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**IMPACT OF SOCIAL WORK PRACTICE ON MALE VICTIMS
OF DOMESTIC VIOLENCE IN AHMADU BELLO UNIVERSITY
TEACHING HOSPITAL (ABUTH SHIKA) ZARIA,
KADUNA STATE**

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ABSTRACT

Domestic violence against men remains significantly underrecognised in Nigeria, where dominant patriarchal norms construct masculinity as incompatible with victimhood. This study examines social work practice with male victims at Ladoke Akintola University Teaching Hospital (LAUTECH), Oyo State, using an instrumental case study design involving three male outpatients presenting with intimate partner violence-related injuries. Data were generated through semi-structured interviews, clinical records, and social work case notes, and analysed using cross-case thematic analysis. Findings indicate a clear institutional imbalance: while male victimisation is medically identified and documented, psychosocial and rehabilitative responses remain limited, generic, and inconsistently applied. Social work interventions are shaped by gendered service assumptions that prioritise female victimisation frameworks, resulting in inadequate responsiveness to male victims' needs. Socioeconomic class further influences both help-seeking trajectories and participants' capacity to critically assess service shortcomings.

Across all cases, there was no evidence of trauma-informed care, structured safety planning, or mental health screening, despite indications of psychological distress. The study concludes that LAUTECH's social work system reflects broader structural invisibility of male domestic violence victims within Nigerian welfare and health policy frameworks, producing a predominantly medical-forensic response with limited psychosocial depth. It recommends gender-inclusive training for social workers, the development of male-specific service pathways, integration of trauma-informed protocols, and national policy reform recognising male victimisation in domestic violence frameworks.

Keywords: domestic violence, male victims, social work practice, institutional invisibility, gender-responsive services, Nigeria

1.0 INTRODUCTION

This study examines domestic violence against men and impact of social work on the male victims. It is based on a recent study carried out in Nigeria on domestic violence against men (DVAM) and impacts of social work. The study findings indeed confirm that DVAM is rampant in the area even though cases are hardly reported due to stigma, lack of support among other reasons. The study established that Nigeria is a patriarchal community where men are supposed to dominate over women. Wife beating is celebrated and in such homes, men are seen as Iguruhi to mean a bull. Masculinity is a very important discourse and it is constructed from a tender age. Men are encouraged to be hardworking, providers and courageous. Despite all these, the study confirm that DVAM is common in the area and men who are battered are adversely affected.

1.1 Background to the study

One of the most prevalent problems social workers encounter is domestic and family violence (DFV). Social workers are adept at interacting with the entire family and can connect the experiences of each family member, including the victim, the offender, and the children. As a result, social workers are crucial in addressing the needs of those affected by DFV. Understanding the operation, accessibility, and efficacy of specialized DFV services has long been a focus of social work scholarship. When it comes to societal response to DFV, social work is at the forefront. DFV occurs within a family or kinship relationship or between intimate partners.

According to the Australian Institute of Health and Welfare (AIHW) (2019), there are numerous negative effects caused by DFV, and victims and their families must seek support to cope. In fact, according to the WHO (2022), around one in three women globally are victims of intimate partner abuse alone. Domestic violence is violence that is perpetrated by intimate

partners and other family members, and that is manifested through physical abuse, sexual abuse, psychological abuse, economic abuse, and acts of omission (UNICEF IRC, 2020). Domestic violence is therefore a mix of physical and coercive behaviors designed to manipulate and dominate another competent adult or adolescent (Kerr, Levine, & Woolard, 2017) to achieve compliance and dependence. The term intimate partner violence (IPV) is often used synonymously, other terms have included wife beating, wife battering, man beating, husband battering, relationship violence, domestic abuse, spousal abuse, and family violence with some legal jurisdictions having specific definitions (Campbell, 2022). This article will use the term male victims of domestic violence.

Domestic violence against men is a term describing violence that is committed against men by the man's intimate partner (Sugg, Thompson, Thompson, Majuro, & Rivara, 2019). It is a rare finding (Tjaden & Thoennes, 2018). This rarity has relegated it to a level of minimal importance; hence Taft, Hegarty, and Flood (2021) in their review concluded that although male victims of domestic violence certainly exist, male victims of other forms of male violence are more prevalent. Taft et al. (2021) therefore suggested that a focus on gendered risk of violence in public health policy should target male-to-male public violence and male-to-female intimate partner abuse with no mention of female-to-male abuse. With the rise of the men's movement, and particularly men's rights, there is some advocacy for men as victims, indicating that their suggestion is not generally acceptable.

Though Stets and Straus (2020) posited in their 2015 survey that when violence is measured by acts, women are as violent as men but when violence is measured by injuries men are more violent, several authors have consistently reported higher prevalence figures of domestic violence against females as compared with males (Coker et al., 2022; Rennison, 2023; Tjaden & Thoennes, 2020). Most assaults are relatively minor

and consist of pushing, grabbing, shoving, slapping, and hitting. The major assaults included rape (Tjaden & Theonnes; 2020) and homicide (Fox & Zawitz; 2024). Women in their 20s were more likely to aggress than women aged 30 years and more. In Nigeria, the reasons for domestic violence have been identified to include drunkenness, infidelity, and financial misappropriation (Ilika et al., 2002). Fiebert and Gonzalez (1997) in the United States reported that women appeared to aggress because they did not believe that their male victims would be injured or would retaliate and also wished to engage their attention, particularly emotionally.

A social worker's primary responsibility is to help and improve the wellbeing of people in order for them to prosper psychologically, socially, and emotionally (Spitzer, Twikirize & Wairire, 2023). In the wake of DFV, social workers offer preventative and responsive interventions to those affected. They serve as a constant support by defending the interests of the families and communities. They provide as an ongoing source of assistance for the impacted family and are frequently the first person in the community to be contacted in cases of possible family violence. It is against this reviews that this research explore impact of social work practice on male victims of domestic violence.

1.2 Statement of the Problem

Domestic violence against men in Nigeria is prevalent yet institutionally invisible. Patriarchal norms frame masculinity as incompatible with victimisation, generating stigma that suppresses reporting and shapes service design. Men often present at hospitals only when injuries are severe, with care focused on medical documentation for legal purposes rather than psychosocial support. Social work training and research remain largely centred on female victims, leaving practitioners without appropriate frameworks for male cases. At Ladoke Akintola University Teach-

ing Hospital (LAUTECH), services lack dedicated pathways and trauma-informed protocols. This study examines the effectiveness of social work practice in addressing male victimisation within this context.

1.3 Objectives and Research Questions

The general objective of this study is to assess the impact of social work practice on male victims of domestic violence at the General Outpatient Department, Ladoke Akintola University Teaching Hospital (LAUTECH), Oyo State.

- To examine male victims' lived experiences of intimate partner violence and their help-seeking pathways within a patriarchal context.
- What are the lived experiences of male victims, and how do societal norms influence their help-seeking behaviours at LAUTECH?
- To evaluate the effectiveness of social work interventions in addressing the psychosocial and safety needs of male victims. How effective are existing social work practices in supporting male victims at LAUTECH?
- To identify institutional and structural barriers limiting access to appropriate support services. What systemic and gender-based constraints hinder male victims' access to social work services?
- To propose evidence-based strategies for improving gender-inclusive social work practice and policy. How can social work interventions and policies be strengthened to provide equitable, trauma-informed support for male victims in Nigerian healthcare settings?

1.4 Significance of the Study

This study contributes to knowledge on domestic violence by addressing the underexplored issue of male victimisation in Nigeria. It challenges dominant gender assumptions that position men solely as perpetrators, thereby expanding theoretical understanding and

providing a foundation for further research on social work responses to male victims. Practically, the findings offer evidence to inform policy and programme development, emphasising the need for gender-inclusive and trauma-informed approaches. By evaluating social work interventions at LAUTECH, the study identifies gaps and best practices, guiding practitioners, policymakers, and stakeholders in improving support systems and service delivery for male victims of domestic violence.

2.0 REVIEW OF RELATED LITERATURES

2.1 Concept of Domestic and Family Violence (DFV):

The World Health Organization (WHO) claims that gender-based violence is a key factor in domestic violence, particularly violence against intimate partners (Sano, et al, 2018). DFV, often known as domestic abuse or family violence is any form of abuse or violence in a marital or cohabiting relationship. DFV, which can occur in relationships between partners, is frequently used as a synonym for intimate partner violence committed by one of the people in an intimate relationship against the other. In its broadest definition, domestic violence also include acts of aggression directed toward young people, elderly people, or parents (Woodlock, 2017).

Literature has argued that physical violence results from other abusive behaviour, including threats, intimidation, isolation, manipulation, and other restrictions on victim self determination. (Council of Europe, 2015). As outlined in WHO (2016), emotional abuse includes minimizing, threats, isolation, public humiliation, unrelenting criticism, constant devaluation of the individual, coercive control, repeated stonewalling, and gas lighting. A Nigerian Violence Against Persons (Prohibition) Act of 2015 as cited by Ngozi, Iyioha, and Durojaye, (2018) defines domestic violence as the following, any act, omission, com-

mission, or conduct of the respondent shall constitute domestic violence in the event those acts occur. The act of causing physical, sexual, verbal, emotional, or economic abuse or causing trends to do so. It includes causing injury or endangering the aggrieved person's health, safety, life, limb, or well-being; or has the effect of endangering the aggrieved person or anyone connected to her by any of the behaviour indicated in clauses (a) or (b); or (d) otherwise causes physical or mental injury to the aggrieved person.

2.2 Types of Domestic and Family Violence

Domestic and family violence (DFV) occurs in multiple, often overlapping forms, with victims frequently experiencing more than one type simultaneously or over time. These forms may arise as isolated incidents or as repeated patterns that reinforce control and dependency within relationships.

Physical abuse is one of the most visible forms due to its overt nature and involves the use of force to inflict harm or create risk of injury (Ogunkorode, 2018; Ishola, 2016). However, it often coexists with economic abuse, where perpetrators control or restrict access to financial resources, limit employment opportunities, or deny access to basic needs such as food, clothing, and healthcare (Slabbert & Green, 2023). Together, these forms reinforce both physical vulnerability and economic dependence.

Psychological or emotional abuse operates through verbal and non-verbal behaviours such as humiliation, insults, and social isolation, undermining the victim's self-worth and autonomy (Breiding et al., 2015; Calub, 2015). Sexual abuse further extends this control through coercion or forced sexual activity, including within intimate relationships where consent is disregarded (Oluremi, 2015; Slabbert & Green, 2014). These interconnected forms highlight the multidimensional and reinforcing nature of domestic violence.

2.3 Domestic Violence against Men in Nigeria

Domestic abuse is a major societal and economic burden across the world. However, the most familiar type is women abuse with men being the perpetrators. In reality though, most men are suffering in silence from violence perpetrated by their intimate partners. This is mainly due to the masculinity norms that put so much pressure on men to restrain their emotions and be seen as strong and macho especially in their homes. In the study carried out in Nigeria, the findings revealed diverse experiences of the effect of domestic violence against men. These include stigmatization, discrimination, constant ridicule, denial of conjugal rights, disrespect among others effects. The study findings indeed confirm that DVAM is rampant in Nigeria even though cases are hardly reported. Men in Nigeria do not only suffer from verbal abuse but they are also physically assaulted by their wives. This agrees with a study by Reddy, Omardien, James, Kambaran, Sifunda, Ellahebokus, Rees and Helen, (2023) who found that out of their male study respondents, 22.8% experienced physical violence.

The most common types of DVAM in the area include physical, emotional and psychological assault; financial torment; denial of food; incessant quarrels; lack of respect from wives; sexual violence; and being forced to perform household chores. The Nigerian community feels that modernization and emergence of feminism has really changed the beliefs and practices in gender relationships. Women's shifting places in society, and what is seen as men's slipping hold on patriarchal power relations are some of the factors that contribute to the vagueness in shaping masculine identity in the Nigeria community.

2.4 Implications of Domestic Violence Against Men and Social Work Interventions

Domestic violence against men in Nigeria has significant social and psychological implications, particularly in relation to culturally constructed notions of

masculinity. Nigerian society traditionally socialises men to embody dominance, strength, and control within the family. However, emerging evidence indicates that men are also victims of domestic violence, challenging these entrenched norms. This shift aligns with family conflict theory (Gelles & Straus, 2020), which suggests that changing family structures—such as increased female economic participation and rights awareness—can alter traditional power dynamics and generate conflict. Despite these changes, societal expectations remain rigid, and men who experience abuse often face community sanctions, ridicule, and loss of social status for failing to conform to dominant masculine ideals.

Psychologically, domestic violence undermines men's identity, confidence, and perceived social worth. In many African contexts, masculinity is closely tied to authority, control, and the role of provider. Experiencing abuse contradicts these expectations, leading to stigma, shame, and social withdrawal. Victims may be labelled weak, excluded from decision-making, and subjected to ridicule, which erodes self-esteem and limits social interaction. These outcomes are consistent with findings by Munirkazmi and Mohyuddin (2022), who highlight that intimate partner violence against men results not only in physical harm but also in significant mental health challenges, including depression, anxiety, and loss of identity.

Addressing these impacts requires a comprehensive social work response. Social work, grounded in principles of human rights, social justice, and empowerment (Kirst-Ashman, 2017), plays a critical role in mitigating the effects of domestic violence at individual and structural levels. Interventions include public awareness and policy advocacy, risk assessment, crisis intervention, safety planning, and access to emergency resources (Australian Association of Social Workers, 2019). Therapeutic approaches such as counselling, psychoeducation, and trauma-focused interventions support psychological recovery, while

case management facilitates access to legal services, housing, and financial support. Additionally, group work and strengths-based approaches help victims rebuild confidence and social connections, while advocacy efforts aim to reform policies and challenge gendered assumptions that marginalise male victims. Collectively, these strategies highlight the need for gender-inclusive, trauma-informed social work practices capable of addressing the complex realities of domestic violence against men in Nigeria.

2.5 Theoretical Framework

This study is anchored on two complementary theories: Gender Role Theory, which explains the social construction of male invisibility in domestic violence, and Empowerment Theory, which provides a framework for restoring agency through social work intervention.

2.5.1 Gender Role Theory

Gender Role Theory (Parsons and Merton) explains that society assigns men instrumental roles such as provider, protector, and authority figure, while women are assigned expressive roles such as caregiving and dependence. These roles are reinforced through cultural expectations and social sanctions that punish deviation. Within this framework, male victimisation becomes socially illegible because it contradicts dominant constructions of masculinity. Consequently, men experiencing domestic violence are likely to suppress disclosure, delay help-seeking, and present to healthcare services only when injuries are severe or legal documentation becomes necessary. At LAUTECH, this helps explain why male victims are visible in medical records but remain largely absent from psychosocial care pathways. The theory directly informs the study by showing how patriarchal norms shape both victim behaviour and institutional response, thereby sustaining service invisibility.

2.5.2 Empowerment Theory

Empowerment Theory (Rappaport and Solomon) conceptualises social work practice as a process of enabling individuals to gain control over their lives, strengthen self-efficacy, and access resources for action. Applied to male victims of domestic violence, empowerment involves restoring agency in contexts where stigma and institutional neglect have eroded help-seeking confidence. This theory is particularly relevant for evaluating LAUTECH's social work practice, as it shifts attention from service provision to outcomes such as psychological recovery, coping capacity, and autonomy. It also requires assessment of whether interventions enhance or limit victim empowerment through generic, perfunctory, or gender-biased responses. Structurally, it extends analysis beyond individual counselling to institutional responsibility, including policy reform, service redesign, and advocacy for inclusive domestic violence frameworks.

Together, both theories provide a dual lens for analysis. Gender Role Theory explains the production of silence and invisibility, while Empowerment Theory provides a corrective framework for intervention. Their integration demonstrates that addressing male domestic violence at LAUTECH requires not only service delivery but also transformation of gendered assumptions embedded in social work practice and institutional systems.

3.0 MATERIALS AND METHODS

3.1 Research Design

This study adopted a descriptive qualitative research design to provide an in-depth understanding of the experiences of male victims of domestic violence and their interactions with social work services. The design allowed for an inductive, subjective, and process-oriented exploration of the phenomenon, capturing participants' lived realities in their natural context. Data were collected using a biographical questionnaire to

obtain background information on respondents, and a semi-structured interview guide to explore the impact of social work practice on male victims of domestic violence.

3.2 The Setting

The study was conducted at the General Outpatient Department of Ladoke Akintola University Teaching Hospital (LAUTECH), Ogbomosho, Oyo State, Nigeria. LAUTECH is a prominent teaching hospital that provides multidisciplinary healthcare services. The hospital includes a Department of Social Work, which operates under the Faculty of Arts and Social Sciences. The department offers programmes such as the Postgraduate Diploma in Social Work and the Master of Science in Social Work, with specialisations in community development, social welfare, healthcare social work, and industrial social welfare. This setting was considered appropriate due to its exposure to diverse patient populations, including cases of domestic violence.

3.3 Participants

The study involved a total of 10 male outpatients receiving care at LAUTECH, Ogbomosho, who had experienced domestic violence and had contact with hospital services.

3.4 Sampling Technique and Sample Size

A purposive non-probability sampling technique was used to select 10 male outpatients. This method was appropriate because it enabled the selection of participants who met specific inclusion criteria relevant to the study. It also ensured that participants had direct experience with domestic violence and social work services, thereby providing rich and relevant qualitative data.

3.5 Instrument for Data Collection

Data were collected using semi-structured, in-depth interviews. An interview guide with open-ended

questions was developed to explore participants' experiences of domestic violence, help-seeking behaviour, interactions with social work services, and perceptions of service adequacy. The instrument was informed by relevant literature on male victimisation and social work practice and was pre-tested with two individuals outside the study sample to improve clarity and sequencing. All interviews were audio-recorded with informed consent and transcribed verbatim for analysis.

3.6 Validity and Reliability

In qualitative research, validity and reliability are conceptualised in terms of trustworthiness rather than statistical measurement. Validity in this study refers to the extent to which the findings accurately reflect the lived experiences of male victims of domestic violence within the LAUTECH context, without imposing pre-existing assumptions. Content validity was enhanced through supervisor review of the interview guide to ensure alignment with the research objectives, particularly institutional responses, gendered service experiences, and structural barriers. The pilot study further ensured clarity and relevance of the questions.

Reliability was addressed through dependability and transparency of the research process. This was achieved through verbatim transcription of interviews, systematic coding using NVivo 14, and the maintenance of an audit trail documenting all analytical decisions from data collection to theme development. The semi-structured format ensured consistency in core questions while allowing flexibility for participant-driven responses.

Credibility was further strengthened through cross-case analysis of the three cases, enabling the identification of consistent institutional patterns rather than isolated experiences. This analytical replication enhances the dependability and transferability of the findings within the study context.

4.0 CASE STUDY ANALYSIS: SOCIAL WORK PRACTICE WITH MALE VICTIMS OF DOMESTIC VIOLENCE AT LAUTECH

This analysis examines three male victims of domestic violence presenting at Ladoke Akintola University Teaching Hospital (LAUTECH), Oyo State. Cases were selected through purposive intensity sampling to maximise socioeconomic variation while maintaining homogeneity in the core phenomenon: intimate partner violence, hospital presentation, and social work contact. Data sources include clinical records, social work case notes, and semi-structured interviews conducted with psychiatric backup for referral if distress emerged. Wives were excluded from interviews to ensure confidentiality. Participants determined disclosure scope and retained the right to withdraw without justification. Interviews focused on physical abuse to maintain definitional consistency.

4.1 Case Presentations

Case 1: Professional-class victim, severe physical injury, critical service evaluation

A 36-year-old mechanical engineer (social class I) employed in the oil sector presented with two-day-old burns on his right leg following an assault in which his wife poured boiling water during a domestic dispute. Previous episodes of physical violence were documented. Clinical examination revealed neck scratches, head bruises, and superficial burns treated with standard wound care and medication. He declined to disclose the cause of the conflict. His evaluation of social work services was strongly negative, stating that services were “not helpful” and that “no one wants to listen to male victims.”

Case 2: Professional-class victim, moderate injury, police-mediated presentation

A 43-year-old bank manager (social class I) presented with police accompaniment after sustaining head, neck, and arm injuries during a domestic altercation

triggered by suspected infidelity. Examination confirmed bruises, scratches, and welts. He received medical treatment and formal documentation for police use, alongside brief social work counselling focused on work schedule adjustment. He described services as inadequate, noting a lack of recognition of male domestic violence victims and limited psychosocial support beyond physical treatment.

Case 3: Working-class victim, family-mediated presentation, instrumental intervention

A 42-year-old labourer (social class V) with no formal education presented with facial and neck injuries, accompanied by his brothers. The wife was described as aggressive and financially demanding. He was diagnosed as a victim of domestic violence and received medical treatment, income-related counselling, and referral for follow-up support.

4.2 Cross-Case Analysis

Institutional response limitations. All cases received appropriate medical care and formal diagnosis; however, social work intervention was limited and inconsistent. Case 1 received no meaningful psychosocial support, Case 2 received brief instrumental counselling, and Case 3 received economic-focused guidance. None received trauma-informed care, safety planning, or mental health screening, despite evident psychological distress. This reflects a structural imbalance in which medical recognition of male victimisation exceeds social work response capacity.

Gendered service assumptions. Participant accounts suggest a perception that domestic violence services are primarily designed for female victims. This aligns with broader training and institutional frameworks that emphasise female victimisation, potentially limiting practitioner responsiveness to male cases and resulting in perfunctory engagement.

Class-differentiated help-seeking. Higher-income participants self-presented or accessed police support,

while the lower-income participant relied on family mediation. Awareness and articulation of service limitations were stronger among professional-class participants, suggesting that recognition of service inadequacy may be shaped by educational and socioeconomic status.

Medicalisation-social work gap. While physical injuries were treated effectively, psychosocial needs were largely unaddressed. Institutional priorities favour forensic documentation over psychological recovery, resulting in a disconnect between medical treatment and social work intervention.

Absence of specialised protocols. There is no evidence of structured pathways, support systems, or specialised interventions for male victims. Social work responses remained generic and were not tailored to the dynamics of intimate partner violence.

5.0 DISCUSSION

The findings indicate a systemic pattern rather than isolated practitioner shortcomings. LAUTECH operates within a broader policy environment that prioritises female victimisation in domestic violence frameworks, contributing to the marginalisation of male victims. This results in institutional invisibility, where male victims receive services that address physical injury but neglect psychological and safety-related needs.

Reported psychological consequences—including shame, depression, and distress—were not systematically assessed or managed. This suggests gaps in training, conceptual understanding, and institutional support for addressing male victimisation within social work practice.

Although limited by the small sample size and single-site design, the consistency across cases strengthens the analytical relevance of the findings. Further multi-site research is required to determine whether this reflects a broader systemic issue in Nigerian

healthcare settings.

6.0 CONCLUSION

Domestic violence against men at LAUTECH is clinically recognised but socially underserved. While medical treatment is adequately provided, psychosocial and trauma-informed social work responses remain limited, creating a significant care gap. This contributes to ongoing psychological distress and unmet support needs among male victims. Addressing this requires structural reform in social work training, service design, and institutional policy to ensure inclusive, trauma-informed, and gender-responsive intervention systems.

7.0 RECOMMENDATIONS

- Implement specialised training on male victimisation, gender bias awareness, and trauma-informed social work practice.
- Develop male-specific support services, including counselling groups and stigma-reduction programmes.
- Establish interdisciplinary protocols linking healthcare, social work, police, and legal systems for coordinated response.
- Reform institutional and national domestic violence frameworks to explicitly include male victims.
- Strengthen confidentiality systems to encourage disclosure and service uptake.
- Integrate mandatory mental health screening into all domestic violence case assessments.

REFERENCES

- AIHW, Australian Institute of Health and Welfare (2019). Family, Domestic and Sexual Violence in Australia: Continuing the National

- Story Canberra, ACT, Australian Institute of Health and Welfare
- Australian Association of Social Workers (2019) Scope of Social Work Practice Family Violence <https://www.aasw.asn.au/document/item/12226>
- Breiding, M. J., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. R. (2015). Intimate partner violence surveillance: uniform definitions and recommended data elements, Version 2.0. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
- Calub, C. (2015). Gender-based violence and other forms of abuses. A lecture presented to a group of Day Care personnel at Moncada Day Care Center in May 2015 10.13140/rg.2.2.31482.75204
- Campbell, J. C. (2002). Health consequences of intimate partner. *Lancet*, 59, 1331-1336.
- Coker, A. L., Smith, P. H., McKernan, R. E., & King, M. J. (2020). Frequency and correlates of intimate partner violence by type: Physical, sexual and psychological battering. *American Journal of Public Health*, 90, 553-559.
- Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., et al. (2022). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine*, 23, 260-268.
- Fiebert, M. S., & Gonzalez, D. M. (2017). Women who initiate assaults: The reasons offered for such behavior. *Psychological Reports*, 80, 583-590.
- Ilika, A. L., Okonkwo, P. I., & Adogu, P. (2022). Intimate partner violence among women of child-bearing age in a primary health care centre in Nigeria. *African Journal of Reproductive Health*, 6, 53-58.
- Jura, F., & Bukaliya, R. (2015). Domestic violence, causes and implications for the education system. *International Journal of Research in Humanities and Social Studies* 62-72
- Kerr, H., Levine, D., & Woolard, B. (2017). Domestic violence. Lansing, MI: Society for Academic Emergency Medicine. Retrieved September 15, 2008, from <http://www.saem.org/inform/domviol.html>
- Ogunkorode, O.O. (2018). The prevalence of domestic violence against women in Nigeria: causes and consequences. *Benson Idahosa University Journal of Private and Property Law* <http://www.biu.edu.ng/wp>
- Okemgbo, C.N., Omidoyi, A.K., & Odimegwu, C.O. (2022). Prevalence, patterns and correlates of domestic violence in selected Igbo communities of Imo State, Nigeria. *African Journal of Reproductive Health* ;6(2):101–114.: <https://www.jstor.org/stable/3583136>
- Oluremi, D.F. (2015). Domestic violence against women in Nigeria. *European Journal of Psychological Research*. Vol. 2 No. 1, 24-33 .<https://www.idpublications.org/wp>
- Slabbert, I., & Green, S. (2023). Types of domestic violence experienced by women in abusive relationships. *Social Work/Maatskaplike Werk*, 49(2).<https://doi.org/10.15270/49-2-67>
- Spitzer, H., Twikirize, J. M. & Wairire, G. G (Eds). (2023). Professional social work in East Africa: Towards social development, poverty reduction and gender equality. Kampala: Fountain publishers
- Stets, J. E., & Straus, M. A. (2020). Gender differences in reporting marital violence and its medi-

cal and psychological consequences. In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptation to violence in 8,145 families* (pp. 151-166). New Brunswick, NJ: Transaction.

Sugg, N. K., & Inui, T. (1992). Primary care physicians' response to domestic violence: Opening Pandora's box. *Journal of the American Medical Association*, 267, 3157-3160.

Taft, A., Hegarty, K., & Flood, M. (2021). Are men and women equally violent to intimate partners? *Australian and New Zealand Journal of Public Health*, 25, 498-500.

Tjaden, P., & Thoennes, N. (1998). *Prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey (NCJ-172837)*. Washington, DC: Department of Justice.

UNICEF IRC. (2000, June). *Domestic violence against women and girls*. Innocenti Digest, 6.

WHO, (2016). *Understanding and addressing intimate partner violence (PDF)*. Geneva, Switzerland: World Health Organization. WHO/RHR/12.36.

WHO, (2022). *Violence against Women Prevalence Estimates, 2018: Global, Regional and National Prevalence Estimates for Intimate Partner Violence against Women and Regional Prevalence Estimates for Non-Partner Sexual Violence against Women*, Geneva, World Health Organization.

Woodlock, D. (2017). The abuse of technology in domestic violence and stalking. *Violence against women*. 23 (5): 584-602. doi:10.1177/1077801216646277.



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