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Review Article

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## Intimate partner violence and sexual violence against women: Any end in sight?



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### ABSTRACT

**Background:** Intimate partner and sexual violence are major public health and human right concerns affecting women and girls all round the world. These problems have been part of the fabric of many societies and cultures worldwide, and have thus gone unnoticed despite the devastating physical, psychological, socio-economic and reproductive health effects they have on women, children, families and societies at large. **Aim:** This was to identify the extent of these problems and their devastating health effects on the childbearing women and children which would lead to enhancing the awareness. **Methods:** Literatures related to the topic were reviewed from different completed research works and published articles retrieved from searches of computerized databases and their findings were discussed. **Findings:** It was found that intimate partner and sexual violence are major problems in Nigeria because of the deadly culture of silence that the battered women have adopted over many generations, mainly because there is no safe haven for them in the country. However, on the 25th of May 2015, the Violence Against Women (Prohibition) Bill which languished for over a decade in our male-dominated Houses of National Assembly was eventually signed into law, although its title was changed to Violence Against Person (Prohibition) Act. **Conclusion:** This Act would bring an end to the problems if adequate awareness, monitoring and follow-up measures are created by the government and NGOs to ensure its implementation. Otherwise, it would be nothing but a merely written document as have been many acts written in the Nigerian law.

**Key words:** Violence, sex, consequences, reproductive health, women, intimate partner

### INTRODUCTION

Violence against women is a major public health and human rights concern, with intimate partner violence and sexual violence being among the most pervasive forms of violence

against women.<sup>[1]</sup> Although women can be violent in relationships with men, often in self-defence, and violence sometimes occurs in same-sex partnerships, the most common perpetrators of violence against women are male intimate partners or ex-partners.<sup>[2]</sup> Until



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recently, most governments have considered violence against women (particularly "domestic" violence by a husband or other intimate partner) to be a relatively minor social problem.<sup>[3]</sup> However, today, due in large part to the efforts of women's organizations and the evidence provided by research, including that of the World Health Organisation (WHO), violence against women is recognized as a global concern.<sup>[3]</sup>

In spite of the international agreements which clarified the concepts of women's empowerment, gender equity, and reproductive health and rights; and programme of Action of the International Conference on Population and Development (ICPD) which asserted that the empowerment and autonomy of women and the improvement of their political, social, economic and health status was a highly important end in itself as well as essential for the achievement of sustainable development,<sup>[4]</sup> there are strong evidences that women worldwide, even in the developed world are being denied of their basic human rights and thus are being subjected to many forms of inhumane treatments.

Historically called "domestic violence," intimate partner violence describes physical, sexual, or psychological harm by a current or former intimate partner or spouse, although this type of violence can also occur among heterosexual or same-sex couples.<sup>[5]</sup> Intimate partner violence (IPV) is defined as threatened, attempted, or completed physical or sexual violence or emotional abuse by a current or former intimate partner.<sup>[6]</sup> It can be committed by a spouse, an ex-spouse, a current or former boyfriend or girlfriend, or a dating partner.<sup>[6]</sup> Intimate partner violence can also be described as any behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.<sup>[7]</sup> Intimate partner and sexual violence are mostly perpetrated by men against women and child sexual abuse affects both boys and girls. International studies reveal that approximately 20% of women and 5–10% of men report being victims of sexual violence as children, hence, violence among young people, including dating violence, is also a major problem.<sup>[7]</sup>

#### **Why violence against women is a reproductive health problem**

Research, initially from North America and Europe, but increasingly from other regions,

has demonstrated the high prevalence of violence against women globally and its adverse physical and mental health outcomes, in both the short and long term.<sup>[1]</sup> A multi-country study on women's health and domestic violence against women gave the following global statistics<sup>[1]</sup>:

- i. between 13% and 61% of women 15–49 years old report that an intimate partner has physically abused them at least once in their lifetime.<sup>[1]</sup>
- ii. between 6% and 59% of women report forced sexual intercourse, or an attempt at it, by an intimate partner in their lifetime.<sup>[1]</sup>
- iii. from 1% to 28% of women report they were physically abused during pregnancy, by an intimate partner.<sup>[1]</sup>

The denial of women's basic human rights is persistent and widespread, for instance, it was reported that:<sup>[4]</sup>

- i. Over half a million women continue to die each year from pregnancy and childbirth-related causes.<sup>[4]</sup>
- ii. Rates of HIV infection among women are rapidly increasing.<sup>[4]</sup> Among those 15-24 years of age, young women now constitute the majority of those newly infected, in part because of their economic and social vulnerability.<sup>[4]</sup>
- iii. Gender-based violence kills and disables as many women between the ages of 15 and 44 as cancer.<sup>[4]</sup> More often than not, perpetrators go unpunished.<sup>[4]</sup>
- iv. Worldwide, women are twice as likely as men to be illiterate.<sup>[4]</sup>
- v. As a consequence of their working conditions and characteristics, a disproportionate number of women are impoverished in both developing and developed countries.<sup>[4]</sup> Despite some progress in women's wages in the 1990s, women still earn less than men, even for similar kinds of work.<sup>[4]</sup>
- vi. Many of the countries that have ratified Convention Eliminating All Forms of Discrimination against Women (CEDAW) still have discriminatory laws governing marriage, land, property and inheritance.<sup>[4]</sup>

#### **Causes/ predisposing factors for intimate partner violence and sexual violence**

All women are at risk for intimate partner violence; victims come from every age group, religion, ethnic/racial group, socioeconomic level, educational background and sexual orientation.<sup>[8]</sup> In a review, the causative factors of domestic violence were identified as follows:<sup>[9]</sup>

- i. Ascribing stereotypical roles in which women are seen as subordinate to men which

constrain the woman's ability to exercise choices that would enable her end the abuse.<sup>[9]</sup>

ii. Poverty and financial insecurity.<sup>[9]</sup>

iii. Frustration in the man: If a man cannot establish his authority intellectually or economically, he would tend to do so physically.<sup>[9]</sup>

iv. The image created by the society which portrays a man to be viewed as being strong, educated, creative, and clever while a woman is the opposite of all these traits<sup>[9]</sup>.

The attitude of women as regards their dressing and their dependability on men for living make men have the opportunity to humiliate them.<sup>[10]</sup> Other factors found to be associated with intimate partner and sexual violence include lower levels of education, exposure to child maltreatment, witnessing family violence, antisocial personality disorder, harmful use of alcohol, having multiple partners or suspected by their partners of infidelity, and attitudes that are accepting of violence and gender inequality.<sup>[7]</sup>

In some relationships, violence arises out of a perceived need for power and control, a form of bullying and social learning of abuse; however, abusers' efforts to dominate their partners have been attributed low self-esteem or feelings of inadequacy, unresolved childhood conflicts, stress of poverty, hostility and resentment toward women, hostility and resentment toward men, personality disorders and genetic tendencies.<sup>[6]</sup>

#### Forms of intimate partner violence

Intimate partner violence can take several forms and include the following main types.<sup>[11]</sup>

i. **Physical violence** is the intentional use of physical force (such as shoving, choking, shaking, slapping, punching, burning, or use of a weapon, restraints, or one's size and strength against another person) with the potential for causing death, disability, injury, or physical harm.<sup>[11]</sup>

ii. **Sexual violence** which includes:

a. the use of physical force to compel a person to engage in a sexual act unwillingly, whether or not the act is completed.<sup>[11]</sup>

b. an attempted or completed sexual act involving a person who, because of illness, disability, or the influence of alcohol or other drugs, or because of intimidation or pressure, is unable to understand the nature or condition of the act, decline participation, or communicate unwillingness to engage in the act.<sup>[11]</sup>

c. abusive sexual contact.

iii. **Threats of physical or sexual violence** communicate the intent to cause death, disability, injury, or physical harm through the use of words, gestures, or weapons.<sup>[11]</sup>

iv. **Psychological/emotional violence** traumatizes the victim by acts, threats of acts, or coercive tactics (such as humiliating the victim, controlling what the victim can and cannot do, withholding information, isolating the victim from friends and family, denying access to money or other basic resources). In most cases, emotional violence has been preceded by acts or threats of physical or sexual violence.<sup>[11]</sup>

v. **Controlling behaviours**, including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care.<sup>[2]</sup>

**Stalking** is any harassing or threatening behaviour that an individual engages in repeatedly, such as sending the victim unwanted presents, following or laying in wait for the victim, damaging or threatening to damage the victim's property, appearing at a victim's home or place of business, defaming the victim's character or spreading rumours, or harassing the victim via the internet by posting personal information.<sup>[5]</sup> As with perpetrators of physical and sexual violence, stalkers may be motivated by a desire to exert control over their victims, hence stalking and intimate partner violence may co-occur.<sup>[5]</sup>

#### Consequences of intimate partner violence and sexual violence

Intimate partner and sexual violence have serious short and long-term physical, mental, sexual and reproductive health problems for survivors and for their children, and lead to high social and economic costs.<sup>[7]</sup> It has far reaching effects not only the victims but also the partners, their children and loved ones, especially if it happens between married couples, although the victim suffers greater physical, psychological and emotional trauma.<sup>[7]</sup> The effects are highlighted under the following headings:<sup>[12]</sup>

**1. Effect on children:** Children who grow up in families where there is violence may suffer a range of behavioural and emotional disturbances.<sup>[12]</sup> These can also be associated with perpetrating or experiencing violence later in life. Intimate partner violence has also been associated with higher rates of infant and child mortality and morbidity (such as diarrhoeal disease and malnutrition).<sup>[7]</sup> Studies from some low-income countries, including Nicaragua and

Bangladesh have found that children whose mothers were abused are less likely to be immunized; have higher rates of diarrhoeal disease; and/or are at greater risk of dying before the age of five.<sup>[2]</sup> In some cases, the abuser will purposely abuse the mother in front of the child to cause a ripple effect, hurting two victims simultaneously.<sup>[12]</sup> Hence, a child who is exposed to domestic abuse during his upbringing will suffer in his development and psychological welfare.<sup>[13]</sup>

Some emotional and behavioural problems that can result from exposure to domestic violence during childhood include increased aggressiveness, anxiety, and changes in how a child socializes with friends, family and authorities, problems with attitude and cognition in schools can start developing, along with a lack of skills such as problem-solving.<sup>[12]</sup> A child who experience abuse and neglect in childhood could perpetrate domestic violence and sexual abuse in adulthood.<sup>[14]</sup> Children who witness mother-assault are more likely to exhibit symptoms of posttraumatic stress disorder (PTSD).<sup>[15]</sup> Children might become injured during intimate partner violence incidents between their parents; hence, a large overlap exists between intimate partner violence and child maltreatment.<sup>[11]</sup> Sexual violence, particularly during childhood, can lead to increased smoking, drug and alcohol misuse, and risky sexual behaviours in later life. It is also associated with perpetration of violence (for males) and being a victim of violence (for females).<sup>[7]</sup>

**2. Physical and health effect:** Intimate partner violence can lead to injuries, with 42% of women who experience intimate partner violence reporting an injury as a consequence of this violence.<sup>[1]</sup> Several health conditions associated with intimate partner violence may be a direct result of the physical violence (for example, bruises, knife wounds, broken bones, traumatic brain injury, back or pelvic pain, headaches).<sup>[7]</sup> Examples of health conditions noted to be associated with intimate partner violence include asthma, bladder and kidney infections, circulatory conditions, cardiovascular disease, fibromyalgia, irritable bowel syndrome, chronic pain syndromes, central nervous system disorders, gastrointestinal disorders, joint disease, migraines and headaches.<sup>[11]</sup> Intimate partner violence in pregnancy also increases the likelihood of miscarriage, stillbirth, pre-term delivery and low birth weight babies.<sup>[7]</sup>

**3. Psychological effect:** Violence against women can have fatal results like homicide or suicide and can also lead to depression, post-

traumatic stress disorder, sleep difficulties, eating disorders, emotional distress and suicide attempts.<sup>[7]</sup> A study found that women who have experienced intimate partner violence were almost twice as likely to experience depression and problem with drinking as women who have not.<sup>[7]</sup> This rate according to the study was even higher for women who had experienced non partner sexual violence.<sup>[7]</sup> Physical violence is typically accompanied by emotional or psychological abuse, hence, intimate partner violence - whether sexual, physical, or psychological can lead to the following psychological consequences for victims: anxiety, depression, symptoms of post-traumatic stress disorder (PTSD), antisocial behaviour, suicidal behaviour in females, low self-esteem, inability to trust others especially in intimate relationships, fear of intimacy, emotional detachment, sleep disturbances, flashbacks and replaying assault in the mind.<sup>[11]</sup>

Among victims who are still living with their perpetrators, high amounts of stress, fear and anxiety are commonly reported.<sup>[16]</sup> Depression is also common, as victims are made to feel guilty for 'provoking' the abuse and are frequently subjected to intense criticism.<sup>[16]</sup> It is also reported that 60% of victims meet the diagnostic criteria for depression, either during or after termination of the relationship, and have a greatly increased risk of suicidality.<sup>[16]</sup>

**4. Financial Effect:** The social and economic costs of intimate partner and sexual violence are enormous and have ripple effects throughout society.<sup>[12]</sup> Women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities and limited ability to care for themselves and their children.<sup>[7]</sup> The victims of intimate partner violence often lose their autonomy and they usually do not realise this until they have left their perpetrator.<sup>[12]</sup> This is due to economic abuse and social isolation; the victims usually have very little money of their own and few people on whom they can rely when seeking help.<sup>[17]</sup> This has also been shown to be one of the greatest obstacles facing victims of domestic violence, and the strongest fact that can discourage them from leaving their perpetrators.<sup>[17]</sup> In addition to lacking financial resources, victims of domestic violence often lack specialized skills, education, and training that are necessary to find gainful employment, and also may have several children to support.<sup>[12]</sup>

**5. Long-term Effect:** Current research suggests that the influence of abuse can persist long after the violence has stopped.<sup>[2]</sup> Domestic violence can trigger many different

responses in victims, all of which are very relevant for a professional working with a victim.<sup>[15]</sup> Major consequences of domestic violence victimization include psychological/mental health issues and chronic physical health problems.<sup>[15]</sup> A victim's overwhelming lack of resources can lead to homelessness and poverty.<sup>[12]</sup>

Women with a history of intimate partner violence are more likely to display behaviours that present further health risks (such as substance abuse, alcoholism, suicide attempts) than women without a history of intimate partner violence.<sup>[11]</sup> Intimate partner violence is associated with a variety of negative health behaviours with studies showing that the more severe the violence, the stronger its relationship to negative health behaviours by victims.<sup>[11]</sup> The negative health behaviour include:

- i. **Engaging in high-risk sexual behaviour** such as unprotected sex, decreased condom use, early sexual initiation, choosing unhealthy sexual partners, multiple sex partners, trading sex for food, money, or other items.<sup>[11]</sup>
- ii. **Using harmful substances** such as smoking cigarettes, drinking alcohol, drinking alcohol and driving and illicit drug use.<sup>[11]</sup>
- iii. **Unhealthy diet-related behaviours** like fasting, vomiting, abusing diet pills, overeating
- iv. **Overuse of health services.**<sup>[11]</sup>

#### **Reproductive health effect of intimate partner violence on the childbearing woman**

Intimate partner violence is of particular concern to women of reproductive age and their health care providers since national data indicate that while violence occurs to women of all ages, women are at the greatest risk of intimate partner violence during their reproductive years<sup>[18]</sup>. Studies have also found possible associations between intimate partner violence and unintended pregnancy, delayed prenatal care, and behavioural risk factors such as smoking and alcohol and drug abuse.<sup>[8]</sup> Intimate partner violence and sexual violence can lead to unintended pregnancies, induced abortions, gynaecological problems, and sexually transmitted infections, including HIV.<sup>[7]</sup> According to researches, women who had been physically or sexually abused were 1.5 times more likely to have a sexually transmitted infection and, in some regions, HIV, compared to women who had not experienced intimate partner violence; they are also twice as likely to have an abortion.<sup>[7]</sup> Intimate partner violence in pregnancy also increases the likelihood of miscarriage,

stillbirth, pre-term delivery and low birth weight babies.<sup>[7]</sup> Also children of abused women are more likely to die before age five.<sup>[19]</sup>

Women who experience intimate partner abuse are three times more likely to have gynaecological problems such as chronic pelvic pain, vaginal bleeding or discharge, vaginal infection, painful menstruation, sexual dysfunction, fibroids, pelvic inflammatory disease, painful intercourse, urinary tract infection, and infertility than were non-abused women.<sup>[20]</sup> Abuse also limits women's sexual and reproductive autonomy, hence women who have been sexually abused are much more likely than non-abused women to use family planning clandestinely, to have had their partner stop them from using family planning, and to have a partner refuse to use a condom to prevent disease.<sup>[20]</sup> Survivors of intimate partner abuse during pregnancy may be a more significant risk factor for pregnancy complications than other conditions for which pregnant women are routinely screened, such as hypertension and diabetes.<sup>[20]</sup>

#### **The situation in Nigeria: there is no safe haven for intimate partner violence**

Intimate partner violence is a frequently recurring incidence in Nigeria. It has persisted so much that it has become a socially acceptable norm in our environment. In a Nigerian survey, 81 percent of married women reported being verbally or physically abused by their husbands, while forty-six percent report being abused in the presence of their children.<sup>[21]</sup> "A lot of our Nigerian/ African sisters, mothers aunts and nieces are being battered by their husbands and there seem to be a deadly code of silence as the battered women have no place to run to".<sup>[22]</sup> Violence against women is all too frequently excused and tolerated in communities where women are assigned an inferior role, subordinate to the male head of the family, therefore, the violence persists because discriminatory laws condone and even legalize certain forms of violence against women.<sup>[23]</sup>

Another major issue that fuel this crime is the deadly culture of silence that victims of violence have adopted over the years. This is because "the battered women have no place to run to, some are denied by their own family, most have no money to be on their own and risk losing their children, others stay with their husbands and on a lot of occasions are murdered by those same husbands".<sup>[22]</sup> Even the few victims who summon enough courage to report the matter to the police face a greater frustration from the police who make them

either go through a lot of rigour to have their matter attended to, dismiss the matter as a family affair or even harass the woman because the police force is male-dominated.<sup>[23]</sup>

The dismissive attitudes within the police and an inaccessible justice system compound the failures of the state to protect women's rights.<sup>[23]</sup> The criminal justice system and the Police provide little protection for the victims and often dismiss domestic violence as a family matter and fail to investigate or press charges.<sup>[23]</sup> Often times, the few rape victims who take their cases to court face humiliating rules of evidence and discriminatory attitudes from court officials and have little chance of getting justice.<sup>[23]</sup> Women who bring a complaint of rape cannot insist on speaking to a woman police officer as of right and agitations for specific women and human rights desks in all police stations are yet to be implemented.<sup>[23]</sup> For these and many more reasons, "most women endure, believing they have nowhere to go and in any case, believing, for good reason, that the law will not protect them";<sup>[12]</sup> hence, they choose to stay in the relationship, suffer in silence and carry their crosses with forced smiles on their faces.

Evidence suggests that most abused women are not passive victims—they often adopt strategies to maximize their safety and that of their children.<sup>[2]</sup> Citing <sup>[24]</sup>, they noted that what might be interpreted as a woman's inaction may in fact be the result of a calculated assessment about how to protect herself and her children.<sup>[2]</sup> The various reasons why women may stay in violent relationships include:

- i. fear of retaliation;
- ii. lack of alternative means of economic support;
- iii. concern for their children;
- iv. lack of support from family and friends;
- v. stigma or fear of losing custody of children associated with divorce; and
- vi. love and the hope that the partner will change.<sup>[2]</sup>

Despite these barriers, many abused women eventually do leave their partners, often after multiple attempts and years of violence.<sup>[2]</sup> A WHO multi-country study found that 19–51% of women who had ever been physically abused by their partner had left home for at least one night, and 8–21% had left two to five times.<sup>[25]</sup> Factors found to be associated with a woman leaving an abusive partner permanently appear to include an escalation in violence severity; a realization that her partner

will not change; and the recognition that the violence is affecting her children.<sup>[25]</sup>

As has been stated earlier, intimate partner violence has been a part of many societies and cultures worldwide, Nigeria not being an exception. Many countries of the world have long passed law that protect the rights of women to abolish gender based violence. However in Nigeria, such laws had no place in our male-dominated society where gender inequality is still dominant in all the cultures in Nigeria. It is also culturally acceptable that a man can discipline his wife to keep her tamed. For over a decade, bills to abolish violence against women languished and were given little attention by our male-dominated houses of the National assembly. This is not too surprising because many of them must be culprits and perpetrators of domestic violence themselves. The bill was not signed into law until 25th May, 2015, however, the caption of the bill which was initially titled: "violence against women (prohibition) bill" had to be changed to "violence against persons (prohibition) bill".<sup>[26]</sup> This change of title from my point of view is not good enough. Women are more often victimized by men and men who are victims of abuse in intimate partner relationships are negligible when compared to the millions of women who are daily subjected to the frustration and humiliation of gender based violence at all corners. It would have been a major progress if the act was left as "violence against women (prohibition) act" because it would have gone a long way in achieving equity in upholding the rights of both men and women in any relationship. This is because, the rights of men are not under any serious threat, it had long been in their favour, hence if the bill was passed in favour of women, it would have helped to bring the level of protection of the rights of women to a nearly acceptable level.

The Act among other things prohibits female circumcision/female genital mutilation (FGM), forceful ejection from home and harmful widowhood practices.<sup>[26]</sup> It also prohibits abandonment of spouses, children and other dependents without sustenance, battery and other harmful traditional practices.<sup>[26]</sup> In addition to the stringent punishment of perpetrators of act of violence, the violence against persons prohibition Act has some welcome developments;<sup>[26]</sup>

- i. Compensation of victims and protection of their rights. In addition to the fundamental human rights stipulated in the constitution, victims of violence, have their rights protected under the Act. They are also

entitled to compensation for harm done to them or to family members or for any loss incurred as a result of the violence by the perpetrators.

ii. Setting up a regulatory or implementation commission which will ensure the full implementation of the Act.

iii. Part 14 of the Act makes provision for the establishment of a special trust fund for the victims. The fund is to provide all form of needed assistance to victims of violence in terms of legal fees, shelter, and rehabilitation".<sup>[26]</sup>

The timing of this law is also somewhat retrogressive because Nigeria as the "giant of Africa" ought to have gone far beyond this level, and many women and children who have been battered, murdered, maimed, rendered homeless, as well as physically and psychologically handicapped by their partners would have still been alive and physically sound to contribute to the social and economic development of this country. However, it is progressive because the future holds better fate for women and children who would have been victims if the law were not passed at this time. At least the victims can have a legal document to back up their claims in their fight for justice, thus giving a ray of hope for an end in sight for intimate partner violence and other forms of violence against women in Nigeria. However, this law will only be a merely written document if victims and witnesses of intimate partner and sexual violence against women do not know about or make use of it. Hence, to put an end to intimate partner violence and sexual violence against women in Nigeria, women need to rise up and employ every possible strategy to fight for their rights and the rights of their sisters, mothers, aunts, nieces and friends who are being daily battered by their husbands/partners.

### **How to stop intimate partner violence and sexual violence against women**

Prevention of intimate partner violence is in three levels: primary, secondary and tertiary. Primary prevention interventions as those that seek to prevent violence before it occurs.<sup>[27]</sup> It focuses on changing environments so that they are safer for women and changing behaviour or building the knowledge and skills of individuals on the underlying causes of domestic violence such as gender inequality and poverty.<sup>[28]</sup> Secondary prevention deals with the immediate response to limit its consequences after violence has occurred while tertiary prevention is a long term care that provides support for the victim.<sup>[9]</sup>

The following sets of specific strategies have demonstrated promise or effectiveness in preventing intimate partner violence against women:<sup>[2]</sup>

i. reform civil and criminal legal frameworks.<sup>[2]</sup>

ii. organize media and advocacy campaigns to raise awareness about existing legislation.<sup>[2]</sup>

iii. strengthen women's civil rights related to divorce, property, child support and custody.<sup>[2]</sup>

iv. build coalitions of government and civil society institutions.<sup>[2]</sup>

v. build the evidence base for advocacy and awareness.<sup>[2]</sup>

vi. use behaviour change communication to achieve social change.<sup>[2]</sup>

vii. transform whole institutions in every sector, using a gender perspective; in particular, integrate attention to violence against women into sexual and reproductive health services.<sup>[2]</sup>

viii. promote social and economic empowerment of women and girls.<sup>[2]</sup>

ix. build comprehensive service responses to IPV survivors in communities.<sup>[2]</sup>

x. design life-skills and school-based programmes.<sup>[2]</sup>

xi. engage men and boys to promote nonviolence and gender equality; and

xii. provide early-intervention services to at-risk families.<sup>[2]</sup>

## **CONCLUSION**

Intimate partner and sexual violence against women is a major public health problem which has been part of the fabric of many societies and cultures worldwide. It is highly prevalent in Nigeria mainly due to the problem of gender inequality that is inherent in most of our cultures, where lower status is commonly ascribed to the girls and women and they are made to believe that they should be dependent on men who assume a more dominant role. Intimate partner violence has been shown to have many negative long and short term effects, including negative pregnancy outcomes for both the mother and child. On 25<sup>th</sup> may, 2015 a new bill called violence against persons (prohibition) bill was passed into law to protect people, including women and children against all forms of violence. If this act is enacted by the appropriate agencies, there is surely an end in sight for intimate partner violence in Nigeria. Women are the bedrock of any society and any form of violence against them has far reaching effects

on their children, their families, their communities and the country at large. The fight against intimate partner violence and sexual violence against women is the responsibility of everyone. Let us all join hands to put an end to intimate partner violence and sexual violence against women in Nigeria for progress and sustainable development of our country.

## RECOMMENDATIONS

Based on the literatures reviewed and peoples' experiences witnessed, the following are recommended as strategies to end intimate partner violence and sexual violence against women in Nigeria:

i. Adequate measures should be taken to promote women empowerment and autonomy. This should include enhancement of their political, social and economic status. This will help them to be financially independent and encourage them to take their stands when necessary.

ii. More organizations; both governmental and non-governmental should get involved in promoting and protecting the rights of women in Nigeria. They should create awareness about the violence against persons (prohibition) act and other rights of women through televisions, radio, awareness/advocacy campaigns, posters, handbills, etc and help victims obtain justice in the court of law.

iii. Measure to involve men in reproductive health issues should be employed. This will enhance better understanding of negative effects of domestic violence and enhance men's ability to communicate in non-violent ways.<sup>[29]</sup> They will also be aware of the right of women including legal protections for victims.

iv. A department in the police station that investigate and handles issues related to gender-based violence with well-trained female and male police officers in attendance should be established and well monitored.

v. Hospital policy that protect the rights of women should be established such that doctors, nurses, midwives and other significant health care providers should be trained to screen women routinely for experience of intimate partner violence and sexual violence, and any identified victims should be referred to the appropriate unit (such as welfare or social works) for support and counselling. This is important because victims of intimate partner violence who sustain physical injury usually receive care from the hospital and most often

than not, do not disclose the cause of their injury.

vi. Psychiatric nurses and social workers in government owned hospitals should be trained in guidance and counselling on matters related to intimate partner and sexual violence and any identified cases should be referred to them for support and other necessary actions.

vii. Mandatory reporting of intimate partner violence to the police by the health-care provider is not recommended. However, health-care providers should offer to report the incident to the appropriate authorities (including the police) if the woman wants this and is aware of her rights.<sup>[1]</sup>

viii. Schools should have well-trained counsellors where students/pupils with academic or social problems can be referred to and screened for exposure to domestic violence. Also, all students should be screened routinely for exposure to any form of violence including domestic violence. This will help to identify children whose parents are victims of intimate partner violence and appropriate actions can be taken to protect the rights of child.

ix. The fight against early and forced marriage should be strengthened.

x. Gender equality should be promoted by all agencies in the country. Gender equality will be achieved only when women and men enjoy the same opportunities, rights and obligations in all spheres of life.<sup>[29]</sup> This means sharing equally in the distribution of power and influence, and having equal opportunities for financial independence, education and realizing their personal ambitions.<sup>[29]</sup>

## REFERENCES

1. World Health Organization. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. ISBN 978 92 4 154859 5. (NLM classification: HV 6625). 2013. Available at: [http://www.who.int/iris/bitstream/10665/85240/1/9789241548595\\_eng.pdf](http://www.who.int/iris/bitstream/10665/85240/1/9789241548595_eng.pdf) Accessed May 25, 2015
2. World Health Organization. Understanding and addressing violence against women. Publication No. WHO/RHR/12.36. 2012. Available at: [http://www.who.int/iris/bitstream/10665/77432/1/WHO\\_RHR\\_12.36\\_eng.pdf](http://www.who.int/iris/bitstream/10665/77432/1/WHO_RHR_12.36_eng.pdf) Accessed June 2, 2015
3. Abama E and Chris M. A. Violence Against Women in Nigeria: How the Millennium Development Goals Addresses the Challenge. The Journal of Pan African Studies



- 2009;3:23-34. Available at: <http://www.jpanafrica.com/docs/vol3no3/3.3ViolenceAgainst.pdf>. Accessed May 27, 2015
4. United Nations Population Fund. The Human Rights of Women. 2006. Available at: <http://www.unfpa.org/resources/human-rights-women> Accessed June 2, 2015
5. National Institute of Justice. Intimate Partner Violence. 2007. Available at: <http://www.nij.gov/topics/crime/intimate-partner-violence/Pages/welcome.aspx> Accessed June 2, 2015
6. Canadian Bar Association. Intimate Partner Violence: Adverse Health Conditions and Health Risk Behaviours Associated with Intimate Partner Violence. Legal Professional Assistance Conference, 2015. Available at: [http://www.lpac.ca/main.Courses\\_01/Violence.aspx](http://www.lpac.ca/main.Courses_01/Violence.aspx). Accessed June 2, 2015
7. World Health Organization. Violence against women: Intimate partner and sexual violence against women. *Fact sheet N°239*. Nov., 2014. Available at: <http://www.who.int/mediacentre/factsheets/fs239/en/> Accessed June 5, 2015
8. Centre for Disease Control and Prevention. Intimate Partner Violence During Pregnancy, A Guide for Clinicians: Screen Show and Lecture Notes Slides 1–10. 2013. Available at: [http://www./Slide1-10IntimatePartnerViolenceDuringPregnancyAGuideforClinicians\\_CDCReproductiveHealth.htm](http://www./Slide1-10IntimatePartnerViolenceDuringPregnancyAGuideforClinicians_CDCReproductiveHealth.htm). Accessed June 12, 2015
9. Igbokwe C.C, Ukwuma M.C and Onugwu K.J. Domestic violence against women: challenges to health and innovation. *JORIND* 2013;11: 27-35. ISSN 1596-8303. Available at: <http://www.transcampus.org/JORINDV11Dec2013/jorind%2520Vol11%2520No2%2520Dec%2520Chapter5.pdf> Accessed May 27, 2015
10. Olasunkanmi A. Women and Urban violence in Nigeria: A study of Ibadan Metropolis. *Studies on Home and Community science* 2012;6: 87-93.
11. Centre for Disease Control and Prevention. Intimate Partner Violence: Definitions. 2015. Available at: <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>. Accessed June 27, 2015
12. Alokun F.B. Domestic violence against women: a family menace. Proceedings of the 1st Annual International Interdisciplinary Conference. 24th -26th April, 2013. Azores, Portugal. Available at: <http://www.eujournal.org/index.php/esj/article/viewfile/1317/1326&sa>. Accessed May 27, 2015
13. Dodd L.W. Therapeutic group work with young children and mothers who have experienced domestic abuse. *Educational Psychology in Practice* 2009;25:21-36. DOI: 10.1080/02667360802697571.
14. Sadeler C. An ounce of prevention: The life stories and perceptions of men who sexually offended against children. M.A. Thesis. Dept.of Psychology. Wilfrid Laurier University. 1994. Pg 364. Available at: <http://scholars.wlu.ca/etd/634/> Accessed June 27, 2015
15. Lehamann P.J. Children who witness mother-assault: An expander posttraumatic stress disorder conceptualization. PhD. Thesis. Dept. of Social work. Wilfrid Laurier University. Pg.193. Available at: <http://scholars.wlu.ca/etd/193/> June 27, 2014
16. Barnett O.W. Why battered women do not leave: External inhibiting factors, social support and internal inhibiting factors. *Trauma, Violence and Abuse* 2001; 2: 3-35. Available at: <http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=187233>. Accessed June 27, 2014
17. The Advocates for Human Rights. Stop violence Against Women: Domestic violence and housing. 2010. Available at: [http://www.stopvaw.org/Domestic\\_Violence\\_and\\_Housing.html](http://www.stopvaw.org/Domestic_Violence_and_Housing.html) Accessed June 27, 2015
18. Moore M. Reproductive Health and Intimate Partner Violence. *Family Planning Perspectives Special report* 1999;31. Available at: <http://www.ReproductiveHealthandIntimatePartnerViolence.htm> Accessed June 8, 2015
19. Population Reference Bureau. The effects of violence on women's reproductive health: fact sheet 2011. Available at: <http://www.prb.org/Publications/Media-Guides/2011/gender-based-violence-reproductive-health-fact-sheet.aspx> Accessed June 27, 2015
20. Program for Appropriate Technology in Health. Violence Against Women: Effects on Reproductive Health. *OUTLOOK* 2002; 20. ISSN: 0737-3732. Available at: [http://www.path.org/publications/files/EOL20\\_1.pdf](http://www.path.org/publications/files/EOL20_1.pdf) Accessed June 10, 2015
21. Olanrewaju G. Violence against Women in Nigeria. Myth or Fact? Nigerians in America Mar. 29, 2013. Available at: <http://www.ViolenceagainstWomeninNigeriaE280A6.MythorFactN.I.A.htm> Accessed June 20, 2015
22. Nwozo H. Culture of Silence and Domestic Violence: The Death of Nkechi and Unborn Child. *True Story. The Nigerian Voice* Feb. 9, 2012. Available at: <http://www.thenigerianvoice.com/news/82327/1/culture-of-silence-and-domestic-violence-the-death.html> Accessed June 12, 2015

23. Esere M.O, Idowu A.I, Durosaro I.A and Omotosho J.A. Causes and consequences of intimate partner rape and violence: Experiences of victims in Lagos, Nigeria. *Journal of AIDS and HIV Research* 2009;1:1-7.
24. Heise L., Ellsberg, M. and Gottemoeller, M. Ending violence against women. *Issues in World Health*. 1999;28:7. Available at: [http://www.vawnet.org/assoc\\_files\\_vawnet/populationreports.pdf](http://www.vawnet.org/assoc_files_vawnet/populationreports.pdf) Accessed June 24, 2015
25. Garcia-Moreno C., Jansen, H.A.F.M., Ellsberg, M., Heise, L. and Watts, C. WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses. 2005. ISBN 924159358X (NLM classification: WA 309). Available at: [http://www.who.int/gender/violence/who\\_multicountry\\_study/Introduction-Chapter1-Chapter2.pdf](http://www.who.int/gender/violence/who_multicountry_study/Introduction-Chapter1-Chapter2.pdf) Accessed June 24, 2015
26. Centre for Health Ethics Law and Development. The Violence against Persons (Prohibition) Act: A CHELD Brief. Domestic Violence Nigeria. 2015. Available at: <http://www.domesticviolence.com.ng/the-violence-against-persons-prohibition-act-2015/> Accessed June 13, 2015
27. Fergus L. Prevention of violence against women and girls. Available at: <http://www.unwomen.org//media/Headquarters/Attachments/sections/CSW/57/EGM/cs557-EGM-prevention-background-paper%2520pdf> Accessed June 24, 2015
28. Victorian Health Promotion Foundation. Distinguishing between intervention and prevention of violence against women. Facts sheet 2; 2012. Available at: [http://whwest.org.au/wp-content/uploads/2012/06/fs\\_PVAW2\\_2.pdf](http://whwest.org.au/wp-content/uploads/2012/06/fs_PVAW2_2.pdf) Accessed June 27, 2015.
29. Adesokan F.A. Chapter 18: Male involvement in reproductive health. *Reproductive health for all*. 1st ed. Excels Production, Akure; 2009. Pp 228.
30. United Nations Population Fund. Gender equality: Overview. 2015. Available at: <http://www.unfpa.org/gender-equality> Accessed June 27, 2015.

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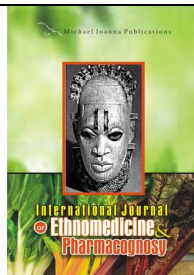
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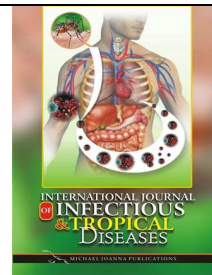
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