

WIFE -BATTERING AND FAMILY RESPONSIBILITIES: A STUDY OF SURVIVORS' ATTITUDES AMONG WOMEN IN LAGOS, NIGERIA.

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ABSTRACT

This study interrogates the consequences of wife-battering on performance of family responsibilities. Studies have been carried out focusing mainly on the consequences of domestic violence on the individual victim, as well as experiences, forms, causes, perception and prevalence but not in connection with performance of family responsibilities within this very important social unit. Needless to emphasize that social work professional service is highly required to unravel the chain of causes and effects of wife-battering on the performance of family responsibilities among survivors in any serious effort aimed at its *elimination*. Anchored on Talcott Parson's structural functionalism, in-depth interviews were conducted with purposive and snowball sampling techniques to select 60 victims/survivors from March 2017 to February 2018. The study discovered that battered wives were unable to perform childrearing responsibilities as a result of injuries, pains, hospitalization, hospital visits etc., which invariably led to undue discontinuation of breastfeeding, inability to feed, bath and cuddle their young children etc. Victims of wife battering were also unable to perform their sexual role except those who easily forgive and those who do so reluctantly. The paper recommends that government should sensitize couples on the existence of law against domestic violence in Lagos State as well as create adequate awareness on the consequences of wife-battering on performance of family responsibilities. Also, it is suggested that Ministry of Women Affairs and Poverty Alleviation (WAPA) should include in their activities pre-marital seminars for intending couples by liaising with marriage registries in Lagos for this purpose.

Keywords: Child Rearing, Family Responsibilities, Survivors, Sexual Role, Wife-Battering.

INTRODUCTION: The consequences of wife-battering could be rather devastating not only for the individual victims but also for the family as a whole (Adewale, 2007, Fawole et al 2005 and Lamanna 2007). Igbokwe (2013) and Igwe (2015) avers that

male violence against women is far more damaging and generally occurs in a far more aggressive dominance context than self-defense context and typically has a more pernicious meaning (establishment of control) than does female violence. World Health Organization (WHO) (2012) stated that the more severe the abuse, the greater its negative impact on women's health and their abilities to perform their child rearing

responsibilities and other family responsibilities.

As suggested by Dubois and Miley (2002:252), "the purpose of assessment of consequences of domestic violence by social workers is to reduce its impact on the victims *and on the family members*". As such, an assessment of the consequences provide basis for initiating and establishing intervention objectives. The wider impact of wife-battering informs social workers on the choice of intervention therapy and theory to apply based on the peculiarity of the client's case and also help social workers to know when to review an intervention method (National Association of Social Workers, USA (NASOW, USA), 2010). This is because all members of a family are affected by the problems of any member as this can shift intervention to focus on treating the family as a whole. That is to say, as noted by Ambrosino et al (2005), everyone in a family unit makes contributions to it and is affected by the ongoing problems within the unit. It is against this backdrop that this study examined the consequences of wife-battering on performance of family responsibilities among victims in Lagos state.

Statement of Problem: Badru (2004) points out that wife-battering has become an issue of increasing concern because it has manifest and unintended consequences not just on the victims, but also on family members resulting in erosion of social order within this critical unit of the society. A good number of studies have been carried out focusing mainly on the consequences of domestic violence on the individual victim, as well as experiences, forms, causes, perception and prevalence from one area to another but not in connection with performance of family responsibilities within this very important social unit.

It should be emphasized that social work professional service is highly required to unravel the chain of causes and effects of this act on the performance of family responsibilities among victims in any serious

effort aimed at its elimination. Social work methodology applied in trying to help battered victims to function optimally, cannot be effective without an adequate involvement of the husband and children who constitute the family unit. The options suggested by Thompson (2005) could be individual counseling, a childrearing programme for the couple, anger management skills for the husband, emotional intelligence skills for the couple, etc. To this end, this study focuses on wife battering and attitude towards (or influence on) performance of family responsibilities/roles among victims in Lagos State with a view to have a better understanding of its wider impact on the family as a unit and on the society at large.

Objectives of Study: The broad objective of the study is to examine the consequences of wife battering on performance of family responsibilities among victims in Lagos State. The specific objectives are to:

1. Assess battered wives' experience on performance of childrearing responsibilities.
2. Investigate battered wives' attitudes towards their sexual roles.

Research Questions

1. What are battered wives' experiences in the performance of their child-rearing responsibilities?
2. What is the attitude of battered wives towards their sexual roles?

Significance of Study

Generally, it will assist policymakers in formulating policies and designing programmes for victims and family members. It will also contribute to the formulation of policies to assist social workers in helping the victims of wife-battering and the family members. It will contribute to the improvement of case management of battered wives. It will stimulate further researches in this area.

Scope of Study : The study focused on one group of respondents (that is survivors) and with emphasis on performance of their family responsibilities as per childrearing and sexual role in the home. The study covered a period of 12 months from March 2017 to Feb. 2018.

OPERATIONAL DEFINITION OF TERMS

Childrearing: The term childrearing is the process of taking care of children until they are able to care for themselves. It includes acts such as feeding, bathing, cuddling, nursing, showing affection, educating and bringing up children in an acceptable way of a society.

Family Responsibility: The term family responsibilities are those societal obligations or assigned roles given to husbands/wives for their mutual benefits in their marital relationships and also for the good of the entire family members, especially their children.

Sexual Role: The term sexual role has to do with the attitude, action or part played by a wife in respect of having sex with her husband.

Wife-Battering: Wife-battering means physical/ hazardous attacks meted-out to the wife by the husband and in-laws with the aim of controlling or intimidating her. Physical abuse/attack means any act of physical violence towards a wife. Physical attack includes kicking, hitting, slapping, bullying, pouring of hot water, pulling of hair, use of dangerous weapons etc. Hazardous attacks mean use of harmful, offensive or acidic substances on the wife.

Victim: The term Victim refers to the person (wife) that has ever suffered injuries/trauma of battering.

Survivor: The term Survivor refers to a victim of battering that did not die as result

of the injuries/trauma sustained during her battering.

Methodology

Research Design: The study utilized qualitative data to investigate wife-battering and performance of family responsibilities among victims/survivors in Lagos State.

Study Population: Survivors of wife-battering, who reported to WAPA as at the time of conducting this research, constituted our population of interest. The research took place from March 2017 to February 2018. The following criteria for selection were applied: (a) Victims of wife-battering who had experienced injury(ies), body pains, headaches, fainting and seizures.etc (b) Victims of wife-battering with a child or children.

Sample Size: As at the time of the study, there were a total of 1551 general victims of spousal violence. Out of this number 1,349 were survivors of wife-battering. Purposive sampling is used because the survivors of wife-battering will provide best information to achieve the study objectives. Snowball Sampling was also used because survivors are not living in a particular location, therefore a referral system through contacts at WAPA helped to locate some of the sample population-victims. The researcher chose 60 respondents who met the criteria for inclusion which include being survivors of wife-battering as well as having a child or children.

Research Instrument: The instrument adopted in getting information from the respondents was in-depth interview guide which contains questions that are well constructed to elicit vital information on the topic of the study.

Method of Data Collection: Data were collected through in-depth interview

method (IDI) because it allowed the respondents to talk freely of their experiences, reactions, beliefs and attitudes as they relate to the research objectives. The study setting is the Ministry of Women Affairs and Poverty Alleviation (WAPA), located at Lagos State Secretariat, Alausa, Ikeja. Battered wives from all LGAs in Lagos State go there to complain and receive rehabilitation. WAPA covers the twenty Local Governments Areas of Lagos State as our respondents are residents of different local governments in the state. WAPA came into existence with the purpose of elevating the living standards of women (especially victims of battering) in Lagos State through economic empowerment and sustainable programmes that would lead to self-employment and economic self-reliance. The field work took place from March 2017 to February 2018.

Method of Data Analysis: The data gathered were largely qualitative. Data were analyzed employing content analysis. Interpretations were given to data collected through logical and meaningful deductive reasoning.

Ethical Consideration: Before embarking on the research, an approval was obtained from the Ministry of Women Affairs and Poverty Alleviation (WAPA), through the office of the Permanent Secretary. Since this research work touches on peoples' privacy, informed consent and permission of the respondents were obtained and adequate explanations of the purpose of the research were disclosed to them. Only those who obliged were included. Officials of WAPA assisted the researcher greatly and supported the survivors emotionally as they had been fully informed of the fact that they would need to recall past memories which could traumatize them. They were told that they were free to withdraw their consent in the course of the interviews if they so desired.

Findings

Profile of Respondents

- Occurrence of battering is among age bracket of 25-54 years.
- It should be noted that 20% of respondents are SSCE holders, 15% of the respondents are OND holders, 50% of the respondents are first degree holders while 15% of the respondents are Master degree holders.
- Most of the respondents (80%) who were courageous to report their matters to WAPA had their own source of income which gave them some level of independence in taking action.
- Majority of the battered women, that is (80%) are gainfully employed which ranges from self-employment, government employment and private sector employment while (20%) of the battered women are not employed (housewife).
- Occurrences of battering is more among Christian women which is (60%), (20%) for muslim women and (10%) for traditional worshipers (10%) for others like Grail message, Eckankar, Budhaism etc
- Majority of the battered wives are from Yoruba tribe which is (40%), (30%) are Igbo's, 5% are Hausa while 25% are for other ethnic groups.
- The ages of respondents ranged from 25years to 49 years. Majority of the respondents were within the age range of 25-29 years representing 30% of the total population. Those within the age range of 30-34 and 35-39 years were 20% each. Similarly, those within the age range of 40-44 and 45-49 years were 10% each while 50-54 years were 5%. Their Mean age was 34 years.

Objective 1: Battered Wives and Performance of Childrearing Roles

Respondent B

...For two months, I was hospitalized at Igbobi Orthopedic hospital for severe beating from my husband. Throughout that period, my husband did all the house chores. During my stay in the hospital my children were taken to my mum to take care of them. Even when I came back from hospital, for one month, I was not able to bath my younger children, cook or clean the house.

In case of RB, she sustained a fracture and was hospitalized and after her discharge, she was still unable to perform her childrearing roles and domestic chores for a while. This finding was validated by Respondent C.

Respondent E

... My husband pushed me to the ground and I hit my head on the tiles. I shouted and was unconscious for about 15minutes. In my unconscious state, my husband was scared and quickly rushed me to a nearby hospital. I almost went blind. All these challenges made me stop breast feeding my four -months-old baby and was not able to bath her for six months or even pamper her when she needed such because of constant headache and pains I was getting from the head and eye injury. There is no month that passed without me getting severe beating of my life. My nine-year-old son told me that they were poorly fed for those weeks of my absence”.

This assertion revealed that RE frequent hospital visitation, hospitalization and nursing of injuries and pains she got from

battering made her stop breast-feeding her baby and gives less attention to her children.

Respondent T

...In her words, my little daughter who is 3 years-old has never enjoyed mothers love. I was hospitalized for an injury I sustained when my husband pushed me in the bathroom and I fell on the bath tub and he continued beating me using mob stick to hit me. I did not even know that I was pregnant for 6 weeks and I bled profusely. It was my sister who came and took me to hospital when I called for her urgent attention. This affected my children greatly. They were absent from school for weeks under the care of their father who barely had time for them. For days they did not bath well, neither did they eat good food. They were looking tattered and unkempt.

Respondent T- also revealed that she was hospitalized as a result of injury she sustained during battering as this affected her child rearing roles.

Lack of Attention and Affection

Respondent F

...I sustained a big wound on my leg as result of beating; I could not walk. My children were out of school for one month because there was nobody to take them to school. I married an irresponsible man, who does not care about his children's wellbeing. Even when I came back from hospital, I was not fit enough to care for them. I was not able to wash my children's cloths, cook and bath them. They were always around to show me love but I never responded to their

affection the way I ought to as a mother. I was assisted by my younger sister, who came around because of the wound I had.

Respondent D

...There was a day my husband wanted to suffocate me with a pillow. I was asleep that day and it was mid-night. This act gave me a serious injury on the neck to the extent that talking was difficult for me. Since I got married, I have never known peace and this makes me be absent-minded. Most times, I am not always composed enough to assist my children in their home-work, transferring the anger to them and my two sisters with me. My children complained about my change of attitude and lack of attention to them as one of my daughters once said 'mummy is not the mummy I know; she is not friendly again and doesn't want to assist me to do my school home work again.

Respondent D and F, it was revealed that battering experienced by wives often leads to depression, absent-mindedness, undue transfer of aggressive tendencies to the children; lack of attention and affection to children, not placing a mother in a right mind to perform her childrearing responsibilities as indicated in the response above. Therefore, findings from this study are indicative of the fact that battered wives were unable to perform childrearing responsibilities as a result of injuries, pains, hospitalization, hospital visits etc.,

Objective 2: Battered Wives and Attitude towards Sexual Role

Those who bluntly refuse to have sex with their husbands are as follows:

Respondent R

... said, I look at my husband as a wild beast. He is ready to beat you black and blue and he is ready to beg you in the next seconds as if he is possessed by a demon when beating you. Initially, in our marriage I was forgiving him. I stopped tolerating it because he started inflicting serious injury on me. Now am not ready to forgive again. We live like cat and dog. I cannot be a wife to a wild man. If I forgive him after each beating, he would have sex with me in a wild way and I do not want that and how will I give my body to someone who does not have my interest at heart. I am mature enough to know what I want; no more 'patch patch' marriage again oooo!

The above case shows she was not only unable to perform her sexual role but also there was loss of harmony and an apparent predisposition to separate from the husband.

Respondent B

Respondent B narration suggests that battering negatively affected her sexual life. In her statement, she said:

...The act of sex goes with mind and I am an unhappy woman. I stopped having sex with him because I was not enjoying it; what is the essence of pretending as if I am enjoying the act. I did not respect and serve him food for days or weeks until my anger had subsided.

Respondent B - also supported the assertions of other respondents.

Respondent E

Respondent E, in her case stated that:

... I cannot stand sex with my husband with wound, pain and scar on my body. I denied him sex for 5 months before I reconsidered having intercourse again with him.

This is in support of assertions of other respondents.

However, some victims still expressed their commitment in the performance of their sexual role to their husbands despite their bodily injury(ies) and pains from battering because of their easy to forgive nature and those who do so reluctantly and as narrated from the interview of these respondents. Those who easily forgive and have sex with their husbands/partners are as follows:

Respondent A

The response from this respondent runs thus:

“...Honestly, I am an emotional person. After beating me in most occasions, he would force me to have sex as a sign of remorse according to him. 2Indeed, I do forgive him and try to put everything behind and still provide him with warmth that he needed from me as a wife, serve his meal when he comes back from work and also give him due respect. I think I have a very soft heart and my husband knows that. It appears he takes advantage of this when he batters me physically. But this last one he gave me a serious wound made me to seek for intervention but not to leave my marriage.”

This assertion shows that respondent A may have engaged in the act of having sex with her husband because she has forgiving spirit. Those who have sex with their husbands/partner reluctantly are as follows:

Respondent T

Respondent T had this to say:

...I have sex with my husband after each beating and months after the beating just to fulfill all righteousness. I was always absent-minded and he will always complain so much about this.

In the case above, it shows that respondent t did it reluctantly and grudgingly.

Respondent M

The pitiable response of respondent M runs thus:

...He buys gift for me each time he beats me and compels me to have sex with him. I respect him and do cook his delicacies and serve him food if I am around and give him attention as required of me as a wife.

This assertion shows that respondent M engaged in the act of having sex with her husband reluctantly. This is because she may have been induced to do it, without the usual passion that ought to go with it.

Therefore, findings from this study are indicative of the fact that battered wives are not able to perform their sexual role/obligation to their husbands with few exceptions of those who do forgive and/or who do so reluctantly.

Discussion of findings

Through careful study of relevant literature and the responses of our selected respondents, the study revealed that time lost in hospital/pharmacy visitations, hospitalization, injuries, pains experienced by battered wives invariably impact on the performance of their child rearing roles. It often led to undue discontinuation of breastfeeding of baby, inability to feed,

cuddle and bath the young children, loss of motherly care, attention, love, inability to assist in their children school homework, not able to take children to and fro school and irregular school attendance of the children. These findings corroborated with the views of some scholars in our literature review like Abbasi et al (2015), Badru (2004), Day et al (2007), Manuh (2007), Mberu (2009), WHO (2012) and Yabuku (2007). An interview conducted on victims of wife-battering by Effah- Chukwuma's Project Alert (2015) supported this finding as was highlighted in our literature. Also, it validated data from Gerberding et al (2010) which shows that there is high loss of productivity of household chores for injured victims of intimate partner violence as lost productivity was measured by the number of days victims were unable to perform childcare and household chores (for women not employed outside home) because of illness, injury, or disability related to intimate partner violence victimization.

The study discovered that battered wives have the tendency of transferring aggression and anger to their children at the moment of the abuse. There's no gainsaying that a victim with such disorders will neither be in any position to play her normal role in the upbringing of her children nor in discharging her obligations as a wife. Put in another way, wife-battering affects the victims' mind-frame (absent mindedness and lack of coordination) and makes them to become anti-social or engage in transferring their aggression on others and occasionally having bitter feelings within oneself. This validates the point noted by Bats et al (2004), Knapp (2011) and Levendosky and Graham-Bermann (2011) who linked wife-battering to numerous kinds of immediate and long-term physical and psychological injury to women. They pointed out that these inflict physical and mind injuries on the individuals who then unleash it to their children, other household members and then to the wider society. The implication of this is that the family is deprived of the amiable interactions

and harmonious co-existence ordinarily expected of a peaceful family. The victim in such a situation becomes an irritant to everyone around her.

The study established that victims of wife-battering have discouraging attitude towards their marital sexual role with few exceptions of those who easily forgive or who do so do so reluctantly. Our findings however indicate that such act leads to unfulfilled relationship with one's spouse and as such victims will fail in fulfilling their obligation of companionship, affection, sexual obligation and loving relationship that is ordinarily expected to exist within the family primary group. This is in alignment with these scholars-Jamali and Javadpour (2016), Ismayilova and El-Bassel (2014) and Hastutu et al (2014) who came up with the conclusion that wife-battering in an intimate relationship led to loss of sexual desire, intensifies mental tension which affects a woman's sexual functioning, while creating difficulty in sexual preference and arousal as well as inability to achieve orgasm. They went further to point out that the couples are no longer at ease with each other to have high level of relaxation during intercourse as this act leads to disharmonious family relationship.

We understand from some of the responses that even where the wife relates to the husband sexually, this is done reluctantly without the normal passion that goes with it. It is more to fulfill 'all-righteousness' and sometimes under compulsion. That is to say, the woman may allow the man make love "to" her but not "with" her. This is in line with Dodd (2005) who pointed out that the phobia of re-victimization makes some wives to enter into sexual activities with their husbands with little or no interest in the act.

It is obvious from the foregoing responses that our structural functionalist theory is relevant to our study objectives. As pointed out by Parson's Latency (Pattern Maintenance) cited in Ritzer (2008), the

resultant disruption in functional prerequisite of a family system affects a significant proportion of the needs of its actors as the system ideally must elicit adequate participation from its members. It should be noted that when the needs of the actors (that is husband and children) in the family are not met, the family system suffers a setback. As pointed out by some of our respondents, injuries and pains sustained during battering resulted in abandonment of child rearing responsibilities, domestic chores, denial of sex, keeping malice for weeks, communicating through children and living as though they are miles apart. The family system, in this circumstance, will lose its language of love, encouragement, respect and care which is needed for survival. This brings us to another point noted by Parsons in his functional prerequisite that a social system requires a language in order to survive.

Conclusion

The point therefore should be made that this violent act on a wife could result in not just incalculable damage to a woman but also causes unintended socio-economic dislocations resulting in erosion of social order within the family unit as noted by Badru (2004). Through this study, it becomes obvious that there are other aspects of family life, social and emotional responsibilities significantly affected by wife battering but always overlooked by all parties (including policy makers) when dealing with the issue.

Recommendations

1. It is recommended that Lagos State Government should create more awareness campaign on the problem of wife-battering and its consequences on the performance of family responsibilities such as child rearing and sexual role.

2. Government should expand the social work counseling units by opening such centres at the local government headquarters. More so, the increase in the number of available social workers, professionally trained to handle such matters, will go a long way in reducing the occurrence of wife battering.
3. On the side of women, workshops, seminars and enlightenment campaigns should be organized for women to sensitize and encourage victims to speak out when victimized by their spouse. Every woman should be made to be aware of the dangers of accepting mute indifference as a stance under such situation. Such self-imposed risky complacency exacerbates the possibility of being victimized over and over again by their partner.
4. Lagos State Protection Against Domestic Violence Law should be implemented and enforced. Awareness campaign should be created about the law and punishment for perpetrators spelt out. Women should also know they have the right to litigate when abused and such men should be brought to book.
5. It is suggested that Ministry of Women Affairs and Poverty Alleviation (WAPA) should include in their activities pre-marital seminars for intending couples by liaising with marriage registries and faith organizations in Lagos for this purpose.

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