of breakdown, ensure that follow-up home visits are conducted together with religious officials to provide guidance to husbands and family members and that family mediation is carried out.

Government and humanitarian actors (e.g. the UN, NGOs and INGOs) and faith-based organisations should mitigate the risk of rejection, stigmatisation and violence towards women, girls and children born of sexual violence.

- 1. Sensitise Nigerian federal and state government representatives, international and local humanitarian actors, and civil society about the vulnerabilities and risks** currently facing women and girls and children born of sexual violence by JAS.
- 2. Make urgent preparations for survivors returning to their communities and for communities returning to their LGA of origin** to ensure that extreme views towards and potential risks for women and girls and children born of sexual violence are mitigated and managed. In particular:
- Encourage actors working with this group to undertake community-specific FGDs to identify if perceptions exist that would place returning/returned women, girls and children born of sexual violence at risk – bearing in mind the significant divergence of opinion among the four LGAs sampled for this assessment. Government agencies have an obligation to ensure that areas and communities are safe for the return of this group;

- Undertake sustained advocacy and engagement with communities about the vulnerabilities and risks currently facing women and girls and children born of sexual violence by JAS. In particular:
 - Engage religious, traditional and community leaders on identifying and addressing the challenges facing returning women, girls and their children, and identify local champions who can influence others in the community to accept and support returnees;
 - Create community awareness on the challenges facing returning/returned women, girls and their children and provide a platform for identifying steps to overcome these barriers to reintegration;
 - Run a media campaign to raise general awareness of the situation facing these women, girls and children and address widespread negative perceptions that may hamper reintegration; and
 - Build confidence in community-based reintegration programmes to reduce the reliance on government-implemented programmes, which do not have the capacity to work with all affected girls and women prior to their return to the communities. In addition, tackle the widely held community view that government-run screening and rehabilitation programmes are a prerequisite for accepting the mothers and children back into their communities; and
- Create a platform/peer group to enable women and girls to share their experiences and access support, as well as to raise issues of concern impacting on their reintegration and wellbeing.

3. Urge the ministries responsible for social welfare, in collaboration with international and local NGOs, to establish a network of alternative care options for mothers who are unwilling or unable to care for a child born of sexual violence. In particular:

- Create emergency and longer-term alternative care placements for babies who are unable to remain with their mothers or in their communities. Placement must be guided by the principle of best interests of the child, which should be the primary consideration in any decision taken;
- Provide emergency shelter for mothers who wish to remain with their children but who are at risk in their communities;
- Ensure that pregnant women and new mothers are provided with support and information to enable them to make an informed decision on the best care options for their children; and

- Provide parenting skills especially to mothers who are children themselves in order to enhance the care provided to the children and to reduce the risk of rejection and family breakdown.

4. Ensure access to support and services that improve chances of long-term successful reintegration and wellbeing. In particular:

- Create educational and vocational training as well as livelihood skills acquisition opportunities for girls and women to support their reintegration and to help them provide for their children;
- Promote reintegration of pregnant girls and girl mothers into schools;
- Build the capacity and awareness of teachers to meet the needs of these girls and of children born of sexual violence; and
- Address difficulties of social reintegration and destitution faced by mothers rejected by their families by giving the mother and, if appropriate, her husband access to social protection. However, the use of these funds needs to be carefully monitored to ensure that they benefit the child and the mother.

5. Ensure that government agencies, law enforcement officials, the judiciary, legal aid providers and NGOs promote access to justice for girls and women. In particular:

- Urge the northeast states to domesticate the Nigerian Child's Rights Act (2003), the Violence Against Persons Prohibition Act 2015 (VAPP) and the Administration of Criminal Justice Act 2015 to enhance the rights of children and women. Also, increase access to and the effectiveness of the justice system;
- Provide training to the police, prosecution services and judiciary on handling cases of conflict-related sexual violence; and
- Ensure that children and women have access to legal counselling to support them in reporting and taking forward cases.

6. Sensitise the Nigerian federal and state government agencies, international and local humanitarian actors, and civil society on the risks that children born of sexual violence and their mothers may face in the longer term. Also, support strategic planning efforts to plan medium- and longer-term interventions. In particular:

- Create opportunities to follow up on the wellbeing and development of children born of sexual violence, including by creating child-friendly places for all children;

- Sensitise services to the fact that, while girls and women may be accepted by their family initially, this may change with shifting community dynamics. Moreover, children born of sexual violence may likewise face abandonment or rejection in the future. Therefore, services must be sensitive to and consider this in their monitoring and follow-up activities;
- Raise awareness on the long-term impact for children born of sexual violence, as these children may require additional support in the longer term to overcome health, psycho-social and developmental difficulties caused by stigmatisation and social exclusion;
- Devise longer-term plans with the State Universal Basic Education Board to prepare teachers to support children born of sexual violence who will enrol in schools and to understand the specific challenges they may face (e.g. stigmatisation);
- Establish peacebuilding clubs and platforms in schools and communities to reduce tension and promote non-violent methods for resolving conflict; and
- Consider strengthening anti-discrimination laws, in particular, to protect women and girl survivors and their children.

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