DOMESTIC VIOLENCE AMONG WOMEN IN NIGERIA
AND ITS HEALTH IMPLICATION - REVIEW
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Abstract

**Purpose:** All too frequent the media is filled with news of high-profile domestic violence cases. It is becoming a routine for one to wake up and hear or read the news of domestic violence. Wives are murdered by their husbands, unmarried ladies are daily murdered by a rejected lover and other form of inhuman treatment which are meted mainly on the female. Many women do not report the abuse because they are ashamed that their marriages are not working and for most women in Nigeria, divorce is not an option, so they suffer in silence. This work is aimed at reviewing the different types of domestic violence among women in Nigeria and its health implication, as well as proffered solutions.

**Methodology:** The method used in the collection of these data was qualitative. Officially published literatures which included textbooks, journals, newspapers and surveys were reviewed.

**Findings:** Factors associated with the occurrence of domestic violence occurrence in Nigeria included ethnicity, culture, religious practices, socio-economic dependence, gender inequality, psychological factors, power and control. Reports revealed high level of violence against women in Nigeria. Up to two-thirds of women in Nigeria’s Lagos state have experienced domestic violence. In South East, Nigeria, 70% of respondents reported abuse in their family, with 92% of the victims being female partners and 8% being male. A study on women’s perception of wife beating in Nigeria showed that 64.4% and 50.4% of ever married and unmarried women respectively expressed consent for wife beating.

**Unique contribution to theory, practice and policy:** Noticing and acknowledging the signs of an abusive relationship are the first step to ending it. No one should live in fear of the person they love. Domestic violence does not discriminate, it can happen among heterosexual couples and those in same-sex relationship. It can occur within all age range, ethnic background and economic levels. While women are more commonly victimized, men are also abused especially verbally and emotionally, though it can be physical at times. Domestic violence should never be acceptable, whether it is coming from a man or woman. It destroys ones self-esteem with other health consequences.

**Keywords:** Domestic Violence, Abuse, Inequality
1.0 INTRODUCTION

It is becoming a routine for one to wake up and hear or read the news of domestic violence. Wives are murdered by their husbands, unmarried ladies are daily murdered by a rejected lover and other forms of inhuman treatment which are meted mostly on the female and unsafe abortion (Donohoe 2006, Onoh et al. 2013, WHO 2016). In recent times the media is filled with high profile cases of domestic violence cases mostly where a man is suspected to murder his spouse (Abdul 2014, Afrol News 2016). In Nigeria, most victimized women fail to report the violent cases, thereby, suffer in silence as a result of shameful stigma, protection of their children and avoidance of divorce (Faero 2015, Afrol News 2016, Oyediran & Isiugo 2003).

Domestic violence (DV) is also known as domestic abuse, spousal abuse, intimate partner violence, battering or family violence. Siemiencuk et al (2010) defined domestic violence as pattern of abusive behaviours by one’s partner against another in an intimate relationship such as marriage, dating, family or cohabitation. DV may be physical aggression, assault or threat thereof, sexual abuse, emotional abuse, controlling or domineering, intimidation, stalking, passive/covert abuse (e.g. neglect) and economic deprivation (Breiding 2014 et al., Plichta 2004, Thompson & Kaplan 2006). Families from all social, racial, economic, educational and various religious backgrounds experience domestic violence globally. DV occurs in heterosexual and same sex relationships (Thompson & Kaplan 2006, Department for Education and Skills 2006).

According to Fareo [2015], 4.8 million women experience intimate partner related physical assault and rapes while men are victims of about 2.9 million intimate partner related physical assault in the United States of America per year. Oyediran and Isiugo (2005) reported that 25% of women in Dakar and Kaolack in Senegal, were subjected to physical violence from their partners, while 60% of DV victims turn to a family member, in 75% of the cases they were told to keep quiet and endure beatings. In Ghana, a spousal assault tops the list of domestic violence, whereas high level of violence against women has been reported in Nigeria (Afrol News 2016). Up to 67% of women from certain communities in Lagos State, Nigeria, have experienced physical, sexual or psychological violence in the family. In other areas, 50% of the populations have been reported as victims of domestic violence (Afrol News 2016). DV causes unrest in the environment and inflict pain or harm to both parties involved. Yet, the problem is often overlooked, excused and in some occasions, denied entirely. Most times, the psychological effects of DV is overlooked or pardoned. The first step to take in combatting DV is to notice and acknowledge the abusive relationship, identify the problem and proffer a long lasting solution to end such abuse. It is important to know that DV can happen to anyone within all age range, ethnic background and economic levels. Women are more commonly
victimized whereas men can also be abused especially verbally and emotionally, though it can be physical at times. Whilst women, men, boys and girls can be victims of domestic violence, women and girls are disproportionately affected. DV should never be acceptable, whether it is coming from a man, woman, a teenager, or an older adult. It destroys one’s self-esteem in addition to other health consequences. No one should live in fear of their loved ones or colleagues. Violence in the home is one of the most pervasive human rights challenges of our time. It remains a largely hidden problem that few countries, communities or families openly confront. Violence in the home is not limited by geography, ethnicity, or status; it is a global phenomenon. This work was aimed at reviewing the different types of domestic violence, the causes and its health and social implication, as well as proffered solutions.

1.1 Causes of Domestic Violence

Some factors are responsible or enhance the occurrence of domestic violence.

Culture and religious practices

Culture and religion plays a great role in the prevalence of domestic violence especially in African countries. Most African family structures, Nigerian inclusive, are patriarchal and give leading roles to the men, putting women in a subservient position. Nigeria is a multi-ethnic society with three predominant tribes of Hausa, Igbo and Yoruba. The cultural practices of these three major ethnic groups and the rest minority groups give women in this society a second fiddle role to play. This makes some women to always keep mute and tolerate abusive behavior of the husband even when their life is at risk. Bakare et al. (2010) found out that Nigeria’s cultural practices embrace the belief of superiority of males over females. The customs of marriage which involves bride price and dowry usually paid on women promote the values that give men proprietary rights over women and girls, hence the gender prejudice of preference of a male to female child within the family structure pervades through various ethnic groups in Nigeria. This results in girls being given less educational privilege and other opportunities as compared to the male child.

Even in the face of civilization and modern religions brought by colonization and civilization yet the two major prevailing religions in Nigeria, of Christianity and Islam, have not helped to liberate Nigerian women from gender discriminations imposed on them by cultural practices. Islam which is mostly practiced in the Northern part of Nigeria promotes the culture of early girl child marriage and polygamy while the Christian religion in Southern Nigeria in its doctrine and practices encourages women’s subordination. For example in Northern Nigeria, girls are often married out at an early age, some without completing primary school education. The median age at first marriage
in Nigeria was 17.9 years, ranging from 14.6 years in Northern Nigeria to 20.2 years in Southern Nigeria [USAID, 2003]. This early marriage practices often do not allow the consent of the girl child in the marriage contract and tend to compromise the woman or the girl economic independence after the marriage.

**Economic and financial dependence**

The predominant social and cultural norms in Nigeria create images of “ideal” women and enforced gender roles on them. It was believed that the primary role of women in some African societies, Nigeria inclusive, are mainly the roles of bringing up the children at home and playing the kitchen role while the man source finance for sustaining the family. Some Nigerian women are enforced with societal gender roles and unequal opportunities to education, employment among others, they are often not economically empowered and are financially dependent on men. Approximately forty percent of Nigerian population is classified as living in extreme poverty and estimates showed that women constitute seventy percent of those in this category (USAID 2003).

Bakare et al. discovered that Inequality of women in access to education and job opportunities or outright refusal of some women the opportunity to work under Islamic laws and cultural practices in Nigeria put them at a state of perpetual dependence on men and at their mercy to provide these women with basic needs. This rather creates slave – master relationship as against mutual partnership which the marriage institutions purported to offer. The inferiority complex which this situation created pervades all aspect of women lives and indirectly creates inequality of power which forced women into subordinate position, which normally encourage violence against women.

**Psychological factors:**

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. A child that grows up in an abusive environment might have the psychological effect. They are more likely to abuse their spouse thereby recycling the history of abuse in the family linage. Poor self-esteem equally leads to abuse. When a wife earns more that the husband and more socially exposed, some uneducated husbands in such scenarios might develop low self-esteem and resorts to domestic violence as a last resort to use regain their slipping power above their wife back.

**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.
Social Stress

Violence is not always caused by stress, but may be one way that some people respond to stress. Couples living in poverty may be more likely to experience domestic violence, due to increased stress and conflicts about finances. (Jewkes, 2002)

Social Learning

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

1.1.1 Types of Domestic Violence

Various types of domestic violence have been reported by researchers and they included physical abuse, sexual abuse, economic abuse, spiritual abuse, emotional abuse and neglect.

Physical abuse

This is any physical force or violence that inflicts injury, pain or impairment to the human body and even death. Physical abuse is one of the commonest forms of abuse which included: beating, kicking, knocking, punching, choking, assault, death, battery and confinement (Barnish, 2004). Physical injury and disability resulting from domestic violence lead to unruly behaviour of children in the future (Sutherland & Paul 2005). At extreme cases situations, children are murdered in a domestic violence context. In a study carried out by Obi and Ozumba (2009) on domestic violence in South-East Nigeria, 83% of respondents reported physical abuse.

Sexual abuse

World Health Organization (2011) defined sexual abuse or violence as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. It causes pain, humiliation, harassment or exploitation. It involves forcing a person to participate in sexual activity, using a child for sexual purposes including child prostitution and pornography (Aihie, 2009).

Economic abuse

This is a form of abuse when one intimate partner has control over the other partner’s access to economic resources, which diminishes the victim’s capacity to support him/herself and forces him/her to depend on the perpetrator financially (Aihie, 2009, Fareo 2015). Female children are involved in domestic violence as a result of financial
constraints and this makes a partner to be economically dependent either due to lack of education or refusing them to get employed or get adequate skills. It is a major type of domestic abuse. The person who is financially strapped will always be at the mercy of his/her spouse. By restricting the victim’s access to economic resources, he/she will have limited resources to exit the abusive or violent relationship. Most often, lack of income is the reason why victims stay in an abusive relationship/marriage (Fareo, 2009).

**Emotional abuse**

Emotional abuse referred to as psychological abuse or mental abuse. Thompson and Kaplan (2006) defined emotional abuse as a form of abuse, characterized by a person subjecting or exposing another person to behaviour that may result in psychological trauma including anxiety, chronic depression or post-traumatic stress disorder. Emotional abuse could be the only abuse that people experience in a relationship. Though it doesn’t leave a scar, it creates a huge impact on confidence and self-esteem of the victim (Aihie, 2009). Unlike physical abuse, the people experiencing emotional abuse may not even know its harmful effects. It leads to low self-esteem and undermines what one think of him/herself.

**Spiritual abuse**

This form of abuse prevents a person from engaging in his/her spiritual or religious practices and using one’s religious belief to manipulate, dominate or control him/her. Some religions require a wife to become submissive to her husband in everything. Husbands who are spiritually abusive, will utilize this opportunity by twisting and interpreting it in their own way to abuse their wives. Spiritual abuse can be in the form of ridiculing or insulting the other person’s religion or spiritual belief and also preventing the other partner from practicing their religion or spiritual belief. Some can use their partners’ religious or spiritual belief to manipulate and force the children to grow in a faith of specific mentality as well as use religious belief to minimize or rationalize abusive behaviours (Aihie, 2009).

**Neglect abuse**

Neglect abuse means an act of failure to provide for dependents who may be adults or children, denying family members food; clothing; shelter; medical care and protection from physical and emotional harm or a sense of being loved and cherished. The Department for Education and Skills (2006) defined neglect abuse as the persistence failure to meet the child’s basic physical and/or psychological needs, likely to result in serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse or financial issue. It could also be as a result of failure to ensure adequate monitoring through inadequate care.
**2.0 Domestic Violence in Nigeria**

In Lagos State Nigeria, up to two-thirds of women from certain communities have experienced physical, sexual or psychological violence in the family and in other areas (Afrolnews, 2016). This is a worrisome condition considering the fact that some people that are abused do not report it. According to Amnesty International, as cited by Oyediran and Isugo (2005), a third (and in some cases two-thirds) of women who have been subjected to physical, sexual and psychological violence were carried out primarily by their husbands, partners and fathers while girls are often forced into early marriage and are at risk of punishment if they attempt to escape from their husbands. More pathetic is the revelation of gross under reporting and non-documentation of domestic violence due to cultural factors.

Ebhoimen (2015) noted that domestic violence has been part of the fabric of many societies and cultures worldwide. It is so common place that it has often gone unnoticed and failed the level it deserves in the light of the devastating effects on children and families. World Health Organization (2002) defined domestic violence as the range of sexually, physically and psychologically coercive acts used against women by current or former male intimate partners. It primarily involves the battering of intimate partners, sexual abuse of children, marital rape, and abusive treatment of one’s family member by another thus violating the law of basic human rights.

In the study on the factors associated with domestic violence in South East, Nigeria, by Obi and Ozumba (2009), it was discovered that 70% of respondents reported abuse in their family with 92% of the victims being female partners and the remaining 8% being male. The common forms of abuse reported were shouting (93%) slapping or pushing (77%) and punching and kicking (40%). This is consistent with the report of Bakare, Asuquo and Agomoh (2010) that women were more affected by domestic violence.

In a study by Oyediran and Isugo (2005) on Women’s perception of wife beating in Nigeria, it was discovered that 64.4 % and 50.4% of ever married and unmarried women respectively expressed consent for wife beating. Another report revealed vicious attacks on women by intimate partners in different forms such as acid baths, rape, beatings, some of which results to the death of the victim (Adebayo & Kolawole 2013). However many victims do not report to the law enforcement agents for fear of reprisal from abusers or the belief that the police and the judicial system cannot help. The police were also reported to frequently dismiss complain of domestic violence as a private matter. Consequently, the cases of violence against women mostly go unreported because the victims prefer to suffer in silence (Adebayo & Kolawole 2013). This attitude of the law enforcement agencies in Nigeria has continued to be a major stumbling block in curbing of domestic violence. They often see DV as private affair even when it is obvious that the
victim’s life is at stake. This has made some members of the society to lose confidence in them and choose to suffer in silence.

In a review of the sociological Implications of domestic violence on children’s development in Nigeria by Adebayo (2014), several observations were made. The effects of domestic violence can be devastating and long lasting especially on children and adolescents. Children are often principal victims of domestic violence. Witnessing abuse and living in an environment where someone else usually a caregiver is a victim of abuse, can be psychologically devastating for a child. A child who has undergone or witnessed violence may become withdrawn, anxious or depressed, on the other hand the child may become aggressive and always try to exert control over younger siblings or other people’s children. They may become aggressive, becoming troublesome at home and at school. They may also become withdrawn, isolating themselves from others and may underachieve academically. The adolescents may develop low self-esteem especially with emotional abuse. At the worst stage, the anger and stress experienced by victims may lead to depression and other emotional disorders sometimes leading to thoughts of suicide or actually committing the act. Research had shown there to be a direct and significant correlation between a country’s level of gender equality and actual rates of domestic violence. DV was among the most unreported crimes worldwide for both men and women (Esquivel et al., 2013). In a study carried out in Zaria state, Nigeria, it was noted that the most common type of domestic violence was physical assault and forced sexual intercourse. (Ameh & Abdul 2004)

In another study conducted in Nigeria’s capital, Abuja, over the course of 3 months in 2005, it showed that physical, sexual and psychological abuses were common among the pregnant women. One third (1/3) of the female respondents reported experiencing domestic violence. Psychological abuse was found to be the highest type of abuse followed by physical and sexual abuse (Efetie & Salami 2007). Women who experienced psychological abuse also experienced physical abuse. Small percentage (20%) of the physically abused women requested for medical treatment due to the abuse and the most frequent medical complications reported was premature labor (Hadizza 2009). This was consistent with previous findings were it was reported that some of the abused women do not seek medical attention. This may be due to financial problems or their perceived shame associated with it (Adebayo & Kolawole 2013).

Widowhood and disinheritance is another form of violence that women pass through that leave negative effects on their health. The widows in some parts of Nigeria were not spared the effects of domestic violence. The widows in some cases were suspected of been responsible for the husband’s death, no matter the cause and reason for such death. As a result, she could be made to prove her innocent by following some rigorous process
of absolution. This may take the form of forcing the widow to drink the water used in washing her late husband’s corpse as a way of exonerating herself from the accusation that she killed her husband. This is the worst when the widow is childless (Onyekuru 2011). These inhuman treatments given to the widows may not be unrelated to the widow’s financial power, her educational status, type of job and her level of exposure. To further support these findings, in another a study conducted in Owerri and Anambra state, Nigeria, similar observations were made by Bentina (2015). A childless widow in Imo State stated that she was beaten, tormented and finally thrown out of her matrimonial home by the Umunna (kinsmen). According to her, she was not allowed to participate in her husband’s burial. She went back to her parents but they could not help her. This was because it was traditionally believed that childlessness is a curse. Another widow said that she suffered dehumanizing treatment because she refused to be married off to her brother in-law. As a punishment, all her husband’s land and properties were taken away. One of the respondents, a 22-year-old widow recounted that her two children (aged two and five years) were forcefully taken from her, also all her husband’s properties were also removed, because she told her father in-law that she would like to remarry (Bentina 2015).

Domestic violence does not only have direct effect on the individual. It equally affects the whole society. It has effect on the economy at large. The days an employed person spends in hospital as a consequence of domestic violence will be man-days lost to his/her employee and affects the economy generally. The money the abused person would have spent wisely in family feeding and other gainful things were spent in hospital. A study was conducted by Oni-Ojo (2014) on the impact of domestic violence on productivity in the Nigerian workforce. It was reported that 98% of the victims had difficulties concentrating on work tasks, 96% reported that domestic abuse affected their ability to perform their job, 87% reported receiving harassing phone calls at work, 78% reported been late to work because of abuse and 60% lost their jobs due to domestic abuse. Domestic violence causes a significant loss of paid and unpaid work time, lost work productivity and safety hazards for employees. It not only affects victims but employers as well. Increased absenteeism, higher turnover and poor performance resulted in lower productivity and higher cost for employers (Oni-Ojo, 2014). Although it usually occurs within the home, the effects of the violence spilled over into the workplace in numerous ways. From the report a great number of the respondents (98%) reported difficulties in concentrating in their work and 96% reported poor performance ability at workplace due to DV. This is a worrisome situation because it will lead to great economic loss to the employer and the victim.
2.1 Health Implications of Domestic Violence

Some of the health effects of domestic violence can be minor but some can be severe. Health implications may be physical effect (such as death, injuries, gynecological problems and harmful effect in pregnancy), mental (such as depression, post-traumatic stress disorder, suicidality, substance abuse or dependence) and/or psychological effect, anxiety disorders, eating disorders, intense fear, somatization, phobias, panic attacks, sleep disorders, and obsessive-compulsive behaviour (Barnish, 2004, WHO 2011). Symptoms of psychological effects are sometimes similar to post-traumatic stress disorder (PTSD) (Barnish, 2004).

2.1.1 Physical health effects of domestic violence

In extreme cases, death had been reported worldwide as a consequence of domestic violence which include homicides, suicides and other indirect deaths such as street homelessness and ill-health, as well as the miscarriages and foetal deaths resulting from assault trauma (Campbell, 2002, WHO 2002). The tragic death of Titilayo Omozoje, a female banker based in Lagos State, Nigeria on 24th June, 2011 by her husband Akolade Arowolo, a self-acclaimed youth pastor, still remain fresh in the minds of many people. The witnesses during the court proceeding testified that the marriage between the late Titilayo and her husband was characterized with daily violence. It was reported that the deceased had on more than ten occasions moved to her father’s house after quarrels with the husband. Her colleagues at work testified that she used to come to office with bruises on her body and had always lied that she fell from bike or staircase (Abdul 2014).

According to eye witness, the deceased and the husband were heard by the neighbors as they engaged in their daily brawl that fateful day. Nobody bothered to intervene because it was a routine occurrence. The deceased lifeless body was found the next day in the pool of her own blood while the husband absconded. Professor John Obafunwa, the forensic pathologist, discovered at least 76 stab wounds resulting from the use of tremendous force on the chest, heart, lung, liver, diaphragm, hands and other parts of the deceased’s body. It led to severe blood loss. The stab wounds caused by a sharp weapon led to a single and double edge wound injuries to the front of the ear and the back of the heart and walls of the heart. He stated that “you can actually see through to the inside of the chest wall which had collapsed. A particular stab went through the rib cavity to the heart, the stomach was completely torn open. All these injuries could not have been self-inflicted as claimed by the convict because, at a point, you would have dropped the knife.” On 21st day of 2014, Justice Lateefa Okunnu sentenced Akolade to death having found him guilty of the murder of his wife charge against him (Abdul 2014).

Higher prevalence of gynecological problems such as sexually transmitted diseases (STD), vaginal bleeding and infections, decreased sexual desire, pain on intercourse,
urinary tract infections (UTIs), unwanted pregnancy, HIV/AIDS, delayed parental care and pregnancy difficulties (low birth weight babies, perinatal deaths and unintended pregnancy) amongst abused women had been linked to forced sex and significantly associated with domestic violence (Campbell 2002, WHO 2002).

Miscarriages have been recorded from domestic violence instances. Agbo and Choji (2014) reported of a mother of one living in Abuja who narrated her ordeal in the hands of her husband who constantly hit and beat her whenever he is drunk. She lost two pregnancies as a result of his brutalities. This is a pathetic condition because no sane man would beat his wife during pregnancy to the extent of losing two pregnancies on account of that violence. Though, it may be associated with poverty and illiteracy. Agbo and Choji (2014) also reported another case of 34 years old housewife, Mrs Fatima Bankole, who had her face stitched 26 times, after she got battered by her husband, Alhaji Kamoru, for taking a piece of fish from the pot of soup to break her fast. This report supports the claim that economic dependence is one of the causes of domestic violence (Sander, 2007). It is hard to see a woman who is financially independent been beaten and stitched 26 times because she took a piece of fish from the soup pot.

The prevalence, pattern and consequences of intimate partner violence (IPV) among women during pregnancy have been reported by Onoh et al (2013). In their report, husbands who were less than twenty years (<20) of age abused their pregnant wives the most, followed by men between the ages of 20 and 24 years and least common among men above 50 years with 60%, 58.8% and 25.0% respectively. The difference in their attitude may be attributed to maturity, experience in life, tolerance and respect for their wives among men of 50 years compared with the youths below 24 years that are still undergoing youthful exuberances. The study also revealed that the IPV meted on pregnant women by their husbands included: shouting (41.3%), verbal abuse (18.9%), financial denial (8.4%), keeping late at night (6.3%), beating (4.9%), driven out of the house at night by the husband (1.4%), threatening, punching and forced sexual intercourse are other types with 2.1% incidence. Furthermore, the study revealed that 7.7% of the respondents were hospitalized as a result of IPV during pregnancy, 21% had physical and emotional injury. This may be attributed to educational status. In United States, about 22.3% women and 14.0% men of 18 years aged have been the victim of severe physical violence by an intimate partner in their life time. About 14% of women and 3.54% of men have been injured as a result of IPV that included contact sexual violence, physical violence or stalking by an intimate partner in their lifetime (Breiding, 2014). Similarly, Centre for Disease Control and Prevention (2003) reported that approximately, 27.3% of women and 11.5% of men in the US have experienced contact sexual violence, physical violence or stalking by an intimate partner and reported at least one measured impact related to these or other forms of violence in that relationship. In
general, victims of repeated violence over time experienced more serious consequences than victims of one time incident. Black (2011) reported health conditions associated with domestic violence which may be a direct result of the physical violence. They included bruises, knife wound, broken bones, traumatic brain injury, back or pelvic pain, headache, cardiovascular system, gastrointestinal, endocrine and damage to immune system.

The adverse mental health effects on women who had experienced domestic violence have been reported using mental analysis and it showed substantial serious psychological harm (WHO 2002; Barnish, 2004). Average prevalence rates for clinical depression amongst abused women were 48% across 18 studies. Victims were on average 4 times more likely to be depressed. Highest prevalence rates of depression were found among women in refuges and severity or duration of violence was associated with prevalence or severity of depression and life stressors (Riggs, 2000, WHO 2002).

Post-traumatic stress is a normal reaction to abnormal events that involved threat, death or serious injury. It involves re-experiencing traumatic events (through nightmares, flashbacks and intrusive thoughts), avoidance of trauma-related stimuli, emotional numbing, and hyper-arousal such as restlessness, irritability, hyper vigilance and sleeplessness (Jones et al. 2001). The study conducted by Jones et al. (2001) further revealed that the prevalence rate of PTSD among the abused women studied was between 31% to 84%. This was similar to the report of Riggs et al (2000) who observed that previous experience, lower socio-economic status and lower levels of social support increased the risk of PTSD. Depression has long been recognized as one of the more common psychic injuries of battering. Experts estimated that between 37% to 63% of battered women experienced depression characterized with depressed mood, lack of interest in everyday activities, indecisiveness, inability to concentrate, fatigue, insomnia, feelings of worthlessness, or thoughts of death or suicide (Markham, 2003). Risks of suicide is particularly strong for domestic violence victims with PTSD symptoms which is 15 times more than non-sufferers to attempt suicide as reported by Barnish (2004).

Victims of domestic violence often engage in sustenance abuse or dependence. Average prevalence rates of 19% across 10 studies for alcohol misuse amongst abused women and 9% across 4 studies for drug misuse have been reported by Barnish (2004). Prevalence was found to be higher and stronger among women in refuges and increases when violence is severe. Post-traumatic stress was also associated with increased substance misuse such as alcohol by abused women as a form of self-medication (Markham 2003, Schumacher 2001).

2.1.1.1 Health Behaviours
Women with history of domestic violence are more likely to display behaviours that present further health risks (such as substance abuse, alcoholism, suicide attempt) than women without a history of domestic violence. Studies showed that the more severe the violence, the stronger its relationship to negative health behaviours by victims. Some of the negative health behaviours included engagement in high risk sexual behaviour, use of harmful substances and unhealthy diet-related behaviours (Plichta 2004).

2.1.1.1 Sexual harassment and rape

Rape is any form of sexual assault usually involving sexual intercourse or other forms of sexual penetration perpetrated against a person without that person’s consent. The act may be carried out by overpowering the victim, coercion, abuse of authority or against a person who is incapable of giving valid consent, such as one who is unconscious, incapacitated, has an intellectual disability or is below the legal age of consent. This act occurs among the single ladies and married ones too. Section 357 of the Nigeria criminal code (2004) defined it as an act of having unlawful carnal knowledge of a woman or girl without her consent, if the consent is obtained by force; by means of threat; intimidating of any kind; by fear of harm; 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 (CIRDDOC 2004). Unwanted pregnancy is one of the consequences of rape and may lead to unsafe abortion. Some of the victims may decide to get rid of the pregnancy that occurred as a result of rape because of shame and other unpleasant factors. In Nigeria and in most parts of African countries, abortion is still illegal. This has increased the number of unsafe abortions because women sought for clandestine means of terminating unwanted pregnancy thereby posing a great threat to their reproductive health and life. WHO (2007) defined unsafe abortion as a procedure for terminating an unintended pregnancy either by individuals without the necessary skills or in an environment that does not conform to minimum medical standard or both. Oye – Adeniran et al (2002) reported 97 % of unsafe abortion in developing countries and about 55% are in Asia (mostly, in South-Central Asia).

According to WHO (2013), every 8 minutes a woman in a developing nation will die of complications arising from an unsafe abortion. This high percentage of death is worrisome and cannot be compared to the effect of legalizing abortion. Grimmes (2006) reported some of the long term health consequences of unsafe abortion which included; poor wound healing, infertility, internal organ injury (urinary and stool incontinence from vesico vaginal and recto vaginal fistulas), bowel restrictions and other immeasurable consequences of unsafe abortion which include: loss of productivity and psychological damage.
Another consequence of rape and sexual harassment is sexually transmitted diseases. Sexually transmitted diseases (STDs or STIs) are those infections that are normally spread through sex, especially vaginal intercourse, anal sex and oral sex (Oye-Adeniran 2002). They can equally be referred to as sexually transmitted infections or venereal diseases and can either be caused by fungi, virus or bacteria. Examples of STIs are chlamydia, gonorrhea, genital herpes, HIV/AIDS, Human Papillomavirus, syphilis, bacterial vaginosis, trichomoniasis etc (WTO 2013). According to World Trade Organization (WTO, 2013), female victims of domestic violence are 1.5 times more likely to acquire HIV than women who have not experienced violence at the hands of an intimate partner. Domestic violence in several ways contribute to the spread of STIs and HIV/AIDS and may be attributed to lack of bargaining power, economic dependence and fear of ostracism all affects women’s ability to protect their sexual life (WTO, 2013; Jura 2015).

2.1.1.1.1 Female genital mutilation

Female Genital Mutilation (FGM) is another form of violence against women that has negative effects on health. FGM refer to all the procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (WHO 2008). It is internationally recognized as a violation of the human rights of girls and women, constitutes an extreme form of discrimination against women due to severe health consequences, the pain and risks involved. The procedure is irreversible and the effects last a lifetime. The types of FGM depend on the quantity of tissue removed based on WHO (2014) and they included:

Type I: This type is subdivided into two. The first one entails the removal of the clitoral hood and the second one is more common which involves the complete or partial removal of the clitoral glans and clitoral hood.

Type II (excision): This is the complete or partial removal of the inner labia, with or without removal of the clitoral glans and outer labia. It involves the removal of inner labia, clitoral glans, inner and outer labia.

Type III: This Type III is also known as infibulation or pharaonic circumcision. It belongs to the “sewn closed” category. It is the removal of the external genitalia and fusion of the wound. The inner and the outer labia are excised with or without removal of the clitoral glans. It is of two types: The first type involves the removal and closure of the inner labia and the second type involves the removal of outer labia. A single pore of 2-3mm allows the passage of urine and menstrual fluid by inserting something such as twig into the wound (Nahid & Eiman, 2003). The vagina is opened for sexual intercourse, for the first
time either by a midwife with a knife or by the woman’s husband with his penis. The woman is opened further for childbirth and closed afterwards, through a process known as defibulation and re-infibulation. Re-infibulation can involve cutting the vagina again to restore the pinhole size of the first infibulation. This might be performed before marriage and after childbirth, divorce and widowhood.

**Type IV:** this involves all other harmful procedures to the female genitalia for non-medical purposes, including pricking; piercing; incising; scraping and cauterization, nicking of the clitoris, burning or scaring the genitals, and introducing substances into the vagina to tighten it. Labia stretching are also categorized as Type IV.

The practice is supposed to enhance sexual pleasure for the man and add to the sense chastity of women. FGM are sometimes performed without seeking as well as obtaining the consent of the girl child. It has both long and short term effect. Common short term complications include swelling, excessive bleeding, urine retention, healing problems, wound infections, fatal bleeding, anemia, urinary infection, septicemia, tetanus, gangrene, necrotizing fasciitis and endometriosis (Christos, & Sardi, 2013). According to Elizabeth, Paula and Adams (2005), the late complications depend on the type of FGM. They include the formation of scars and keloids that lead to strictures and obstruction, epidermoid cyst that may become infected and neuroma formation involving the nerves that supplies the clitoris. In spite of the numerous deleterious consequences of female genital mutilation, and the fact that this archaic practice has no place in modern civilization, evidence has shown that it is popular in Nigeria, particularly in the rural areas (Olubayo 2014). It was discovered that education was a strong determining factor in the practice of FGM as well as the maintenance of wellness by the women who undergo FGM. In essence, the higher the standard of education in a particular locality, the lesser the practice and acceptance of FGM (Olubayo, 2014).

**2.2 Proffered Solution**

The ethnics, cultural, religious practices, socio-economic dependence, gender inequality and, power and control issues related to domestic violence can be eliminated or minimized if the following proffered solution could be addressed;

To eradicate the domestic violence situation in a society like Nigeria, all stakeholders of the communities, religious groups, institutions, government at all levels must be involved. Seminars and workshops of awareness on the consequences, and means of eliminating domestic violence. Trained counselors would assist in propagating the anti-domestic violence campaign.

The governments should employ trained professional counsellors with provision of fund for counselling activities on domestic violence.
There is need to strengthen the judicial system and women involvement in the decision making of the society for justice to prevail on cases, especially, involving women and child abuse.

The law enforcement agencies should be sensitized and well educated on the fact that domestic violence is not a private affair.

The ethnic and cultural practices of the parties involved need to be reviewed and enactment of the laws that will be governing each family as well as recognizing the gender sensitive issues. This will play a vital role in minimizing, if not eradicating the domestic violence in the society.

The government should train and create more recreation jobs for the unemployed so as to minimize economics issues through over dependence on one party. Thus, women can become self-dependent and financially independent.

Victims should be advised to leave an abusive relationship in order to live.

Adequate awareness need to be created to stop the stigmatization of divorcees. They should be welcomed back home with love. Society need to stop treating them like they deserve less.

**Conclusion and recommendation**

The prevalence of domestic violence against women as well children has serious implications for the development of the society and healthy environment. The future of any nation or society does not only depend on the quality of its children and youths but their trainers which are mostly women. Hardly you will find a woman in Nigeria whom at one time or another in her lifetime who had not experienced violence in form of wife battery, sexual assault and abuse, rape, incest, female genital mutilation and other traditional practices harmful to women and girls. Domestic violence occurs when the abuser believes that abuse is acceptable, justified or unlikely to be reported. It may produce intergenerational cycles of abuse in children and other family members who may feel that such violence is acceptable or be condoned. Government and stakeholders in the society need to pay urgent attention towards education and empowering of the victims. This will help in eradicating the ugly system of domestic violence in our society, especially Nigeria, and the world at large. Efforts must be made to ensure that children grow up in stable and responsible homes in order to be productive and responsible citizens.

The financial independence of a woman will serve as inhibitors for domestic violence and play a vital role in reducing the absolute power of life and death controlled by man over the woman, which continuously serves as a catalyst for domestic violence. The legislators, the security agencies, judicial officers and other agencies government have significant
roles to play in eradicating domestic violence as a threat to national growth and development. There is need to strengthen the judicial system, not only to enact laws but to ensure their proper implementation in order to help deter other potential abusers from the act. Laws on the violation of human rights should be solidified and well implemented on perpetrators. There should be comprehensive and intensive counselling of intending couples. They need to be emotionally matured for marriage and not resort to violence as a way out on family issues. Religious leaders should vigorously teach against marital violence in their places of worship. Youths should be encouraged and taught to detest and not imitate brutish treatment of wives around them. To mitigate violence directed at women, more women need to be politically empowered and get involved in decision making of the State. This will help in the smooth implementation and practice of laws that protects women’s right. Judicial system should always protect the identity of the victims especially in the case of rape to avoid stigmatization. Some non-beneficial customs such as female genital mutilation should be thoroughly eradicated. There should be proper education of the girl child and early marriage should be discouraged. Both males and females need to be matured emotionally and otherwise to be able to handle any pressure form marriage and not be at the mercy of the husband’s relatives. All stakeholders involved in the communities, religious groups, institutions, government at all levels need to create awareness at these forums, to underscore the fact that violence in the home serves as a breeding ground for violence in the society. Both men and women should be sensitized and educated to draw a line between love and abuse. There is need for the sensitization to start from home, to school and the society at large.

REFERENCES


Nahid, F.T. & Eiman, H.S. (2003). Female Genital Mutilation: Have We Made Progress?


