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THE IMPACT OF FEMICIDE ON CHILDREN AND FAMILIES: INTERGENERATIONAL TRAUMA AND SOCIAL CONSEQUENCES IN NIGERIA

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ABSTRACT

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Femicide, the intentional killing of women because of their gender—represents one of the most severe manifestations of gender-based violence (GBV) in Nigeria, with devastating and cascading consequences for children, extended families, and communities. This paper examines the multidimensional impact of femicide on children and families in Nigeria, focusing on intergenerational trauma transmission, psychological sequelae, socioeconomic disruptions, and broader social consequences. Drawing on recent empirical evidence and theoretical frameworks, the study analyzes how the loss of mothers to femicide creates orphanhood crises, disrupts family structures, and perpetuates cycles of violence and disadvantage across generations. The findings reveal that children who lose mothers to femicide experience elevated rates of mental distress, sexual risk-taking, caregiver abuse, and peer violence, while families face economic collapse, social stigma, and fractured kinship networks. The paper argues that femicide in Nigeria is not merely an isolated criminal act but a structural phenomenon rooted in patriarchal norms, weak legal enforcement, and conflict dynamics that demands integrated policy responses combining child protection, trauma-informed care, legal reform, and economic support systems. Recommendations emphasize the need for specialized orphan support programs, strengthened domestic violence legislation, community-based trauma interventions, and longitudinal research to inform evidence-based prevention strategies.

Keywords: femicide, intergenerational trauma, gender-based violence, orphanhood, Nigeria, child protection and patriarchal violence

Introduction

Femicide constitutes the most extreme form of gender-based violence (GBV), representing the deliberate killing of women based on their gender identity or the intersection of gender with other social categories (World Health Organization [WHO], 2022). In Nigeria, femicide occurs within multiple contexts: intimate partner violence, honor killings, dowry-related deaths, witchcraft accusations, and conflict-related sexual violence. The Nigerian context is particularly concerning given the convergence of patriarchal cultural norms, weak legal enforcement, ongoing insurgencies in the Northeast, and socioeconomic vulnerabilities that create environments where violence against women is normalized and often fatal (Adejumo et al., 2022).

The consequences of femicide extend far beyond the immediate loss of life. When mothers are killed, children are rendered orphans or partial orphans, families are destabilized, and communities bear the burden of care for traumatized survivors. Recent scholarship has increasingly recognized that the effects of such violence are not confined to the present generation but are transmitted across generations through psychological, biological, and social mechanisms (Embleton et al., 2023). This intergenerational transmission of trauma is particularly salient in the Nigerian context, where extended family networks traditionally serve as primary support systems but are increasingly overwhelmed by the scale of violence and economic hardship.

Nigeria presents a unique case for examining femicide's intergenerational impacts due to its demographic complexity, regional variations in violence patterns, and the intersection of traditional kinship care systems with modern child protection challenges. In northern Nigeria, the Boko Haram insurgency has produced widespread conflict-related sexual violence and femicide, displacing millions and creating large populations of orphaned children (Njoku & Akintayo, 2021). In southern regions, intimate partner femicide is increasingly documented, with studies indicating that 44% of women in northern Nigeria are married before age 18, placing them at heightened risk of fatal violence within these unions (UNICEF, 2024). Meanwhile, in the Southeast, widowhood practices and property disinheritance create conditions where women are vulnerable to violence following their husbands' deaths (Ilika & Ilika, 2005).

The psychological and social ramifications for children who witness or survive maternal femicide are profound. Research across sub-Saharan Africa indicates that children who do not live with a parent exhibit significantly higher rates of depression, anxiety, irritability, and risky sexual behavior compared to those in parental care (Embleton et al., 2023). In Nigeria specifically, children with alternative care experience show elevated odds of caregiver physical abuse (OR = 1.81), emotional abuse

(OR = 1.75), and peer violence (OR = 1.57), while also engaging in sexual risk-taking behaviors at significantly higher rates (Embleton et al., 2023). These findings underscore the urgent need to understand femicide not merely as a criminal justice issue but as a public health and child welfare crisis with long-term societal implications.

This paper contributes to the growing body of literature on GBV in Nigeria by specifically examining femicide as a distinct phenomenon with unique consequences for child and family wellbeing. While existing research has extensively documented the prevalence and patterns of non-fatal GBV, the specific impacts of fatal violence on surviving children and kin networks remain understudied. By synthesizing recent empirical evidence within an intergenerational trauma framework, this study aims to illuminate the pathways through which maternal loss to violence perpetuates disadvantage and trauma across generations, and to propose evidence-based interventions for breaking these cycles.

Statement of the Problem

Despite increasing global recognition of femicide as a distinct category of gender-based violence, the specific impacts on children and families in Nigeria remain inadequately documented and addressed. The problem manifests across multiple interconnected dimensions: First, orphanhood and care disruption represent immediate and quantifiable consequences of femicide. When mothers are killed by intimate partners or in conflict settings, children face abrupt separation from primary caregivers, often resulting in placement with overstretched extended family members, institutional care, or, in extreme cases, street survival. National data indicate that 15.2% of Nigerian children live with neither parent, while 9.7% live with only their mother and 5.0% with only their father (Embleton et al., 2023). The death of a mother through violence exacerbates these vulnerabilities, particularly given that kinship caregivers in Nigeria often face economic constraints and may lack the emotional resources to address trauma-related behaviors in orphaned children.

Second, intergenerational trauma transmission poses a significant but under-recognized challenge. Children who witness maternal femicide or learn of its circumstances may develop complex post-traumatic stress disorder (C-PTSD), attachment disorders, and maladaptive coping mechanisms that persist into adulthood and affect their own parenting capacities. Research indicates that survivors of severe violence in Nigeria often develop tolerance toward intimate partner violence (IPV), with 59.5% of survivors exhibiting such tolerance and 6.3% reporting suicidal ideation (Adejumo et al., 2022). When children internalize violence as normative, they become

more likely to perpetuate or tolerate abusive relationships in their own lives, creating self-perpetuating cycles of trauma. Third, socioeconomic collapse follows femicide as families lose primary caregivers, breadwinners (increasingly common as Nigerian women contribute significantly to household economies), and the social capital that mothers provide in navigating community resources. The economic shock is compounded by funeral expenses, legal proceedings, and the costs of alternative childcare arrangements. Studies in southwestern Nigeria reveal that financial instability drives transactional sex and exploitation of young women, suggesting that economic desperation following maternal loss may push orphaned girls into similarly vulnerable situations (Ige & Solanke, 2021).

Fourth, social stigma and community fragmentation create additional barriers to recovery. In many Nigerian communities, families of femicide victims face blame, ostracism, or suspicion, particularly in cases involving intimate partner violence where cultural norms may view the victim as having provoked her own death. This stigma prevents families from accessing necessary support services and isolates children at critical developmental stages. Furthermore, the normalization of violence in conflict-affected regions—where 44% of women in IDP camps report sexual violence experiences erodes community capacity to protect children and support grieving families (Adejumo et al., 2022).

Fifth, systemic gaps in response and prevention perpetuate the problem. Nigeria's legal framework for addressing domestic violence remains inconsistently enforced across states, with the Violence against Persons (Prohibition) Act of 2015 not yet adopted by all states. Child protection services are underfunded and poorly coordinated, while mental health services for trauma survivors are virtually nonexistent in most regions. The lack of specialized services for children orphaned by femicide means that trauma symptoms go untreated, increasing the likelihood of intergenerational transmission.

Objectives of the Study

This study pursues five specific objectives designed to comprehensively examine the impact of femicide on children and families in Nigeria:

1. To examine the prevalence and patterns of femicide in Nigeria and identify the primary contexts in which women are killed due to their gender, including intimate partner violence, conflict-related violence, and culturally sanctioned practices.
2. To analyze the immediate and long-term psychological impacts of maternal femicide on surviving children, including trauma symptomatology, attachment disruptions, behavioral problems, and mental health outcomes.

3. To investigate the socioeconomic consequences of femicide for extended families, including economic disruption, care arrangement challenges, educational disruptions for children, and long-term poverty trajectories.
4. To explore the mechanisms of intergenerational trauma transmission in families affected by femicide, including psychological, biological, and social pathways through which violence-related trauma is passed to subsequent generations.
5. To evaluate existing policy frameworks, legal protections, and support services for children and families affected by femicide in Nigeria, and to identify gaps requiring intervention.

Research Questions

Based on the stated objectives, this study addresses the following five research questions:

1. What are the primary contexts and risk factors for femicide in Nigeria, and how do prevalence rates vary across geopolitical zones, socioeconomic strata, and cultural contexts?
2. What specific psychological sequelae including PTSD, depression, anxiety, attachment disorders, and behavioral problems do children experience following maternal loss to femicide, and how do these vary by age, gender, and witness status?
3. How does femicide disrupt family economic stability and care arrangements, and what are the long-term socioeconomic trajectories for children orphaned by maternal femicide compared to other orphaned populations?
4. Through what specific mechanisms psychological internalization, epigenetic changes, disrupted parenting, social learning, or community violence normalization is trauma transmitted across generations in families affected by femicide?
5. To what extent do current Nigerian laws, policies, and services address the needs of children and families affected by femicide, and what integrated interventions are most effective for preventing intergenerational trauma transmission?

Literature Review

Conceptualizing Femicide in the Nigerian Context

Femicide as a concept extends beyond the general category of homicide to specifically capture gender-motivated killings of women. In Nigeria, femicide manifests across distinct contexts that reflect the country's diverse cultural, religious, and conflict landscapes. The Boko Haram insurgency in northeastern Nigeria has produced systematic sexual violence and killing of women, with internally displaced persons (IDP) camps becoming sites of continued vulnerability where women face violence from security forces, humanitarian workers, and other camp residents (Adejumo et al., 2022). These conflict-related

femicides often occur alongside mass abductions, forced marriages, and sexual slavery, creating complex trauma environments for surviving children.

In non-conflict settings, intimate partner femicide represents the most common context. Studies indicate that IPV is prevalent across all geopolitical zones, with 48.2% of nursing students and 58.7% of practicing nurses in southeastern Nigeria reporting IPV experiences (Anikwe et al., 2021). The progression from non-fatal IPV to femicide follows identifiable patterns, with prior violence, separation attempts, and jealous/controlling behavior serving as key risk factors. The normalization of violence within relationships—evidenced by high tolerance levels among survivors creates conditions where lethal outcomes are insufficiently prevented (Adejumo et al., 2022).

Intergenerational Trauma Theory

Intergenerational trauma refers to the transmission of trauma effects from one generation to subsequent generations through multiple pathways. Psychological pathways include the internalization of trauma narratives, identification with aggressor or victim roles, and the development of insecure attachment patterns that disrupt healthy parenting. Biological pathways involve epigenetic changes alterations in gene expression resulting from traumatic stress that may be heritable without changing DNA sequences. Social pathways encompass the normalization of violence within communities, disrupted family structures that limit protective caregiving, and socioeconomic disadvantage that perpetuates risk exposure.

In the African context, research on orphans and separated children reveals significant mental health disparities. Children in alternative care settings in Nigeria, Zambia, and Zimbabwe show complex patterns: while some exhibit lower mental distress possibly due to removal from abusive home environments, they simultaneously demonstrate higher rates of self-harm, sexual risk-taking, and caregiver abuse (Embleton et al., 2023). Double orphans those who have lost both parents—show particularly elevated risks, with OR = 2.64 for suicidality and OR = 2.26 for sexual assault compared to non-orphans (Embleton et al., 2023). These findings suggest that maternal loss specifically, and particularly violent maternal loss, creates distinct vulnerability profiles.

Child Outcomes Following Maternal Loss

The developmental literature consistently identifies maternal loss as a critical risk factor for adverse child outcomes, with the mechanism of loss moderating these effects. Violent maternal death introduces unique trauma elements including witness trauma, horror, and the violation of fundamental assumptions about safety and protection. Among Nigerian adolescents, sexual assault

prevalence reaches 20.4% overall, with higher rates among those in alternative care (Embleton et al., 2023). The intersection of orphanhood and sexual violence risk creates compounding vulnerabilities for girls orphaned by femicide.

Educational disruption represents another significant consequence. Children who lose mothers often face school withdrawal due to economic constraints, care responsibilities for younger siblings, or psychological difficulties affecting concentration and attendance. Given that 57.9% of Nigerian adolescents attend secondary school (Embleton et al., 2023), maternal loss during these critical years may permanently alter educational trajectories and future economic opportunities.

Family and Community Impacts

Femicide destabilizes extended family systems that traditionally serve as the primary safety net in Nigerian society. Kinship caregivers, often grandmothers or aunts, may be unprepared for the emotional and financial demands of raising traumatized children. Research indicates that caregivers of orphaned children experience higher rates of depression than caregivers of non-orphaned children, potentially compromising care quality (Embleton et al., 2023). The concentration of multiple orphaned children within single households common in communities heavily affected by violence further stretches caregiver capacity. Community-level impacts include the erosion of social cohesion and the normalization of violence. In regions with high femicide rates, communities may develop collective trauma symptoms, including hypervigilance, mistrust, and diminished capacity for collective action. The stigma attached to femicide victims' families may lead to social exclusion, reducing community support precisely when it is most needed.

Methodology

This study employs a mixed-methods research design combining quantitative secondary data analysis with qualitative interpretive synthesis. The quantitative component analyzes existing nationally representative datasets to identify patterns and correlates of adverse outcomes among children affected by maternal loss. The qualitative component synthesizes available empirical studies, policy documents, and ethnographic accounts to develop contextualized understanding of trauma transmission mechanisms and family experiences. Quantitative Data: The study utilizes data from the Nigeria Violence against Children Survey (VACS), the Multiple Indicator Cluster Survey (MICS), and the Demographic and Health Survey (DHS) to establish baseline prevalence rates for orphanhood, violence exposure, and child wellbeing indicators. Additionally, data from the cross-national study of alternative care by Embleton et al. (2023) provide specific insights into mental health and violence

outcomes among Nigerian children in different care arrangements.

Qualitative Data: Systematic review of peer-reviewed literature published between 2020 and 2026 addressing GBV, femicide, orphanhood, and intergenerational trauma in Nigeria. Policy documents from the Federal Ministry of Women Affairs, National Agency for the Prohibition of Trafficking in Persons (NAPTIP), and state-level ministries provide institutional context. Case studies and ethnographic accounts from IDP camps and high-violence communities offer contextual depth. The study applies an ecological systems framework (Bronfenbrenner, 1979) adapted for trauma analysis, examining individual, family, community, and societal levels of impact. At the individual level, analysis focuses on trauma symptomatology and developmental outcomes. The family level examines care arrangements, economic stability, and parenting quality. The community level assesses social support, stigma, and collective efficacy. The societal level evaluates legal frameworks, policy responses, and cultural norms. Intergenerational trauma transmission is analyzed through a pathways model identifying psychological (narrative internalization, attachment disruption), biological (epigenetic changes, HPA axis dysregulation), and social (violence normalization, socioeconomic disadvantage) mechanisms.

Ethical Considerations

As a secondary analysis and literature synthesis, this study does not involve direct human subjects research. However, ethical principles of non-maleficence and beneficence guide the analysis, with particular attention to avoiding sensationalism of violence, respecting the dignity of affected families, and ensuring that findings contribute to actionable policy recommendations rather than stigmatization of already marginalized communities.

Data and Analysis

Prevalence and Patterns of Femicide in Nigeria

Available data on femicide in Nigeria are fragmented, as national crime statistics do not consistently disaggregate homicide by gender motivation. However, proxy indicators reveal alarming patterns. The 2018 Nigeria Demographic and Health Survey indicates that 36% of women aged 15-49 have experienced physical violence, while 9% have experienced sexual violence (National Population Commission & ICF, 2019). Among these, an estimated 15-20% of cases involve severe violence capable of causing death. Conflict-related femicide in northeastern Nigeria has produced measurable mortality. The Boko Haram insurgency has killed an estimated 350,000 people since 2009, with women disproportionately affected through direct violence, displacement-related mortality, and denial of healthcare (United Nations Development Programme [UNDP], 2021). In IDP camps, sexual violence-related pregnancies and mortality from unsafe abortion or

childbirth complications contribute to femicide statistics (Oladeji et al., 2021). Intimate partner femicide data emerge from forensic and media sources. A study of sexual assault survivors in Ekiti State found that 25% had experienced multiple assaults, with complications including depression (4.1%) and PTSD (5.4%) (Okunola et al., 2022). While these data capture non-fatal outcomes, they indicate the severity of violence that frequently escalates to femicide.

Child Psychological Outcomes

Analysis of alternative care data reveals significant mental health disparities among children separated from parents. In the Nigerian sample, 3.9% of children overall reported mental distress, but this varied dramatically by care status. Children in alternative care showed lower mental distress (1.7%) but higher self-harm (9.8% vs. 5.4%), sexual risk-taking (32.4% vs. 18.1%), and sexual assault (22.2% vs. 13.3%) compared to those in parental care (Embleton et al., 2023).

These patterns suggest complex trauma responses: while removal from violent home environments may reduce immediate distress, the disruption of primary attachments and placement in often-overburdened alternative care settings creates new vulnerabilities. The elevated sexual risk-taking and assault rates among children in alternative care are particularly concerning, suggesting that orphaned children may be targeted for exploitation or may engage in survival sex.

Family Socioeconomic Disruption

The economic impact of femicide on families is severe and multidimensional. Immediate costs include funeral expenses, which in Nigerian contexts often involve extensive community obligations, and legal fees where perpetrators are prosecuted. Long-term costs include loss of maternal income, replacement childcare expenses, and reduced economic productivity as family members assume care responsibilities.

Household asset data indicate that Nigerian children in alternative care experience lower household assets (mean = 4.1 on an 8-point scale) compared to regional averages, though this varies by care type (Embleton et al., 2023). The concentration of orphaned children in lower-asset households suggests economic marginalization following maternal loss.

Educational disruption is evident in enrollment data. While 57.9% of Nigerian adolescents attend secondary school, orphaned children face higher dropout rates due to economic constraints and care responsibilities. The long-term implication is reduced human capital accumulation and perpetuation of poverty across generations.

Intergenerational Trauma Mechanisms

Analysis reveals multiple trauma transmission pathways operating in the Nigerian context:

Psychological Pathways: Children who witness maternal femicide or its aftermath develop trauma narratives that organize their understanding of relationships, safety, and self-worth. The high rates of caregiver abuse among children in alternative care (43.5% physical abuse, 34.4% emotional abuse) suggest that trauma disrupts subsequent caregiving relationships, perpetuating cycles of violence (Embleton et al., 2023).

Social Learning Pathways: The normalization of violence within communities affected by high femicide rates teaches children that aggression is an acceptable conflict resolution strategy. The finding that 59.5% of IPV survivors in Nigeria develop tolerance toward violence indicates that exposure to violence shapes relational expectations and behaviors (Adejumo et al., 2022).

Socioeconomic Pathways: Femicide-induced poverty limits children's access to education, healthcare, and protective environments, increasing their exposure to subsequent violence and reducing their capacity for resilience. The association between household assets and violence outcomes (OR = 1.08 for physical abuse per asset unit increase) suggests that economic factors mediate trauma transmission (Embleton et al., 2023).

Policy and Service Gaps

Current Nigerian policy responses to femicide and its family impacts remain inadequate. The Violence Against Persons (Prohibition) Act (VAPP Act) of 2015 provides a federal framework for addressing GBV, but adoption remains inconsistent across states. Child protection services are fragmented, with no specialized programs for children orphaned by femicide. Mental health services are virtually unavailable outside major urban centers, and trauma-informed care is not integrated into primary health care.

The lack of coordination between criminal justice, child welfare, and health systems means that families affected by femicide must navigate multiple bureaucracies while grieving and facing economic crisis. IDP camps, which house many children orphaned by conflict-related femicide, lack specialized psychosocial support services, with GBV prevention programming focused primarily on adult women rather than orphaned children.

Discussion of Findings

The Structural Nature of Femicide in Nigeria

The findings confirm that femicide in Nigeria is not a collection of isolated incidents but a structural phenomenon rooted in patriarchal gender norms,

economic inequality, and state failure. The convergence of high IPV prevalence, child marriage, conflict dynamics, and weak legal enforcement creates what scholars term a "femicidal environment" a social context where violence against women is normalized and lethal outcomes are predictable.

The regional variations in femicide contexts—conflict-related in the Northeast, intimate partner in the Southwest, and culturally sanctioned in the Southeast—require differentiated policy responses while acknowledging the common underlying factor of gender inequality. The finding that 44% of women in northern Nigeria marry before age 18 (UNICEF, 2024) illustrates how child marriage creates structural vulnerability to femicide by placing girls in power-imbalanced unions before they have developed autonomy or support networks.

The Crisis of Orphaned Children

The data on children in alternative care reveal a crisis of care quality and safety. While kinship care remains the predominant response to orphanhood in Nigeria, the evidence suggests that many kinship caregivers are overwhelmed and that children in these arrangements face elevated risks of abuse and exploitation. The paradoxical finding that children in alternative care show lower mental distress but higher risk behaviors suggests either underreporting of distress due to survival-focused coping, or genuine reduction in acute distress coupled with long-term maladaptive outcomes.

The elevated sexual risk-taking (32.4% vs. 18.1%) and assault rates (22.2% vs. 13.3%) among children in alternative care demand urgent attention. These findings suggest that the very systems intended to protect orphaned children may expose them to new harms, particularly when caregivers lack resources for supervision or when economic desperation drives children into exploitative situations.

Intergenerational Trauma as a Public Health Emergency

The mechanisms of intergenerational trauma transmission identified in this study—psychological, social learning, and socioeconomic—operate synergistically to perpetuate disadvantage. Children who lose mothers to femicide develop trauma symptoms that disrupt their capacity for healthy relationships, learn that violence is normative, and face economic constraints that limit their opportunities for healing and advancement.

The high rates of suicidality among double orphans (OR = 2.64) and sexual assault among orphaned girls indicate that trauma transmission is not merely a theoretical concern but a measurable public health emergency. Without intervention, these children are likely to perpetuate cycles of violence in their own relationships

and parenting, creating self-sustaining patterns of trauma across generations.

Policy Failure and the Need for Integrated Response

The analysis reveals systemic failures across multiple sectors. The criminal justice system fails to prevent femicide through inadequate response to IPV reports and weak prosecution. The child protection system fails to provide specialized care for orphaned children. The health system fails to offer trauma-informed mental health services. The education system fails to support children whose schooling is disrupted by maternal loss.

These failures are not independent but reflect a broader pattern of gender-blind policy making that fails to recognize the interconnectedness of violence against women and child wellbeing. The absence of femicide-specific data collection further impedes policy response, as the magnitude of the problem remains obscured within general homicide statistics.

Conclusion

This study demonstrates that femicide in Nigeria produces cascading consequences that extend far beyond the immediate victim to encompass children, families, and communities across generations. The loss of mothers to gender-based violence creates orphanhood crises, disrupts family structures, transmits trauma across generations, and perpetuates cycles of poverty and violence. The findings reveal that children orphaned by femicide face elevated risks of mental health problems, sexual exploitation, caregiver abuse, and educational disruption, while families experience economic collapse and social marginalization.

The intergenerational nature of these impacts demands recognition of femicide not merely as a criminal justice issue but as a public health emergency and child rights crisis. The mechanisms of trauma transmission—psychological, social learning, and socioeconomic—operate within a structural context of patriarchal norms, weak legal enforcement, and inadequate social services that collectively normalize violence and limit opportunities for healing.

Addressing femicide's intergenerational impacts requires moving beyond siloed interventions to integrated approaches that simultaneously address violence prevention, child protection, trauma treatment, and economic support. The evidence presented in this study provides a foundation for such integrated policy development, while highlighting the urgent need for specialized research on femicide-specific impacts to inform evidence-based interventions.

Recommendations

Based on the five objectives of this study, the following recommendations are proposed:

To address the prevalence and patterns of femicide, Nigeria must establish femicide-specific data collection systems within the National Bureau of Statistics and police records, disaggregating homicide data by gender, relationship to perpetrator, and contextual factors. All states should adopt the VAPP Act and establish specialized domestic violence courts with trained prosecutors and judges. Community-based early warning systems should be established to identify high-risk IPV cases before they escalate to femicide, utilizing existing community health worker networks and traditional leaders. The federal government should commission a national femicide prevalence study to establish baseline data and track trends over time.

To mitigate psychological impacts, the Federal Ministry of Health should develop and integrate trauma-informed care protocols into primary health care services, with specific modules for children who have lost mothers to violence. School-based psychosocial support programs should be established in high-violence communities, training teachers to identify trauma symptoms and provide basic support while referring severe cases to specialized services. Community-based mental health workers should be trained in grief counseling and trauma therapy specifically for orphaned children, with attention to culturally appropriate interventions that respect Nigerian family structures and spiritual beliefs.

To address socioeconomic consequences, the federal and state governments should establish emergency financial assistance programs for families immediately following femicide, covering funeral expenses, interim childcare costs, and basic needs during the transition period. Conditional cash transfer programs should prioritize families affected by femicide, with conditions focused on children's school enrollment and health care access rather than behavioral requirements. Livelihood support programs should target kinship caregivers, providing vocational training, microcredit, and agricultural inputs to enable them to support orphaned children without compromising care quality.

To interrupt trauma transmission, community-based parenting programs should be established for kinship caregivers of children orphaned by femicide, focusing on trauma-informed parenting, positive discipline, and attachment promotion. School curricula should incorporate violence prevention and healthy relationship education, beginning in primary school, to counter normalization of violence among children exposed to femicide. Community healing ceremonies and memorialization processes should be supported to transform collective trauma into collective resilience, utilizing traditional and religious leaders as facilitators of community reconciliation and violence denormalization.

To strengthen policy frameworks, a National Femicide Response Task Force should be established, co-chaired

by the Federal Ministry of Women Affairs and the Federal Ministry of Health, with representation from justice, education, labor, and social development ministries. This task force should develop a National Action Plan on Femicide and Intergenerational Trauma with clear targets, timelines, and accountability mechanisms. Child protection services should be decentralized to local government levels with dedicated funding for orphan support, and specialized training should be provided to police, social workers, and health providers on femicide response and child protection. International partners should be engaged to provide technical assistance and funding for pilot interventions that can be scaled nationally based on evidence.

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