



OFFICE OF THE EXECUTIVE GOVERNOR
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**Briefing on the increasing Incidence and High Rate
of Rape and other Sexual Offences against Children
in the State**

Prepared for:
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WITH THE SUPPORT OF Baba Azimi Foundation (BAF)

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Following series of complaints to this office by the indigenes of the state on the increasing occurrence of rape and other forms of sexual offences particularly against children, this office with the support of other key stakeholders namely; Hisbah, Civil Defence Corps and Baba Azimi Foundation; an NGO working on the issue conducted a special investigation and made the following findings:

1. That rape and other forms of sexual offences are being committed on children is on the increase at an alarming rate and has become a great concern to everybody.
2. Rape and sodomy of the type where men sexually violate younger boys are two major forms of sexual assault the commission of are most on the increase with reports from the CID of the Nigeria Police Force of at least having at least 3 new cases reported every week and such offences making up about 50% of the cases that the State Ministry of Justice is currently prosecuting.
3. Another key fact is that many cases of rape or sexual assault are not reported, and the few that are reported a majority maybe compromised or mediated.
4. The practice of compromising or mediation of such cases at various stages of investigation and prosecution mostly involve cases with accused persons having relations with highly placed individuals in society or if the accused are civil servants; such charges are compromised or dropped/ withdrawn by victim's family for fear of one difficulty or the other. For instance from January 2014 to June 2015 only 2 civil servants were prosecuted on similar charges.
5. Figures indicate rape accounting for 78% of sexual offences and sodomy or unnatural offence at 13% in a baseline of sexual cases reported to the CID in a period of 18months from January 2014 to June 2015.
6. Additionally in the same period 81 cases were reported but 91 victims were involved which shows that multiple victims can be involved within a single case.
7. Out of the same figures 87% of the victims were females and about 51% i.e. more than half of the victims fell within the age group of 6 to 10 years both male and females.
8. Furthermore 44% of victims were students and 38% were hawkers whilst 74% of accused persons were married and 21% unmarried indicating more in-school victims affected than hawkers and more married men being perpetrators as opposed to single men contrary to

general perceptions and belief that marriage is a factor which influences commission of the offence.

9. Most perpetrators are known to the community and victims so cases are resolved in favor of accused persons and not proceeded for prosecution to address the justice needs of victims and help curb the menace at large.
10. In addition, even though the Jigawa State Command of the Nigeria Police Force is working hard to address the menace, and has provided an up to date data of the victims, other stakeholders like parents and members of the public are reluctant to report rape cases for various reasons which include fear of being involved with the judicial process, fear of the investigative process, other social factors e.g poverty, social segregation etc
11. Another significant factor is that children violence issues like this are not seen as priority issues that need to be addressed through the appropriate legal process and most at times people would rather resolve or mediate such offences when in law such offences do not fall under the group of those cases that can be legally compromised or resolved.
12. Furthermore the victims face additional difficulties besides their cases and justice needs being compromised, they lack access to psychological and medical support and services.
13. The current gap in the provision of appropriate services to victims of sexual violence is the absence of psychological care and support at medical facilities and hospitals across the state. This is a major defect given the trauma and mental anxiety that victims go through after undergoing such a harrowing experience which in many cases lead to morbidity and prolonged mental trauma. In addition, current processes in hospitals delay access to services due to the time consuming nature of regular processes before a patient is attended to, which further delays the traumatized victims return to stability. In other cases, lack of necessary skills on the part of relevant personnel or the fear of being involved in the prosecution of such offences further contributes to the delayed response to victims.
14. Whilst many reports of sexual offences do get to courts, however without the necessary evidence which will be used to show that the offender did commit such an offence, there is no other cause but to discharge such cases. Currently one of the major issues of sexual offences is poor reporting. And this has been rooted in the poor perceptions of the justice system which is seen to be impunitive to sexual offenders and unfavorable to victims. Hence

the work of Courts would be assisted tremendously if the necessary evidence that is needed to prove sexual offences are collated and forwarded to it. But this cannot happen without effective investigation and support from hospitals in collating such evidence.

15. Medical doctors and other paramedics do not like to take a prompt action in providing the necessary medical care to victims partly for fear of being invited to testify before the court and partly due to lack of the necessary skills and resources to conduct the appropriate examinations and provide the required care to the victim.
16. As a consequence of this gap the Justice Sector and Law Reform commission of the state mobilized support from the DFID's Justice for All programme to establish Sexual Assault Response and Referral units in the state which is the mechanism that will ensure that the appropriate care and services are provided to victims and the necessary evidence is collated and handed over to the police for effective prosecution of such cases. A unit is now being set up at the Dutse General hospital but the work has been ongoing since November last year and a unit in Dutse might pose great distance and cost challenges for victims and their families situate at other parts of the state.
17. Currently there are only two SAR units in the Country; one is in Lagos situated at the Lagos Teaching Hospital in Ikeja and the other is at Enugu state, hence resorting to referral to these units seem logical but practically impossible.
18. Although the provision of the SARRU at the Dutse General Hospital is a step in the right direction but a much more simplified model of units need to be established in each of the 9 general hospitals across the state due to distance, transportation and ensuring a fast tracked effective prosecution process. Already 10 personnel from the Ministry of Health and Ministry of Women Affairs and Social Development have been trained on the provision of medical care and psychological support services for sexual assault victims. All that is required is a step down training across the remaining hospitals to ensure that the basic services are available to victims from every point of the state.
19. Due to the concern on the issue, in 2013 the Justice Sector and Law Reform Commission championed amendments in the relevant laws on sexual offences where punishments of the various forms of sexual assault were reviewed and amended accordingly in 2014. For instance an improvement in the amendment is the punishment of rape which has been

increased from 14years imprisonment to life imprisonment and in some cases even death.

Attached is a copy of the Penal Codes (*Miscellaneous Amendment*) Law No.09 2014.

20. Notwithstanding this positive step, many courts are still not aware of the new amendment and are prosecuting cases based on the old law. There is urgent need for the 72 Sharia Courts, 21 Magistrate courts and the High Courts in the state to have copies of the new framework in order to ensure that the appropriate punishments are meted out to convicted persons. If this new practice is sustained in the long term it will help serve as a deterrent measure against occurrence of rape and other forms of sexual assault.
21. Another key driver of sexual offences is drug abuse; hence tackling this issue will have great impact on the occurrence of these offences. It is imperative for government to ensure that in-depth studies are conducted on the issue of drug abuse to help understand the major factors and causes of such social problem, practices, users etc. in order to come up with the appropriate strategies of curbing the menace and addressing it squarely once and for all.

RECOMMENDATIONS

- i. This office i.e. the of the S.A on Religious, Chieftaincy and Shari`a Implementation needs to be supported in organizing and holding a special sensitization programme for
 - a) Policy makers- it is necessary to hold a meeting bringing together all leaders and policymakers to address this practice of compromising sexual offences. Participants should include legislators, traditional rulers including Emirs, District heads and members of emirate councils, Local government Chairmen with members of their councils, commissioners and heads of parastatals/agencies, board members, imams etc. It is essential at this forum for government to expressly indicate its support to end this menace, its abhorrence for anyone who acts to compromise such cases and the action that it will take on violation of the government's policy. Many cases that are compromised usually involve either of the listed policymakers and so there is great need to sensitize them and bring them on board on government's position to eradicate this menace so that everyone can assist in fighting the problem.

- b) Hold another roundtable with Gatekeepers i.e the Imams and traditional rulers at village and ward level and CSOs; on the one part to ginger and move them to ensure deeper sensitizations and monitoring of such offences in their jurisdictions but also to be champions in ensuring accused persons are taken to authorities for prosecution in the interest of the victims and not resolving or mediating the issues;
- ii. All general hospitals in the state need to have a simplified model of the Sexual Assault Referral and Response unit with competent staff trained through a step down training by the 10 already trained personnel from MOH and MWASD. Furthermore a dedicated focal person should be appointed at these 9 general hospitals to register and handle all rape and sexual assault cases involving both male and female victims. Such a person should ensure victims have access to all the necessary psychological and medical care and services by linking them up with the appropriate services, make the process easier for them and assist them through the health system. In addition, this will enhance collection and collation of the necessary evidence for the prosecution of accused persons appropriately;
- iii. Another imperative step that Government needs to take is ensuring that copies of the amended Penal Codes law herein attached are made and made available to the Ministry of justice with direction for dissemination to all the courts.
- iv. Most significantly, the Government needs to develop a clear policy prohibiting compromise or mediation of rape and sodomy cases. It also needs put modalities in place to ensure the enforcement of the law in this regard so that those caught will be brought to justice as that will serve as deterrent to others.
- v. Local Governments and HISBAH Commands need to be strengthened to be effective in reducing the menace. Committees at local government levels should be established with all the key stakeholders who would monitor these cases and ensure that they are handled in line with the legal processes.