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KNOWLEDGE, ATTITUDE, AND PRACTICE OF NURSES REGARDING SCREENING AND EDUCATING WOMEN ON INTIMATE PARTNER VIOLENCE AND RECOURSE CHOICES AT NATIONAL HOSPITAL, ABUJA

[1]Goyit, S.S; [2]Azi, E.J; [3]Dabo, D; [1]Nuhu, B.E and [1]Christopher, P.A

[1] Department of Nursing Science, Faculty of Health Sciences, Plateau State University, Bokkos, Nigeria
[2] Department of Public Health, Faculty of Health Sciences, Plateau State University, Bokkos, Nigeria
3 Department of Community Health, Christian Institute College of Health Technology, Etoo-baba, Jos
Corresponding author: GOYIT STEPHEN SAMSON, samcjgoyit@gmail.com +2348038072053

Abstract

Intimate partner violence (IPV) against women is a major public health problem with far-reaching consequences for women's physical, reproductive, and mental health. This study assessed the knowledge, attitudes, and practices of nurses regarding the screening and education of women on intimate partner violence and recourse choices at National Hospital, Abuja. A descriptive cross-sectional study design was adopted, and a purposive sampling technique was used to recruit 205 nurses. Data were collected using a structured self-administered questionnaire and analyzed using the Statistical Package for the Social Sciences (SPSS) version 20. Descriptive statistics were used to summarize the data, while the chi-square test was employed to test the study hypothesis at a 0.05 level of significance. The findings revealed that 68 (45.9%) of the respondents were aged 20–29 years, 113 (78.4%) were female, 107 (72.3%) held a diploma in nursing, 79 (53.4%) had 1–5 years of work experience, and 41 (27.7%) worked in the Obstetrics and Gynaecology Unit. Overall, 89.9% of the respondents demonstrated a high level of knowledge of intimate partner violence and recourse choices, 75.7% exhibited positive attitudes towards educating women on intimate partner violence and recourse choices, and 60.1% reported a high level of practice in educating women on intimate partner violence and available recourse options. The study concludes that nurses possessed good knowledge, positive attitudes, and satisfactory practices regarding the screening and education of women on intimate partner violence and recourse choices. Continuous professional education and training on the assessment, management, referral, and available support services for survivors of intimate partner violence are recommended to strengthen nurses' capacity to provide effective education and appropriate interventions.

Keywords: intimate partner violence; nurses; women; recourse choices; screening; health education.

Introduction

Intimate partner violence (IPV), also referred to as domestic violence (DV) or family violence, has become a significant public health concern in the global community. A lack of healthcare practitioner education is identified as a major barrier to adequate recognition and care for women experiencing IPV (Sprague et al. 2016). The need to provide effective IPV training for healthcare workers is acknowledged by the World Health Organization (WHO, 2013).

World Health Organization multi-country study on women's health and domestic violence against women collected data on IPV from more than 24 000 women in 10 countries, representing diverse cultural, geographical and urban/ rural settings. 13–61% reported ever having experienced physical violence by a partner; 4–49% reported having experienced severe physical violence by a partner; 6–59% reported sexual violence by a partner at some point in their lives; 20–75% reported experiencing one emotionally abusive act, or more, from a partner in their lifetime (WHO, 2017).

Violence against women is associated with immediate and long-term adverse health outcomes for women and children, both directly and indirectly. In a WHO multi-country study, women who had experienced IPV reported poorer health, more emotional distress, and more suicidal thoughts and attempts than those who had not experienced IPV. Two in three victims of intimate partner/family-related homicide are women. IPV limits a woman's decision-making power regarding her reproductive health, putting her at risk for sexually transmitted infections (STIs) and unwanted pregnancies. Partner violence during pregnancy can be associated with poor attendance to antenatal and postnatal care, increasing the risk of having low birth-weight infants or preterm births and intensive care admission of the new-born (WHO, 2018).

Globally, over a third (35%) of women experienced physical and/or sexual violence by an intimate partner or sexual violence by a non-partner at some point in their lives. A WHO report on global and regional estimates of violence against women found that the global lifetime prevalence of IPV among ever-partnered women was 30%, and for Africa 37%.

In the context of Nigeria, the prevalence of intimate partner violence collated among married women using a cross-sectional descriptive study conducted in Ikosi Isheri LCDA of Lagos state among 400 married women. A multistage sampling method was used to select the respondents. The lifetime prevalence for physical violence, sexual violence and psychological violence was 50.5%, 33.8% and 85.0% respectively.

Intimate partner violence (IPV) against women has been recognized as a public health problem with far-reaching consequences for the physical, reproductive, and mental health of women. Women who live with IPV experience poorer health due to abuse and consequently attend healthcare services more often than non-abused women (WHO, 2013). Nurses are in a key position to advocate for women and children affected by IPV. Screening for IPV aims to identify and support abused women and has been introduced (in various ways) into acute and community-based healthcare settings

This scoping review explores current IPV education programme for nurses (pre and post-registration) to inform future research that will support best practice, improved nursing care and positive clinical outcomes for those experiencing IPV.

Reports from the Nigerian national population commission estimated women's lifetime exposure to IPV from their current husband or partner at 19% for emotional IPV, 14% for physical IPV, and 5% for sexual IPV (WHO, 2018). Previous studies from Nigeria have shown the prevalence of IPV to range from 31 to 61% for psychological/emotional violence, 20 to 31% for sexual violence, and 7 to 31% for physical violence. Furthermore, studies conducted in different regions in Nigeria have reported prevalence of IPV ranging from 42% in the North, 29% in the South West, 78.8% South East, to 41% in the South-South (Leah et al., 2009).

Intimate partner violence (IPV) against women has been recognised as a public health problem with far-reaching consequences for the physical, reproductive, and mental health of women. Almost one in four

women in Nigeria reported having ever experienced intimate partner violence. Having adjusted for other relevant covariates, higher women's status reduced the odds of IPV (Benebo, et al., 2018)

This work aimed to assess the level of knowledge Nurses have in educating Women Expose to Intimate Partner Violence, assess the attitude Nurses have towards educating women who are victims of Intimate partner Violence, and determine the level of practice of educating and screening for IPV among Nurses.

Methodology

Study Design and Population

A cross-sectional study was conducted among 150 nurses working in National Hospital Abuja

Instrument for Data Collection

A self-administered questionnaire with closed ended questions in line with research questions was developed and used to obtain information from the respondents. The questionnaire comprises of four sections A, B and C. Section **A** elicits socio-demographic data of the respondents, Section **B** covers the knowledge of female intimate partner violence, Section C attitude of nurses towards screening women for IPV, Section D covers practice of screening and education of women on IPV by nurses.

Data analysis

Data collection was done over a period of 3 months after which all questionnaires were retrieved and were subsequently coded and analyzed using SPSS version 20. Both descriptive and inferential statistics were used. Descriptive statistics in form of bar chat, frequency and percentage table while chi-square was used in testing the hypothesis generated.

Ethical Consideration

Permission for data collection was obtained from the National hospital ethical research committee, National Hospital, Abuja.

Informed consent was obtained from each participant prior enrollment in the study. Participants were informed that they are allowed to withdraw from the study at any given time without jeopardizing the care provided in the diabetic clinic.

Results

This chapter presents the findings of the study carried out on Knowledge, Attitude and practice among Nurses in educating women on Intimate Partner Violence and Recourse choices in tertiary hospitals in Abuja, Nigeria. It consists of the results presented in frequency tables and percentage, figures, and answers to research question.

Table 1: Socio-Demographic profile of the respondents

		Frequency	Percent
Age At Last	Below 20 years.	1	0.7
	20 to 29 years	68	45.9

Birthday	30 to 39 years	40	27.0
	40 to 49 years	20	13.5
	50 to 59 years	19	12.8
	Total	**148**	**100.0**
Gender	Male	35	23.7
	Female	113	76.3
	Total	**148**	**100.0**
Highest Educational Qualification	Diploma in Nursing	107	72.3
	Degree in Nursing	37	25.0
	Masters in Nursing	3	2.0
	Ph.D in Nursing	1	0.7
	Total	**148**	**100.0**
Years Of Working Experience	1 to 5 years	79	53.4
	6 to 10 years	24	16.2
	11 to 15 years	15	10.1
	16 years and above	30	20.3
	Total	**148**	**100.0**
UNIT OF WORK	Social welfare	7	4.7
	Accident and emergency	30	20.3
	ICU	6	4.1
	Nephrology	7	4.7
	ENT	6	4.1
	Ophthalmic	4	2.7
	Dental and Maxillofacial	5	3.4
	Surgical	10	6.8
	Orthopedics	4	2.7
	Psychiatric	5	3.4
	Medical	4	2.7
	Obstetrics and gynecology	41	27.7
	Pediatrics	13	8.8
	Others*	3	2.0
	Total	**147**	

Table 1 above shows the frequency distribution of the respondents' socio demographic characteristics. Most of the respondents 68 (45.9%) were between the age of 20 to 29 years, followed by the age bracket of 30 to 39 years 40 (27.0%), 50 to 69 years 19 (12.8%) while the least was those less than 20 years with only 1(0.7%) respondent. There were more female 113 (78.4%) than male. Majority of the nurses 107(72.3%) had diploma in nursing, 37 (25.0%) had degree in nursing, 3(2.0%) had masters while 1 (0.7%) had Ph.D in nursing. Most of the respondent nurses 79 (53.4%) had 1 to 5 years working experience, 24(16.2%) had 6 to 10 years' experience, 15 (10.1%) had 11 to 15 years' experience while 30 (20.3%) had 16 years and above working experience. The respondents of this research worked in different units of the hospitals; most 41 (27.7%) of whom work at the obstetrics and gynecology unit, 30 ()20.3%) work at the accident and Emergency unit, 13 (8.8%) work at the paediatricts unit, 10 (6.8%) work at the surgical unit, 7(4.7%) at the social welfare and 7(4.7%) at the nephrologic unit, 6 (4.1%) each at the ENT and ICU, 5 (3.4%) each for Dental and Maxillofacial and Psychiatric units, 4 (2.7%) each for Ophthalmic, Orthopedics, and Medical units each. While 3 (2.0%) of the respondents selected other units.

Table 2: Responses On Knowledge Among Respondents In Educating Women On Intimate Partner Violence And Recourse Choices

ITEM	True N (%)	False N (%)
Intimate Partner Violence refers to any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship	147 (99.3%)	1 (0.7%)
Women who live with IPV experience poorer health due to abuse and consequently attend healthcare services more often than non-abused women	136 (91.9%)	12 (8.1%)
Psychological violence is the most common form of violence reported than physical violence	100 (67.5%)	46 (31.1)
Violence between an unmarried couple can be referred to as intimate partner violence	98 (66.2%)	48 (32.9%)
Shouting, intimidation, threats can be taken as intimate partner violence	112 (75.7%)	34 (23.0%)
Monitoring and stalking in a relationship is a form of intimate partner violence	65 (43.9%)	81 (54.7%)
There's legislation regarding the death of unborn children as a result of domestic violence	70 (47.3%)	78 (52.7%)

Table 2 above shows the frequency distribution of respondents according to the options they chose to best represent their knowledge on the listed items. This is further used to assess the nurses on their level of knowledge base on the selected options (True or false).

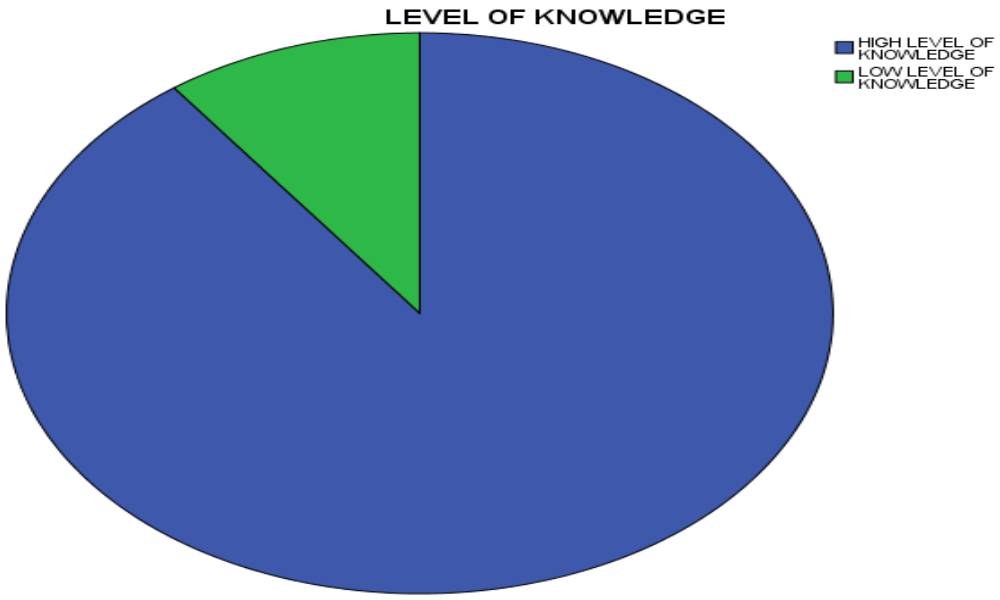

Figure 1: Level of knowledge among Nurses on Intimate Partner Violence and Recourse choices

Figure 1 above shows the outcome of the assessment of the nurses on their level of knowledge. One hundred and thirty three (89.9%) respondents had High level of knowledge while 15 (10.1%) had low level of knowledge among respondents in educating women on intimate partner violence and recourse choices.

Table 3: Response on attitude towards educating women on Intimate Partner Violence and recourse choices by respondents

ITEM	AGREE n(%)	DISAGREE n (%)
Do you think dealing with domestic violence or IPV is the responsibility of the Nurse?	111 (75.0%)	35 (23.0%)
Do you think early identification and management of abused women is important?	142 (95.9%)	6 (4.1%)
Do you think there is negative implications on children exposed to domestic violence?	142 (95.9%)	6 (4.1%)
Asking women questions on IPV seems absurd	69 (46.6%)	79 (53.4%)
I have contacted services within the community to establish referrals for IPV victims	58 (39.5%)	89 (60.1%)
Nurses care providers have a responsibility to ask all patients about IPV	108 (73.0%)	40 (27.0%)
I am capable of identifying IPV without asking my patient about it	79 (54.4%)	68 (45.9%)
I can recognize victims of IPV by the way they behave	89 (60.1%)	58 (39.2%)
I feel comfortable discussing IPV with my patients/Clients	98	48

	(66.2%)	(33.8%)

Table 4 above shows the frequency distribution of respondents according to the options they chose to best represent their attitude towards educating women on Intimate Partner Violence IPV and recourse choices from the listed items. This is further used to analyze the nurses on their attitudes base on the selected options (Agree or Disagree).

There are nine (9) items for this assessment; the total score on the attitude scale is 9. Any respondent who scored 5 to 9 points correctly is grouped as having a '*Good Attitude'* whiles those who scored 0 to 4 points are grouped as having a '*Poor Attitude'*.

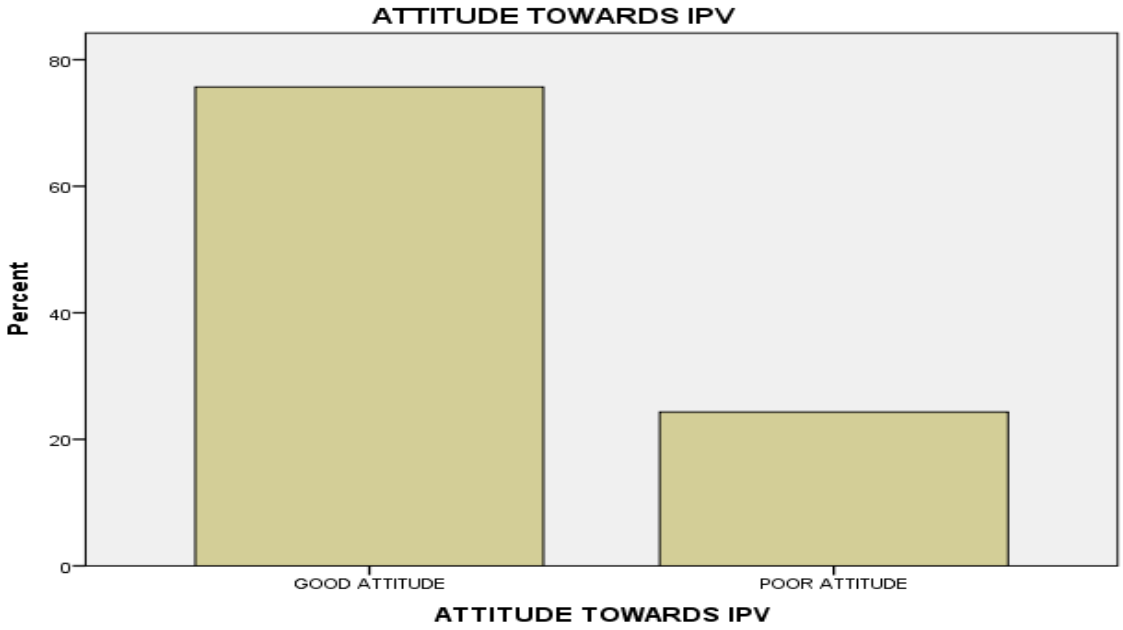

Figure 2. Respondents' attitude towards educating women on Intimate Partner Violence and recourse choices.

Figure 2 above shows that One hundred and twelve (75.7%) respondents had a good attitude towards educating women on Intimate Partner Violence and recourse choices while 36 (34.3%) had a poor attitude towards educating women on Intimate Partner Violence and recourse choices.

Table 6: Response on practice of educating women on intimate partner violence and recourse choices by the nurses

ITEM	YES n(%)	NO n(%)	NOT SURE n(%)
Do you Educate or provide resource materials to Women who are exposed to Violence?	83 56.1%	41 (27.7%)	23 (15.5%)
Do you have time to educate women you screen for IPV during working hours?	85 (57.4%)	57 (38.5%)	4 (2.7%)
When you identify women exposed to IPV, do you help them develop safety plan?	97 (65.5%)	28 (18.9%)	20 (13.5%)
My practice setting allows me adequate time to respond to victims of IPV	64 (43.2%)	68 (45.9%)	15 (10.1%)
Do you keep all information regarding IPV confidential?	122 (82.4%)	12 (8.1%)	11 (7.6%)
Do you do a follow up on clients with IPV?	70 (47.3%)	53 (35.8%)	23 (15.5%)
Do you have a screening tool for IPV among women?	47 (31.8%)	60 (40.5%)	40 (27.0%)
Do you refer Clients that are screened positive for IPV?	87 (58.8%)	34 (23.0%)	25 (16.9%)
Do you think there is lack of effective interventions for women exposed to IPV in your facility?	113 (76.4%)	17 (11.5%)	17 (11.5%)

Table 6 above shows the frequency distribution of respondents according to the options they chose to best represent their practice of educating women on Intimate Partner Violence IPV and recourse choices from the listed items at their places of work. This is further used to analyze the nurses' level of practice of educating women on Intimate Partner Violence IPV base on the selected options (**Yes, No** and **Not Sure**).

There are nine (9) items for this assessment; the total score on the attitude scale is 9. Any respondent who scored 5 to 9 points correctly is grouped as having a '*HIGH LEVEL OF PRACTICE'* whiles those who scored 0 to 4 points are adjudged as having a '*LOW LEVEL OF PRACTICE'*

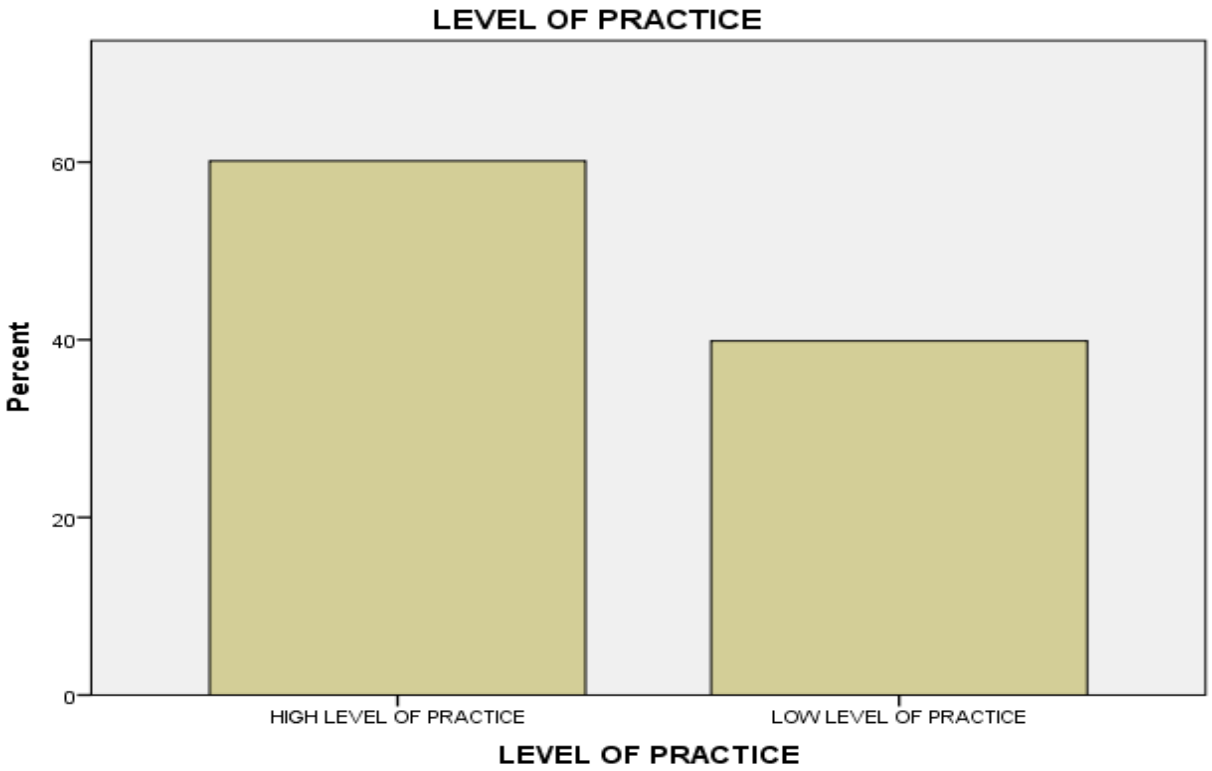

Figure 3 above shows the bar chart of frequency distribution of respondents according to their level of practice of educating women on Intimate Partner Violence IPV and recourse choices from the analysis of their responses on practice scale. Eighty nine (60.1%) respondents had a High level of practice towards educating women on Intimate Partner Violence and recourse choices while 59 (39.9%) had a low level of practice towards educating women on Intimate Partner Violence and recourse choices.

Discussion of Findings

After data were collected, presented and analyzed, the research findings revealed that majority of the respondents 68 (45.9%) were between the age of 20 to 29 years, most 113 (78.4%) of them are female. Majority of the nurses 107(72.3%) had diploma in nursing, most of the respondent nurses 79 (53.4%) had 1 to 5 years working experience, most 41 (27.7%) of whom work at the obstetrics and gynecology unit,

Findings showed that most (89.9%) respondents had high level of knowledge on intimate partner violence and recourse choices. This is in line with findings from a study carried out by Ambikile et al., 2020) on Knowledge, attitude, and preparedness toward IPV care provision among nurses and midwives in Tanzania. The proportion of nurses and midwives with high scores in IPV perceived knowledge, actual knowledge, attitude, and preparedness to provide care was 59.9%, 53.1%, 54.2%, and 54.0%, respectively. However, the findings disagree with study conducted by Sawyer et al., 2017) on Paramedic Students' Knowledge, Attitudes, and Preparedness to Manage Intimate Partner Violence Patients which revealed that actual knowledge, perceived knowledge, and preparedness to manage IPV patients were low.

Majority (75.7%) respondents had a good attitude towards educating women on Intimate Partner Violence and recourse choices. The findings from this study agrees with the study carried out by Ramsay et al., 2012) on Domestic violence: knowledge, attitudes, and clinical practice among selected UK primary healthcare which revealed that Clinicians only had basic knowledge about domestic violence but expressed a positive attitude towards engaging with women experiencing abuse. But is not in line with study conducted by Kamlesh et al., (2018) on Knowledge, attitude, practice and learning needs of nursing personnel related to IPV or domestic violence against women which revealed that two third of nursing personnel (67%) had moderate knowledge scores and 27% had poor knowledge scores; 19% had favorable attitude scores towards IPV; 57% had good practice scores;

Most (60.1%) respondents had a high level of practice towards educating women on Intimate Partner Violence and recourse choices. This is in consonant with findings from study conducted by Kamlesh et al., (2018) on Knowledge, attitude, practice and learning needs of nursing personnel related to IPV or domestic violence against women which revealed that two third of nursing personnel (67%) had moderate knowledge scores and 27% had poor knowledge scores; 19% had favorable attitude scores towards IPV; 57% had good practice scores.

Conclusion

Based on the findings from this study, the researcher concluded that nurses working at National hospital Abuja have good knowledge on women Intimate Partner Violence and recourse choices, have positive attitude towards educating women on Intimate Partner Violence and recourse choices and they were educating women on Intimate Partner Violence and recourse choices.

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