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Unmasking the Barriers: Healthworkers Experience with Reporting Gender-Based Violence.

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ABSTRACT

Gender-based violence (GBV) is a prominent problem globally, which disproportionately affects low-income countries. Health workers are often first responders to victims and survivors hence they have a responsibility to report GBV. However, they face certain obstacles that hinder the care they can provide. This article aims to explore the barriers that impede reporting GBV, focusing on the challenges health workers face. The authors describe barriers present in various institutions in Nigeria with relatable examples. Recommendations that would impact early reporting and improve care were discussed. Healthcare workers are encouraged to adopt standardized protocols for managing GBV.

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INTRODUCTION

Gender-based violence (GBV) are behaviours (physical, emotional, mental, etc.) that targets an individual based on their perceived gender such as physical assault, rape, stalking, female genital mutilation etc.¹ It is a widespread public health problem notorious for both brutality and silence; a silence that normalizes cycles of injustice across generations.² Despite ongoing campaign and increased awareness, victims still struggle to report incidents to the appropriate authorities.³ Healthcare providers are often first responders to victims of GBV, hence are charged with identifying, caring for, and reporting cases of GBV to relevant authorities.^{4,5} However, a standardized approach to the care of GBV victims has not been widely implemented.⁶ A study that analyzed 284,281 women from 24 countries revealed that of all women who experienced violence, 40% would disclose it to someone and only 7% would make an official report to any formal agency.⁷ Limited data hinders healthcare providers from enabling prompt GBV reporting.⁷

Globally, healthcare workers are burdened with providing care, and mitigating consequences while

respecting patients' confidentiality.⁸ The World Health Organization (WHO) released a guideline to aid the provision of care to GBV victims in healthcare in 2013.⁹ Varying levels of implementation of these guidelines are recorded with some more efficient than others.⁶ Some countries, such as the USA, have developed policies mandating reporting suspected GBV cases to appropriate authorities in a bid to mitigate the cycles of violence; unfortunately, others are yet to develop and promulgate one.¹⁰

Knowledge and use of GBV guidelines among health workers are limited in Africa. A study conducted in Tanzania found that the majority of healthcare workers were knowledgeable about GBV, however only a third had good knowledge of the availability of guidelines to foster gender-based violence care.¹¹ Another study among medical students in southwest Nigeria reported that final-year medical students with previous training in GBV care were more confident in providing care to victims when they become doctors, thereby concluding that formal training on GBV for health workers is necessary in providing care.¹² Despite the need for accurate data, there is still a good number of underreported cases of

gender-based violence.³ This paper aims to explore the constraints in reporting gender-based violence by healthcare providers in Nigeria while encouraging swift notification of relevant authorities to prevent further consequences.

BARRIERS TO REPORTING GENDER-BASED VIOLENCE IN NIGERIA

JURISPRUDENTIAL BARRIERS

Deficiencies in the judicial system dissuade prompt reporting of violence in Nigeria.¹³

Existing legal procedures like delayed legal proceedings and complex court rules deter justice. Victims suffer incessant adjournments spanning many years and may abandon their cases.¹⁴ The court may require corroborative evidence for a rape conviction which may be difficult to provide. Failure to ensure a survivor-friendly judicial system discourages victims from reporting violent incidents.¹⁵

FINANCIAL BARRIERS

Unfortunately, while gender-based violence is more prevalent in people from low socio-economic classes the journey to seeking and getting justice is cost intensive.¹⁶ Poverty contributes to the prevalence of gender-based violence, precipitating unemployment and economic insecurity.¹⁷ Victims who are financially dependent on the perpetrator are hesitant to report them for fear of losing their source of livelihood.¹⁸ Conversely, victims from higher socio-economic classes may even be more dependent on maintaining current living standards.⁷

Moreso, legal fees are prohibitively expensive for most victims, who also require costly short- and long-term medical care.¹⁹

Inadequate funding constrains law enforcement from locating victims, and arresting and prosecuting perpetrators to the full extent of the law especially in low-income countries.²⁰

SOCIOCULTURAL AND RELIGIOUS BARRIERS

In Nigeria, cultural and religious norms dictate acceptable behaviours that shapes societal views²¹ Some of these traditions like child marriage, family stance on privacy, marital status, and discipline

discourage reporting of gender-based violence.^{22,23}

Many Nigerian families prioritize privacy, opting not to align themselves with anything deemed shameful regardless of whether their family members are victims or perpetrators of abuse. Given the stigma attached to being single, separated, or divorced, victims may refuse to report GBV for fear of being ostracised. Family, laws, and customs often propagate this stigma. Consequently, when people observe others not reporting violence, there is an ingrained societal expectation to remain silent. Young children who experience violence tend to engage and validate violence in their later years.²⁴

Research indicates that the incidence of abuse is more likely to be reported when the perpetrator is a stranger, conversely, individuals are less inclined to report violence perpetrated by relatives especially when these acts are socially acceptable.²⁵

Religion can offer support and coping strategies for victims, but strict stances on divorce, marital rape, and sexual purity perpetuate harmful practices such as child marriages, female genital mutilation, and certain bereavement rituals.^{22,26} The fear of being ostracised compels victims to conform to these beliefs. Additionally, some interpretations emphasize forgiveness, reconciliation, and the sanctity of marriage, leading victims to endure in silence or forgive their abusers without seeking redress, while others even condone physical discipline by their husbands.^{27,28} These situations highlight the complex intersection between cultural beliefs, religious doctrines, and survivor support. Resolving this challenge requires a balanced approach that upholds religious convictions while promoting a conducive environment for survivors to seek assistance and justice.

INSTITUTIONAL BARRIERS IN REPORTING GBV

Insufficient institutional support creates systemic barriers that undermine efforts to report and address gender-based violence in Nigeria.²⁹ Without adequate funding, institutions such as shelters, counseling centers, and legal aid organisations struggle to provide essential services to survivors of gender-based violence.³⁰

Institutions tasked with addressing gender-based violence often lack sufficient staff and resources for proper training.³¹ This can result in a lack of expertise in handling cases sensitively and effectively, leading to further marginalisation of survivors. Without robust

institutional support, survivors of gender-based violence may face stigma, discrimination, and victim-blaming attitudes from both institutions and society at large.²¹ This further discourages reporting and exacerbates the trauma experienced by survivors.²¹ Furthermore, inadequate resources can hinder outreach efforts, which are invaluable in raising awareness and educating the public about gender-based violence.³² There is an increasing incidence of language and literacy barriers, which hinders understanding of available support services, and pathways to justice, especially amongst indigenous women.

BARRIERS IN HEALTHCARE SETTINGS IN NIGERIA

LACK OF INSTITUTIONAL PROTOCOL

Healthcare workers are often first responders to victims of GBV, offering physical, emotional, and mental support. Sadly, evidence-based protocols to direct providers on reporting GBV are not extensively implemented.³² Limited institutional protocol for medical practitioners to follow when faced with GBV survivors deter prompt reporting to relevant authorities.¹⁰

In 2013 WHO released a clinical and policy guideline for responding to IPV and sexual violence which suggested that care of IPV victims should be incorporated into existing health services rather than being independent.⁹ Primary health care facilities should take precedence in rendering this care.⁹ In addition, there should be round the-clock available trained medical professionals in gender sensitivity to render this care.⁹ Mandatory reporting of IPV to the police is not recommended; however, health care providers should offer to report these cases.⁹

In the United States of America, health workers are legally required to report certain situations such as IPV among vulnerable populations to the relevant authorities.¹⁰ Health workers have a legal responsibility to notify law enforcement whenever they suspect violence among vulnerable individuals.¹⁰

Mexican public hospitals use an integrated healthcare model called “Model for Integrated Attention to Victims and Survivors of Sexual Violence”, offering legal and social works referral services to victims.³³ The Dominican Republic and India use similar frameworks.³³

In Kenya, a nongovernmental organization, Liverpool VCT, and Care Kenya provide HIV and other STI care due to rape victims.³⁴ This package of care often encompasses testing for STIs counselling, preparation for the justice system, and post-exposure prophylaxis.³⁴

Unfortunately, in most low-income countries like Nigeria, health workers lack an approved framework for reporting GBV.³⁵ Data collection, storage, and established protocols are minimal. There is neither a legal obligation to report these cases nor standard data collection, and storage tools for seeking justice.³⁵

LACK OF TRAINING

The lack of training and awareness of health professionals on Gender-Based Violence (GBV) is a significant concern that has profound consequences for the healthcare system and society as a whole.³³ Many health practitioners currently receive inadequate training on GBV, which can lead to a lack of skills, and empathy when interacting with survivors.³³ This poses a challenge for case identification, leading to missed opportunities for intervention and support.³⁶ A one-off training is not enough to give significant results, therefore survivors may not receive appropriate medical care, counselling, and the required legal aid.³³ , inadequate training can lead. Also, to insensitive and traumatic interactions between healthcare providers and survivors, exacerbating the trauma and potentially deterring survivors from seeking future care.³⁷ This lack of understanding can reinforce harmful stereotypes and stigmatize survivors, leading to victim-blaming and shame.³³

FEAR OF BREACHING CONFIDENTIALITY

Confidentiality is one of the core principles in the practice of medicine.³⁸ Its duty is paramount in healthcare as it fosters trust and enables patients to seek care without fear of judgment or disclosure.³⁸ Confidentiality in the medical setting refers to “the principle of keeping secure and secret from others, the information given by or about an individual in the course of a professional relationship;” It is the right of every patient, even after death.³⁸ Some argue that the duty of confidentiality is relative, not absolute; and that it is primarily a matter for the professional judgment of the reflective health practitioner to determine in the particular case whether competing public interests (or other compelling reasons) override that duty.³⁹

The drawbacks in reporting gender-based violence by health workers are based on the lack of legal backing to the consequences of breach of confidentiality which may range from demotion to outright dismissal from service.⁴⁰ However, some countries have taken the step to protect health workers. For example, in Brazil, according to article 73 of the Brazilian Code of Medical Ethics, physicians are prohibited from disclosing information obtained in the exercise of their professional activities and must maintain confidentiality in any situation, except for a fair reason, a legal duty, or written consent from the patient. It is important to note, that while the health care professional may disclose information on account of fair reason as indicated above, they are still vulnerable to the technicalities of the law and may therefore still be punished. Studies have shown that a large majority of patients prefer confidentiality without exception to inform the choice of revisiting. An important conflict of interest to be declared is that many healthcare professionals have a degree of confusion regarding their role in reporting. While some believe it is not in their place, others may say it is not a healthcare problem, even the WHO only recognized it as a healthcare problem in 1998.

RECOMMENDATIONS

In light of the pressing need to address GBV and the barriers to seeking justice, it is important to consider practical steps to enhance awareness and accessibility to support services.⁴¹ Government agencies are to invest in reforms that improve the efficiency and integrity of law enforcement as well as judicial systems as this will encourage more victims to share their stories and seek justice.⁴² Budgets must be created to develop interpretation services to overcome language barriers, support victims in attaining financial independence through non-interest loans as well as sustain the establishment of support groups and networks for victims to connect with others who have similar experiences. It is not enough to advocate and propose laws that protect victims, there must be comprehensive implementation and cutbacks on technicalities that may offer escape to perpetrators.⁴²

A comprehensive evidenced based guideline should be implemented in all healthcare facilities, especially primary healthcare facilities for the care of GBV victims.¹¹ Visual representations of these policy statements should be available in healthcare facilities. Medical schools and training programs must prioritize

GBV education and training.³⁶ This includes integrating GBV into medical school programs, providing practical training on GBV screening, assessment, and management, and offering interdisciplinary courses that address the social, cultural, and economic determinants of GBV.³⁶

Furthermore, healthcare providers must be continuously trained to provide trauma-informed care, recognizing the power dynamics and emotional nuances of GBV interactions. This includes creating safe and confidential environments for disclosure, believing and validating survivors' experiences, and providing empathetic and non-judgmental support.⁴³ Health policymakers are to implement policies that protect both victims and healthcare workers. These policies will prioritize patients' confidentiality as well as health professionals from medicolegal litigations.⁴³ Ultimately, to encourage reporting gender-based violence amongst health care professionals, there must be strict adherence and adoption of the current WHO guidelines and assurance of protection of these concerned health care workers.⁹

CONCLUSION

The barriers to reporting gender-based violence constitute a major deterrent to eliminating gender-based violence in Nigeria as they are a part of the structure that upholds the perpetuation of gender-based violence. For many victims, these barriers do not simply present individually but also as multiple barriers interplaying and intersecting, thus reinforcing their effects and further discouraging victims from reporting. Health care providers face specific barriers preventing them from reporting GBV to the appropriate authorities. As gender-based violence is a continuing national and global concern, it is crucial to funnel resources and support into eroding these barriers individually and as a whole, to ensure a break in the cycle of violence.

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