

Perception of Intimate Partner Violence by Residents of Enerhen Community, Warri, Delta State

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Abstract

Intimate partner violence is a serious social problem that violates women's rights and is acknowledged as a serious health issue that harms women's well-being and has a significant negative impact on their physical, reproductive, and mental health. Han and Choi (2021), cited World Health Organization (2005), stated that more than 75% of violence against women is allegedly caused by an intimate male partner. This inhumane act is widespread throughout all groups, societies, and nations and, if it is not properly addressed, can result in an unbalanced state and marital dissolution among family members, which will contribute to further societal decadence. To this end, this study examined the perception of intimate partner violence by residents of Enerhen Community, Warri, Delta State. In this study, the social learning theory put forward by Bandura (1986) was used. The study especially looked into the types, causes, and manifestations of intimate partner violence in the study area, as well as the function that social workers play in putting a stop to this scourge. The population of the study was 340,600, and the study also used a survey research design. Using the sample size method developed by Krejcie & Morgan (1970), a sample size of 400 research participants was selected for the study. An interview guide and a structured and semi-structured questionnaire were utilized to collect information from the participants. The analysis' findings demonstrated that the area under study has a high rate of intimate partner violence as a result of poverty, unemployment, persistent marital conflicts, availability of drugs, and slums. Pre-marital counselling is advocated, according to the research, so that future spouses may get to know one another better before getting married and learn how to handle some of the issues that can cause conflicts. Additionally, society has to be made aware of the possibility of IPV in males to stop stigmatizing such victims and encourage open dialogue between male and female victims.

Keywords: Intimate Partner; Perception; Social Workers; Slums; Violence

Introduction

Intimate partner violence is a universal phenomenon, a scourge in modern societies, and a violation of human rights. It transcends social, political, religious, regional, and economic barriers. Intimate partner violence is a social evil that affects industrialized, developing, and underdeveloped cultures worldwide. This inhumane act increases the mortality rates in women globally compared to men (Idris et al., 2018). According to the World Health Organization [WHO] (2013), domestic violence, which includes intimate relationship violence, is a worldwide issue that

affects the health and the inalienable and fundamental human rights of the victim(s). The prevalence and effects of the global scourge of this act also known as sexual violence against the female gender, is becoming increasingly well-known.

WHO report also showed that the global and regional estimates of violence against women, the prevalence of intimate partner violence [IPV] among women in relationships was 30%, while in Africa the estimate was 37%. Studies carried out by Mapayi et al. (2013) as cited in Benebo et al. (2018) on the impact of intimate partner violence on anxiety and depression amongst women in Ile-Ife Nigeria have shown that the prevalence of IPV ranges from 31-61% for psychological/emotional abuse, 20-31% for sexual abuse, and 7-31% for physical abuse. The estimated prevalence of IPV is said to be 42% in the North (Tanimu et al., 2016), 29% in the South West (Okenwa et al., 2016), 78.8% in the South East (Okemgbo et al., 2002) and 41% in the South-South (Dienye et al., 2014). In order to avert abuse against women and girls, it is critical to address structural and underlying causes and risk factors which drive this act. Intimate partner violence or abuse is described as an act of physical, sexual, emotional or psychological abuse which is directed towards a person (particularly a woman) who is in an intimate relationship with her partner.

It must be stated that this type of violence also affects men (Camey et al., 2007). In affluent countries in Europe and North America, results have shown that there is a high prevalence of IPV. However, the situation is worse in third-world countries due to their lower degree of legal system development, poverty, and underdevelopment (Dutton, 2007; Pande et al., 2017). Meanwhile in Sub-Saharan Africa, the issue of this type of abuse is pervasive and chronic. This makes reference to the vicious cycle of poverty, difficult economic conditions, insurgency, and ethnic/religious conflict in some third world countries. Intimate partner violence is bizarre and widespread in Nigeria, but it is more severe and frequent in the northern region of the country due to the concept of the Islamic religion, which seems to justify the oppression of women by their husbands (Ugiagbe, 2013).

Though intimate partner violence is not an uncommon phenomenon of discourse due to its daily occurrence among members of the society, the way this scourge is perceived and attitude towards it differs from society to society, group and individual. While in societies like Pakistan and Afghanistan, which operate the Sharia system or even India and some states in Northern Nigeria, intimate partner violence is regarded as normal and worst still the women always take the blame in other civilized society including southern parts of Nigeria, the perception and

attitude towards intimate partner violence are mixed and divergent and circumstance determined. This study therefore seeks to examine the perception of intimate partner violence by residents of Enerhen Community of Warri, Delta State.

The manipulation of violence between two individuals who are ostensibly in a romantic or intimate relationship is a form of intimate partner violence. It is prevalent in all groups, societies, and countries around the world, whether they are developed, developing, or underdeveloped (Ellsberg et al., 2014). Put differently, intimate partner violence includes all types of violence, be it in the form of physical, sexual or psychological violence, coercive controlling of intimate partner, situational couple abuse, reciprocal violence, and violence induced by separation of intimate partners. Other instances include aggression committed by men, violence brought on by separation, interactions between men who control others, and psychotic and paranoid behaviours. Violence against intimate partners has negative effects on one's health, and those of future generations, and society as a whole. The persistence of this phenomenon has attracted substantial health concerns as victims are constantly visiting hospitals, welfare agencies, and shelters seeking help. Stories regarding the suffering and death of intimate partners as a result of this kind of violence are common place in both mainstream and online media.

Social work professionals are frequently faced with cases involving individuals with this kind of violence and they are actively involved in the rehabilitation and other intervention methods on behalf of these victims. Children's health and emotional development are also negatively impacted, and women who are abused are more likely to endure emotional and psychological anguish, which in extreme cases could lead to death or lifelong impairment. One of the biggest obstacles to women's protection from domestic violence is how human rights protection is sometimes perceived by individuals and the society.

Nonetheless, in spite of having some objective signs of abuse and admitting to having experienced violent behaviour, some women are still unable to perceive it or recognize themselves as victims of gender-based and intimate partner violence; as a result, majority of them do not perceive themselves to be at risk of death due to self-recrimination and blame as well as loving the oppression syndrome as a result of deeply ingrained learned helplessness and powerlessness (Ugiagbe & Edegbe, 2016). Given the aforementioned assumption that women experience loving the oppressor syndrome as a result of the pervasive cultural constraints and

coercion in Nigerian society, it is important to investigate and analyze how residents of the Enerhen community in the Uvwie local government area, Warri, Delta State, view intimate partner violence. This is due to the fact that Warri city is a well-known patriarchal society notorious for violence against women; as a result, there is a gap in the literature and empirical data surrounding IPV. This study therefore examines the perception of the phenomenon of intimate partner violence by residents of Enerhen community, Warri, Delta state, Nigeria. Other specific objectives of this study are to examine the nature and prevalence of intimate partner violence in Enerhen Ccommunity, Warri, Delta State; explore the causal factors and manifestation of intimate partner violence in Enerhen Ccommunity, Warri, Delta State and to determine the role that social workers can play in the management of intimate partner violence in Enerhen Community, Warri, Delta State.

Literature Review

Intimate partner abuse in Nigeria

Intimate partner abuse is highly perverse in Nigeria, both in frequency and reputation because it is deeply ingrained in cultural and religious beliefs and time-honored customs (Benebo et al., 2018). It is a known truth that different societies and cultures have different definitions of intimate partner violence, which can include formal relationships like marriage as well as informal relationships like cohabitation or other types of regular intimate partnerships (Abramsky et al., 2019). However, all definitions and categorizations share the concern that they affect all women who may be exposed to intimate partner violence. Benebo et al. (2018) stated that all types of intimate partner violence (marriage, lovers, live-in lovers, ex-lovers, partners, acquaintances, etc.) are common in Nigeria.

Benebo et al (2018) further stated that cases of intimate partners violence are on the increase in Nigeria and the increase is attributed to the deep seated cultural heritage and belief systems that expressively approved of the hitting, beating or discipline of a woman as a form of correction, hence the high cases of intimate partner violence shows no sign of abating, rather it is on the increase and such cases cut across the social statues, religious divide, ethnic clearage and geo-political location. Intimate partner abuse episodes in the country like Nigeria consist of various violence acts such as physical attack with punches or objects, battery, acid-baths, forceful sexual intercourse and, more lately, the harvesting of critical organs from the dead women, just like in other regions of Africa and the world (ThisDay Live, 25 April, 2022). The Guardian (2021) claimed that physical attacks, which

are the most prevalent form of intimate partner abuse, are occurring more frequently than ever in some regions of Nigeria, with thousands of cases being unreported.

In Nigeria it is a common phenomenon for women to be abused on flimsy excuses by their male counterparts (The Guardian, 2020). As mentioned earlier, the most common of such violence is physical assault in form of beating, hitting and kicking, rape, slapping and murder. The unfortunate era of unwholesome desire for immediate stupendous wealth by ritualistic youths popularly called yahoo boys makes violence against women with intention to kill them for purposes of organ harvest a recurring incident. Now and then, there are reports of murder of one lady and another by their supposedly male lovers (Eisenbruch, 2018).

In Nigeria, there is a correlation between violent intimate partner relationships and HIV and other STD's. Being infected with STD's, including HIV, frequently leads women with HIV to remain in abusive relationships where they must deal with the assaults and abuse on a daily basis (Abiodun et al., 2022). The majority of women with HIV were and remain at high risk for intimate partner violence. Intimate partner violence was shown to be most prevalent among men (husbands) between the ages of 25 and 33. These men were also more likely to have completed secondary education and be associated with polygamous marriages (Iliyosu et al., 2011).

Intimate partner violence is a widely known problem across the world. It remains one of the similar felonies of our day, nevertheless. This was shown even recently in the rise in incidents of women being abused during the COVID-19 outbreak. The public's safety and the prevention of spreading infection were the goals of stay-at-home orders, but they also imprisoned many IPV victims with their abusers (Evans et al., 2020). According to reports of the studies conducted during the COVID-19 lockdown by Fawole et al. (2021), showed that, majority of the time, complaints described intimate partner violence (IPV) that had already been occurring but had become more severe or involved new kinds of violence while the area was under lockdown. Many types of IPV that are often reported, including physical, economic, psychological, and sexual violence, were described in the case scenarios. Many women also stated that the perpetrators had threatened to evict them from their houses, which puts their capacity to protect themselves against COVID-19 exposure in jeopardy and also puts them in danger of being stuck without access to transportation, social services, or other resources during the lockdown. Additionally, a number of women experienced IPV that interfered with their ability

to raise children and custody of those children. IPV was also recorded in reaction to the lockdown's accompanying economic concerns. Similarly, the study conducted by Bagheri et al. (2022), also revealed that comparing the quarantine period to before the outbreak, the intimate partner violence increased by 37.5%. The COVID-19 epidemic increased the prevalence and incidence of the aforementioned abuse. As in other countries of the world, the pandemic and the ensuing lockdown heightened the level of child abuse and the incidence of intimate partner violence among some members of the family (The Guardian, 2021).

The role of Social Workers in the management of intimate partner violence

The International Association of Schools of Social Work and the International Federation of Social Work (2014) defined social work as a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. The principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. The major concern of social workers is to help the individual, to attain social functioning, and certain quality of life and protection from harm or harming others (Association of Directors of Social Work, 2004). Social workers draw on various theories of social work, social sciences, humanities and indigenous knowledge, so as to be able to focus on the interface between the individual and the environment and recognize the impact of social, political, economic and cultural factors on the health and well-being of individuals and communities. With their dedication to human rights, social justice and an understanding of an individual's experience, social workers are able to provide a significant contribution in the prevention and intervention of intimate partner violence (Australian Association of Social Workers, 2019). Intervention practices can be carried out through direct service provision; policy initiatives, legislative review, research and advocacy for structural changes needed to fight against IPV. Social workers work at different levels when addressing IPV/violence against women through: Individual client level, paying attention to the clients' psychological needs. At family and cultural level; an example is to rebuild parent-child relationships and working with communities. At organizational level, advocating for a change in their own organization. In the societal /community level, advocating for change at a governmental and policy level, and at the community level to bring about attitudinal change. At personal level, making sure that their practices are ethical, non-discriminatory and not reproducing inequitable gender norms.

Social workers are important to the delivery of support and intervention services for women who are exposed to violence or are survivors of IPV. Social workers are often contacted by victims of violence for all issues of emotional, physical, sexual and financial abuse. They possess the knowledge and skills to detect IPV and to work closely with programs that are critical to safe and suitable intervention strategies. The injuries, stigma, trauma, psychological and emotional strain of IPV call for social work intervention (Mojoyinola, 2006). The scope of social work practice in the management and prevention of IPV includes counselling, advocacy, crisis intervention, policy development as well as consultation and community development (AASW, 2019). Recent studies have shown that social workers provide some level of interventions that have a strong emphasis on empowerment to help trauma survivors recover from incidence of intimate partner violence. These treatments, according to Heffernan et al. (2012), are meant to give domestic violence survivors back control over their lives and resilience. Social work professionals enable survivors to make choices, establish objectives, and restore confidence by creating empowerment. These therapies can improve survivors' autonomy and feeling of agency, which can aid in their long-term recovery and healing. Similarly, Fellin et al. (2019) also stated that social workers help to create individualized plans for the protection and well-being of survivors of abusive relationships. This method tries to recognize possible threats, create networks of support, and get access to tools that might aid victims in fleeing abuse and safeguarding themselves. Putting safety strategies into action gives victims of domestic abuse the ability to make wise decisions and move toward reclaiming control of their life (Fellin et al., 2019). In addition, social workers also help to effectively assist domestic abuse survivors who require trauma-informed treatment. This entails acknowledging the effects of trauma on survivors' health and fostering a setting that is secure, compassionate, and understanding. According to United States for center for substance abuse treatment (2014), trauma-informed treatment promotes healing and resilience by assisting survivors in coping with the psychological and emotional effects of domestic abuse. Social workers can modify their treatments to match the particular needs of survivors by taking into account the trauma they have experienced, therefore fostering their recovery and empowerment. Furthermore, numerous studies have demonstrated the value of counselling and therapy in supporting trauma survivors. Both Johnson et al. (2020) and Lakin (2022) stress the critical role that these therapies play in assisting survivors in overcoming the psychological effects of trauma and promoting healing and emotional recovery. Social workers provide survivors with a safe place to

process their experiences, create coping skills, and get assistance via counselling and therapy, which improves their general well-being and resilience.

Theoretical Framework

This study is anchored on the social learning theory. Albert Bandura (1986 and 1997) first proposed and developed the social learning theory, which holds that a variety of psychological, social, and environmental factors influence social learning by the growing child during the formative years. For learning to be successful, there must be individual attention, retention, reproduction, and motivation to imbibe and internalize the behavioural dispositions (Laisser, 2011). This theory posits that children are the products of their environment hence children learn and manifest what they see and experience. In this context when a child observes a certain behaviour the child naturally remembers such behaviour in a similar situation and attempts to replicate (model after the person observed) and adopt such behavioural dispositions (mimicking) hence such behavioural dispositions is perpetuated, replicated and spread (Dababa, 2008; Laisser, 2011).

The social learning theory otherwise known as behavioural family theory was developed by Albert Bandura as earlier mentioned in 1997. Bandura (1997) posited that human behaviour is mainly learned and a function of the family, environment and the individual. In other words, Bandura actually meant that cognitive factors and the environment of an individual as well as the circumstantial contingencies pressing upon the individual, all combine for a learning to take place and be replicated by the learner. Human behaviour is primarily learned through observation and imitation, according to the theory of social learning. Bandura showed the results of observation and imitation with his experiment involving the *bobo doll*, in which children acted more aggressively toward the toy after observing how adults behaved. Social learning theory, a subset of sociocultural perspectives, asserts that children who witness or personally experience parental conflicts are more prone to commit violent acts as adults (Bandura, 1997; Mahalik & Elliot, 1997)

Social learning theory explains how children learn and are influenced by seeing the behaviours and imitating the behaviours of significant/important others. Children acquire behaviours that seem to them to have produced desired results (the parents and siblings). In social interactions with siblings, peers, in the media, and in the immediate social milieu in the community, these learned behaviours are modelled and imitated. In this context, social learning theory may be used to understand why intimate partner violence is in the family of origin and why men in a family are typically perpetrators in adult life having learned the culture of violence in their formative years as children. Such behaviour are internalized, rooted, and replicated

in future social interactions especially in similar situations like when they eventually enter into a relationship or marriage in the future (Ormrod, 1999). According to studies, there is a higher rate of abuse and violence against women whose partners were subjected to or saw violence against their mothers as children (Vung & Krantz, 2009). This theory is pertinent in this situation since it sheds light on the underlying causes of intimate partner abuse viz-a-viz its manifestations and effects as acquired behavioural tendencies in intimate partners. This theory also helps to establish that the perception of intimate partners violence are learned and internalized by the members of the society and their reactions to such phenomenon is determined by the tenets of the attitude they formed about the phenomenon. The theory demonstrated that intimate partner violence is part and parcel of the learned behavioural dispositions and personality makeup which is a reflection of the lived experiences of the individual's social milieu.

Research Method

This study utilized both quantitative and qualitative data. The study employed the cross-sectional survey method. The study population of the study comprised residents, irrespective of their religious, ethnic, educational status or affiliations, who are 20 years and above and have resided in the study area for at least one year with prior knowledge of the subject. According to the 2018 population projection, there are 4,235,600 persons in Delta State of which 50.5% are males and 49.5% females. Of this number, Uvwie Local Government Area has 742,600 persons (2018 Nigeria population projection) while Enerhen Ccommunity has a population of approximately 340, 600. Therefore, the population of this study was 340, 600. The sample size for the study was 400 research participants that were systematically selected from the study area. The desired sample size was estimated using the Krejcie & Morgan (1970) sample size formula to arrive at the number.

In using the Krejcie and Morgan (1970) formula for known population, the study has an estimated population of 342,600. The study made use of the nearest population sample size of 350,000. This is due to the fact that the difference in the sample size table value for 95% confidence level and 5% margin of error is very minimal. Hence from the table, with a sample size of 381, additional five percent (5%) was added for non-person =381+ 19= total sample size 400. The sample size for the qualitative research was 10 participants who were purposively selected because only those who are privy to the information relevant to the research were selected. The participants who were interviewed were community leaders, head of social welfare department of the local government, marriage counsellors and church leaders in marriage and counselling departments. The sampling technique for the

study was the multi-stage sampling technique which involved the use of different techniques. This study employed a one-time sample survey design in order to deliver a structured questionnaire and conduct a semi-structured interview with the selected research participants in the study area.

The semi-structured and structured questionnaire and in-depth interview were the study's instruments. The responses from the questionnaire administered were analysed using descriptive statistics. The analysis was carried out using the Statistical Package for Social Sciences (SPSS) (Version 22.0). Tables and charts were used in presenting the results while the variables were cross tabulated. The data from the in-depth interview were first screened, transcribed and thereafter analysed using the thematic content analysis technique to ensure that important themes and information were utilized in arriving at the findings of the study. The data from the qualitative analysis were used to complement the data from the quantitative in addition to the information/data from secondary sources. The triangulation resulted in comprehensive and all-embracing findings that fulfilled the canons of scientific inquiries.

Data Presentation

List of Tables

Table 1: the nature and prevalence of intimate partner violence in Enerhen Ccommunity, Warri, Delta State

S/N	Variables	Response	Numbers	Percentages
1	What is the level of prevalence of intimate partner violence in this community?	High	254	63.5
		Moderate	88	22
		Low	58	14.5
2	What is the nature of intimate partner	Hitting of any kind	101	25.3
		Verbal assault	87	21.8

	Violence in Enerhen community?	Forced sexual intercourse	109	27.3
		Deprivation of resources	59	14.8
		Others	44	11
3	Has anyone ever made you have sex using force or threatening to harm you or someone close to you in this community?	Yes	109	27.3
		No	135	33.3
		I really can't say	156	39
Total			400	100

Source: Field survey, 2023.

Table 2: the perceptions of the intimate partner violence by residents of Enerhen Community, Warri, Delta State

S/N	Variables	Responses	Numbers	Percentages
	Have you or someone you know in this community ever been involved in intimate partner violence?	Yes	221	55.5
		No	179	44.8
	Would you say that there is high rate of intimate partner violence in this community?	Yes	246	61.5
		No	154	38.5
Total			400	100

Source: Field Work, 2023

Table 3: the causal factors and manifestations of intimate partner violence in Enerhen Ccommunity, Warri, Delta State

S/N	Variables	Responses	Numbers	Percentages
1.	What is the manifestation of IPV in your community?	Low education	87	21.8
		Substance abuse	132	33
		Anger and hostility	109	27.3
		Low intelligent Quotient (IQ)	72	18
2.			139	34.8

What is the major manifestation of intimate partner violence in your community?	Physical harm like kicking, slapping		
	Sexual assault	79	19.8
	Emotional abuse	83	20.8
	Financial abuse	51	12.8
	Others	48	12
Total		400	100

Source: Field Work, 2023

Table 4: role that social workers can play in the management of intimate partner violence in Enerhen Community, Warri, Delta State

S/N	Variables	Responses	Numbers	Percentages
	Social workers help in sensitization and advocacy against intimate partner violence	Yes	189	47.3
		No	116	29
		I can't say	95	23.4
		Total	400	100
	Social workers help to provide psycho-social support to couples particularly women who are experiencing intimate partner violence in this community	Yes	239	59.8
		No	97	24.3
		I can't say	64	16
		Total	400	100
	Social workers provide therapeutic counseling to victims involved in intimate partner violence	Yes	251	62.8
		No	103	25.8
		I can't say	46	11.5
		Total	400	100

Source: Field Work, 2023.

Result presentation

Research Objective One: examine the nature and prevalence of intimate partner violence in Enerhen Ccommunity, Warri, Delta State

Three questions were raise to analyze the objective in order to examine the nature and prevalence of intimate partner violence in Enerhen Ccommunity, Warri, Delta State. First, the respondents were asked the level of prevalence of intimate partner violence in the study area. Three scales which were high, moderate and low were used in the questionnaire to measure the level of prevalence of intimate partner

violence in the study area. Of the 400 respondents, 254(63.5%) were of the opinion that the level of prevalence of intimate partner violence in the study area was high, 88(22%) stated that the level of prevalence of intimate partner violence was moderate as against 58(14.5%) who stated that the level of prevalence of intimate partner violence was low. From the foregoing, it is pertinent to state that the level of prevalence of intimate partner violence in Enerhen community Warri, Delta State is high. This means that there is need for intervention strategies to curb this menace.

Second, the respondents were also asked the nature of intimate partner violence that is prevalent in Enerhen community. Of the 400 respondents, 101(25.3%) identified physical abuse like hitting, 87(21.8%) of the respondents identified verbal assault while 109(27.3%) isolated forced sexual intercourse is the most prevalent nature of intimate partner violence in the study area. In addition, 59(14.8%) of the respondents stated that deprivation of material resources to meet their basic household need was the most prevalent nature of intimate partner violence in Enerhen community, Warri, Delta State. Lastly, 44(11%) of the respondents identified other forms of intimate partner violence as shaming, name calling etc. as the commonest types of intimate partner violence in the study area.

Participants were also asked if they have ever been engaged in sexual intercourse without consent or feeling of threat over disapproval to engage in sexual intercourse. Of the 400 respondents used in this analysis, 109 respondents representing 27.3% affirmed 'yes' to the term as against 135 respondents representing 33.8% who disagreed to the term and 156 respondents representing 39% were of the opinion that they really can't say if they have ever had sexual intercourse without consent or been threatened to harm by an abuser in an intimate partner relationship with them.

Research Objective Two: explored the perceptions of the intimate partner violence by residents of Enerhen Community, Warri, Delta State

The participants were asked if they know anyone that in the community that was involved in intimate partner violence. Of the 400 participants, 221 respondents representing 55.5% responded "yes" to the term as against 179 respondents representing 44.8% who responded "no" to the term. The participants were also asked if there is high rate of intimate partner violence in the study area. Of the 400 participants, 246 respondents representing 61.5% responded "yes" to the term while 154 respondents representing 38.5% responded "no" to the term. From the foregoing, it is pertinent to state that there is high level of perception by respondents of Enerhen community with regards to the issue of intimate partner violence.

Participants described IPV among young people as subtle, normalized, and daily, with the most common forms of violence being psychological abuse, controlling social relationships (deciding who the girl should and should not see), and controlling appearance, for example. They could recall specific cases or made reference to official reports of severe physical and sexual violence against this population. A male participant in the study also noted thus:

"I agree that it is subtle. Although there are cases of violence - let's say physical violence, of course, there is - I would say that generally, what I find is mainly a lot of subtle violence, symbolic violence, blackmail, of certain things that are not so easy to distinguish and identify that I can perceive that occur here... and, moreover, are quite frequent, although this is a personal interpretation based on my personal perception and opinion though even though who live within my neighbourhood here can also attest to same" (Single/female/MSc/Itsekiri)

Research Objective Three: explored the causal factors and manifestations of intimate partner violence in Enerhen Community, Warri, Delta State

First, table 3 showed the major causal factors of intimate partner violence in Enerhen community Warri, Delta State. Of the 400 respondents, 87, representing 21.8% stated that the major causal factor of intimate partner violence was low level of education of the abuser, 132 respondents representing 33% stated that the major causal factor of intimate partner violence was substance abuse. In addition, 109 respondents representing 27.3% stated that anger and hostility is the major causal factor of intimate partner abuse in the study area while 72 respondents representing 18% identified low intelligent quotient (IQ) as the major causal factor of intimate partner violence in Enerhen community Warri, Delta State. From the foregoing it is pertinent to state that majority of the respondents identified the use and abuse of illicit substances as the major causes of intimate partner violence. One of in-depth interviewees lent credence to the above assertion thus:

It's not that I'm easily irritated... I don't ... I believe that I've occasionally lost my anger, even at home. One thing I know is that, I'm not a flawless person; I have flaws and occasionally have temper tantrums in addition to being incredibly stubborn. My mouth is practically touching my heart.She was aware of my rigid nature. (Married/42-49 years/ Christian/ Self-employed)

People frequently blamed their lack of emotional or self-control, as well as other variables, for their violent behaviour, even if such tendencies are considered to be outside of their control. As a result, people tended to see alcohol as the primary cause of violent behaviour and link quitting drinking to stopping aggression against partners. This much was alluded to by a respondent who confessed in the following words:

“I wasn't the one who struck. Alcohol was the cause..... Now that it has ended, I don't hit her because I no longer drink... Alcohol, not I, was the culprit in the collision. Just half a glass of wine, according to a doctor, would cause my head to spin.” (Married/26-33years/Urhobo/unemployed)

The offender once more denied responsibility for the violence and blamed other forces for its occurrence. This blaming of the violence on circumstances beyond their control, which absolves them of culpability, was particularly widespread in the presence of phrases downplaying their consumption, which lessens the guilt related to the means (violence) utilized as demonstrated in the following assertion by one of the respondents:

“I used to drink, but not for dramatic purposes. I've always been someone who drinks while eating. On weekends, I would occasionally engage in some abuse with a friend or another. If I abused it, it was only a few of times. In addition, I always had self-control”. (Divorced/50-57years/ Isoko/ Self-employed)

Furthermore, the table 1 also outlines the major causal factors and manifestation of intimate partner violence faced by women in Enerhen community, Warri, Delta State. From the table, of the 400 research respondent, 139 respondents representing 34.8% were of the opinion that physical harm such as kicking, hitting, slapping etc. were the major manifestations of intimate partner violence in Enerhen Community, Warri, Delta State. 79 respondents representing 19.8% were of the opinion that sexual assault is the major manifestation of intimate partner violence faced by women in the community, Delta State, 83 respondents representing 20.3% were of the opinion that emotional abuse is the major manifestation of intimate partner violence faced by women while 51 respondents representing 12.8% were of the opinion that financial abuse is the major manifestation of intimate partner violence faced by women in Enerhen community Warri, Delta State. A total of 48 respondents representing 12% opined that there are other major manifestation of intimate partner violence faced by women in Enerhen community Warri, Delta State. An interviewee responded thus:

“I react poorly if I'm upset about something....the nervous system was functioning at the moment. I'm a bit abrupt. In as much as I have jealousy for my wife. She left without saying where she was going, and later that day, all was revealed. But I never had any suspicions ... but I believe that I was more at the time because I was envious. I remember being wary of everyone at the time, or perhaps I was enraged when she turned to face someone. Due to my mistrust of her, there were arguments that made me just slapped her unconsciously.” (Separated/Male/Ijaw/civil servant)

Another interviewee put it this way:

“My husband gets upset quickly over even the most minor concerns, and he frequently blames our constant problems at home on being underprivileged or unemployed to the point where, following our most recent argument, he stopped eating the meals I made for around two weeks. He stayed up late instead of coming home from work early, which generally gets on my nerves and makes me feel abandoned and uncared for because if I dare question him where he was upon his return, it results in uncontrollable beating and yelling. (Married/Female/Christian/34-41 years/ MSc/PhD)

Intimate violence was described in the individual's narratives as an uncontrollable and accidental behaviour, i.e., as being affected by events outside of their control. This conception of violence has a strong connection to a belief that no one is to blame for the violence; although based on this study, the causes of this act may be due to poverty, uncontrolled anger, continuous or unsettled marital dispute, unemployment etc. This study is in agreement with a similar study conducted in Useh community, Edo State by Bello (2022) which revealed that intimate partner violence is caused by poverty, low level of education, and other socio-cultural factors like unemployment among others.

Research Objective Four: determined the role that social workers can play in the management of intimate partner violence in Enerhen Community, Warri, Delta State

The analysis in table 4 showed that out of 400 participants, 189 respondents representing 47.3% gave a positive response to the statement; 116 respondents representing 29% gave a negative response while 95 respondents representing 23.4% were undecided in their response. The participants were also asked if social workers helped to provide psycho-social support to couples particularly women experiencing intimate partner violence. Out of the 400 participants, 239

respondents representing 59.8% stated that social workers helped to provide psycho-social support to couples particularly women experiencing intimate partner violence within the study area, 97 respondents representing 24.3% stated that that social workers did not, while 64 respondents representing 16% were undecided. With regards to whether or not social workers provided therapeutic counseling which involved couples communicating their feelings of love, admiration, likes and dislikes to each other in order to avoid intimate partner violence, 251 respondents representing 62.8% affirmed that social workers provided therapeutic counseling to victims involved in intimate partner violence; 103 respondents representing 25.8% disagreed while 46 respondents representing 11.5% were undecided.

Interviews revealed that IPV is frequently experienced by young people. Participants cited both current government reporting and personal knowledge of certain incidents to bolster their perceptions. Meanwhile, they described the attitudes and behaviours of some colleagues and politicians regarding IPV among young people as ignoring this scenario and claiming that equity has already been attained, thus neither more resources nor efforts should be directed towards this issue. While without referring to it as IPV, one participant described controlling behaviour in young marriages as common, such as controlling females' social relationships.

"I have been working with politicians for many years, and when you challenge even the smallest thing about inequality between men and women, they range from those who deny it - and that happens with technicians and civil servants as well - to those answering that a lot has already been done and so we shouldn't complain so much because in other issues less has been done, to those who think we are exaggerating because equity has already been achieved, to those who feel resentful. Then there are some that consistently avoid doing business with you".
(Male/Islam/HND/BSc/Urhobo)

Another IDI expressed his own opinion thus:

"What exactly are we sending over there? I know it's challenging, but I've often asked my friends why we don't start advising our sons to do the same things now that there are warnings like "Don't go alone, don't wear that miniskirt, and don't whatever. Listen, interviewer, treat women nicely and on par with you. Avoid touching buttocks in public. Why? Because we recognize that our daughter may be a potential victim of rape and that she may be seductive if she arrives home late or wears provocative clothing, but we

never consider that our son or anybody else may [be the perpetrator], do we? Sincerely social workers have great roles to play in helping out in this issue through sensitization and counselling.” (Male/self-employed/MSc/PhD/Urhobo)

When considering the messaging of preventive programme, the interviewees expressed worry that there are no messages for males. The paucity of messaging for males, according to study participants, is consistent with what occurs in households; namely, that all of the messages are directed towards encouraging girls to take care of themselves rather than encouraging men to respect women even though some stated the roles of various professionals like social workers and welfare officers who can help ameliorate or alleviate this menace in the study area.

Discussion of Finding

Based on the findings of the study, the result of the study in objective one and two established that there is high level of prevalence of intimate partner violence in Enerhen Community. The results showed that hitting or throwing of objects which is a form of physical abuse and forceful sexual intercourse which is a form of sexual violence constitute the nature and manifestations of intimate partner violence experienced by women in Enerhen Community, Delta State. This is consistent with the findings of Bello (2022), Omoroguiwa and Amas (2020), whose studies found that physical abuse entails a partner using coercive control over another. The findings of the present research are also consistent with those of the Botswana Ministry of Nationality, Immigration, and Gender Affairs (2018) and the United States Agency for International Development [USAID] Botswana (2014), which indicated that sexual violence is a common form of intimate partner violence experienced by women, with far-reaching consequences for individuals, families, communities, and the country as a whole.

In addition, the result of the study in objective three revealed that residents of Enerhen Community were aware of the occurrence of intimate partner violence as they also agreed that there is high rate of intimate partner violence in the study area. This may be due to the fact that a high proportion of the youths live in slums and are also engaged in the use of alcohol and substance. This study supports Leonard and Jacob (1988) findings that there is a strong correlation between alcohol use and violence against women. They also claim that women who have been abused attribute their beatings or attacks on their husbands' drinking habits. It is undeniable that drinking leads to spousal abuse. Research conducted by Čopić (2004) revealed

that between 36% and 52% of wife batterers also misuse alcohol. These studies suggest that males who drink alcohol are more likely to mistreat their wives or partners physically, emotionally, or sexually. According to Abramsky et al. (2011) alcohol misuse is one of the risk factors associated with domestic violence, as it was discovered that alcohol intake is connected with the incidence of intimate partner violence.

According to Sudhinaraset et al. (2016), the abuser or batterer was socialized in a context where alcohol intake was connected with aggressive drunken conduct. Renzetti et al. (2002) added that alcohol appears to have both direct and indirect impacts on people's conduct. It appears that abuse is connected to the adult's familial background. This suggests that socialization has a significant impact on a person's conduct patterns. According to Crane et al (2014), drugs and alcohol are disinhibitors in circumstances when males are angered, and alcohol usage may result in aggression towards their spouses. This demonstrates how alcohol may cause a person to get agitated and unable to manage his anger, resulting in him assaulting his companion. Xue et al. (2009) appear to concur that alcohol offers a social environment for violence and that it is most likely to be connected with a general violent subtype, meaning violent males both within and outside the family. Alcohol appears to provide abusers an excuse to be aggressive toward others. Alcohol abuse has been demonstrated to be a cause of women's abuse, as Crane and Eckhardt (2013) indicate that binge drinking and alcohol abuse have been consistently connected with partner violence occurrences.

Furthermore, the findings of the objective four analyses demonstrated that social workers play critical roles in the management of intimate partner violence in the Enerhen community in Delta State. This is accomplished via advocacy, psychosocial assistance to couples, particularly women, facing intimate relationship abuse in this community, and employees giving therapeutic counseling to victims of intimate partner violence. This finding is consistent with Bello (2022) study, which found that social workers aid in the sensitization and advocacy against marital violence. Bello further mentioned that social workers assist in providing psycho-social assistance to couples, particularly women, who are going through a divorce. He went on to state that social workers offer therapeutic treatment to victims of spousal abuse and divorce. This also supports the work of Cordoba (2019), as referenced in Bello (2022), who claims that social workers play a significant role in the prevention and intervention of marriage breakdown due to their dedication to human rights, social justice, and contextual awareness of individuals' experiences. This may be done to provide patient-centered treatment.

The study also backs up the work referenced in Bello (2022) by the Department of Health (2010) and Omoroguiwa and Amas (2020), which indicated that social workers are responsible for working with women and their families to offer specialized care depending on their requirements.

Conclusion and Recommendations

The study examined the perception of the phenomenon of intimate partner violence by residents of Enerhen community, Warri, Delta state, Nigeria. Intimate partner violence occurs as a result of uncontrolled factors which could have actually been avoided in order to avert the unpleasant event or crises. However, they may be controlled when they happen or avoided altogether, to prevent future re-occurrence. This will mostly depend on how the individuals in intimate relationships handle disagreements together. Therefore, individuals in an intimate relationship should learn to be fair, objective, mind the choice of words or language in expression of feelings or ideas during heated arguments with their partner(s) in intimate relationships. These factors which when addressed, can help partners avert the incidence of intimate partner violence that would have resulted in harms or injuries to the victim(s) in the intimate relationship. Although social workers and caregivers have numerous roles to play in helping individuals who would have found themselves as victim of intimate partner violence.

For the purpose of preventing and managing incidence of intimate partner violence among individuals in an intimate relationship, pre-marital counseling is necessary for prospective couples to better understand one another before going into marriage. They ought to be made aware of some of the issues that could spark disputes and how to handle them.

Society should be made aware of the potentials for IPV among men in order to prevent stigmatization of such victims and promote open communication among both male and female victims while communities should be encouraged to have healthy, nonviolent, and secure relationships by highlighting socially unacceptable behaviour and toughening penalties for offenders as the chance of youth violence and bullying prevention projects have the opportunity to address issues of relationships, gender roles, power, and coercion. IPV is most prevalent among younger women, and schools are an ideal location for initial prevention actions.

In addition, through marital counselling and guidance, there must be sufficient provision for counseling treatments that are preventive, remedial, and

rehabilitative. Mores so, couples should regularly attend seminars and workshops on topics related to marital harmony and conflict resolution. Family counsellors should organize workshop, seminars and conferences whereby couples would be sensitized on causes of intimate partner violence and feasible resolution strategies for resolving such occurrence and breakdown. Couples should be encouraged to adopt resolution strategies in resolving their conflict. Couples should also visit family counsellors when they need help. Couples should endeavour to accentuate attitudes of co-operative, valuing partnership, demonstrating trust, general good will towards one another and positive values in their intimate relationships. Finally, family counsellors and social workers should inculcate the communication of forgiveness when one partner wrongs the other.

References

- Abiodun, O., Sodeinde, K., Bamidele, F., Ojinni, Y., Adekeye, J., Ohiaogu, F., & Mbonu, F. (2022). Intimate Partner Violence Among Women Accessing HIV-Care Services at Tertiary Hospitals in Ogun State, Nigeria: Implications for Policy and Practice. *Journal of interpersonal violence*, 37(1-2), 58–78. <https://doi.org/10.1177/0886260520909189>
- Abramsky, T., Watts, C.H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., Jansen, H.A., & Heise, L. (2011). What factors are associated with recent intimate partner violence? findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health* 11, 109. <https://doi.org/10.1186/1471-2458-11-109>
- Abramsky, T., Lees, S., Stöckl, H., Harvey, S., Kapinga, I., Ranganathan, M., Mshana, G. & Kapiga, S. (2019). Women's income and risk of intimate partner violence: secondary findings from the MAISHA cluster randomised trial in North-Western Tanzania. *BMC Public Health* 19, 1108. <https://doi.org/10.1186/s12889-019-7454-1>
- Bagheri Lankarani, K., Hemyari, C., Honarvar, B., Khaksar, E., Shaygani, F., Haghighi, M.R.R., & Shaygani, M.R. (2022). Domestic violence and associated factors during COVID-19 epidemic: an online population-based study in Iran. *BMC Public Health* <https://doi.org/10.1186/s12889-022-12536-y>
- Bandura, A., (1997). *Social Learning theory*. <http://doi.org/10.1111.1460-2466.1978.tbo1621.x>.

- Bello, O.A (2022). Resolution of marital violence against women in Useh Community, Edo State, Nigeria. *Benin Journal of Social Work and Community Development*, 5(3), 20-29
- Benebo, F.O., Schumann, B. & Vaezghasemi, M. (2018). Intimate partner violence against women in Nigeria: a multilevel study investigating the effect of women's status and community norms. *BMC Women's Health* **18**, 136. <https://doi.org/10.1186/s12905-018-0628-7>
- Camey, M., Buttel, F. & Dutton, D. (2007). Women who perpetrate intimate partner violence: A review of the literature with recommendations for treatment. *Aggression and violent behaviour*, 105-115.
- Center for Substance Abuse Treatment (US)(2014). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Section 1, A Review of the Literature. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK207192/>
- Ćopić, S. (2004). Wife Abuse in the Countries of the Former Yugoslavia. *Feminist Review*, 76(1), 46–64. <https://doi.org/10.1057/palgrave.fr.9400137>
- Cordoba, S. (2019). Scope of social work practice: Family violence. Sydney: Australian Association of Social Workers. Social Policy and Advocacy.
- Crane, C. & Eckhardt, C. (2013). Negative Affect, Alcohol Consumption, and Female-to-Male Intimate Partner Violence: A Daily Diary Investigation. *Partner abuse*, 4(3), 332–355. <https://doi.org/10.1891/1946-6560.4.3.332>
- Crane, C. A., Testa, M., Derrick, J. L. & Leonard, K. E. (2014). Daily associations among self-control, heavy episodic drinking, and relationship functioning: an examination of actor and partner effects. *Aggressive behavior*, 40(5),440–450. <https://doi.org/10.1002/ab.21533>
- Dienye, P., Gbeneol, P. & Itimi, K. (2014). Intimate partner violence and associated coping strategies among women in a primary health care clinic in Port Harcourt, Nigeria. *Journal of Family Medicine and Primary Care*, 3(3), 193-198.
- Dutton, D. (2007). Female abusers' developmental trajectories and intimate partner violence among women. *International Journal of Men's Health*, 6, 54–70.
- Eisenbruch, M. (2018). The Cultural Epigenesis of Gender-Based Violence in Cambodia: Local and Buddhist Perspectives. *Culture, medicine and psychiatry*, 42(2), 315–349. <https://doi.org/10.1007/s11013-017-9563-6>

- Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015). Prevention of violence against women and girls: what does the evidence say?. *Lancet (London, England)*, 385(9977), 1555–1566. [https://doi.org/10.1016/S0140-6736\(14\)61703-7](https://doi.org/10.1016/S0140-6736(14)61703-7)
- Evans, M. L., Lindauer, M., & Farrell, M. E. (2020). A Pandemic within a Pandemic - Intimate Partner Violence during Covid-19. *The New England journal of medicine*, 383(24), 2302–2304. <https://doi.org/10.1056/NEJMp2024046>
- Fawole, O. I., Okedare, O. O., & Reed, E. (2021). Home was not a safe haven: women's experiences of intimate partner violence during the COVID-19 lockdown in Nigeria. *BMC women's health*, 21(1), 32. <https://doi.org/10.1186/s12905-021-01177-9>
- Fellin, L.C., Callaghan, J.E., Alexander, J.H., Harrison-Breed, C., Mavrou, S., & Papatthaniou, M. (2019). Empowering young people who experienced domestic violence and abuse: The development of a group therapy intervention. *Clinical Child Psychology and Psychiatry*, 24(1):170-189. doi:10.1177/1359104518794783
- Fite, M.D. (2014). A critical assessment of Ethiopia's legal system regarding domestic violence against women. *International Gender and Women Journal*, 2 (1), 49–60
- Fleming, P.J., McCleary-Sills, J., Morton, M., Levtov, R., Heilman, B., & Barker, G. (2015). Risk factors for men’s lifetime perpetration of physical violence against intimate partners: Results from the international men and gender equality survey in eight countries. *PLoS one*, 10(3):e0118639. [10.1371/journal.pone.0118639](https://doi.org/10.1371/journal.pone.0118639)
- Han, Y. R., & Choi, H. Y. (2021). Risk factors affecting intimate partner violence occurrence in South Korea: Findings from the 2016 Domestic Violence Survey. *PloS one*, 16(3), e0247916. <https://doi.org/10.1371/journal.pone.0247916>
- Heffernan, K., Blythe, B., & Nicolson, P. (2012). How do social workers understand and respond to domestic violence and relate this to organizational policy and practice? *International Social Work*.
- Idris, S.A.M., Aziz, N.N.A., Khalid, R.K.M., Nizor, N.F.M., Rasip, K.A. & Ayub, W. (2018). Causes and effects of domestic violence: A conceptual model on the performance at work. *International Journal for studies on children, women, elderly and disabled*. 0128-309X

- Iliyos, Z., Abubakar, I.S, Babashani, M. & Galadinoi, H.S. (2011). Domestic violence against women living with HIV/AIDS in Kano, Northern Nigeria. *African Journal of Reproductive Health*, 6(3), 21-26.
- Johnson, E.G., Davis, E.B., Johnson, J., Pressley, J.D., Sawyer, S., & Spinazzola, J. (2020). The effectiveness of trauma-informed wilderness therapy with adolescents: A pilot study. *Psychol Trauma*, 12(8):878-887. doi: 10.1037/tra0000595.
- Laisser, R.M. (2011). Community attitudes on preventing intimate partner violence among urban Tanzanian healthcare professionals. Department of Public Health and Clinical Medicine, Epidemiology and Global Health.
- Lakin, D.P., García-Moreno, C., & Roesch, E. (2022). Psychological Interventions for Survivors of Intimate Partner Violence in Humanitarian Settings: An Overview of the Evidence and Implementation Considerations. *Int J Environ Res Public Health*, 19(5):2916. doi:10.3390/ijerph19052916.
- Majoyinola, J.K. (2003). Social work intervention in the prevention and management of domestic violence. *Journal of Social Sciences*, 13(2), 97-99.
- Mapayi, B., Makanjuola, R.O.A., Mosaku, S.K., Adewuya, O.A, Afolabi, O., Aloba, O.O., & Akinsulore, A. (2013). Impact of intimate partner violence on anxiety and depression amongst women in Ile-Ife, Nigeria. *Archives of Women's Mental Health*, 16, 11-18.
- Okemgbo, C.N., Omideyi, A.K. & Odimegwu, C.O. (2002). Prevalence, patterns and correlates of domestic violence in selected Igbo Communities of Imo State, Nigeria. *African Journal of Reproductive Health*, 6(2), 101-114.
- Okenwa, L.E., Lawoko, S. & Jansson, B. (2016). Exposure to intimate partner violence amongst women of reproductive age in Lagos, Nigeria: Prevalence and predictors. *Journal of Family Violence*, 24(7), 517-530.
- Omoroguiwa, T.B.E. & Amas, S. (2020). A cross cultural analysis of intimate partner violence in Nigeria and social work intervention. *Political Science, Sociology and Law*, 1(45), 6-13
- Ormrod, J.E (1999). *Human learning (3rd Ed.)*. Upper Saddle River, NJ: Merrill Prentice Hall.
- Pande, R.P., Nanda, P., Bopanna, K. & Kashyap, A. (2017) Addressing intimate partner violence in South Asia: Evidence for interventions in the health sector, women's collectives and local government mechanisms. New Delhi: International Center for Research on Women.
- Renzetti, M., Edleson, I.L. & Bergen, R.K. (2002). Source book in violence against women. Thousand Oakes: *Sage Publications*

- Sudhinaraset, M., Wigglesworth, C. & Takeuchi, D. T. (2016). Social and Cultural Contexts of Alcohol Use: Influences in a Social-Ecological Framework. *Alcohol research: Current reviews*, 38(1), 35–45.
- Taminu, T.S., Yohanna, S. & Omeiza, S.Y. (2016). The pattern and correlates of intimate partner violence among women in Kano, Nigeria. *African Journal of Primary Health Care & Family Medicine*, 8(1).
- The Guardian (2020). Why Women do not leave abusive relationships: A Nigerian Perspective. <https://guardian.ng/features/why-women-do-not-leave-abusive-relationships-a-nigerian-perspective/> Accessed 25 May, 2023
- The Guardian (2021). Domestic Violence: Why Nigeria is experiencing an upsurge. <https://guardian.ng/saturday-magazine/domestic-violence-why-nigeria-is-experiencing-an-upsurge/> Accessed 25 May, 2023
- The Guardian (2021). The rise of domestic violence in Nigeria during COVID-19 and how to mitigate it. <https://guardian.ng/life/the-rise-of-domestic-violence-in-nigeria-during-covid-19-and-how-to-mitigate-it/> Accessed 25 May, 2023
- ThisDay Live (2022). Domestic Violence: Nigerian Women at Risk. <https://www.thisdaylive.com/index.php/2022/04/25/domestic-violence-nigerian-women-at-risk?amp=1> Accessed 25 May, 2023
- Ugiagbe, E.O. (2013). Violence against women in Nigeria: A socio-legal perspective. *South-South Journal of Culture and Development*, 15 (2), 105-129.
- Ugiagbe, E.O. & Edegbe, U.B. (2016). Powerlessness, learned-helplessness and gender inequality discourse in Nigeria. *Ilorin Journal of Business and Social Sciences*, 18(1), 73-99.
- United States Agency International Development [USAID] Botswana 2014
- Vung, N.D. & Krantz, G. (2009). Childhood experiences of intrapersonal violence as a risk factor for intimate partners violence: a population-based study from Northern Vietnam. *Epidemol Community Health*, 63, 708-14
- World Health Organization. WHO (2005). *Multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses*. Geneva: World Health Organization.

- WHO (2013). Global and regional statistics on violence against women: prevalence, impact on physical and mental health, and non-partner violence. Geneva, Switzerland.
- Xue, Y., Zimmerman, M. A. & Cunningham, R. (2009). Relationship between alcohol use and violent behavior among urban African American youths from adolescence to emerging adulthood: a longitudinal study. *American journal of public health*, 99(11), 2041–2048. <https://doi.org/10.2105/AJPH.2008.147827>