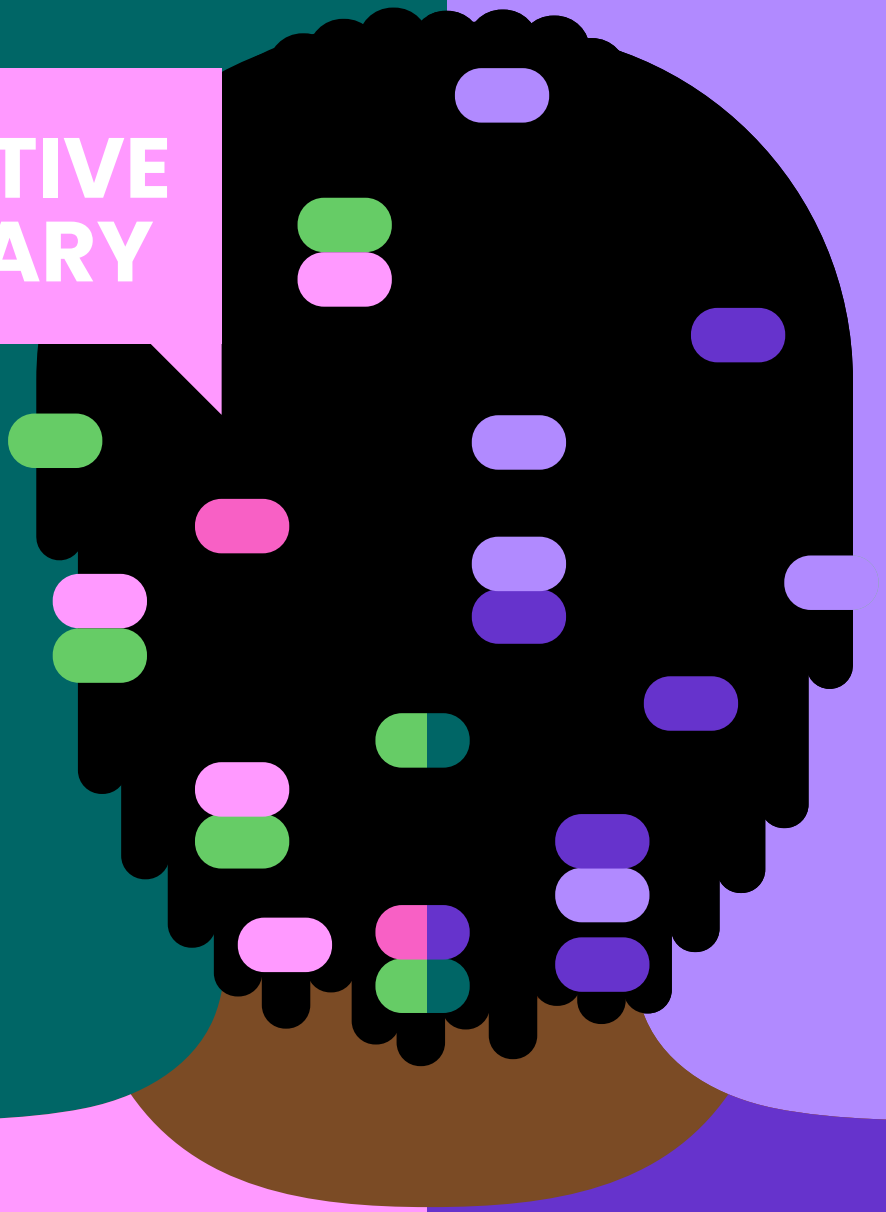
EXECUTIVE SUMMARY



THE MAZE WOMEN FACE: STUCK BETWEEN RIGHTS AND REALITY

Access to safe and legal abortion for women and girls, victim-survivors of sexual violence

A comparative study in West and Central Africa 2025

Rutgers

Co-funded by the European Union

Executive summary

Despite legal frameworks that grant access to safe abortion for victim-survivors of sexual violence in West and Central Africa, they continue to face overwhelming barriers. This study reveals a considerable gap between rights on paper and lived realities in five countries, showing how overlapping systems of law, healthcare and harmful social norms create a maze of obstacles that prevent women and girls from accessing justice, care and support.

First systematic, comparative study in the region

This report was co-funded by the European Union. Its content is the sole responsibility of Rutgers and does not necessarily reflect the views of the European Union.

A preventable crisis

Every year, around 25 million unsafe abortions occur worldwide (WHO). The consequences are devastating. Over 20,000 women and girls die and many more live with lifelong physical or medical complications. Women, girls, communities and health systems also bear high social and financial costs. These outcomes are not inevitable. They result from gender inequality, stigma and restrictive legal frameworks that limit access to safe, timely care. While entirely preventable, unsafe abortion remains a leading cause of maternal mortality in countries with restrictive abortion laws; where abortion is broadly legal, most abortions are safe.

In West and Central Africa, the risks are especially high. In 2019, an estimated 2.3 million unsafe abortions were performed in West Africa and 1.1 million in Central Africa, making these regions among the riskiest in the world for women and girls to experience unintended pregnancy.

Behind these statistics are countless individual stories of women and girls who became pregnant through sexual violence, including rape and incest, and were denied safe options as permitted by law. Victim-survivors of sexual violence are routinely failed by inadequate law implementation, incomplete policies, inaccessible services and profound information gaps. Many do not even know they have a legal right to a safe abortion. At every turn, they face stigma, discrimination and blame for circumstances beyond their control.

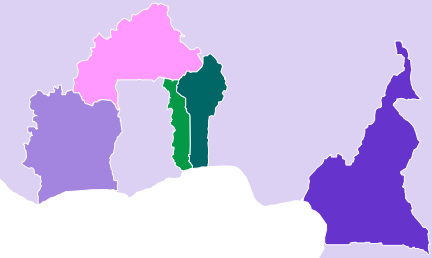
Uncovering the maze women face

This is the first systematic, comparative study in the region examining how legal frameworks, administrative systems and social norms interact to shape victim-survivors' access to safe abortion. It highlights both persistent barriers and examples of progress that could inform reform, while foregrounding the lived realities of victim–survivors, which too often remain hidden.

The study was conducted by Rutgers and CERRHUD in five countries* - Benin, Burkina Faso, Côte d'Ivoire, Togo and Cameroon. While the countries share similar institutional contexts, they diverge in legal and policy trajectories.

The research draws on the unique contribution of young, in-country researchers, whose contextual knowledge and perspectives ensured that the voices of young people are central to the evidence.

Benin
Burkina Faso
Côte d'Ivoire
Togo
Cameroon



* Selected through the Ado Avance Ensemble partnership, coordinated by Rutgers in collaboration with partners in West and Central Africa.

Findings: The gap between laws and realities

The study explores barriers to accessing legal abortion across different levels of governance and implementation. It shows how gaps accumulate from top to bottom: ratifying an international human rights framework without follow-through, administrative paralysis, uneven institutional adoption and ultimately victim-survivors' journeys that end in denial and danger.

> "A huge gap exists between rights on paper and lived realities"

Legal frameworks

The five countries studied have all ratified the Maputo Protocol. Full domestication of Maputo Protocol article 14 (2)(c)*, authorising medical abortion to victims survivors of sexual violence, is rare with only Benin having fully domesticated this article.

In all five countries, legal provisions criminalising 'the promotion' of abortion create fear among government and civil-society actors limiting communication and action.

Policy and systems gaps

Where national guidelines for safe and legal abortion exist, they are often unclear or contradicting other guidelines. Sexual and gender-based violence guidelines and sexual and reproductive health guidelines frequently remain unaligned. The absence of operational guidance, like in Togo for instance, leads to paralysis in health and legal systems.

Policy adoption by implementing organisations

Hospitals, clinics and courts interpret laws and policies inconsistently and staff are often unaware of the latest laws or miss guidelines on how to implement them. Victim-survivors' experiences therefore vary depending on which institution they approached: some provide compassionate care, while others deny services outright. However, innovations such as digital platforms connecting women to safe providers and professional associations creating referral pathways show what is possible when institutions actively strengthen implementation.

Implementation in practice and victim-survivors' lived realities

Victim-survivors and their families often lack information on the laws meant to protect them. Stigmatisation of victim-survivors and victim-blaming in families, communities and institutions further hinders effective care-seeking. When victim-survivors do disclose and seek care, the administrative, legal and financial hurdles are enormous, and procedures to obtain authorisations for abortion tend to take far too long. These barriers frequently force them to resort to unsafe, clandestine abortions or forced motherhood, turning legal rights into privileges accessible only to the most informed and resourced.

*Authorising medical abortion in cases of sexual assault, rape, incest and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus

Discussion: Interconnected exclusion mechanisms

The study shows that access to safe abortion for victim-survivors of sexual violence depends not only on legal frameworks but on a complex system of barriers that together create a maze of exclusion. These barriers can be grouped into four interconnected mechanisms.

1. Delayed accountability

All states in the study have ratified the Maputo Protocol, recognising abortion in cases of rape, incest and risk to the woman's health and life. Except for Benin, they have not fully domesticated these provisions into national law or operationalised them. Ratification without effective implementation leaves victim-survivors unable to exercise rights that exist only on paper, while accountability mechanisms remain weak.

2. Procedural complexity

Victim-survivors must navigate demanding and often contradictory processes: obtaining police reports, securing medical certificates, seeking judicial authorisation - leading to delays that are retraumatising and incompatible with the time-sensitive nature of pregnancy. A few civil society initiatives to address these challenges are showing possible ways out of this complexity.

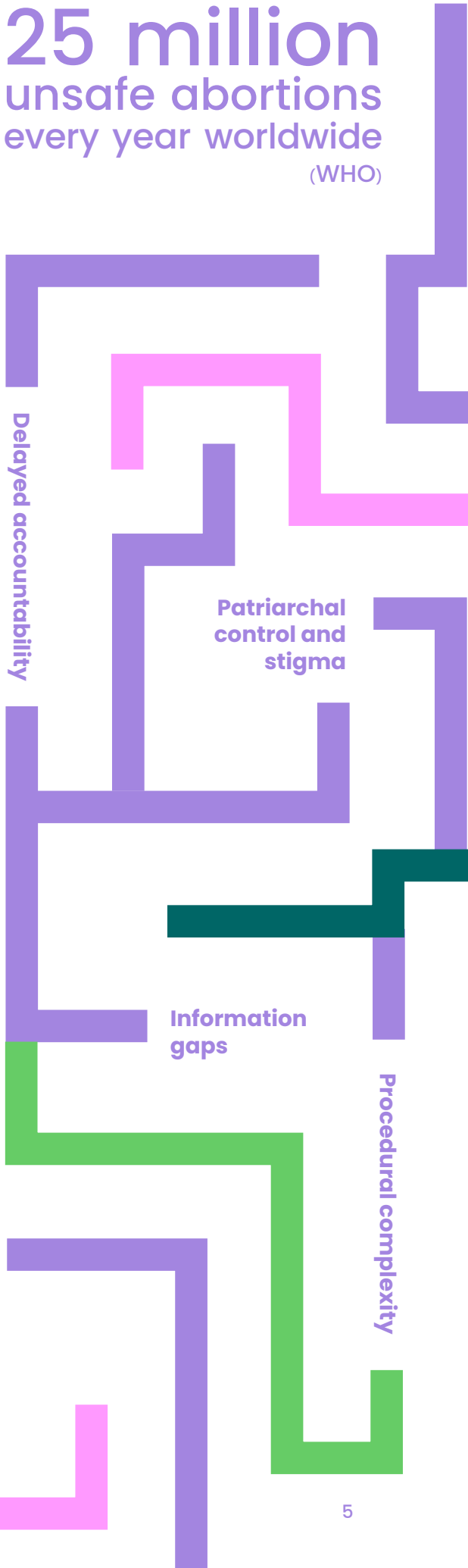
3. Information gaps

Even when legal grounds exist, victim-survivors often lack knowledge of their rights and are not properly referred to care. Healthcare providers themselves are frequently uncertain about the law; guidelines are unknown or non-existent and communication to communities about safe abortion is minimal. Many victim-survivors therefore turn to unsafe options simply because safe, legal avenues are unknown.

4. Patriarchal control and stigma

Harmful gender norms perpetuate blame and silence. Survivors face stigma and intimidation from perpetrators, families, communities, and even health workers, which discourages reporting and seeking care.

Together, these mechanisms create a systemic maze that denies victim-survivors access to the rights they are entitled to rather than enabling them.



Conclusion

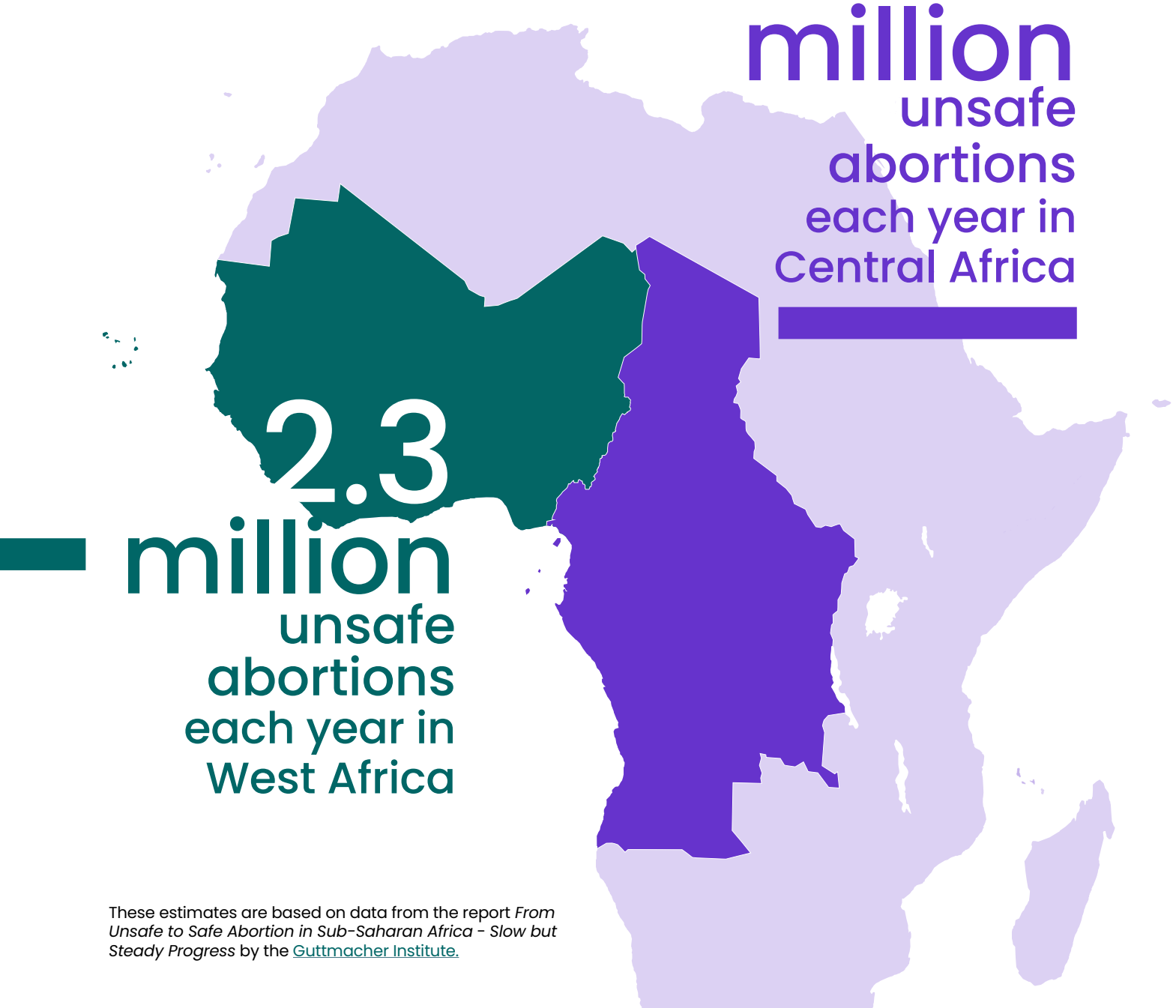
This study reveals a stark paradox. Across the five countries studied in West and Central Africa, laws exist on paper granting victim-survivors of rape and incest the right to safe abortion, yet those rights remain out of reach. Victim-survivors are lost in a maze of complexity, delays, silence and stigma.

The consequences are devastating: maternal mortality, preventable injuries and countless futures cut short. But this is not inevitable. Systemic change is urgent and achievable.

Positive developments in policies, awareness, and service delivery show that progress is possible. While these efforts remain uneven, they signal that coordinated action and sustained commitment can make a real difference.

These are stepping stones to a better future but are not enough to end the maze. Governments, civil society, health care providers and communities must do more.

1.1 million unsafe abortions each year in Central Africa



2.3 million unsafe abortions each year in West Africa

These estimates are based on data from the report *From Unsafe to Safe Abortion in Sub-Saharan Africa - Slow but Steady Progress* by the Guttmacher Institute.

Recommendations

Ending the maze requires bold and coordinated action. While the full report contains a comprehensive set of recommendations, the following highlight the most urgent priorities for governments, health systems, civil society and communities. These actions are critical to remove barriers, uphold rights and ensure that victim-survivors of sexual violence can access safe and legal abortion in practice, not just on paper.

Remove procedural barriers

Separating medical procedures from legal procedures allows to remove procedural barriers while protecting victim-survivors from further harm.

Make information widely accessible

Information on safe and legal abortion should be made easily accessible, which includes the removal by governments of legal barriers to awareness-raising.

Address stigma and discrimination

A fundamentally stronger effort is needed by governments, civil society and communities to combat and prevent sexual and gender-based violence and hold perpetrators accountable. This includes tackling prejudices, stigma and discrimination rooted in inequitable gender norms.

Follow successful reforms

Benin, Ethiopia, and the Democratic Republic of the Congo have reformed abortion laws by removing judicial prerequisites, recognising moral distress, or accepting a woman's report as sufficient evidence of rape. Other governments could follow these examples to create a more accessible, humane, and responsive framework for victim-survivors of sexual violence.

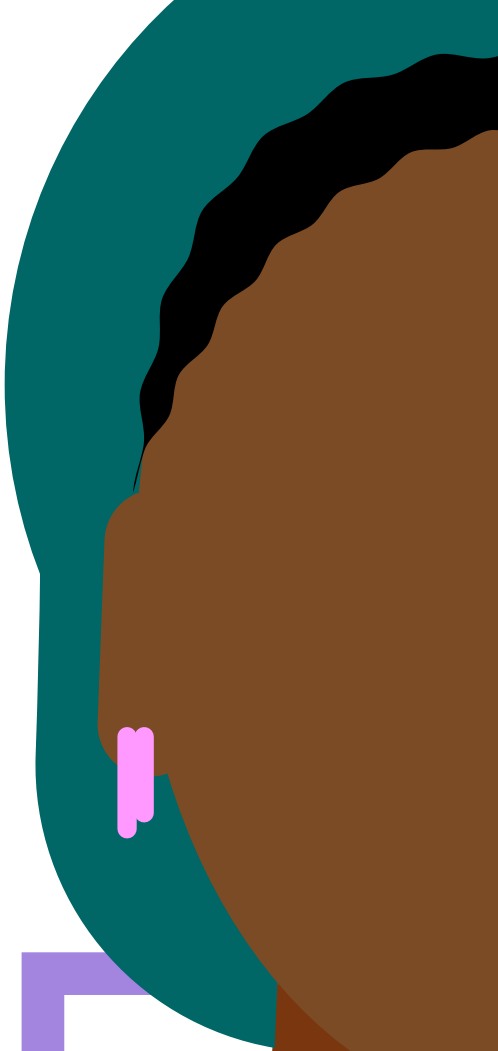
Align abortion and gender-based violence policies

Harmonise abortion and sexual and gender-based violence policies and ensure coordinated medical, social and legal support for victim-survivors.

The maze ends here

The Maze Women Face: Stuck Between Rights and Reality shows that while laws exist to guarantee safe abortion for victim-survivors of sexual violence, they face systemic barriers that trap them in a maze of delays, stigma and exclusion. Behind every statistic on unsafe abortion is a woman whose choices are constrained, whose health and life are at risk and whose dignity is compromised.

This is not inevitable. Together, we can turn evidence into action so that every woman's path leads to a safe choice, wherever she turns. No woman should risk her life to navigate the maze. Every victim-survivor deserves to be seen, heard, trusted and supported. Choice is dignity. And it is within our power to make it real, for all women and girls, everywhere.



Every victim-survivor deserves to be seen, heard, trusted and supported.

Victim-survivors are lost in a maze of delays, complexity, silence and stigma.

No woman should risk her life to navigate the maze.

rutgers.international