



Intimate Partner Violence (IPV), the Culture of Silence: Telemedicine as Panacea and Its Challenge in Nigeria

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Abstract. In today's world, the unchecked devastation imposed by intimate partner violence (IPV) continues to be a serious concern. The destructive effects of IPV span across many societal strata - socioeconomic, cultural, and demographic. Physical, sexual, and psychological abuse all fall under the umbrella of IPV, the ramifications of which can severely affect the physical and mental well-being of survivors. Even as awareness grows and efforts to combat IPV increase, a disconcerting silence continues to surround this issue. This silence is a major stumbling block to effective intervention and further support for survivors. Recognizing the need to defuse such 'cultures of silence', a new helping hand has emerged - telemedicine, which provides healthcare services through electronic communication technologies. The paper found that there is no specific legal framework for telemedicine in Nigeria although there are relevant laws, regulations, and policies governing telemedicine. This paper will explore the role of professional entities, such as the Nigerian Medical Association (NMA) and the Medical and Dental Council of Nigeria (MDCN). Scrutinizing their guidelines, ethical standards, and policies related to telemedicine. Within the scope of this paper, the focus will be on delving deep into this intertwining of IPV, the culture of silence, telemedicine and law. The aim is to better understand how law can aid telemedicine to provide solutions to the challenges that survivors confront while seeking help and aid.

Keywords: Intimate-Partner, Violence, Culture, Legal, Telemedicine, Nigeria

1. Introduction

Intimate Partner Violence (IPV) is not confined to a single country, social class, or race. It has evolved into a major global health hazard (WHO, 2022) such that the World Health Organization (WHO) reported that up to 71% of women aged 18 to 60 who have ever been in a relationship have been subjected to some sort of

abuse, which can include emotional, physical, or sexual violence (George and Bhila, 2019), between 15% and 29% of women in the world have been subjected to various forms of abuse (Majekudumi et al., 2022, Aidonojie et al., 2022; Majekudumi et al., 2022), 30% of women are affected by intimate partner violence and male partners are responsible for up to 38% of all female killings (WHO, 2022).

In Nigeria, an average of 1 in every 4 women has experienced IPV which involves, hitting, kicking, starvation, exploitation, emotional, verbal, psychological, economic abuse and sometimes death., IPV is prevalent worldwide, and the evidence point to the need for an immediate and effective response to the problem (Haleem et al., 2021). Cases of IPV are under-reported globally but despite this challenge, there is a due diligence duty placed on the states by the WHO (WHO, 2022). Member states supported a worldwide plan of action on enhancing the role of health systems in tackling interpersonal violence at the World Health Assembly in May 2016 (Dunham and Senn, 2000), this because, globally it has been observed that healthcare providers have multiple contacts with the survivors through the different stages of the abuse.

The transformative power of telemedicine in addressing the menacing issue of intimate partner violence (IPV) has been gradually coming to the forefront in the last few years. Essentially, telemedicine is an innovative way of delivering healthcare services via newer technologies such as video calls or phone sessions (Gurupur and Miao, 2022). For those caught in the storm of IPV, it poses as a lifeline, providing critical services such as therapeutic aid, counseling and screenings. Its uniqueness lies in its ability to bring care closer to survivors who may be trapped in a web of fear and obstacles preventing them from seeking help at health facilities.

This paper explores the legal framework of Nigeria's telemedicine sector, focusing on the role of professional entities like the Nigerian Medical Association (NMA) and the Medical and Dental Council of Nigeria (MDCN). It aims to understand the laws, standards, and policies that shape telemedicine operations, their impact on IPV survivors, and any hurdles that might obstruct its smooth rollout. The paper aims to demystify the conditions surrounding telemedicine regulation and its implications for improving healthcare services and support for IPV survivors in Nigeria.

1.1 Definition and Types of Intimate Partner Violence (IPV)

Intimate partner violence (IPV) (Douglas, 2021) is defined as physical or sexual assault, emotional abuse, or controlling conduct by a current or previous intimate partner, according to the World Health Organization. IPV also known as spousal violence is one of the forms of domestic violence that has been declared to be a human rights violation (Nnyombi et al., 2022) because it infringes on the right to dignity of the person of the survivor, The issue of IPV is not narrowed down to specific relationships or social classes; it prevails in both heterosexual and same-sex partnerships and does not discriminate on any background or lifestyle (Inagbor et al., 2023; Aidonojie et al., 2023; Edetalehn and Aidonojie; 2023).

Physical abuse, which can involve actions such as pushing, restraining, slapping/punching, kicking, scratching, and so on, is the most common form of IPV. Emotional Abuse usually starts with a verbal assault. Abusers utilize it as a means of humiliating and belittling their victims. Their purpose is to make their partner feel worthless. Economic Abuse occurs when a partner refuses to let their spouse manage their own money. In this instance, abusers frequently refuse to let their partners work or attain any kind of independent achievement. While the last form in this classification is Psychological Abuse which includes the use of words or actions to instil fear in another person (Absi and Williams, 2018). Lastly, in the digital era where technology is deeply entwined in our lives, digital abuse has surfaced as a prevalent form of IPV. Harassment through electronic devices, threatening messages, stalking via GPS, or online rumours all fall under this category.

1.2 Prevalence and impact of intimate partner violence

There's a global crisis that permeates through diverse cultures and societies, and it is intimate partner violence (IPV). This term, IPV, encapsulates a range of harmful behaviors like physical, sexual, or psychological abuse enacted by a current or past partner. It is indeed a troublesome issue, alarming due to its widespread nature and its massive toll on the safety and welfare of the people enduring it. IPV is not particular to a specific gender, but women are undoubtedly its primary survivors. A startling report from the World Health Organization in 2013 revealed that one in three women globally has suffered physical and/or sexual harm inflicted by an intimate partner. In Nigeria, 33% of women age 15-49 in Nigeria have experienced physical or sexual violence: 24% have experienced only physical violence 2% have experienced only sexual violence, and 7% have experienced both physical and sexual violence (Achan and Saqib, 2021) The news is flooded with news of spouses killing their partners one on Wednesday, February 17, 2021, the Ondo State Police Command arrested one Queen Beatrice for allegedly killing her husband, Emmanuel Ikujuni, at Omotosho town, in Okitipupa Local Government of the state while same day in Lagos state, David Idibie was arrested for the death of his 42-year-old wife, Juliana Idibie, who was found dead in their apartment (Aderson et al., 2017). In November, 2022 Segun Ebenezer beat his wife Bukola to death, between January 2021 and March 2022 at least 49 spouses reportedly died, 35 women were killed by their husbands while wives killed their husbands on 14 different occasions (De Carvalho and Bandiera-Paiva, 2018) Yetunde killed her husband Lowo and in 2017, and then the popular Osinachi's case, the popular gospel singer killed by her husband.

The impact of IPV on the survivor can be physical and often more evident repercussions can be short-lived or long-lasting. Broken bones, sprains, scratches, bruises, digestive disorders, eating problems, back, neck, abdomen, stomach, or genital area discomfort, headaches, fainting, seizures, hypertension, urinary tract or vaginal infections, sexually transmitted illnesses, and sexual dysfunction are just a few examples, or non-physical which may include PTSD, high blood pressure (hypertension), mental health challenges, for this reason, hospital come in handy. As a result, healthcare providers have more connections and possibilities to assist them.

Social norms and gender disparities or dread of retaliation and, quite often, the simple lack of awareness often discourage survivors from reaching

out to help (Carter et al., 2021). This silence becomes an integral part of the IPV problem. Societal shame, stigma, and the unjust view that domestic violence is a private issue plays a part in it (Cheng et al., 2017). It is crucial to break this silence, the availability of necessary resources and aid for the survivors, and this could be the much-needed step towards breaking away from the violence cycle.

Telemedicine, offering health care services remotely via technology, appears as an efficient way to tackle the challenges faced by IPV survivors. It offers a safe and confidential communication line for IPV survivors to get medical and psychological support (Adrawal and Alharbe, 2019). This way, health care providers can offer essential services like trauma evaluations, counseling, and assistance while maintaining the safety and confidentiality of the survivor. Advancements in telemedicine in providing support services might pave the way towards liberating survivors from violence, potentially offering them access to recuperative resources and empowerment. According to Acumen Research and Consulting, telemedicine is projected to garner growth at a compound annual growth rate of 14.19% from 2019 to 2026 (Adewale, 2014). Telemedicine is here to stay; thus, it is de rigueur for the government and key stakeholders to fully embrace it.

1.3 The Culture of Silence Surrounding Intimate Partner Violence

Those who have encountered IPV usually keep mum out of sheer terror. The thoughts of repercussions from their abuser or the social stigma they might endure are powerful deterrents. The fear takes hold of them, binding them with chains that hinder them from reaching out for the help they desperately need (Emezue et al., 2022). The hush that surrounds IPV is far from an isolated phenomenon, it finds fuel in societal mindsets. Regrettably, we live in a world that masks the truth behind domestic violence, downplaying the intensity of such horrors. What is more distressing is how our society tends to wrongfully place the blame on the survivors rather than pointing the finger at the actual wrongdoers (Gunawan et al., Aidonojie, 2023; Idahosa et al., 2023; Aidonojie et al., 2023).

The sheer ignorance surrounding IPV contributes to the silence. Many people don't even know what IPV is or its consequents. Worse, those who are in a position to help, such as friends, family, and health workers, may lack the necessary tools to react appropriately upon stumbling upon such situations (Agbedo, 2023). Amid these grim realities, there is a glimmer of hope

through the increasing adoption of telemedicine. This term refers to using digital media to offer healthcare services remotely, such as virtual health check-ups. This has the potential to overcome several barriers IPV survivors face when seeking help, such as safety and privacy concerns (Okwundu, 2017).

Harnessing telemedicine to provide IPV survivors with accessible and discreet resources. The opportunity for them getting emotional support, legal consultation, and counseling through a single click is a comforting hope and integrating IPV identification into these online check-ups might represent the turning point these survivors need, the focus on telemedicine gives us hope that the silence enshrouding IPV can eventually be shattered. The integration of telemedicine into our strategies against IPV signifies a step towards a change, providing a means for survivors to break their silence, seek help and gain access to the resources they require, directly from the safety of their homes.

Consequences of the culture of silence

When we dive into the grim world of 'domestic abuse', or more formally referred to as 'intimate partner violence' (IPV), we come face to face with a chilling reality. This disturbing and incessant issue creates a ripple effect that surpasses survivors, impacting the entire society. Starting off, we should consider the emotional havoc survivors are forced to deal with. IPV is such a muffled issue, survivors often feel inhibited from asking for help. As a result, they end up shouldering a massive psychological burden of suffering silently. This profoundly damaging situation can trigger a multitude of mental-health-related disorders like depression, anxiety, PTSD, and worst of all, suicidal thoughts (Heise and Garcia-Moreno, 2002).

It is critical that society recognizes the blame and stigma that often engulfs survivors, thus solidifying the oppressive dynamics in abusive relationships. This environment of shame and blame leaves survivors cornered, seemingly trapped in a violent circle due to fear of societal backlash, financial instability, and the lack of communal support (Bartolomei, 2015). Simultaneously, we should scrutinize the limitations of our established healthcare system in handling IPV. The setbacks are many, ranging from scarce resources, inadequate professional training, to an ineffective IPV identification technique (Heise and Garcia-Moreno, 2002). Unfortunately, survivors may not receive the needed healthcare assistance due to these flaws, and this could lead to serious physical repercussions such as injuries, chronic pain, and even sexually transmitted diseases.

This web of silence that envelopes IPV, along with poor reporting, leads to a gross underestimation of the actual IPV incidents, curtailing our ability to comprehend the real magnitude of IPV. This impedes the effective allocation of resources and the establishment of successful intervention strategies. In turn, it hampers public health initiatives to tackle IPV, indirectly endangering the well-being of the community (Edetalehn et al., 2023; Aidonojie et al., 2021; Ikubanni and Aidonojie, 2021; Aidonojie et al., 2021). Interestingly though, telemedicine might just be the silver lining in dealing with IPV. By offering survivors a safe space to seek remote medical advice confidentially, they might not need to endure uncomfortable in-person consultations, a lifesaver when living under an abusive partner's watchful eyes. Moreover, telemedicine paves way for survivors to safely disclose IPV, enabling apt evaluations and pertinent referrals for complete treatment (Bartolomei, 2015).

Overall, IPV's destructive influences are broad and convoluted, touching upon emotional trauma of survivors, the struggle to escape abusive relationships, healthcare constraints, impediments to public health, and a self-nourishing cycle of violence. Although at varying rates of development, several developed and developing countries throughout the world have embraced telemedicine as a proactive means of providing health care services to their citizens (Heise and Garcia-Moreno, 2002). Telemedicine, with its assurance of confidentiality and remote support, might offer some answers, hence playing a crucial role in addressing this deeply rooted issue.

1.4 Introduction to telemedicine and its potential in addressing intimate partner violence

Innovative technologies bring forward new strategies to assist survivors of IPV. Telemedicine, notably known for its application of electronic communication tech, provides a fresh avenue for aid to IPV survivors. This system efficiently maneuvers around obstacles that may prevent survivors from reaching out for help, offering them secure and readily available access to support services (Adronis and Moysey, 2013). An important facet of telemedicine's effectiveness in combatting IPV lies in its ability to offer secret, trustworthy assistance. Unfortunately, fear of backlash often keeps survivors silent, especially if they live in close proximity to the perpetrator. The inherent confidentiality of telemedicine becomes a lifeline for such survivors, letting them confide in healthcare professionals without risking exposure, subsequently reducing anxieties of possible revenge (Adronis and

Moysey, 2013). Going beyond this, telemedicine increases the accessibility of support services to individuals hindered by geographical or logistical constraints. In rural regions, the lack of resources and expert assistance in dealing with IPV often leaves survivors stranded. By connecting survivors to specialists from afar, telemedicine fills this gap, enhancing their exposure to specialized care. This technology becomes progressively vital for those under constant watch or restricted movement, eliminating the need for travel to health institutions or shelters.

Telemedicine serves as a valuable tool to overcome barriers posed by cultural and language differences, often a major obstruction for IPV survivors in seeking help. When local support services lack an understanding of their particular cultural or ethnic background, survivors might feel their struggles trivialized or ignored. By facilitating connections with culturally knowledgeable professionals, telemedicine ensures survivors receive care cognizant and respectful of their unique circumstances.

1.5 Background of telemedicine in Nigeria

Reflecting on telemedicine's journey in Nigeria, one can see a journey marked by innovation, challenge, and growth. Providing healthcare services remotely using various communication technologies, telemedicine is increasingly gaining global recognition and acceptance. In the context of Nigeria, telemedicine reveals itself as a beacon of hope against the backdrop of limited access to quality health services, particularly in rural regions. Rewinding a couple of decades, this innovative treatment approach first took root in Nigeria in the early '90s. Back then, the World Health Organization (WHO) and non-governmental organizations (NGOs) initiated pilot projects to give telemedicine its first Nigerian foothold. These early adopters focused on harnessing telecommunication technologies' potential to link urban healthcare professionals with rural communities, facilitating remote medical consultations, diagnosis, and treatment. While these initiatives marked milestones, telemedicine's wide-scale adoption hit a road bump due to several infrastructural, sociological, and regulatory barriers.

Fast forward to today, the telemedicine landscape in Nigeria has changed significantly over the past decade (Adronis and Moysey, 2013). Enhanced accessibility and affordability of communication technologies like mobile phones and internet connectivity have stimulated the growth of telemedicine services across Nigeria. These services span various healthcare

domains, and a whole host of public and private telemedicine platforms have emerged, providing the underserved populations remote access to medical care.

However, the journey of telemedicine is not devoid of obstacles. Key challenges persist that inhibit telemedicine's complete implementation and impact. Primarily, the absence of comprehensive laws concerning telemedicine practices provides a stumbling block. This regulatory vacuum brews uncertainty and potential legal complications for healthcare professionals and institutions practicing telemedicine. Further, infrastructural deficiencies, like unreliable internet connectivity and electricity supply, act as significant barriers in the path of telemedicine's adoption in remote regions. Plus, the trust and compliance of patient's edge on ensuring data privacy, security, and confidentiality, necessitating rigorous attention to these issues (Adyatollahi and Shagerdi, 2017).

Summing up, the story of telemedicine in Nigeria, till now, is a tale of its evolution from experimental pilot projects to a burgeoning sector in healthcare. Yet, hurdles like undeveloped legal structure, infrastructural shortfalls, and data privacy and security issues impede its full potential. Effective remediation of these challenges via exhaustive regulations, infrastructural advancements, and capacity-building measures is essential to ensure the successful assimilation and expansion of telemedicine services in Nigeria.

2. Overview of the Legal Framework for Telemedicine in Nigeria

The practice of telemedicine falls under the oversight of the Medical and Dental Council of Nigeria (MDCN) and the National Health Act made some provisions for telehealth (Ibeneme et al., 2020). Anyone who wishes to offer the professional services of providing telemedicine consultations, would need an authorized medical license and council registration to get started, providing a mandatory safety net that only qualified professionals are involved in these services (Adyatollahi and Shagerdi, 2017). This requirement aligns with the standard of care present in traditional healthcare settings. The principles of privacy, informed consent, and sound advice are not neglected in telemedicine. Any divergence from the standards set by authoritative organizations like the Nigerian Medical Association is not tolerated.

Telemedicine, however, comes with its unique set of challenges, especially regarding data protection and

privacy. In the digital era, the privacy of medical details is paramount when it comes to telemedicine. The Nigerian Data Protection Regulation (NDPR) guides telehealth professionals on how to securely manage personal data (Adyatollahi and Shagerdi, 2017). Another vital consideration in telemedicine is malpractice and liability concerns. In simple terms, the existing legal standards do not exempt telemedicine. If the quality of care falls short, the practitioner can be held accountable, and patients are entitled to legally pursue compensation for any identified medical malpractice. Just like in-person consultations, telemedicine requires measures to manage any unexpected incidents or complications (Adyatollahi and Shagerdi, 2017). The efficacy of telemedicine is heavily reliant on telecommunication technology. So, institutions like the Nigerian Communications Commission (NCC) play a pivotal role in regulating and ensuring the stability of these services. Their main objective being to provide the necessary infrastructure for successful telemedicine consultations.

Insurance is also a critical factor that can influence the accessibility of telemedicine services. The willingness of insurance companies to acknowledge and reimburse telemedical consultations is vital in widening the outreach of health services. This is where the National Health Insurance Scheme (NHIS) steps in, regulating health insurance in the country, including telemedicine services. From obtaining a license to ensuring privacy and accountability, the legalities around telemedicine in Nigeria are extensive and affect every facet of its operation. These laws play a major role in the quality and effectiveness of telemedicine services. Hence, there is a need for regular reviews to ensure they keep up with the evolving landscape of telemedicine.

3. Analysis of the Nigerian Telecommunications Act and its impact on telemedicine

Looking closely at the Nigerian Telecommunications Act, it becomes apparent that the law has a significant bearing on the provision of telehealth services in the country. This legislation, brought into force by the Nigeria Communications Commission in 2003, not only dictates the operational elements of telecommunications within healthcare but is also essential in fostering the growth of telemedicine in Nigeria. At its core, this Act puts the Nigerian Communications Commission (NCC) in a regulatory role over the nation's telecommunications industry. It includes guidelines for telecommunication service provision, emphasizing their reliability, efficiency, and accessibility. Broadly speaking, these standards are of great importance in telemedicine as the effectiveness

of telehealth services largely depends on the robustness of the underlying telecommunications infrastructure.

The impact of this Act extends beyond mere regulations, playing a pivotal role in promoting the development of telecommunications, which in turn guides the steady expansion of telemedicine. Take for instance the Act's directive that necessitates the deployment of modern telecommunications infrastructure, such as broadband networks. This essentially paves the way for telemedicine to reach the nooks and crannies of Nigeria's expansive geographic scape, even to the most underserved rural communities. It is a directive that proves vital in closing the accessibility gap in healthcare provision, most especially within the country's remote regions.

Drawing from the Act's provisions, it is also evident that it takes a strong stance on data protection. It calls for the implementation of stringent security checks to safeguard patients' personal health data, and by this, strives to uphold the integrity of telemedicine practice. That this guarantees the confidentiality of patient data cannot be overstated; it not only fosters patient trust but is also key in maintaining the reputation and dependability of telehealth services. Moreover, the Act encourages innovation in telemedicine. It does this by fostering collaboration between the players in the telecommunications field and those in healthcare, leading to novel, tailored telemedicine solutions. This provision thus stirs up growth and dynamism in healthcare provision through advanced technology and research, further bolstering the place of telemedicine in Nigeria's healthcare sector.

To conclude, the Nigerian Telecommunications Act proves to be foundational to the practice and growth of telemedicine in Nigeria. It regulates, guides, and fosters innovation in all aspects of telehealth services' provision, preserving the integrity of the system, and making it an efficient tool in addressing healthcare provision challenges. And from this exploration of its impact, it's clear that the Act is an indispensable tool in fostering telemedicine in Nigeria.

4. Examination of the National Health Act and its relevance to telemedicine

The National Health Act of 2014, is the bedrock on which the Nigerian healthcare system lies. It is our rulebook to ensure that healthcare delivery run smooth. The Act champions telemedicine, even labelling it an essential part of healthcare delivery. Defines it as medicine with a technological twist, knocking down walls, analyzing, treating and

researching diseases from afar, while also giving doctors a knowledge boost (Appari and Johnson, 2010). Section 58 of the the National Health Act with Nigerian Medical Council provides guidelines for telemedicine, spelling out all that is needed for a seamless and secure practice. Stripped down to basics, patients get the best, can access services from the comfort of their homes knowing their health and privacy are non-negotiable.

Telemedicine links patients to doctors when miles come between them. It can cut down on travel, saves precious time, and spruce up the healthcare situation, especially where it is crying out for attention (Curtis, 2018). However, dodgy internet connection in parts of Nigeria is part of the problem. For telemedicine to run like clockwork, you need a stable internet (Appari and Johnson, 2010), which is not always available, thereby limiting accessibility. The National Health Act, validates the telemedicine while laying down the law for quality control and access. But to unlock the true potential of telemedicine, roadblocks such as unstable internet connection need to be tackled head-on (Curtis, 2018).

Evaluation of the Medical and Dental Council of Nigeria's guidelines for telemedicine practice

Having a glance at the Medical and Dental Council of Nigeria (MDCN) and the crucial role they play in crafting telemedicine practice standards in Nigeria paints a telling picture. The MDCN has hit the nail on the head with these directives. They go beyond legal dilemmas to explore areas such as technicalities, ethical factors, and issues related to professionalism (Appari and Johnson, 2010). The Council presents these guidelines in a coherent, understandable order, making it breezy for healthcare professionals to grasp and implement. It accentuates the significance of patient safety and confidentiality. It clearly stated that patient data should be transmitted securely and their privacy respected (MDCN, 2018). This principle is a root element of ethical practice in telemedicine, and it is commendable that MDCN does not mince words about it. The MDCN directives' emphasis on thorough documentation and record-keeping is another winning point (Garcia, 2006). The need to maintain comprehensive reports of every telemedicine interaction, both for the sake of ongoing care and legal purposes, cannot be overstated. This requirement promotes responsibility and enhances the quality of telemedicine practices (Benebo, et al., 2018).

However, the directives could certainly use more depth on licensure and approval protocols for healthcare practitioners within the scope of telemedicine (Khalifa, 2013). While the guidelines do

note registration and licensing prerequisites, they skim on the specifics for the context of telemedicine. More clarity here could amplify the overall trustworthiness and standard of Nigeria's telemedicine services (Ferrari, 2014). In the same vein, it might be worth the Council's time to ponder including intricate instructions for telemedicine technology standards and compatibility rules. Given the technology-dependent nature of telemedicine like video conferences and secure messaging systems, integrating these norms could make the practice run more smoothly (Douglas, 2021).

In wrapping up, it is clear that MDCN has made significant strides in framing guidelines for telemedicine practice in Nigeria, spanning areas like ethical, legal, technical, and professional aspects. They have solidly laid down the groundwork regarding patient safety, confidentiality, and record-keeping, but there's still scope for refining standards related to licensing and technological aspects (Onyemelukwe, 2015). With continual refinement and advancements, MDCN has a fair shot at propelling the growth of telemedicine in Nigeria.

5. Overview of the Challenges of the Current Legal Framework for Telemedicine in Nigeria

The innovative world of telemedicine is transforming the delivery of healthcare services, using the power of technology to revolutionize patient care. However, in Nigeria, there are numerous challenges and restrictions that come with the current law governing telemedicine. Much like a treacherous hike, this path is laden with potential pitfalls that may hamper the efficient implementation and regulation of these services, ranging from overarching laws to minute operational details. Peering into the perplexing labyrinth that is Nigeria's legal framework for telemedicine, it is apparent that it is plagued by myriad issues. One of the most glaring cracks in this framework is the glaring absence of explicit legislation addressing the unique characteristics and requirements of telemedicine (Ekata et al., 2023). The existing law, responsible for steering healthcare and medical practice, fails to explore the complexity of technology-based healthcare delivery. The absence of such legislation impedes the development of clear-cut guidelines and standards for telemedicine integration, thereby chilling the fervor towards its wider adoption.

Further adding to this predicament is the muddled regulatory climate that emerges in the absence of specific telemedicine benchmarks. Without sharp delineation, issues around licensing, qualifications,

and privacy protections continue to hover in a state of ambiguity. This leaves healthcare providers, investors, and patients alike navigating choppy waters of uncertainty, and could even make telehealth practitioners reluctant to step foot into these waters, due to fears of potential legal backlashes.

Nigeria's federal structure, a patchwork of state-specific legal domains, adds another stumbling block. Consequently, telemedicine services bridging state boundaries might confront potential legal roadblocks (Ekata et al., 2023). The lack of uniform regulations and licensing procedures among states casts a shadow over the provision of seamless telemedicine services, particularly for patients scattered across different regions. This is a significant issue that impedes the wide-scale adoption and accessibility of telemedicine services, especially in remote and poorly serviced areas of the country. Telemedicine inherently involves collecting and processing sensitive patient data, a practice that is not sufficiently addressed by Nigeria's existing law (Ekata et al., 2023). Without comprehensive data protection legislation, patient data could be broadly exposed to unauthorized access, potentially damaging the trust bond that underpins the patient-telemedicine operator relationship and curbing acceptance of these services.

Dark corners of Nigeria's legal structure also fail to address the lack of an efficient healthcare infrastructure, a glaring shortfall that could stymie the successful use of telemedicine. From constant internet connectivity and telecommunications systems to broad-spectrum technology readiness, these represent crucial pillars supporting telemedicine services – and their absence can severely affect the growth of telemedicine within the country. In essence, Nigeria's legal framework for telemedicine is a minefield of challenges. It's hamstrung by the absence of dedicated legislation, regulatory murkiness, jurisdictional complications, and nagging issues around privacy and infrastructure readiness. To harness the true potential of telemedicine, it's high time to tackle these obstructions, starting with specific legislations targeted towards telemedicine, transparent regulatory guidelines, robust data protection rules, and a massive overhaul of healthcare infrastructure.

6. Utilizing Telemedicine to break the Culture of Silence

Telemedicine is evolving into a crucial ally for those affected by intimate partner violence or IPV. In India, National Tele-Mental Health Programme was launched by the Government of India with the National Institute of Mental Health and Neurosciences

(NIMHANS), Bengaluru, as the nodal center to network with 23 tele-mental-health centers of excellence across the nation (Erceg, 2019). In addition, a series of telehealth guidelines have been prepared for MHPs, based on the framework of the Medical Council of India (Enabulele and Enabulele). It is a good discovery that IPV survivors were able to depend on telemedicine as a trustworthy, secure, and confidential channel to access medical aid and also improve the ease of access to healthcare, especially in areas where healthcare infrastructure is sparse while promoting the use of open conversations over the culture of silence as a stepping stone towards preventing further instances of violence (Enabulele and Enabulele).

Adding weight to IPV solutions through telemedicine, Markowitz and his team, in 2017, imagined an optimistic future where telemedicine offers crucial resources and assistance for survivors. They spotlighted telemedicine's vast potential capacity in tackling digital safety and privacy concerns. Continuing the discussion, Rossi and co. dissected various schemes and research projects in 2020, addressing violence against women in the wake of COVID-19. Their work underscores telemedicine's crucial role in managing and preventing IPV in a world of social distancing and lockdown (Erceg, 2019).

In a nutshell, telemedicine holds the potential to dismantle the defense of silence that often shrouds IPV. It can span geographical barriers, assure the safety of survivors, and offer vital resources and information. Despite these strides, challenges remain in ensuring the accessibility of these services for every IPV sufferer, while also addressing valid concerns about digital safety and privacy. The studies featured here unveil both the advantages and hurdles in utilizing telemedicine to counter IPV, hence forging the path ahead.

7. Benefits of telemedicine in addressing intimate partner violence

Understanding the implications of telemedicine in the context of intimate partner violence, or IPV, we can appreciate both its strengths and weaknesses. Offering numerous benefits, telemedicine is especially beneficial for those trapped in IPV situations where isolation, transportation difficulties, or concerns about confidentiality make traditional healthcare facilities less accessible. The ability to contact medical professionals remotely fills a critical void, ensuring the needy get appropriate support, regardless of location (Gale et al., 2013). An inherent advantage of telemedicine is the enhanced privacy and safety it

confers. Fear of the abusive partner discovering their attempts to seek help often forces IPV survivors into silence. Telemedicine provides a confidential platform, enabling unobserved communications with healthcare professionals and giving them the confidence to seek help from secure locations. Moreover, the immediacy of telemedicine's responses offers a significant boon. Real-time interaction capability allows healthcare providers to evaluate and intervene instantly, enabling early IPV case detection, possibly preventing further abuse, and providing prompt legal and counseling support (Gale et al., 2013).

8. Limitations of telemedicine in addressing intimate partner violence

Conversely, telemedicine also poses certain challenges. The lack of non-verbal cues in a setting reliant only on the visual and audio elements is a significant limitation (Garba and Bade, 2021). Key indicators of IPV, such as subtle demeanor changes or non-verbal distress signals, may be overlooked or misinterpreted during virtual interactions.

Access to telemedicine can be challenging due to technical constraints like unstable internet connections or absence of essential gadgets (Garba and Bade, 2021). This is particularly prevalent among marginalized groups - low-income or rural residents, who already find IPV support hard to come by. Another limitation is the inability to perform physical examinations. When evidence collection for legal matters is necessary, face-to-face consultations may still be required (Garba and Bade, 2021). This limitation underscores that telemedicine should augment, not replace, traditional healthcare facilities.

In essence, while telemedicine is remarkably beneficial in addressing IPV - improving accessibility, ensuring privacy, safety, and immediate responses - its limitations including reduced non-verbal communication cues, technical barriers, and inability to perform specific physical exams are significant. Ideally, it should be integrated into a comprehensive strategy involving traditional health services.

9. Conclusion

Technological advances in healthcare, specifically telemedicine, have become instrumental in tackling intimate partner violence (IPV) and decimating the hush-hush culture that hinders many sufferers from reaching out for help. The beauty of technology is its ability to revolutionise how survivors receive medical aid and support in case of IPV. Equally critical is maintaining the confidentiality of the survivors to

enhance their safety. Diving into the depths of the discussions and studies highlighted in this article, we can see how telemedicine can come to the rescue where traditional strategies are struggling. The advantages of telemedicine for both IPV survivors and healthcare professionals are manifold. It bridges spatial gaps and ensures even those in inaccessible areas have access to lifesaving aid. Leveraging encrypted video calls, health practitioners can conduct private consultations that ensure the safety and privacy of survivors. Also, telemedicine's reach goes beyond singular survivors, fostering educational and intervention schemes designed to cut the cycle of violence at its root.

What's more, its silent but relentless stride against the culture of silence surrounding IPV cannot be understated. Unbound by the limitation of the real-world clinical setup, telemedicine provides survivors a secure and judgment-free setting to reach out without the crippling fear of social stigma. The combination of the ease of accessing help and staunch confidentiality imparts power to survivors to shed their silence and ask for help, safe in the knowledge that their identities are secure, and personal trot will never be public without their consent in doing so, it chips away, piece by piece, at the societal norms cementing the silence around IPV.

A balanced discussion would, however, include some shortcomings of telemedicine concerning IPV issues. Reliable internet and technology reach can be problematic for some, particularly those in economically disadvantaged and sidelined communities. Another possible roadblock is the lack of non-verbal nuance in a virtual setup which might negatively impact the healthcare provider's ability to fully comprehend the survivor's emotional state and safety. Hence, a mashup of telemedicine and traditional face-to-face methods is key to providing comprehensive care for IPV survivors. And so, it is clear that telemedicine has earned its stripes as a worthy ally in curtailing IPV and tearing down the silence that cloaks it. Technology boosted medicine is arming survivors to reach out for help and support within the safety of confidentiality. With technology upgrading at a dizzying pace, the future holds promise for bolstering how care is delivered, refining support services, and, ultimately, stamping out IPV.

10. Recommendations for improving the legal framework to promote telemedicine in Nigeria.

Improving the legal landscape to bolster telemedicine in Nigeria could greatly benefit from these steps. First

up, it's imperative that existing laws are reevaluated - relevant statutes like the National Health Act need revising to address telemedicine's growing role expressly. This can pave a legally sound path for delving into remote medical services, allowing practitioners to grasp what is expected of them and ensuring their compliance with the law.

A key requirement is also dedicated telemedicine regulations. Because virtual consultations and digital health tech bring their own unique considerations, Nigeria must have a thorough rulebook that addresses distinct telemedicine aspects clearly. This should encompass issues such as doctors' licensing and responsibilities, protecting patient privacy and data, and setting the standard for remote analysis. Additionally, facilitating a smooth flow of health data between different telemedicine channels and healthcare providers is critical. Encouraging interoperability standards through the legal landscape is key so telemedicine providers can share patient information securely, enhancing the care quality and continuity.

The authorities should also establish licensing requirements for telemedicine, along with accreditation guidelines. This would mean that only suitably qualified professionals offer remote healthcare services, helping maintain high-quality care standards. The government should also spur healthcare insurance firms to develop clear rules and reimbursement policies for telemedicine services, thus catalyzing telemedicine technology adoption among providers, as well as making remote consultations more attainable and affordable for patients.

Consider instituting a centralized body to oversee all telemedicine practices in Nigeria, acting as a regulatory body for ensuring legal compliance and uniformity in telemedicine practices nationwide. This could involve handling licensing and accreditation, monitoring care quality, and enforcing professional codes of conduct. Lastly, a strong legal framework should accommodate telemedicine training programmes for the healthcare workforce, helping bridge any capability gaps and enabling professionals to gain the necessary know-how in delivering telemedicine effectively and safely.

Implementing the above measures could provide Nigeria with a legal framework that fosters wide-reaching adoption of telemedicine and secure its implementation, consequently enhancing access to good quality healthcare for its population.

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