

Health Hazards of Domestic Violence among Married Secondary School Teachers in Anambra State Nigeria

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ABSTRACT

This study examined health hazards of domestic violence among married secondary school teachers in Anambra State. Three research questions and two hypotheses guided the study. The study used a descriptive survey research design. The population of the study comprised 2600 married teachers (male and female) in all secondary schools owned by Anambra State. The sample consisted of 1080 married teachers in secondary schools in Anambra State. The instrument used for data collection was a structured questionnaire titled Domestic Violence Questionnaire (DVQ). The DVQ was validated by experts in measurement and evaluation as health education. The reliability coefficient of the instrument was 0.947. Mean and standard deviation statistics were used to answer the research questions. T-test and ANOVA were used to test null hypotheses at .05 level of significance. The findings revealed among others that forms of domestic violence such as physical injuries, depression, abortion and others exist among married secondary school teachers in Anambra State. Health hazards of domestic violence such as infertility, sexually transmitted infection, sexual dysfunction and others exist among married teachers in secondary schools in Anambra State. Based on the findings, the recommended among others that health educators should provide a platform to educate married teachers in various Health officers should enlighten married teachers on health hazards of domestic violence as this will enable married teachers to explore various means of settling their differences instead to engage in domestic violence that will be detrimental to their health. Married teachers should endeavour to learn and understand each other as this will enable them avoid any form of violence at home.

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INTRODUCTION

Violence is a social disorder. It is physical destabilization and distortion of peace and order in interpersonal relationship and in society as it includes assault, occasioning injury, threats and damage to property (Chikobi and Ezumezu, 2018). Violence is showing physical force especially unlawful kind or emotional intensity to an individual (another person). The World Health Organisation (WHO, 2015) defined it as the intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community, which results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation. Violence in homes (Domestic violence) has been part of the fabrics of many societies and

cultures worldwide. It is common place that it has often gone unnoticed and failed to receive the level of concern it deserves in light of the devastating effect on children and families (Igbokwe, Ukwuma & Onugwu, 2013).

In fact, it can happen between or among persons in a home. (Chikobi & Ezumezu, 2018). Domestic violence includes behaviours that physically harm, arouse fear, prevent a partner from doing what they wish or force them to behave in ways they do not want. It includes the use of physical and sexual force, threats and intimidation, emotional abuse, and economic deprivation. Many of these different forms of domestic violence can be occurring at the same time within the same intimate relationship (Hotline,

2017). Domestic violence can affect anyone of any age, or gender whether it is physical or psychological. Domestic abuse is destructive for both the battered and the batterer.

Domestic violence is abuse that happens in a physical, verbal, emotional, economic, religious, and reproductive and sexually abuse, which can range from subtle, coercive form to marital rape and to violent physical abuse such as choking, beating, female genital mutilation and acid bath that results in disfigurement or death, domestic murder including stoning, bride, honour killings and dowry death (Web-MD, 2017).

Forms of Domestic violence noted by Medline – Plus (2017) include physical abuse. This involves constant intending to cause pain, injury, other physical suffering or bodily harm. For example hitting, shoving, grabbing, pinching, biting, hair pulling among others. According to World Health Organization (2015) sexual abuse is any sexual act, attempting to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person sexuality using Coercion. This includes, but not limited to marital rape, attacks on sexual parts of the body, forcing sex after physical violence has occurred, or treating one in a sexually demeaning manner. There is also emotional abuse as form of domestic violence. According to WHO (2015) emotional abuse as a domestic violence is a pattern of behaviour that threatens, intimidates, dehumanizes or systematically undermines self-worth. This includes constant criticisms, name – calling or damaging ones relationship with his or her children.

On the other hand, there is economic abuse as a form of domestic violence. Adams, Sullivan, Bybel and Greenon cited in Amenda (2013) stated that economic abuse as a form of violence when one intimate partner has control over the other partner's access to economic resources. Marital assets are used as a means of control. It can also mean as making or attempting to make an individual financially dependent by maintaining total control over financial resources, withholding one's access to money or forbidding one's attendance to school or employment. Social abuse is another form of domestic violence. According to WHO (2015), it involves causing fear by intimidation, threatening physical harm to partner, children or partner's family or friends, destruction of pets and property and forcing isolation from family, friends, school or work. Another form of domestic violence is digital abuse. WHO (2015) stated that it is the use of technologies such as texting and social networking to bully, harass, stalk or intimidate a

partner. It is usually perpetrated online e.g. accepting or not accepting year friendship on social network. Sending insulting or even threatening e-mails, face book messages online to the victims, sending unwanted explicit pictures and demanding some in return, steals or insists on tracing password, accessing personal phones, checking upon pictures, texts and outgoing calls frequently and also using any kind of technology to monitor their victim(s).

A growing number of research has been conducted into the risk factors associated with domestic violence and its three domains (Sabir& Campbell, 2015; Aduloju, Olagbuji, Olofirbiyi & Aireleke, 2015; Bamiwuye & Odimegwu, 2014). A multi-country study by the WHO confirmed that domestic violence is widespread across all countries with the prevalence ranging between 4% and 75% (Garcia-Moreno et al, 2005). Several risk factors of domestic violence, such as being young in age, low level of education, poverty, place of residence, exposure to violence between parents, sexual abuse during childhood and a general acceptance of violence have been consistently identified in the literature.

Gender is a construct that distinguishes organisms on the basis of their reproductive roles. In recent times, many forms of gender are being recognized aside the traditional male and female. However, for the purpose of this study, gender is classified into male and female. Literatures proved that women experiencing domestic violence more than men. Yusuf (2000) confirmed that a large number of women reported their abuse to family and friends while not many decided to go to police to file a report. Another veritable variable of interest is duration of marriage. Duration of marriage refers to the interval of time between the day, month and year of marriage to date often expressed in completed years (OECD Glossary of Statistical Terms, 2006). Obi and Ozumba (2007) in a related study linked duration of marriage and couple age disparity as major factors to domestic violence. Iiiyasu, Abubakar, Babashan and Galadanci (2011) supported the view that duration of marriage is a strong predictor of domestic violence. Issues surrounding domestic violence are much with it adverse health implication that is why this study tends to determine how gender and duration of marriage determines the forms and health hazards of domestic violence among married secondary school teachers in Anambra State.

Purpose of the Study

The main purpose of the study is to determine the forms, risk factors and health hazards of domestic violence among married secondary school teachers in

Anambra State. Specifically, the study aims at determining the following:

1. health hazards of domestic violence among married secondary school teachers in Anambra State;
2. health hazards of domestic violence among married secondary school teachers in Anambra State based on gender and
3. health hazards of domestic violence among married secondary school teachers in Anambra State based on duration in Marriage.

Research Questions

The following nine (3) research questions will guide the study.

1. What are the health hazards of domestic violence among married secondary school teachers in Anambra State?
2. What are the health hazards of domestic violence among married secondary school teachers in Anambra State based on gender?
3. What are the health hazards of domestic violence among married secondary school teachers in Anambra State based on duration in Marriage?

Hypotheses

The following null hypotheses guided the study at 0.05 level of significance:

1. Health hazards of domestic violence among married secondary school teachers in Anambra state will not be significantly based on gender.
2. Health hazards of domestic violence among married secondary school teachers in Anambra state will not be significantly based on duration of marriage.

Method

The descriptive survey research design was used for the study. According to Nworgu (2015), descriptive survey design is concerned with collecting data from a sample of a population in order to describe conditions or relationships that exist, opinions that are held, processes that are going on, effects that are evident or trends that are developing. The design is suitable for the present study because the study intends to use questionnaire to collect the opinions of the respondents on risk factors and health hazard of domestic violence among married secondary school teachers in Anambra State.

The sample for this study comprised one thousand and eighty (1080) married secondary school teachers in Anambra State. The sample represents 40 percent of the entire population of 2,600. Data that was analyzed using mean and standard deviation to answer the research questions and t-test and ANOVA statistics to test the hypotheses. The decision rule is that any item with mean score of 2.50 and above was regarded as agree, whereas any item with a mean score less than 2.50 was be regarded as disagree.

PRESENTATION AND ANALYSIS OF DATA

This chapter presents the analysis of data collected and the results. The analyses of the research questions and hypotheses are presented one after the other using tables. A summary of findings of the study is also presented.

Research Question 1: What are the health hazards of domestic violence among married secondary school teachers in Anambra State?

Table 1: Mean and Standard Deviation Scores of Health Hazards of Domestic Violence among Marriage Secondary School Teachers in Anambra State (N = 1080)

S/N	Items	\bar{x}	SD	Remark
60	Physical Injuries like bruise, burns, bites, fractures and broken bones	3.33	0.79	Agree
61	Disabilities	1.93	1.07	Disagree
62	Gastrointestinal conditions	1.61	0.82	Disagree
63	Death including suicide and related deaths	3.17	0.80	Agree
64	Depression	3.08	0.90	Agree
65	Sleeping and eating disorder	3.08	0.89	Agree
66	Stress and anxiety disorder	2.91	1.04	Agree
67	Self-harm and suicide attempts	3.09	0.93	Agree
68	Poor self-esteem	2.97	1.07	Agree
69	Unwanted pregnancy	3.19	1.01	Agree
70	Abortion	2.86	1.07	Agree
71	Sexually transmitted infection	3.11	0.87	Agree
72	Pregnancy complications	3.32	0.92	Agree
73	Vagina bleeding/infection	3.23	0.66	Agree
74	Chromic pelvic infections	3.06	1.07	Agree
75	Urinary tract infections	2.94	0.91	Agree
76	Fistula (A tear between vagina and bladder)	2.85	1.13	Agree
77	Painful sexual intercourse	2.94	1.06	Agree

78	Sexual dysfunction	2.99	1.00	Agree
79	Harmful alcohol and substance use	3.07	1.01	Agree
80	Multiple sexual partners	3.34	0.86	Agree
81	Choosing abusive partners eaten in life	3.29	0.98	Agree
82	Lower rates of contraceptive and condom use	3.16	1.00	Agree
83	Infertility	2.93	0.97	Agree
84	Phobia	3.03	1.12	Agree
	Grand Mean/SD	2.98	0.96	Agree

Analysis on Table 7 reveals mean and standard deviation scores of health hazards of domestic violence as rated by married teachers in secondary schools in Anambra State. The respondents rated more of the items above a mean score of 2.50 indicating that infertility, sexually transmitted infection, sexual dysfunction among others are health hazards of domestic violence among married teachers in secondary schools in Anambra State. The evidence of this agreement among respondents is shown in a grand mean score of 2.98. Furthermore, the grand standard deviation score of 0.96 shows that the respondents were homogeneous in their response on health hazards of domestic violence.

Research Question 2: What are the health hazards of domestic violence among married secondary school teachers in Anambra State based on gender?

Table 2: Mean and Standard Deviation Scores of Health Hazards of Domestic Violence among Marriage Secondary School Teachers in Anambra State Based on Gender

S/N	Items	Male		Remark	Female		Remark
		\bar{x}	SD		\bar{x}	SD	
60	Physical Injuries like bruise, burns, bites, fractures and broken bones	3.06	0.99	Agree	3.11	1.00	Agree
61	Disabilities	1.91	0.98	Disagree	1.83	1.02	Disagree
62	Gastrointestinal conditions	2.01	1.01	Disagree	1.88	0.89	Disagree
63	Death including suicide and related deaths	3.01	0.91	Agree	3.26	0.88	Agree
64	Depression	2.86	1.06	Agree	3.36	0.91	Agree
65	Sleeping and eating disorder	3.08	0.99	Agree	3.21	0.90	Agree
66	Stress and anxiety disorder	3.08	1.04	Agree	3.11	0.99	Agree
67	Self-harm and suicide attempts	3.05	1.02	Agree	3.21	0.98	Agree
68	Poor self-esteem	2.96	1.15	Agree	2.98	0.99	Agree
69	Unwanted pregnancy	3.20	0.95	Agree	3.36	0.88	Agree
70	Abortion	2.99	1.00	Agree	3.11	0.99	Agree
71	Sexually transmitted infection	2.97	0.96	Agree	3.07	0.98	Agree
72	Pregnancy complications	3.03	1.08	Agree	3.07	1.05	Agree
73	Vagina bleeding/infection	3.04	0.91	Agree	3.32	0.89	Agree
74	Chromic pelvic infections	2.93	1.10	Agree	2.89	1.00	Agree
75	Urinary tract infections	3.25	0.78	Agree	3.04	0.89	Agree
76	Fistula (A tear between vagina and bladder)	3.36	0.81	Agree	2.85	1.03	Agree
77	Painful sexual intercourse	3.01	0.87	Agree	3.41	0.85	Agree
78	Sexual dysfunction	3.08	0.79	Agree	3.11	0.92	Agree
79	Harmful alcohol and substance use	3.29	0.77	Agree	3.32	0.95	Agree
80	Multiple sexual partners	2.90	0.94	Agree	3.46	0.94	Agree
81	Choosing abusive partners eaten in life	3.07	1.03	Agree	3.52	0.85	Agree
82	Lower rates of contraceptive and condom use	2.99	1.11	Agree	3.37	0.76	Agree
83	Infertility	3.25	0.93	Agree	3.25	0.87	Agree
84	Phobia	2.98	0.89	Agree	3.06	0.98	Agree
	Grand Mean/SD	2.97	0.96	Agree	3.09	0.94	Agree

Male = 207, Female = 873

Result of Table 8 reveals mean and standard deviation scores of health hazards of domestic violence among married teachers in secondary schools in Anambra State based on gender. The analysis reveals that more of the items were rated above a mean score of 2.50 by the respondents and the analysis also show that self-harm,

pregnancy complications, painful sexual intercourse among others are health hazards of domestic violence among married teachers in secondary schools in Anambra State based on gender. Furthermore, the agreement among male and female teachers are evident in a grand mean score of 2.77 and 3.09 respectively. In addition, the grand standard deviation scores of 0.96 and 0.94 indicate that male and female teachers in secondary schools in Anambra State do not have varied view on health hazards of domestic violence.

Research Question 3: What are the health hazards of domestic violence among married secondary school teachers in Anambra State based on duration in marriage?

Table 3: Mean and Standard Deviation Scores of Health Hazards of Domestic Violence among Marriage Secondary School Teachers in Anambra State Based on Duration in Marriage

S/N	Items	1-10 years		Remark	11-20 years		Remark	21 yrs & Ab.		Remark
		\bar{x}	SD		\bar{x}	SD		\bar{x}	SD	
60	Physical Injuries like bruise, burns, bites, fractures and broken bones	2.82	1.13	Agree	3.11	0.96	Agree	3.17	0.91	Agree
61	Disabilities	2.19	1.10	Disagree	1.91	0.94	Disagree	3.20	0.72	Disagree
62	Gastrointestinal conditions	1.95	0.96	Disagree	1.99	1.00	Disagree	3.27	0.73	Disagree
63	Death including suicide and related deaths	2.93	1.05	Agree	3.10	0.95	Agree	3.36	0.82	Agree
64	Depression	3.10	0.94	Agree	3.31	0.78	Agree	3.41	0.67	Agree
65	Sleeping and eating disorder	2.81	1.10	Agree	3.47	0.74	Agree	3.13	0.87	Agree
66	Stress and anxiety disorder	3.02	1.02	Agree	3.38	0.80	Agree	2.96	1.03	Agree
67	Self-harm and suicide attempts	2.86	1.08	Agree	3.10	0.88	Agree	3.25	0.86	Agree
68	Poor self-esteem	2.69	1.08	Agree	3.22	0.73	Agree	3.22	0.80	Agree
69	Unwanted pregnancy	3.26	0.86	Agree	3.11	0.82	Agree	3.32	0.81	Agree
70	Abortion	2.92	1.08	Agree	3.50	0.70	Agree	3.20	0.72	Agree
71	Sexually transmitted infection	3.07	1.00	Agree	3.22	0.83	Agree	3.24	0.65	Agree
72	Pregnancy complications	2.81	1.08	Agree	3.29	0.64	Agree	3.27	0.81	Agree
73	Vagina bleeding/infection	3.21	1.01	Agree	3.18	0.84	Agree	3.24	0.83	Agree
74	Chromic pelvic infections	3.23	1.03	Agree	3.17	0.76	Agree	3.65	0.56	Agree
75	Urinary tract infections	2.82	1.07	Agree	3.23	0.83	Agree	3.29	0.78	Agree
76	Fistula (A tear between vagina and bladder)	2.95	1.00	Agree	3.53	0.65	Agree	3.23	0.78	Agree
77	Painful sexual intercourse	2.79	1.10	Agree	3.28	0.84	Agree	3.23	0.52	Agree
78	Sexual dysfunction	3.03	1.03	Agree	3.09	0.88	Agree	3.28	0.81	Agree
79	Harmful alcohol and substance use	2.93	1.01	Agree	3.33	0.67	Agree	3.52	0.70	Agree
80	Multiple sexual partners	2.96	1.02	Agree	3.42	0.73	Agree	3.19	0.85	Agree
81	Choosing abusive partners eaten in life	3.30	0.96	Agree	3.20	0.73	Agree	3.32	0.81	Agree
82	Lower rates of contraceptive and condom use	3.28	0.93	Agree	3.56	0.65	Agree	3.29	0.60	Agree
83	Infertility	2.88	1.03	Agree	3.34	0.75	Agree	3.14	0.56	Agree
84	Phobia	2.84	1.10	Agree	3.47	0.67	Agree	3.46	0.64	Agree
	Grand Mean/SD	2.91	1.03	Agree	3.18	0.79	Agree	3.09	0.94	Agree

Table 9 shows the mean and standard deviation scores of health hazards of domestic violence among married teachers in secondary schools in Anambra State based on duration in marriage. In addition, Table 3 shows that the respondents rated more of the items above a mean score of 2.50, this reveals that chromic pelvic infection, unwanted pregnancy, vagina bleeding, death among others are health hazards of domestic violence among married teachers in secondary schools in Anambra State based on duration in marriage. Furthermore, the grand mean scores of 2.91, 3.18 and 3.09 are empirical evidence supporting the agreement among the respondents. The

grand standard deviation scores of 1.03, 0.79, and 0.94 show that married teachers in different age brackets had similar opinion on health hazards of domestic violence.

Hypothesis 5: Health hazards of domestic violence among married secondary school teachers in Anambra State is not significant based on gender

Table 4: Test of Difference between Mean Ratings of Health Hazards of Domestic Violence among Married Secondary School Teachers in Anambra State Based on Gender

Gender	N	Mean	SD	Df	t	Sig
Male	207	49.2705	9.85892	1078	3.593	.255
Female	873	46.5773	9.65084			

$$p > 0.05$$

Analyses on Table 14 reveals that t-test was run to test the difference in the mean ratings of health hazards of domestic violence based on gender. The result shows no significant difference given that t-value = 3.593 and $p > 0.05$ (.255 > 0.05), thus, the null hypothesis was accepted that the difference in mean ratings of health hazards of domestic violence based on gender is not significant.

Hypothesis 6: Health hazards of domestic violence among married secondary school teachers in Anambra State is not significant based on duration in marriage

Table 5: Test of Difference between Mean Ratings of Health Hazards of Domestic Violence among Married Secondary School Teachers in Anambra State Based on Duration in Marriage

Source of variance	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	850.697	2	425.349	4.953	.007
Within Groups	92494.677	1077	85.882		
Total	93345.374	1079			

$$P < 0.05$$

Table 15 shows ANOVA was run to test the difference in the mean ratings of health hazards of domestic violence based on duration of marriage. The analysis reveals a significant difference given that $F_{(2,1077)} = 4.953$, and $p < 0.05$ (.007 < 0.05), hence, the null hypothesis is rejected that the difference in mean ratings of health hazards of domestic violence based on duration in marriage is significant. Furthermore, a Tukey post hoc test revealed a significant difference for secondary school married teachers in the age brackets of 1-10 years and 11-20 years given that .009 < .05 and .031 < .05. However, the difference between mean scores of secondary school married teachers in the age bracket of 21 years and above is not significant given that 1.000 > .05.

Discussion

Furthermore, the findings of this study revealed that health hazards of domestic violence such as infertility, sexually transmitted infection, sexual dysfunction and others exist among married teachers in secondary schools in Anambra State. Additionally, the findings revealed that there are health hazards of domestic violence such as self-harm, pregnancy complications, painful sexual intercourse and others among married teachers in secondary schools in Anambra State based on gender which is not significant based on gender. The findings equally revealed that health hazards of domestic violence such as chronic pelvic infection, unwanted pregnancy, vagina bleeding, death and others exist among married teachers in secondary schools in Anambra State based on duration in marriage, and these health hazards of domestic violence among married secondary school teachers in Anambra State is significant based on duration in marriage. The above agree with the findings of Dixit et al (2013) that most common causes of domestic violence are alcoholism,

extra marital affair, family conflict, sexual problems. Similarly, Recep, Ertan, Ali, Metihan and Begum (2016) found that 33.6% of women investigated have experienced domestic violence and 78% had experienced domestic violence for the first time in their relationship with the current partner. In another study, Sandra, Aisha and Sumaira (2013) found couple face different domestic violence such as lack of cooperation, lack of spending time together among others. In addition, Himi (2014) found that 41.9% of those have been physically abused by their partners. Furthermore, Iyoti (2018), Igbokwe, Ukwuma and Onugwu (2013) found that most common forms of domestic violence experiment verbal abuse, physical forms of violence.

Conclusion

The study provided empirical evidence of health hazards of domestic violence among married teachers in secondary schools in Anambra State based on gender and duration in marriage. This implies that

married secondary school teachers in Anambra State experience domestic violence which if not addressed, may likely affect their emotional stability and teaching profession. Domestic violence if not addressed, may also affect the psychology of married teachers in the society.

Recommendations

The following recommendations were made;

1. Health officers should enlighten married teachers on health hazards of domestic violence as this will enable married teachers to explore various means of settling their differences instead to engage in domestic violence that will be detrimental to their health.
2. Government agencies such social welfare among others saddled with the responsibilities of handling domestic violence should do their work without fear or favour to ensure that anyone found wanting in any form of domestic violence faces the law, this will serve as deterrents to others in the society.

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