

Psychosocial Effects of Domestic Violence On Women in Ado Local Government Area of Ekiti State

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Abstract:

The study examined psychosocial effects of domestic violence on women in Ado Local Government Area of Ekiti State. This study adopted descriptive cross sectional survey research design. The study was conducted in five selected wards in Ado Local Government Area, Ekiti State. According to National demographic health survey, 2016, total numbers of women in Ado LGA, Ekiti State was 142,152. Multistage sampling procedure was employed in the selection of 246 participants for this study. The research instrument used in collecting data for this study was a self-designed questionnaire. In-depth interview guide was used for collection of qualitative data. Validity of the instrument was based on both face and content validity. The instrument was validated by experts of Tests and Measurement and Nursing Science. To ensure the reliability of the instruments, Cronbach alpha method was employed to determine the internal consistency which yielded a reliability value of 0.81. Quantitative data collected were analysed using descriptive and inferential statistics while the qualitative data were transcribed and a full description of all verbal and non-verbal statements were generated. NVivo version 11 thematic approach was used to analyze responses to interview questions, by coding and categorizing collected data. The study revealed that majority of women in Ado Local Government were satisfied with their quality of life but some of the psychosocial impacts that domestic violence had on them were low self-esteem, insecurity, anxiety and depression, mental disorder, disability and death. It was recommended among others

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that Government should enforce efficient and accountable policy on domestic violence against women at all levels and provide fund to implement it.

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Introduction

Violence against women is defined by the United Nations Declaration on the Elimination of Violence against Women as "any act of gender-based violence that results in, or is likely to result in, sexual, psychological or physical harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life" (United Nations, 2015). It is estimated that one in every five women faces some forms of violence during their lifetime in some cases leading to serious injury or death. Until recently, most people have considered violence against women by husband or other intimate partner to be a minor social problem.

The rate at which people experienced domestic violence is alarming and increasing on daily bases, it has social, psychosocial, economic and health implications among others in the victims. Violence does not only affects men/ women, but it also affects their aged parents, their children, and the society at large. Men may also be exposed to domestic violence but it is commonly experienced by women at various phases of their life cycle from prenatal period till old age in different forms (Alokan, 2017). According to Alebiosu, (2019), domestic violence could be seen as a generalized aggressive behavior within the home, typically involving the violent abuse of spouse or partner. Domestic violence is increasingly recognized as a prevalent health issues both due to its effect on victims through trauma and mental anguish. It also has its indirect effect on sexual practices, partner autonomy and access to health related issues. It is violence or other abuse by one person against another in a domestic setting such as in marriage or cohabitation.

The researcher observed that domestic violence affects all social groups and has physical, social, psychological, economic and long term impacts on victims and even children but females usually are often victims of this form of violence. It is generally acknowledged that a child who is exposed to domestic abuse as a child will experience developmental and psychological problems (Bakare et al, 2018). Increased anxiety, aggressiveness, and changes in how a child socializes with family, authorities and even friends are some of the behavioral and emotional difficulties that can result from domestic violence. In schools, problems with cognition and attitude, as well as a lack of problem-solving abilities, can emerge. There is a link between childhood experiences of abuse and neglect and grown up perpetration of domestic violence and sexual abuse (Bhuiya, 2016). Problems with attitude and cognition in schools can start developing, along with a lack of skills such as problem-solving.

Domestic violence can result in broken bones, bruising, head injuries internal bleeding and lacerations all of which require medical attention and hospitalization (Oluremi, 2015). High levels of worry, tension and anxiety are prevalent among victims living with abusers. Victims are sometimes made to feel guilty for inciting the abuse and are regularly treated to harsh criticism, which can lead to depression. According to reports, 60% of victims match the diagnostic criteria for depression during or after the relationship ends, and are at a high risk of committing suicide (Agnihotri, et al., 2016). Post-Traumatic Stress Disorder is the most widely known psychiatric outcome of domestic violence (PTSD). PTSD (as experienced by victims) is characterized by flashbacks, intrusive visions, excessive startle response, nightmares, and avoidance of triggers associated with the abuse (Hegarty et al., 2016). These symptoms usually last for a long period after the person has escaped the risky environment.



Many experts believe that PTSD is the ideal diagnosis for people suffering from the psychological effects of domestic violence since it encompasses a wide range of symptoms that victims of trauma often experience.

When victims leave their abuser, they may be taken aback by the realization of how much their autonomy has been stripped away. Victims of economic exploitation and isolation generally have very little money and few people to turn to for assistance. This has been found to be one of the most significant barriers facing domestic violence victims, as well as the most powerful factor discouraging them from leaving their abusers (Stop Violence against Women, 2020). Domestic violence victims typically lack the specific skills, education, and training needed to obtain meaningful job, in addition to having several children to support (Agnihotri, et al, 2016). Domestic violence may elicit a wide range of reactions in victims, all of which are important to consider while dealing with a victim. Psychological/mental health difficulties and chronic physical health problems are major outcomes of domestic abuse victims. Homelessness and poverty might result from a victim's insufficient financial means.

Information obtained from the increasing number of domestic violence cases and psychosocial effects on women has not been scientifically analyzed in Ekiti State. Based on this, there is need for more empirical studies. Therefore, this study is specifically designed to examine psychosocial effects of domestic violence on women in Ado Local Government Area of Ekiti State. The study specifically investigated

1. the quality of life of women exposed to domestic violence in Ado Local Government Area, Ekiti State; and
2. the psychosocial impacts of domestic violence on women in Ado Local Government Area, Ekiti State?

Research Questions

The following research questions were answered quantitatively and qualitatively in this study

1. What is the quality of life of women exposed to domestic violence in Ado Local Government Area, Ekiti State?
2. What are the psychosocial impacts of domestic violence on women in Ado Local Government Area, Ekiti State?

Methodology

This study adopted descriptive cross sectional survey research design. This research design was considered appropriate because the study is phenomenal and multidimensional in nature, empirical data is needed. Therefore, one type of research instrument cannot be adequate. The study was conducted in five selected wards in Ado Local Government Area, Ekiti State. According to National demographic health survey, 2016, total numbers of women in Ado LGA, Ekiti State was 142,152. The sample size for this study was calculated using Fischer's formula, this is considered appropriate because of the large population. Adjustment for a 10% rate of non-responses and invalid responses yielded a final sample size of 246. Multistage sampling procedure was employed in the selection of sample for this study in order to capture adequate participants for the study.



The research instrument used in collecting data for this study was a self-designed questionnaire. The questionnaire consists of three sections; section A sought for the socio-demographic data of the respondents while section B sought for information on the quality of life of women that were exposed to domestic violence and section C was designed to elicit information on psychosocial effect of domestic violence. In-depth interview guide was used for collection of qualitative data. Interview guide contains two sections; A and B: Section A sought for socio-demographic characteristics of the participants while section B contained the interview questions.

Validity of the instrument was based on both face and content validity. The instrument was validated by experts of Tests and Measurement and Nursing Science. To ensure the reliability of the instruments, Cronbach alpha method was employed to determine the internal consistency which yielded a reliability value of 0.81. Quantitative data were collected through the use of researcher's administered questionnaire. The questionnaires consist of both open and close ended questions. Two hundred and forty-six (246) questionnaires were given out for the collection of information required. Qualitative data were collected through the use of in depth interview. 19 participants took part in the interview undertaken in 5 selected wards in Ado Local Government Area, Ekiti State. The interview was semi-structured and conducted by the researcher and her assistants face to face with women in their places of residence. Each session of the Interview usually lasted for 35-40minutes for a period of one month. Majority of the participants were given incentives in cash and gift items after each interview session.

Quantitative data collected were analysed using descriptive and inferential statistics while the qualitative data were transcribed and a full description of all verbal and non-verbal statements were generated. NVivo version 11 thematic approach was used to analyze responses to interview questions, by coding and categorizing collected data.

Results

Research Question 1: What is the quality of life of women exposed to domestic violence in Ado Local Government Area, Ekiti State?

Table below presents the summary of quality of life of women that are exposed to domestic violence (table 1). Result shows that 86.6% participants had a satisfying quality of life; 11% had a very satisfying quality of life and also, none of the women was dissatisfied with her quality of life.

Table 1: Quality of life of women that are exposed to domestic violence (N = 246)

Quality of life of women that are exposed to domestic violence	VS		S		ND		D		VD	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
I am delighted in my partner	85	34.6	67	27.2	50	20.3	28	11.4	16	6.5
I pleased with my life	69	28.0	79	32.1	50	20.3	35	14.2	13	5.3



I am mostly satisfied with my partner	61	24.8	73	29.7	51	20.7	43	17.5	18	7.3
I am always unhappy with my partner	49	19.9	66	26.8	44	17.9	58	23.6	29	11.8
I am mostly not satisfied with my marriage	52	21.1	58	23.6	33	13.4	72	29.3	31	12.6
I found my husband terrible	51	20.7	53	21.5	32	13.0	57	23.2	53	21.5

Research Question 2: What are the psychosocial impacts of domestic violence on women in Ado Local Government Area, Ekiti State?

The summary of the result of psychosocial impacts of domestic violence on women shows that 58.5% participants were not affected at all psychosocially; 23.6% participants were affected a little, while 4.1% were terribly affected (Table 2).

Table 2: Psychosocial impacts of domestic violence on women (N= 246)

Psychosocial impacts of domestic violence on women	Not affected at all		Affected a little		Affected so much		Terribly affected	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Restricted from interacting with family members	115	46.7	79	32.1	26	10.6	26	10.6
Restricted from interaction with male friends	96	39.0	77	31.3	31	12.6	42	17.1
Restricted from interaction with female friends	125	50.8	75	30.5	27	11.0	19	7.7
Looking older than your age	129	52.4	61	24.8	36	14.6	20	8.1
Being inflicted with physical injuries/traumas	125	50.8	63	25.6	38	15.4	20	8.1
Experiencing depression leading to high blood pressure	139	56.5	48	19.5	38	15.4	21	8.5
Feeling of shame and Inferiority complex	136	55.3	53	21.5	36	14.6	21	8.5
Feeling of insecurity resulting into separation or divorce	139	56.5	47	19.1	33	13.4	27	11.0
Not living with my family and children	155	63.0	49	19.9	24	9.8	18	7.3
Bearing the burden of rearing children all alone	152	61.8	49	19.9	21	8.5	24	9.8



Qualitative Report

Saturation of data is a criterion in qualitative research which signifies discontinuity in collection of data. Saturation occurs when the interviewees fail to add new information (Polit & Beck, 2017). Therefore, the participants for qualitative study were 19. Table 3 depicts 2 themes and 27 sub-themes. The theme on quality of life had eight sub-themes while causes of domestic violence theme had ten sub-themes and lastly, psychosocial impact of domestic violence had five sub-themes.

Table 2: Main Themes and Subthemes Generated from Data

Theme	Main theme	Sub-themes	Participants (n=19)	
			f	Percentage
1	Quality of life	Satisfied with sleep and rest	8	(42.1%)
		Satisfied with activities of daily living	7	(36.8%)
		Satisfied with body image and appearance	9	(47.4%)
		Satisfied with self-esteem	5	(26.3%)
		Satisfied with social support received	10	(52.6%)
		Satisfied with sexual activity	9	(47.4%)
		Satisfied with safety and security around you	6	(31.6%)
		Satisfied with home environment	5	(26.3%)
2	Psychosocial impact of domestic violence	Anxiety and depression	10	(52.6%)
		Anger and frustration	15	(78.9%)
		Shame and low self-esteem	17	(89.5%)
		Injury and disability	6	(31.6%)
		Sickness	6	(31.6%)

Theme 1: Quality of life

1) Satisfied with activities of daily living

A married woman undergoing domestic violence might not enjoy activities of daily living, about one quarter of the women interviewed were satisfied with activities of daily living which means majority were not satisfied with activities of daily living.

"Anytime I had fight with my husband my co-workers in the office use to know because I would not be happy in the office that day. I will be moody and I will not want to do anything" (P7, 36years, Public servant, Monogamy)

2) Satisfied with body image and appearance

Some of the participants that were interviewed said that poverty is one of the reasons for domestic violence experienced by them, shabby look, marks and bruises on the body of the



victims is not uncommon. Those that were satisfied with their body image and appearance were 9(47.4%) and those that were not satisfied were 10(52.6%).

"...my former husband used to beat me, one day the beating was so much that he removes one of my front teeth, I will never forgive him, God is punishing him where he is now" (P13, 32years, Trader, Monogamy).

3) Satisfied with self-esteem

Only few of the participants were satisfied with self-esteem while majority of them asserted that domestic violence usually erodes one's self-esteem. Majority also agreed that victims of domestic violence that still remain in the relationship are doing so because of their children and shame/stigma associated with divorce hence they remain in the bondage of domestic violence and experience low self-esteem.

"it is common very well, once a women had 2 or 3 children, it will difficult for her to leave or divorce her husband not because of anything but the children, so one has to endure whatever that comes out because we do know what the children can be in future" (P13, 32years, Trader, Monogamy).

4) Satisfied with social support received

The women that were satisfied with social support received from relatives, landlord association and pastors among those interviewed were more than half of the respondents while some were not satisfied with support receiving from third party.

"All I know is that I always report him to my church prophet and the man would chastise and appeal to my husband, my husband is very stubborn". (P17, 47years, Public servant, Polygamy).

5) Satisfied with sexual activity

Sexual activities is an integral part of marriage, almost half of the participants claimed that they were satisfied with their sexual activity while majority were not satisfied. A women experiencing domestic violence might not enjoy sex affection with perpetrators of her domestic violence.

"....we have seen woman that ran for her life when the husband wanted to kill her with beating, after the man might have beaten her, he would tie her down and have sex with her forcefully...." (P15, 40years, Public servant, Monogamy)

6) Satisfied with safety and security around you

Safety and security are very germane to human existence. Table 3 indicated that only few of the participants were satisfied with safety and security while experiencing domestic violence. Majority of married women interviewed declared that there were no satisfaction as regards safety and security when a victim is undergoing domestic violence.

"...Yes, what caused it is because of injury he inflicted on me, so whenever he comes around he would be scared whether I would hit him with hoe and cutlass that I had kept or better still report him to police or my relatives" (P17, 47years, Public servant, Polygamy)

7) Satisfied with home environment

Women that are satisfied with home environment while experiencing domestic violence were just few. Most of the women said that when there were disputes they usually experience disharmony in home front.

".... Whenever there is misunderstanding between me and husband I will leave home for him to calm down and he would be looking for and my children". (P13, 32years, Trader, Monogamy).



Theme 2: Psychosocial impact of Domestic Violence**1) Anxiety and depression**

The victims of domestic violence could be depressed and anxious for nothing. In this study, majority of the participants indicated anxiety and depression as parts of the psychosocial impact of domestic violence on victims. Others did not believe that domestic violence can make someone to depressed and anxious for nothing.

"For me to have peace or rest of mind, I will forget all what he has done for me, so that's it, or our parent may also talk to him to forget about it". (P4, 37yers, Trader, Monogamy)

"Hmm, it was not easy and palatable the day my husband beat me for his mother, so whenever such happen between us, I don't always feel happy but sad as dejected but I didn't cause him". (P5, 39years, Artisan. Polygamy).

2) Anger and frustration

Anger and frustration are emblem of victims of domestic violence. They are usually moody and melancholic in nature, majority pitched to this assertion and said they would be disappointed in the marriage and their disposition to issues would be inhuman. Only few said victims would not show resentment and frustration.

"Hmm.... Though it has never happened before but I cannot feel too good if such happen, I would feel very bad and disappointed because that is not the notion I have about marriage." (P6, 35years, civil servant, Monogamy).

3) Shame and low self-esteem

Shame and low self-esteem recorded the highest percentage. The participants unanimously agreed that the victims of domestic violence would definitely experience shame in the society and invariably this would lead to low self-esteem. Some of the participants said they would not go out for days if they experience domestic violence.

"my sister, because if such thing happens, the woman would feel worthless and dishonor and lots of thought will run through her mind, so honestly speaking, I will feel so bad if I'm battered" (P7, 36yers, Public servant, Monogamy).

4) Injury and disability

Loss of body parts and scars could be found on the bodies of the victims according to few of the participants that were interviewed. However, majority of them did not believe that injury and disability could be one of the psychosocial impacts of domestic violence.

"Haaa What domestic violence can results to are many oo, It can cause disabilities, sickness, loss of part of the body...". (P9, 38years, Public servant, Monogamy)

5) Sickness

Finally, sickness and death were another psychosocial impact of domestic violence. Few of the participants opined that victims of domestic violence could become sick as a result of incessant abuses and injuries sustained which could be physical or emotional in nature.

"Some women do react to brutality and violence and this can lead to high blood pressure and death" (P8, 50years, Trader and Monogamy)

Discussion

On the quality of life of participants that had been exposed to domestic violence, it was revealed that up to 86 percent of the women were satisfied with their quality of life. 11 percent of the women were very satisfied with their quality of life. Moreover, 2.4 percent of



the women claimed that they were fairly satisfied with their quality of life. It is worthy of note that none of the women seem to be dissatisfied with their quality of life. In addition to this, a report was further obtained to ascertain the psychosocial impacts of domestic violence on women. The summary of the result shows that 58.5 percent of the participants were not affected at all psychosocially; 23.6 percent participants were affected a little, while 4.1 percent of participants were terribly affected.

Conclusion

The study concludes that majority of women in Ado Local Government were satisfied with their quality of life but some of the psychosocial impacts that domestic violence had on them were low self-esteem, insecurity, anxiety and depression, mental disorder, disability and death.

Recommendations

Based on the findings of the study, the following recommendations were made;

1. Minimum age for marriage should be legalized, preferably early 20s, emphasis should be laid on psychosocial effects of early marriage.
2. Nurses should create safe and conducive environment for the victims of domestic violence and their partners for disclosure. Health education on psychosocial impacts of domestic violence should be made paramount. Emphasis should be laid on family planning in couples counselling.
3. Government should make provisions for quality and probably free education for girl child.
4. Government should enforce efficient and accountable policy on domestic violence against women at all levels and provide fund to implement it.
5. Women empowerment programs should be created and put in place by the government and various Non-Governmental Organizations (NGO's) in order to reduce unemployment.

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