

THE CHALLENGES OF HEALTH CARE SUPPORT FOR SURVIVORS OF ABUSE BY AN INTIMATE PARTNER; SCRUTINY OF LAW AND POLICY IN NIGERIA

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ABSTRACT

Intimate partner violence (IPV) is a behavioral pattern a person exhibits to cause bodily, coital, emotional, or psychological harm on another partner in an intimate relationship. Intimate partners can be spouses, cohabiting partners, dating partners, or former spouses or partners. IPV can have a devastating impact on survivors, both physically and emotionally. It can cause physical injuries, chronic pain, and long-term health problems. This makes IPV survivors visit the health care facilities more than non survivors of IPV. IPV is a significant public health concern in Nigeria, with substantial impact for survivors' physical and mental well-being. Healthcare experts occupy a delicate position in spotting, supporting, and redirecting IPV survivors in obtaining appropriate services. However, several challenges like absence of specific legal framework among others hinder effective healthcare support for IPV survivors in Nigeria. of IPV. This paper seeks to explore the existing relevant laws in Nigeria and its adequacy in the place of medical and health support in Nigeria. The modus operandi adopted here to achieve the objective of this paper is to utilize qualitative research methodology to review existing laws better described as the legal framework over the health care infrastructure and IPV in Nigeria. The paper recommends a specific legislative structure in the form of a law regarding medical care and support of IPV survivors in Nigeria among others.

Key words: Health care support, IPV, Legal framework, Survivors

INTRODUCTION

Legislations are quite crucial in regulating medical practice in Nigeria and this applies also to the health care support of IPV survivors because these legislations cater for multiple facets of health infrastructure by providing for the allocation of resources, rights and privileges of patients, rights of health workers, rights of primary and secondary care workers, parameters or basic standards

of care, etc.¹ The legal framework also caters for professionalism or expected professional ethics and conduct expected from personnel in the health sub sector. Health care occupies a very crucial place in national development and it is unsurprising that many laws undergirding the health sector already exist when looking at the corpus of Nigerian laws. Some of those crucial legislations include; the MDPA² which regulates medical practitioners and dentist within the federation alongside other incidental factors; the Nursing and Midwifery (Registration etc.) Act³ which generally provides for the modalities for registration and practicing as a nurse and midwife in Nigeria; the National Health Act 2014⁴ which in a bid to cater for care across board from primary to tertiary care also establishes the National health system and eligibility for health services; the Code of Medical Ethics in Nigeria which stipulates basically the ethical component of medical practice; the CFRN⁵ provides foundational framework on which all other laws are built;⁶ the Patients' Bill of Rights which is designed to further empower the patient to access readily available treatment without impartiality; the Pharmacy Act which regulates all things pharmaceutical and the Nigerian Criminal Code Act for the South and Penal Code for the north both providing criminal provisions against negligence in health services.⁷ The relevant laws for the health care support of IPV survivors in Nigeria can be grouped into International, Regional and Local/Domestic laws.⁸

International Laws

These are international treaties that Nigeria is signatory to while some have been domesticated and therefore, Nigeria is bound by these laws. This comprises of ICCPR & ICSECR of 1966; etc. This giant of Africa is signatory to all the above listed instruments and which all enjoin member states to make provision covering the modalities regarding how citizens may be entitled to the right to health as citizens and therefore all IPV survivors who are citizens of Nigeria under these treaties are supposed to be entitled to the healthcare support but these treaties give room for states' implementation subject to their available resources. This creates a loose system where uniformity of implementation does not exist. This further explains why it seems there is a reality

¹ Olawunmi Opeyemi Obisesan, 'An Overview of Healthcare Support of Intimate Partner Violence Survivors' (2024) 3(3) *Research Output Journal of Public Health and Medicine* 15.

² Cap m8 LFN 2004

³ Cap 143 LFN 2004

⁴ The National Health Act 2014 was intended to be a revolutionary legislation in health services.

⁵ Nigerian Constitution 1999 (as amended 2018)

⁶ Hereinafter CFRN 1999 (as amended 2018)

⁷ A. Olabanjo, A. Temidayo, and K.F Itunu, 'Examination of the Legal and Institutional Frameworks of Medical Law in Nigeria' (2021) 9 (6) GJPLR, 12-24

⁸ Olawunmi Opeyemi Obisesan, 'Appraisal of the Relevant Laws, Healthcare Policies, and Legal and Institutional Frameworks for the Healthcare Support of Intimate Partner Violence Survivors in Nigeria' (2024) 4(2) *Newport International Journal of Law, Communication and Languages* 18.

of unenforceability the very fundamental right to access appropriate healthcare under Nigerian constitutional provisions.

African Region Laws

Within Africa, the Maputo Protocol 2003⁹ seems relevant to consider.

It establishes IPV survivors right generally and the specific right of women especially to healthcare support.

Domestic Laws

Nigeria has some legal and institutional framework which is applicable to the entire health infrastructure in Nigeria only, some of which are discussed in this section. The closest statute(s) existing in Nigeria that deals with issues of domestic violence is the Violence Against Persons Prohibition Act 2015.¹⁰

THE MDPA 2004¹¹

The Medical and Dental Practitioners Act¹² creates the Council is legally a corporate body that have legal personality and can institute an action in its own name separate from her members. The Council is billed to continue existing perpetually and operate with a common seal that marks out its documents and correspondences and legal documents emanating from the council.

Duties of the MDPC:

The Council's main responsibility includes:

- a) To ascertain and set specific measurable standards of the level and scope of knowledge and skill that is ideal for would be medical doctors and would be dentists to attain. Consequently, the Council is also responsible for regular timely review of the curriculum.
- b) To secure pursuant to the MDPA appropriate registers detailing names and salient information of persons who have gained qualifications to practice the porofesssion with attendant timely publication and update to ensure easy reference;
- c) To review and prepare explanatory memorandum occasionally clarifying rules in health profession;
- d) To supervise, control modalities concerning the practice of alternative medicine all over thirty six states of Nigeria and the Federal Capital;
- e) To make adequate regulations and policies designed to facilitate research and experiments

⁹ Best described as The Maputo Protocol

¹⁰ Ogunidipe, Olawunmi Opeyemi, 'An Appraisal of the Violence Against Persons Prohibition Act of 2015 vis-a-vis the Healthcare Provision for IPV Survivors' Support in Nigeria' (2022) 4(1) *Carnelian Journal of Law and Politics* 48.

¹¹ Chapter m8 2004 Laws of the Federation of Nigeria 2004

¹² Chapter m8 2004 Laws of the Federation of Nigeria 2004

- f) To perform incidental and peripheral actions that facilitate its accomplishment of the above responsibility pursuant to the Act.

The Nursing and Midwifery (Registration etc) Act¹³

This legislation creates the Nursing and Midwifery Council (hereinafter in this part the Council) as a legal entity with the capabilities of owning property, instituting and defending legal actions and having perpetual existence. The task of the Council according to the legislation is to create and secure public confidence by ensuring the highest level of care is provided in child birth and both pre and post natal care. More importantly, the Council aspires to achieve the most excellent possible state nursing education and training. To achieve zenith level professionalism in nursing and midwifery practice while at the same time discipline is being enforced. These HCPs play important roles because they are first HCP contact to the IPV survivors, they spend more time with them by staying with them in the wards, administering their medications, taking their vitals, dressing their wounds and even records their stories in the files, while the Doctors mostly pick from what is written in the patients' files and only get to see them while on ward rounds.

National Health Act 2014

The NHA 2014¹⁴ was first proposed in 2004 but later passed on 31st October 2014. The unique legislation is a “comprehensive framework for the control, regulation, development, and management of a national health system, setting a standard for rendering health services”.¹⁵ The legislation stipulates privileges and duties of health workers across board regardless of the region in the country they find themselves. The legislation also caters for the entitlement of users or person's who patronize the health services provided;¹⁶ The legislation also goes further to make provisions that seem ease up medical access¹⁷. A key provision of the legislation directs health authorities to ensure strict conformity to rules and regulations for the training personnel to occupy the health sub sector.¹⁸ The Act establishes or attempts a robust national health system marshalling responsibility, parameters for eligibility to access adequate facilities for good health within Nigerian borders. The legislation creates agencies and committees that administer general and specialized health services and one of the major emphasis of the Act pertaining to this study is the section which creates privileges and duties in other words of workers in the sector on the one hand and the patients on the other hand. The aim of this legislation agrees with the right to health. The Act does not only stipulate basic parameters for excellence within the country but further translates and implements the provisions of the act to attain maximum returns in terms of quality and satisfaction for every Nigerian. The Act provides that health care providers must

¹³ Cap No 143 LFN 2004.

¹⁴ NHA 2014 Hereinafter Referred To In The Body Of The Work As The Act.

¹⁵ Sec 5 (1) of the Act

¹⁶ Sec. 1 (d)

¹⁷ Sec. 1 (e)

¹⁸ Sec. 2(1) (d)

provide emergency care and failure to do so attracts a fine of N100, 000.00.¹⁹ It creates a patient-centred mode of care.²⁰ Although going through the Act, the Act did not make any mention, recognition, or provision of IPV or any form of violence. The Act also makes provision for the prescription of conditions subject to which the feeblest of our society such as children and physically challenged persons may be eligible for free medical services in other words excluded from volunteering upfront payment when utilizing public health establishments.²¹ The legislation established a council responsible for the formulation of health policies in Nigeria.²² The legislation established a fund to provide the necessary finance over basic medical care Fund²³ and made a provision specifying the percentage to be allotted for emergency care.²⁴ The law made provision for a mandatory certificate of standard for all health care institutions²⁵ and prescribes punishment for defaulters²⁶ this, one would expect to aid and increase and ensure standard and quality health care facilities but unfortunately the Act did not provide for the criteria to qualify for the certificate of standard, whether the certificate is subject to renewal or withdrawal based on improvements, maintenance or degenerated standards. And gives the users the right to lay complaints²⁷ The Act also makes provision for the improvement, growth, and supply of adequate manpower in the system²⁸ by facilitating appropriate circulation of manpower resources;²⁹ creation of a reliable pool of workers and staffing personnel from top to bottom to meet national health needs;³⁰ effective usages of available manpower in the system;³¹ appropriate distribution of HCPs;³² etc³³ prescribe ideas and processes for the employment and preservation of HCPs³⁴ and ensure adequate structure for human resources ,planning, development and management from to bottom;³⁵ plan for manpower development³⁶ Where there is industrial dispute, it shall be resolved within 14 days of the occurrence thereof.³⁷

¹⁹ Sec 20

²⁰ Sec 23

²¹ Sec 3 (1) (d)

²² Sec 4(1); 5 (1)

²³ Sec 11(1)

²⁴ Sec 11(3) (d)

²⁵ Sec 13

²⁶ Sec 14

²⁷ Sec. 30

²⁸ Sec41

²⁹ Sec 41(2)(a)

³⁰ Sec 41 (2) (b)

³¹ Sec 41 (2) (c)

³² Sec 42

³³ Sec 43 (b)

³⁴ Sec 43(e)

³⁵ Sec 43(f)

³⁶ Sec 44

³⁷ Sec. 45

The Act also made provision for awareness,³⁸ but the context of displaying the awareness at the health care facilities has not yet significantly captured the recommended awareness of the information as contained in the WHO recommendation for the healthcare support of IPV survivors. The recommendation of the WHO is that information on IPV as it relates to the impact of IPV on the survivor and available help should be displayed at conspicuous places in healthcare facilities. The awareness stated in the Act is more of an advertisement for private hospitals and clinics having zero impact on needs of an IPV survivor. The Act also made provision for HCP's obligation for record-keeping,³⁹ the confidentiality of the records⁴⁰, and control measures for the safekeeping of the records.⁴¹ An aggrieved patient can also follow the prescribed mode in the Act, by laying a complaint against an HCP or healthcare facility where the need arises.⁴² However, there is a provision for the healthcare provider to give access to the health records or divulge information contained in the health records provided such an action is done in the interest of the patient.⁴³ All through the Act, there was no mention or acknowledgement of intimate partner violence, training for the HCPs on how to support and care for IPV survivors, nor was there any mention of screening or identification nor express provision for the care of IPV survivors.

The NHA also established a fund titled 'Basic Health Care Provision Fund' (BHCPF).⁴⁴ The BHCPF ensures quality basic healthcare services for people in communities across Nigeria, especially to pregnant and breastfeeding women, children under five, and the elderly, through continuous availability of essential drugs, basic equipment, and infrastructure in health facilities as well as adequate human resource for health.⁴⁵ The BHCPF is structured for implementation in three (3) tranches or what has been described as gateways. The first gateway is the National Primary Health Care Development Agency (NPHCDA). Another notable gateway is the well known NHIS which ensures the most vulnerable Nigerians get access the BMPHS through the State Social Health Insurance Agencies (SSHIA). Many Nigerians have benefited from the NHIS gateway especially those whose parents are civil servants with the Nigerian Government. Another gateway is the National Emergency Medical Treatment (NEMT) gateway specializing in all emergency services chiefly ambulance based services.⁴⁶ This study observed that the focus of BHCPF is more on acquiring drugs for pregnant women and children below 5yrs, and human resources but little or no emphasis on the cost of emergency treatment which would be needed

³⁸ Sec 24

³⁹ Sec 25

⁴⁰ Sec 26

⁴¹ Sec 29

⁴² Sec 30

⁴³ Sec 27

⁴⁴ National Health Act 2014, sec 11.

⁴⁵ Bashar Abubakar, 'Leveraging the Basic Health Care Provision Fund to Improve Service Delivery' (*Nigerian Health Watch* (01 October, 2022) < <https://nigeriahealthwatch.com/beji-primary-health-centre-leveraging-the-basic-health-care-provision-fund-to-improve-service-delivery/> > accessed 6 October 2022.

⁴⁶ Ibid.

for IPV survivors, who may be brought in by concerned neighbours or just escaped from the abuser and in dire need of emergency treatment without holding money. Apparently, from the look of things there is a need for strengthening National Emergency Medical Treatment (NEMT) gateway for better implementation and results.

Nigerian Medical Ethics Code

The MDCN has a very important obligation under Section 1(2) (c) of the Medical and Dental Practitioners Act⁴⁷. This obligation is quoted as: "Reviewing and preparing from time to time a statement as to the code of Conduct which the Council considers desirable for the practice of the professions in Nigeria." It is a huge duty and with all the loopholes and corruption in the system this obligation gets harder and harder to fulfil.

The Patients' Bill of Rights

As a matter of practice, once a doctor takes on a patient a contractual relationship is created with attendant fiduciary and professional duties arising. In Nigeria, Section 17(3) (d) of the CFRN even though non justiciable enjoin "the State (to) direct its policy towards ensuring that there are adequate medical and health facilities for all persons". This particular constitutional provision is strengthened by article XVI African Charter provides that "every individual shall have the right to enjoy the best attainable state of physical and mental health", also providing that "State parties to the present Charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick". Comparatively, whereas the Nigerian Constitution makes the right not justiceable, the African Charter stipulation can be litigated upon in Nigerian courts because the charter is already part of the corpus of legislations having been domesticated and forms the underlining statutory framework for PBoR in Nigeria.

The Patients' Bill of Rights (The Bill) guides the patients on what to expect from HCPs while using the health care facilities. The implementation of this bill will enhance the healthcare support of IPV in Nigeria because it includes among others; an individuals' entitlement to a good clean, secure, accommodating environment that promotes adequate health care access, this will ensure privacy in the health care facilities and encourage survivors to feel comfortable and be more willing to open up on their abusive experiences; the right against discrimination based off of gender or race, or disability or economic circumstances which will inform patient centered care which is germane in health care support, before anyone can share an experience like IPV, they would want to be sure that they will not be judged by whatever existing standard but that they will be accepted for just who they are. This right if implemented and monitored will save the lives of more survivors who die of IPV health related issues due to lack or inability to access funds on time as well as law enforcement requirements unnecessary due process for example.

⁴⁷ Cap 221 LFN 1990 (Decree No. 23 of 1988)

Obtaining a police report before treatment; right to refuse care, pursuant to existing laws already mentioned here however this right is subject to the duty to disclose what may be repercussions⁴⁸ the extent of the duty of HCPs in mandatory reporting has been provided with this right, the prevailing laws will determine the roles and expectations of HCP where a survivor declines care and support; right to quality care under prevailing standards, this will put the onus on the government to provide all the facilities and interventions necessary to support IPV survivors in the health care settings, etc⁴⁹ Servicom and the FCCPC are the agencies responsible for tracking and implementing the PBoR. The FCCPC Act somehow aligns with the Constitution, which, mandates the State to ensure that “there are adequate medical and health facilities for all persons”⁵⁰, and in this instant case all persons would mean the IPV survivors.

Summarily, the Patients’ Bill of Rights (BoR) even though not a law upholds the provision of sec 42 of the 1999 Constitution which frowns at gender discrimination and makes provision for an aggrieved patient whose right under the BoR has been breached to seek relief through the mechanism provided in the Federal Competition FCCPC Act which is designed specially to guard consumers from being exploited or treated unfairly also providing a legal framework for this.

The Pharmacy Act ⁵¹

The legislation provides for all the modalities regarding registration, operation and winding up of pharmaceutical businesses including ensuring that said premises in Nigeria are in good condition pre or post commencement. Another important introduction in the legislation is its establishment of the Council’, being the major regulatory institution that have the exclusive duty to register, oversee, observe and scrutinize pharmacies operations n the country. It appears that the body is in charge of the inspection and registration of retail chains or stores, wholesale chains or stores, and manufacturing premises that supply drugs. Pharmaceutical outlets are very important in the health care support of IPV survivors because several Nigerian IPV survivors would also involve in self-medication and over-the-counter drugs to treat medical issues from IPV until it gets out of hand when they may then be rushed to the clinic. If the pharmacists are well trained in supporting IPV survivors, such will be on the lookout for signs of IPV from the customers like a consistent request for anti-depressant drugs, injury treatments, or even poisonous drugs for those who might be planning suicide. This is therefore a good means of intervention if the council can come up with policies to help in this area for the pharmacists to be an avenue for identification and support of IPV survivors.

The Lagos State Government being proactive among the thirty-six states of the federation established an initiative called INU (I Need You) code scheme which is a very strategic move

⁴⁸ CFRN, Section 35 Article VI of the African Charter

⁴⁹ CFRN, Section 39

⁵⁰ CFRN, S 17 (3) (d)

⁵¹ Cap P17 LFN 2004

designed to encourage survivors of IPV locally or immediate pharmacy closest to them. It was observed that pharmacies with community licence have been directed to have within them safe spaces. This is why consequent upon the foregoing, the Domestic and Sexual Violence Agency (DSVA) created in Lagos States by the State government,⁵² have been having training series for Community Licensed Pharmacists on capacity building to ensure there is supply of measured services with prescriptive care for IPV survivors.⁵³ The legal framework for the health care support of IPV survivors can therefore make provision for The Council to train pharmacists on how to support the IPV survivors so that all residents of Nigeria can benefit from such a project.

National Health Insurance Authority Act 2021 and State Health Insurance Schemes

The NHIA Act⁵⁴ repealed the NHIS Act⁵⁵ and aims to facilitate health coverage for the residents of Nigeria. To fulfil the aims of the Act it will oversee the promotion, regulation, and integration of health schemes, implementing policies on health schemes and other related matters in Nigeria.

The BHCPF⁵⁶, among other things, is governed by the Act, which also establishes broad guidelines for the engagement of the private sector, the regulation of operations of healthcare institutions, and the execution and use by BHCPF.

This legislation goes on to create of the Disadvantaged Group Fund (VGF) to help Nigeria's most vulnerable citizens afford medical treatment⁵⁷ The Act goes on to mention more vulnerable individuals, such as infants below the age of five, expectant mothers, the aged, those with physical or mental disabilities, and the impoverished, as defined from time to time.⁵⁸

One of the risk factors of IPV has been identified as financial independence,⁵⁹ which leads to financial/economic abuse, this is where the abuser ensures the survivor mostly housewives have no source of income except the abuser, and even the working category is forced to drop their pay checks as the abuser takes charge and control of their income.⁶⁰

Most IPV survivors sustain injuries that require long term medical care and they may not be financially empowered due to their abuse or they may not have access to their money for

⁵² Lagos State Ministry of Justice 'Domestic and Sexual Violence Agency (DSVA)' < <https://lagosstatemoj.org/dsvrt/> > accessed 6 October 2022.

⁵³ Victor Ayeni, 'Lagos Trains Pharmacists to Help Victims of Domestic Violence' *The Punch Newspaper* (01 October, 2022) < <https://punchng.com/lagos-trains-pharmacists-to-help-victims-of-domestic-violence/> > accessed 6 October 2022.

⁵⁴ National Health Insurance Authority Act 2021.

⁵⁵ Cap 42 LFN 2004

⁵⁶ Basic Health Care Provision Fund

⁵⁷ *Ibid.*, sec 25.

⁵⁸ *Ibid.*, sec 59.

⁵⁹ Benebo, Schumann and Vaezghasemi (n 13).

⁶⁰ *Ibid.*

treatment, therefore there is the need for the NHIS Act to facilitate the provision of the NHA on the duty to provide financial support for the medical care of IPV survivors.

The injuries suffered differ depending on the type of homicidal assault used and the area of the body that was hit. The main factors affecting how well a patient responds to therapy are the severity of the initial assault, how quickly first aid and emergency rescue efforts are dispatched, and whether or not definitive care is available. Multidisciplinary and all-encompassing management is necessary in either case. Emergency care for life-threatening injuries, definitive wound care, treatment of risk factors that are causing or contributing to the problem, and rehabilitation (mental, psychological, and social) of both the offender and victim make up the fundamental management concepts (where applicable). Even when the physical injury has healed, the psychological impact on the survivors is terrifying. The family and society suffer huge financial losses when these violent acts result in disabilities and fatalities. To rehabilitate mentally, the survivor may need to receive social justice and recompense.⁶¹

The Lagos State Health Management Agency Law 2015 established a health insurance program to promote, regulate, supervise, and ensure the program's goals are met.; shield poor families from the financial stress of high medical expenses by ensuring State citizens have access to top notch care at a discount; restrict the emergence of inflated health services cost; to secure equal spread medical expenses throughout varying financial strata; to preserve zenith level services delivery; to secure efficiency in health care service delivery; to secure private sector participation in the provision of health care services; to also make sure there is a balanced distribution of facilities for treatment viz a viz high patronage of said facilities; ensure alternative pools of financing also exist; etc.⁶² In the northern part of Nigeria specifically, Sokoto state, there is are schemes for the most affected demography one of them being insurance scheme under the UN Sustainable Development Programme (SDG) Joint Fund to provide access to quality health care for the residents, so far 5344 in 5500 targets for the community have been enrolled.⁶³ Although there is a call to reciprocate this scheme in all the local governments in Sokoto state.⁶⁴ about 300,000 residents of Osun state are named on the records of beneficiaries for the state social health insurance scheme (OHIS) while 195, 565 residents are enrolled.⁶⁵ Other states in Nigeria have different health insurance schemes but the ones appraised so far made no specific mention of an IPV survivor but have made access to quality care available at the community level. This will

⁶¹ Ibid.

⁶² Lagos State Health Scheme Law, A96 2015 No.4

⁶³ Samuel Kaalu, 'In North-West Nigeria, Free Health Insurance Scheme Boosts Access to Health Services for a Community' (UNICEF) <<https://www.unicef.org/nigeria/stories/north-west-nigeria-free-health-insurance-scheme-boosts-access-health-services-community>> accessed 28 October 2022.

⁶⁴ Ibid.

⁶⁵ Taiwo Okanlawon, 'Oyetola Distributes Health Insurance Cards' PMNews <pmnewsnigeria.com/2021/12/02/oyetola-distributes-osun-health-insurance-cards/> accessed 28 October 2022.

increase the use of healthcare facilities by the residents and allows the primary HCP to screen for IPV, identify early signs, and provide the necessary support for the survivors.

The Status of Health Care Providers in IPV Intervention

In Nigeria, the role of health care providers in mitigating the effects of intimate partner violence (IPV) is absolutely pivotal. These professionals shoulder the duty of recognizing, evaluating and extending supportive resources to IPV victims, all while upholding a high degree of sensitivity and empathy. The intervention often initiates with health care providers as the primary contact points for sufferers, enveloping medical assistance, injury documentation, counseling as well as other support services.

Their role is not confined to direct interactions with victims; these health care providers also have a significant part to play in enlightening their peers about the indicators of IPV and the most suitable method of response. Beyond their immediate professional circles, health care providers can join hands with legal experts as well as community-led initiatives, endorsing a well-rounded strategy toward IPV prevention and intervention. When they fulfill their duties effectively, health care providers become key players in mitigating IPV and greatly support the overall health of those who have suffered from it.

Challenges of Health care support of IPV survivors in Nigeria

Availability of Health Care Services for IPV Victims

The situation of IPV victims in Nigeria, in terms of available healthcare facilities, is fraught with numerous difficulties. For one, such resources are in short supply, particularly in the countryside where both necessary infrastructure and resources are absent or scarce. Secondly, the majority of the population lacks a comprehensive understanding of IPV and the healthcare support available to help those affected, thereby obstructing adequate access. Deeply ingrained cultural norms and societal stigma further discourage victims from taking advantage of these services. Moreover, healthcare professionals often fall short in identifying and adequately addressing IPV cases due to lack of proper training. It's crucial to build up the capacities of these healthcare workers through systematic education and training. Lastly, a significant improvement in effective cooperation and coordination between legal services and the healthcare sectors is crucial to holistically tackling IPV and providing victims with comprehensive care.

Challenges in Accessing Health Care Support

The delivery of medical assistance to individuals suffering from intimate partner violence (IPV) in Nigeria is riddled with numerous obstacles. The issue begins with a pervasive unawareness and misunderstanding about IPV among the general populace, which directly contributes to the

underutilization of health care services that are made available. The situation gets more delicate with factors like victims' apprehension due to the potential stigmatization and fear of societal judgment, which dissuades them from reaching out for help. Deep-rooted cultural norms and beliefs that overlook or legitimize IPV act as additional roadblocks, severely impeding access to health care support. Compounding the problem is the lack of appropriate funding for health care facilities and the inadequate availability of resources, which present formidable challenges in accessing crucial services. In addition, the absence of specialized legal framework and schooling for health care practitioners on managing IPV cases compromises the standard of care extended to victims. In conclusion, though the provisions of the VAPP Act and Laws of the various states are novel and brilliant statutes being radical enactments in the fight against IPV and all forms of violence, the Act, in particular, is not without its shortcomings concerning the provision of healthcare for IPV survivors per the global plan of action and the recommended holistic approach in Nigeria⁶⁶

Conclusion

From the foregoing, there are laws against IPV and there are laws regulating the activity related to health and wellness in Nigeria. . The role of law in the health care support of IPV cannot be overlooked if indeed the nation is ready to adequately and effectively enable the healthcare sector to support IPV survivors in Nigeria⁶⁷ However, these laws do not adequately meet up with the WHO Resolution to activate the system approaches which would aid the roles of HCP in the health care support of IPV survivors. There is an urgent need to have a comprehensive and definite legal framework for the health care support of IPV survivors in Nigeria.

Recommendations for Enhancing IPV Prevention and Health Care Support

Strengthening Legal Measures against IPV

IPV in Nigeria is a dire public scare that necessitates immediate and effective preventive action. To comprehensively and effectively tackle this problem, solidifying legal provisions against IPV is indispensable. This imperative incorporates not just the development of robust IPV-related laws and policies, but also more significantly, their efficient execution and application. Concurrently, it remains crucial to amplify public cognizance of these laws and unreservedly reinforce the government allotment dedicated to enforcing them. Furthermore, collaborative pursuits

⁶⁶ Ogundipe, Olawunmi Opeyemi, 'An Appraisal of the Violence Against Persons Prohibition Act of 2015 vis-a-vis the Healthcare Provision for IPV Survivors' Support in Nigeria' (2022) 4(1) *Carnelian Journal of Law and Politics* 48.

⁶⁷ See generally the World Health Organisation, 'The World Health Report 2000: Health Systems: Improving Performance' World Health Organisation, 2000 <<https://apps.who.int/iris/handle/10665/42281>> accessed 28 October 2022.

encompassing both legal and healthcare sectors are paramount so as to bridge the chasm in tackling IPV. By adjusting and amplifying legal measures, Nigeria can incrementally make strides towards stymieing IPV and thereby, fostering the welfare of its citizenry.

Improving Health Care Services for IPV Victims

Addressing IPV in Nigeria critically involves the reinforcement of Health Care Services for affected individuals. Through an all-encompassing and easily accessible health care service system, individuals suffering from IPV can secure the critical medical attention, therapeutic counseling, and support required. Yet, these services are impacted by access barriers such as societal stigma, a deficiency in awareness, and resource scarcities. Health care professionals are instrumental in recognizing and addressing IPV incidents by serving empathetic care, extending referral services and aiding victims on their formidable path of recovery. To augment preventative measures and health care assistance in IPV, tackling these barriers head-on and nurturing cooperative initiatives between the legal and health care system in Nigeria is of paramount importance.

Collaborative Efforts between Legal and Health Sectors

Partnerships between healthcare and law entities play a crucial role in tackling intimate partner assault (IPV) and delivering suitable care for the victims in Nigeria. Their combined efforts can yield all-encompassing strategies designed to mitigate IPV while guaranteeing that victims can access the vital healthcare services that they need. Their joint endeavors facilitate an exchange of knowledge and resources which result in more efficacious interventions and support structures. This coalesced effort also spearheads a unified strategy in the application of legal restrictions against IPV, and the establishment of policies safeguarding victims. These collective measures between the legal and health domains can heighten the overall response to IPV, intensifying victim care, and paving the way towards ultimate IPV prevention within Nigeria.

In addition to the above, the following are also recommended:

- a) Intensify legal repercussions against intimate partner violence (IPV) by crafting encompassing legislations that account for all IPV variants, prioritizing effective execution.
- b) Augment healthcare provisions for IPV afflicted individuals by creating dedicated IPV clinics rendering comprehensive care, including medical, psychological, and societal aid.
- c) Boost synergies between the judiciary and healthcare sectors through the establishment of procedures for information dissemination, referral infrastructures, and shared training sessions for legal and healthcare personnel.
- d) Amplify financial aid to IPV prevention initiatives and healthcare assistance programs, assuring sufficient resources for efficacious implementation.

- e) Amplify public consciousness on IPV and its detrimental health effects through widespread educational campaigns and public participation initiatives.
- f) Improve data compilation and IPV-centric research to influence evidence-backed policies and interventions.
- g) Advocate gender neutrality and confront social norms contributing to the prevalence of IPV through academic programs and community driven mobilization.
- h) Incorporate continual training and capability enhancements for healthcare practitioners, improving their expertise in IPV detection, interference, and assistance.
- i) Fortify community structures and support mechanisms to establish a secure and nurturing environment for IPV survivors.

REFERENCES

- 1) Fawole, O.I., Balogun, B.O., et al., 2019. Training medical students: victim's perceptions of selectively screening women for intimate partner violence in health care settings. BMC Medical Education. biomedcentral.com
- 2) Akangbe Tomisin, A., 2020. Culture, religion and help-seeking for intimate partner violence victims in Nigeria: a narrative review. abjournals.org. abjournals.org
- 3) White, S.J., Sin, J., Sweeney, A. et al., 2023. Global prevalence and mental health outcomes of intimate partner violence among women: a systematic review and meta-analysis. Violence, & Abuse. sagepub.com
- 4) Chavula, M.P., Matenga, T.F.L., Halwiindi, H. et al., 2023. Factors shaping responsiveness towards sexual gender-based violence during the COVID-19 Pandemic in Africa: A systematic review. Taylor & Francis. tandfonline.com
- 5) Yaya, S., Gunawardena, N. and Bishwajit, G., 2019. Association between intimate partner violence and utilization of facility delivery services in Nigeria: a propensity score matching analysis. BMC public health. Springer. springer.com
- 6) Akangbe Tomisin, A. (2020) 'Culture, religion and help-seeking for intimate partner violence victims in Nigeria: a narrative review', Culture, abjournals.org. abjournals.org
- 7) Kariuki, L.W. and van Rensburg, S.K.J., 2022. Towards Dismantling Patriarchy in the Kibera Slum, Kenya: Narrative Accounts of Victims of Intimate Partner Violence. International Annals of Criminology. [HTML](https://html.com)
- 8) Sapp, L., 2023. Forgiveness as a Moderator of the Relationship Between Religiosity and Intimate Partner Violence. digitalcommons.liberty.edu. liberty.edu
- 9) Tarzia, L., Bohren, M.A., Cameron, J., Garcia-Moreno, C., 2020. Women's experiences and expectations after disclosure of intimate partner abuse to a healthcare provider: A qualitative meta-synthesis. BMJ open. bmj.com
- 10) Idriss-Wheeler, D. and Yaya, S., 2021. Exploring antenatal care utilization and intimate partner violence in Benin-are lives at stake?. BMC public health. Springer. springer.com

- 11) Arora, S., Rege, S., Bhate-Deosthali, P., Thwin, S.S., et al., 2021. Knowledge, attitudes and practices of health care providers trained in responding to violence against women: a pre- and post-intervention study. BMC public health. Springer. [springer.com](https://www.springer.com)
- 12) Pokharel, B., Hegadoren, K., et al., 2020. Factors influencing silencing of women who experience intimate partner violence: An integrative review. Aggression and Violent Behavior, Elsevier. [HTML](#)
- 13) David, K.B., Aborode, A.T., Olaoye, D.Q., Enang, N.V. et al., 2021. Increased risk of death triggered by domestic violence, hunger, suicide, exhausted health system during COVID-19 pandemic: why, how and solutions. Frontiers in ..., frontiersin.org. [frontiersin.org](https://www.frontiersin.org)