The term “violence against women” means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life (Ellsberg and Heise, 2005). Accordingly, violence against women encompasses but is not limited to the following:

a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs. Acts of violence against women also include forced sterilization and forced abortion, coercive/forced use of contraceptives, female infanticide and prenatal sex selection (Ellsberg and Heise, 2005).

Domestic violence (DV) against women is a global problem without cultural, geographic, religious, social, economic or national boundaries. Gender-based violence is considered one of the most serious violations of human rights and is a widespread phenomenon which does not discriminate based on race, religion, ethnicity or language. Violence against women as a social problem mostly within close/immediate social settings has serious consequences affecting not only female victims’ physical and emotional health, and social well-being, but has considerable effects on children, family and society as whole. Domestic violence against women deprives them of their right to participate in societal life as a whole and holds them prisoners under the special conditions set by the immediate social setting such as family, kinship, social norms and values shared by the majority. The practice of violence against women and particularly domestic violence is a constant variable that deviates depending on societal vectors like social and economic development of the country as well as the societal norms perceived as a “normal” for the current culture of the nation-state. The major impact domestic violence has on women is hindering their full inclusion and participation in social life. Combating gender-based violence is important for building a truly democratic society founded on the principles of human rights (Chitashvili et al 2010).

Despite having equal rights and status in most countries, violence against women is still rampant and homes become torture chambers for women. Domestic violence is one of the most common forms of torture in women and is a major international social and public health problem in both developed and developing countries. The United Nations defines “domestic violence” as violence that occurs within the private sphere, mainly between individuals who are related through intimacy, blood, or law. According to a report by the UN International Children’s Fund (UNICEF), up to half of the world’s female population has suffered abuse at the hands of those closest to them at some point in their lives. Domestic violence is a pervasive violence of women’s human rights and has been resistant to social advances because of its “hidden” nature. Such violence is a problem in every country of the world and almost universally under-reported. It has no relation with race, class or educational status (Agnihotri et al., 2006).

Violence against women is a fundamental human rights violation, rooted in unjust and unequal power and gender relations and structures in our societies. These are upheld by rigid and unjust social, economic, legal and cultural norms that determine a woman’s, often unequal, role in her home, her community and her workplace. Violence against women is a form of gender-based violence, which is “a harmful act or threat based on a person’s sex or gender identity. It includes physical, sexual and psychological abuse, coercion, denial of liberty and economic deprivation whether occurring in public or private spheres.” (CARE, 2015). Evidence has found that communities with higher levels of violence against women share the following expressions of gender inequality: condoning of violence against women; men’s control of decision-making and limits to women’s independence; rigid gender roles and identities; and male peer relations that emphasize aggression and disrespect towards women (CARE, 2015).

Domestic violence can be described as the power misused by one adult in a relationship to control another. It is the establishment of control and fear in a relationship through violence and other forms of abuse. This violence can take the form of physical assault, psychological abuse, social abuse, financial abuse, or sexual assault. The frequency of the violence can be on and off, occasional or chronic.

“Domestic violence is not simply an argument. It is a pattern of coercive control that one person exercises over another. Abusers use physical and sexual violence, threats, emotional insults and economic deprivation as a way to dominate their victims and get their way”. (Susan Scheter, Visionary leader in the movement to end family violence) (Kaur and Garg, 2008)

Domestic violence (DV) occurs in all settings and among all socioeconomic, religious and cultural groups. The overwhelming global burden of DV is borne by women. It is a global burden with serious public health and social implications. It is a malady that cuts across gender and class borders. Affecting both males and females even though this study focuses on violence against married women perpetrated by their partners. 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. By contrast, men are far more likely to experience violent acts by strangers or acquaintances than by someone close to them. Many authors use the terms domestic violence and intimate partner violence (IPV) interchangeably

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The term “domestic violence‟ is used in many countries to refer to partner violence but the term can also encompass child or elder abuse, or abuse by any member of a household. The World Health Organization (WHO) defines intimate partner violence as “behavior within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors” (Uzoma, 2017).

Domestic violence and abuse is not limited to obvious physical violence. It can mean endangerment, criminal coercion, kidnapping, unlawful imprisonment, trespassing, harassment and stalking (National Network to End Domestic Violence, 2011). Domestic violence occurs globally (UNICEF, 2005). Families from all social, racial economic, educational and religious backgrounds experience domestic violence in different ways. In the United States of America, each year, women experience about 4.8 million intimate partner related physical assaults and rapes while men are victims of about 2.9 million intimate partner related physical assaults. In parts of the third world generally and in West Africa, in particular, domestic violence is prevalent and reportedly justified and condoned in some cultures. For instance, 56% of Indian women surveyed by an agency justified wife beating on grounds like bad cook, disrespectful to in-laws, producing more girls, leaving home without informing, among others (Oluremi, 2015).

**Types of domestic violence**

Intimate partner violence can take several forms and include the following main types (CDC, 2018)

**Physical Abuse:**

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 (Mbadugha, 2016).

There is no systematic research on wife battering in Nigeria, but circumstantial evidence shows that it is real. Records indeed have it that violence within the family in Nigeria has reached alarming proportions. Reports of beating, torture, acid attacks and killing of women in the family or relationships are regular features in the media and documented reports. The pages of most Nigerian newspapers are replete with instances of women who were beaten or hurt by their husbands. The Nigerian Television Authority (NTA) has interviewed many women victims, the National Orthopedic Hospital, Igbobi, Lagos, as well as Lagos University Teaching Hospital (LUTH) have reported such cases too. Public testimonies before the Civil Resources Development and Documentation Centre Tribunal in Enugu and Abuja since 1996 have revealed other harrowing cases of wife battering in Nigeria. According to public testimonies given before the National Tribunal in Abuja (Nwankwo, 2003) on wife battering and violence against women

with code names of Mrs “O” from Bayelsa state, Mrs “S” from Kaduna state, Mrs “M” who was beaten by her husband and denied of access to her 3 years old child, Mrs “K” whose daughter “went mental” after the parents 22 years of marriage and Mrs “E” in Lagos whose husband beat her because she frowned at her husband having an affair with a neighbour are representatives of instances too many to mention in Nigeria.

McDonnel argues that Nigerians do not talk about domestic violence “because it seems to be an acceptable part of marriage”. She found that 40 percent of urban women in research conducted in Lagos and Ibadan claimed that they have been victims of domestic violence.

In a study conducted in Guma and Makurdi Local Government Areas of Benue State, Nigeria shows that domestic violence is a common practice that seems to be accepted by men as normal in order to keep the women under control. Batterers fail to see this as an act worth bringing before the law. For instance, among the Efick of south-south geo-political zone of Nigeria, wife battering is celebrated as a sign of authority over women in marriage. The resort to physical violence among the Efick between marriage partners, boys and their girl-friends is common. This reality contradicts the presumption that in this age of civilization, all forms of violence and abuses against women have no place in the scheme of things and that women have the human right to live in dignity and equality with men (McDonnel, 2003).

This is the use of physical force in a way that injures the victim or puts him/her at risk of being injured. It includes beating, kicking, knocking, punching, choking, and confinement. Female genital mutilation is physical abuse. Physical abuse is one of the commonest forms of abuse. It was recorded that 83% of respondents in their study reported physical abuse (Oluremi, 2015).

This is perhaps the most recognisable form of abuse. It can result in physical injury, and in some cases it can be life threatening or fatal. Examples of this type of abuse are when women are punched, slapped, stabbed, beaten and raped, and even thrown down stairs while pregnant (Women’s Aid, 2012)

**Sexual Abuse**

According to Mbadugha, (2016), Sex voilence 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.

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.

c. abusive sexual contact.

Sexual Violence occurs where there is a dynamic of control and abuse in an intimate relationship. It is difficult for women who are being abused by their partner to negotiate a free and equal sexual relationship with that partner. Women experience being repeatedly raped and beaten, being told that it is their duty to have sex with their partner and being raped in front of the children. Sexual degradation also includes the enforced use of graphic and hardcore pornography (Women’s Aid, 2012).

In this situation of unequal power, resistance to a husbands demand many lead to violence. An adolescent girl with a much older spouse is much less likely to be able to participate in decisions about when to have children, to be able to negotiate the use of birth control and less able to protect herself from HIV/AIDS, exploitation and maltreatment. Early/forced marriage limits educational and other opportunities for girls and often leads to early child bearing and increased health risks. Girls under 13 years of age are five times more likely to die in child birth than women in their twenties. They are also higher to obstetric fistula, which can result from prolonged and obstructed labour. In a study by Utulu to determine the total direct and indirect effect of traditional practices on the educational development of the girl-child, she found that the highest direct effect was as a result of forced marriage when compared to other forms of

practices with a correlation co-efficient of 0.1.

Rape and sexual assault is another form of violence against women. This is done through direct violence and forceful sexual intercourse by a male counterpart. This practice also occurs among married couples. Rape is the sexual violation of both girls and women against their will or consent.

Section 357 of the criminal code (2004) defines rape thus: any person who has unlawful carnal knowledge of a woman or girl without her consent, if the consent is obtained by force or by means of threat or intimidating of any kind or by fear of harm or by means of false and fraudulent representation as to the nature of the act, or in the case of a married woman, by personating her husband, is guilty of an offence which is called rape.

Rape incidence is on the increase. It denies the fundamental right of women and girls to private and family life guaranteed in section 37 of the 1999 constitution. Sex should be the most intimate act of love between two people, but for many the joy and healing power of sex are non-existent especially when there is crisis (Bazza, 2008).

This includes all forms of sexual assaults, harassment or exploitation. It involves forcing a person to participate in sexual activity, using a child for sexual purposes including child prostitution and pornography. Marital rape also comes under this (Oluremi, 2015).

**Emotional/Psychological Abuse**

**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 (CDC, 2015 & Mbadugha, 2016).

This is a means of establishing a power imbalance within a relationship and can be as harmful as

physical violence. It often involves threats of physical or sexual abuse, being put down, constantly criticised, controlled and monitored (Women’s Aid, 2012).

This includes threatening a person or his or her possession or harming a person’s sense of self-worth by putting him/her at risk of serious behavioural, cognitive, emotional or mental disorders. Shouting at a partner which was found to be the most common abuse. Also included in emotional abuse are name calling, criticism, social isolation, intimidating or exploitation to dominate, routinely making unreasonable demand, terrorizing a person verbally or physically and exposing a child to violence (Oluremi, 2015).

**Financial/Economic Abuse**

This includes stealing from or defrauding a loved one, withholding money for essential things

like food and medical treatment, manipulating or exploiting family member for financial gain, preventing a loved one from working or controlling his/he choice of occupation (Oluremi, 2015).

Financial abuse is a form of domestic violence in which the abuser uses money as a means of controlling his partner. It is designed to isolate a woman into a state of complete financial dependence. It includes controlling the family finances and not being allowed to have independent income. It can also involve destruction of property including passport or other important documents (Women’s Aid, 2012).

**Spiritual Abuse**

This includes preventing a person from engaging in his/her spiritual or religious practices or

using one’s religious belief to manipulate, dominate or control him/her (Oluremi, 2015).

**EFFECTS**

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 (Mbadugha, 2016). 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. The effects are highlighted under the following headings (Alokan, 2013).

**Effects on Children**

Children who grow up in families where there is violence may suffer a range of behavioural and emotional disturbances. 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). 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. In some cases, the abuser will purposely abuse the mother in front of the child to cause a ripple effect, hunting two victims simultaneously. Hence, a child who is exposed to domestic abuse during his upbringing will suffer in his development and psychological welfare. 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. A child who experience abuse and neglect in childhood could perpetrate domestic violence and sexual abuse in adulthood. Children who witness mother-assault are more likely to exhibit symptoms of posttraumatic stress disorder (PTSD) (Lehamann, 2015).

Children might become injured during intimate partner violence incidents between their parents;

hence, a large overlap exists between intimate partner violence and child maltreatment. 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) (Mbadugha, 2016).

There has been an increase in acknowledgement that a child who is exposed to domestic abuse during his upbringing will suffer in his development and psychological welfare (Dodd, 2009). Some emotional and behavioural problems that can result due to domestic violence 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. Correlation has been found between the experience of abuse and neglect in childhood and perpetrating domestic violence and sexual abuse in adulthood (Sadeler, 1994).

Additionally, in some cases, the abuser will purposely abuse the mother in front of the child to cause a ripple effect, hunting two victims simultaneously. It has been found that children who witness mother assault are more likely to exhibit symptoms of posttraumatic stress disorder (PTSD) (Lehmann, 1995 & Alokan, 2013).

**Physical Effects**

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. 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). 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. Intimate partner violence in pregnancy also increases the likelihood of miscarriage, stillbirth, pre-term delivery and low birth weight babies (Mbadugha, 2016).

Bruises, broken bones, head injuries, lacerations and internal bleeding are some of the acute effects of a domestic violence incident that require medical attention and hospitalization (Jones, 1997).

Some chronic health conditions that have been linked to victims of domestic violence are arthritis, irritable bowel syndrome (Berrios, 1991). Victims who are pregnant during a domestic violence relationship experience greater risk of miscarriage, pre-term labour, and injury to or death of the foetus (Jones, 1997 & Alokan, 2013).

**Psychological Effects**

Violence against women can have fatal results like homicide or suicide and can also lead to depression, posttraumatic stress disorder, sleep difficulties, eating disorders, emotional distress and suicide attempts. 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 (Mbadugha, 2016). This rate according to the study was even higher for women who had experienced non partner sexual violence. 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. Among victims who are still living with their perpetrators, high amounts of stress, fear and anxiety are commonly reported. Depression is also common, as victims are made to feel guilty for ‘provoking’ the abuse and are frequently subjected to intense criticism (Barnett, 2001).

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 (Barnett, 2001).

The most commonly referenced psychological effect of domestic violence is Post-Traumatic Stress Disorder (PSTD). PSTD (as experienced by victims) is characterized by flashbacks, intrusive images, exaggerated startle response, nightmares, and avoidance of triggers that are associated with the abuse. These symptoms are generally experienced for a long span of time after the victim has left the dangerous situation. Many researchers state that PTSD is possibly the best diagnosis for those suffering from psychological effect of domestic violence, as it accounts for the variety of symptoms commonly experienced by victims of trauma (Alokan, 2013).

**Finiancial Effects**

The social and economic costs of intimate partner and sexual violence are enormous and have ripple effects throughout society (Alokan, 2013). 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. The victims of intimate partner violence often lose their autonomy and they usually do not realise this until they have left their perpetrator. 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. 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. 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 (Mbadugha, 2016).

Once victims leave their perpetrator, they can be stunned with the reality of the extent to which the abuse has taken away their autonomy. Due to economic abuse and isolation, the victims usually have very little money of their own and few people on whom they can rely when seeking help. This has 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 (Stop Violence Against Women, 2010). 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 (Alokan, 2013).

**Long Term Effects**

Current research suggests that the influence of abuse can persist long after the violence has stopped. Domestic violence can trigger many different responses in victims, all of which are very

relevant for a professional working with a victim. Major consequences of domestic violence victimization include psychological/mental health issues and chronic physical health problems. A victim’s overwhelming lack of resources can lead to homelessness and poverty.

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. 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. 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.

ii. **Using harmful substances** such as smoking cigarettes, drinking alcohol, drinking alcohol and driving and illicit drug use.

iii. **Unhealthy diet-related behaviours** like fasting, vomiting, abusing diet pills, overeating

iv. Overuse of health services.

Domestic violence can trigger many different responses in victims, all of which are very relevant

for a professional working with a victim. Major consequences of domestic violence victimization include psychological/mental health issues and chronic physical health problems. A victim’s overwhelming lack of resources can lead to homelessness and poverty (Alokan, 2013).

**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. 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. Intimate partner violence and sexual violence can lead to unintended pregnancies, induced abortions, gynaecological problems, and sexually transmitted infections, including HIV. 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. Intimate partner violence in pregnancy also increases the likelihood of miscarriage, stillbirth, pre-term delivery and low birth weight babies. Also children of abused women are more likely to die before age five. 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. 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. 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.

**Causes**

There are many different theories as to the causes of domestic violence. These include psychological theories that consider personality traits and mental characteristics of the perpetrators, as well as social theories which consider external factors in the perpetrator’s environment, such as family structure stress and social learning. As with many phenomena regarding human experience, no single approach appears to cover all cases (Alokan, 2013).

**Psychological:**

Psychological theories focus on personality traits and mental characteristics of the offender. Personal traits include sudden bursts of anger, poor impulse control, and poor self-esteem. Various theories suggest that psychopathology and other personality disorders are factors, and that abuse observed or experienced as a child lead some people to be more violent in adulthood (Kalra,1996).

Dutton and Golant (1995) suggested a psychological profile of men who abuse their wives, arguing that they have borderline personalities that are developed early in life. However, these psychological theories are disputed by Steel (1974) and Strains (1980) who suggest that psychological theories are limited. They argue that social factors are important, while personality traits, mental illness or psychopathy are less factors (Alokan, 2013).

**Jealousy:**

Many cases of domestic violence against women occur due to jealousy when the spouse is either suspected of being unfaithful or is planning to leave the relationship. An evolutionary psychology explanation of such cases of domestic violence against women are that they represent to male attempts to control female reproduction and ensure sexual exclusivity for himself through violence or the threat of violence (Goetz, 2010 & Alokan, 2013).

**Social Stress:**

Stress may be increased when a person is living in a family situation, with increased pressures. Violence is not always caused by stress, but may be one way that some people respond to stress. Couples in poverty may be more likely to experience domestic violence, due to increased stress and conflicts about finances and other aspects (Jewkes, 2002 & Alokan, 2013).

**Social Learning:**

If one observes violent behaviour, one is more likely to imitate it. If there are no negative consequences and the victim also accepts the violence with submission; then the behavior will likely continue. Often, violence is transmitted from generation to generation in a cyclical manner (Alokan, 2013)

**Power and Control:**

Abusers abuse in order to establish and maintain control over the partner. Abusers’ effort to dominate have been attributed to low self-esteem or feelings of inadequacy, unresolved childhood conflicts, the stress of poverty, hostility and resentment toward women (misogyny), personality disorders, genetic tendencies and social cultural influences (Wikipedia, 2012). Most authorities seem to agree that abusive personalities result from a combination of several factors, to varying degrees.

**MANAGEMENT**

The response to domestic violence is typically a combined effort between law enforcement,

counselling services and health care.

**Medical Response**

Medical professionals do not see themselves as being able to play a major role in helping women

in regards to domestic violence. Injuries are often just treated and diagnosed, without regard for the causes (Sugg and Inu, 1992). Many doctors prefer not to get involved in people’s "private” lives. Health professionals have an ethical responsibility to recognize and address exposure to abuse in the patients, in the health care setting. For example, the American Medical Association’s code of medical ethics states that “Due to the prevalence and medical consequences of family violence, physicians should routinely inquire about physical, sexual and psychological abuse as part of the medical history.”

**Law Enforcement**

A study was conducted by Lawrence Sherman in 1982, The Minneapolis Domestic Violence Experiment, to evaluate the effectiveness of various police responses to domestic violence calls in Minneapolis, Minnesota; including sending the abuser away for eight hours, giving advice and

Mediation for disputes, and making an arrest. Arrest was found to be the most effective police response. The study found that arrest reduced the rate by half of re-offending against the same victim within the following six months (Maxwell, Garner and Fagan, 2001).

In the replication studies which were more broad and methodologically sound in both size and scope, arrest seemed to help in the short run in certain cases, but those arrested experienced double the rate of violence over the course of one year (Schmidt and Lawrence, 1993). Generally, it has been accepted that if the understood victim has visible (and recent) marks of abuse, the suspect is arrested and charged with the appropriate crime.

**Counselling for Person Affected:**

Since marital violence is major risk factor for serious injury and even death, and women in violent marriages are at much greater risk of being seriously injured or killed; counselling intervention is much needed. Initial assessment of the potential for violence in a marriage can be supplemented by standardized interviews and questionnaire which have been reliable and valid aids in exploring marital violence more systematically. Counsellors and therapists should also make the distinction between situations where battering may be a single, isolated incident or an ongoing pattern of control. If it becomes apparent to the therapist that domestic violence is taking place in a client’s relationship, the therapist must explore options with the client; and also refrain from blaming the partner or telling the client what to do. It is unreasonable for the therapist to expect that a victim will leave her abusive spouse solely because she disclosed the abuse. The therapist should respect the victim’s autonomy and allow her to make her own decisions (Lawson, 2003). Therapists must be aware that supporting assertiveness by a battered wife may lead to more beatings or even death. Even in few cases, when the wife leaves because of life threatening situation, therapists should not relax their vigilance after a battered wife leaves her husband. Some data suggest that the period immediately following a marital separation is the period of greater risk for the women. Many men will stalk and batter their wives in an effort to get them to return or punish them for leaving.

**Counselling for Offenders:**

The main goal of counselling for offenders of domestic violence is to minimize the offender’s risk of future domestic violence, whether within the same relationship or a new one. Treatment for offenders should emphasize minimizing risk to the victim, and should be modified depending on the offender’s history, risk of re-offending and criminogenic needs. The majority of offender treatment are conducted in a group setting with groups not exceeding 12 participants. Groups are also standardized to be gender specific (Colorado Domestic Violence Offender Management Board, 2010).

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According to Roberts (2002), anger management alone has not been shown to be effective in treating domestic violence offenders, as domestic violence is based on power and control and not on problems with regulating anger responses. Anger management is recommended as a part of an offender treatment curriculum that is based on accountability, along with topics such as recognizing abusive patterns of behaviour; it also requires a great deal of personal change and the construction of a self-image that is separate from former abusive while still being held accountable for it. Any corresponding problem should also be addressed as part of domestic violence offender treatment, such as problems with substance abuse or mental illness.

**REVIEW OF LITERATURE**

A study conducted by (Ofei-Aboagye, 1994) on violence against women estimated that almost 30% of women in developed countries and over 67% of those in developing countries have experienced one form of physical abuse. Intimate partner violence as a type of domestic violence is a gender-based violence that usually occur between those who are intimately close like husband and wife or cohabiting partners. It is a serious public problem that cuts across nations, cultures, religion and class. Globally, in every three women, at least one has been abused in her lifetime, and mostly, their abusers are members of their own family in which the most common forms of violence against women is abuse by their husband or other intimate male partner (Heise et al., 1999).

Similarly, (Hinden, 2003) opinined that, there is complex relationship between intimate partner violence and health, the aftermath might be immediate and direct (such as injury or death), longer term or direct (such as disability), indirect or psychosomatic (such as gastrointestinal disorder) or all inclusive. The effects of intimate partner violence are numerous. It is associated with post traumatic stress disorder (PTSD) and depression (Kwagala et al., 2013 & Ononokpono et al., 2014) somatic symptoms and other psychiatric morbidity.

A study by (Yount & Carrera, 2006) showed that there is a relationship between intimate partner

violence and high chances of memory loss, pains, suicidal thoughts and injuries. Globally, the lifetime prevalence of IPV among ever exposed women ranges from 15% to 71%, and studies indicate that nearly one out of every three women has experienced physical aggression, sexual coercion, or emotional abuse in an intimate relationship (Koenig et al., 2003).

According to a World Health Organization inter-country study on women’s health and violence against women, 6%-49% of women age 15-49 reported sexual violence by a partner at some point in life (WHO 2010). In Zambia, evidence shows that 43% of women age 15-49 have experienced physical violence and that 37% experienced physical violence in the 12 months preceding the 2013-2014 Zambia Demographic and Health Survey (ZDHS) (CSO 2014).

Many studies have examined factors or predictors of intimate partner violence in different parts of the world. The documented factors of GBV operate on different levels, ranging from individual socio-demographic characteristics to culturally related factors, particularly in the African context. Commonly reported socio-demographic factors that are positively associated with GBV include the woman’s age childhood experience of domestic violence (Yount & Carrera, 2006) having a low level of education, being unemployed, financial dependence on the partner ((Dutton & Golant, 1995), using drugs or drinking alcohol, and having more surviving children (Ofei-Aboagye, 1994).

In Nigeria (Ononokpono et al., 2014) also found a significant association between IPV and maternal health care services. This study revealed that women who had ever experienced physical or emotional violence were significantly more likely not to use adequate anti-natal care services and delivery assistance by a skilled health care provider. Cultural factors in Africa can be explained by institutionalized gender inequalities that privilege men with power over women in decision making (Ofei-Aboagye, 1994). This cultural inequality relegates women to subordinate positions, thereby exacerbating their vulnerability to domestic violence.

In a study by Gazmararian (1995), women who had unwanted pregnancy were four times more likely to had experience physical violence by a partner compared with those who intentionally got pregnant. The majority of women asking for abortion were more likely those who had reported cases of intimate partner violence (IPV) compared with the general population (Koenig et al., 2003, Vyas & Watts, 2009 and Ofei-Aboagye, 1994). In a similar study, it was found that 39.5% of women seeking abortion had history of abuse. In this same study, it was shown that women with an abuse history were more likely not to inform their partners about the pregnancy which may lead to not having the support of the partner in the abortion decision; they were also likely to report the relationship (violence) as the primary reason for aborting the pregnancy. Among women obtaining abortion, 46.3% were not using any form of birth control in the month they conceived. In Nigera, as in many other African countries, the beating of wives and children is widely sanctioned as a form of discipline (Dutton & Golant, 1995). Beating of children is seen as a way of instilling discipline in them, likewise husbands beating their wives for disciplinary purpose. Also, Project alert (2001), in their survey on violence against women interviewed market women and other professions and ladies in secondary schools and higher institutions, in Lagos state, Nigeria. About six out of every ten women interviewed in the work place said they had been beaten by a partner (boyfriend or husband), 56.6% of 48 interviewed market women had experienced such violence. In a study carried out on the factors related with domestic violence, in South East, Nigeria, 70% of respondents reported to have witnessed abuse in their family with 92% of the victims being female partners and the remaining 8% being male.

In a study carried out in Abuja, Nigeria, (Agbo & Choji, 2014) revealed the experience of a mother of one in the hands of her husband who constantly was abusing her physically whenever he was drunk, and she lost two pregnancies as a result of his brutality. Also, this study had a reported case of 34 years old housewife, Mrs Fatima Bankole, who had her face stitched, after she got battered by her spouse, for taking a piece of fish from the pot to break her fast. The CLEEN Foundation National Crime Victimization Survey, 2013, reported that one in every three respondents admitted to being a victim of domestic violence. The survey also found a national increase of 9% in domestic violence from 21 percent in 2011 to 30 percent in 2013.

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