

Original Article

Perceptions and Experiences of Intimate Partner Violence among Women in Ile-Ife Osun State Nigeria

Adriel Monkam Tchokossa, RN, BNSc

Obafemi Awolowo University Teaching Hospital Complex, Ile-Ife, Nigeria

Timothy Golfa, RN, MSsN

Department of Nursing Science, Obafemi Awolowo University Ile-Ife, Nigeria

Omowumi Romoke Salau, RN MSsN

College of Nursing and Midwifery, Adamawa, Nigeria

Adesola Adenike Ogunfowokan, FWACN, RN, PhD

Senior Lecturer, Department of Nursing Science, Faculty of Basic Medical Sciences, College of Health Sciences, Obafemi Awolowo University, Ile-Ife, Nigeria

Correspondence: Adriel Monkam Tchokossa, Obafemi Awolowo University Teaching Hospital Complex, Ile-Ife, Nigeria E-mail: adrieltgreatness2015@gmail.com

Abstract

Background: Intimate Partner Violence (IPV) is a serious public health concern that is receiving increasing attention in medical research. IPV occurs across all racial, ethnic, regional, and socioeconomic boundaries.

Objectives: To explore perceptions and experiences of intimate partner violence among women attending antenatal and immunization clinics at Enuwa Primary Health Care Center in Ife-Ife.

Method: Descriptive Cross-sectional research design using Purposive sampling to select 400 women for the study. Interviewer Administered Questionnaire was used to collect data that were analyzed using Statistical Package for Social Sciences version 20.

Result: Majority (70.25%) of the participants were of ages 20-30 years. Majority of the women (70.25%) reported to be aware of Intimate Partner Violence (IPV). 78.5% perceived that IPV should be kept as secret in the relationship. Findings also showed that 55% of the women have experienced at least one form of violence in their relationship but only 28% of the women who experienced Intimate Partner Violence reported the act while 63.7% of those who did not report kept silent because they hope their partner will change. Hypotheses tested reveal that there is a significant relationship between perceptions and experiences of IPV among women with $p=3.46e-07$. Another hypothesis tested showed significant relationship between age, religion, and occupation of women and perception of IPV with $p=0.019, 0.035$ and 0.016 respectively.

Conclusion: IPV is common among women in Nigeria and in most cases perceptions determines the experiences of Intimate Partner Violence.

Key words: women, tendency to violence

Introduction

Intimate Partner Violence (IPV) is one of the most common forms of violence against women (WHO, 2007) and is defined by the world report on violence and health as any behavior within an intimate relationship that causes physical or psychological harm to those in the relationship. It

is perpetrated by husbands or intimate male partner towards their wives or female intimate partner. The world estimation is between 10-75% (Bazargan-Hejazi, Medeiros, Mohammadi, Lin and Koustuv, 2013). Women are also violent in relationship though and IPV is seen in same sex partnership, but the devastating health burden of this violence is borne by women in the hand of their intimate male

partners. IPV violates, impairs or abolishes the enjoyment of women of their human right and fundamental freedom. To a greater or lesser extent, women and girls are subjected to physical, psychological and sexual abuse that cuts across lines of income, class and culture (Sinha, 2013). Holly, 2008 added that the low socio-economic status of women cannot only be a cause but also consequence of IPV.

Numerous risk factors have been shown to be associated with IPV including socio-demographic characteristics, length of stay in the relationship, partner abuse, childhood experience of IPV between parents; among others (Bazargan-Hejazi, et al., 2013). These risk factors simply demonstrate that IPV is multi-dimensional and as shown in socio-ecological frame work, points to the important interplay of individual, family, community and societal level of factors. IPV is not only the product of the above mentioned factors but also produces physical, mental, and social harm to its victims. IPV is also associated with a broad range of physical and psychological consequences among which are sexually transmitted diseases, reproductive health issues, depression, post-traumatic stress disorder, maternal death, difficulty with daily activities, memory loss, stress, suicidal thought or attempt and even suicide.

Despite of the growing recognition of IPV against women as public health and human right concern, it continues to have low priority on the international development agenda and in planning. Abama and Kwaja, (2009) stated that working towards achievement of Millennium Development Goals (MDGs) will reduce violence against women including IPV and preventing violence against women will help in achievement of MDGs. Violence against any one is unacceptable they added. The problem identified is that perpetrators of IPV continue the act in spite efforts by women advocates and other researchers to end it. And most women do not report the violence against them hence bringing up children from violent homes increasing their risk of being perpetrator or victim of IPV and the circle continues. However, the broad objective of the study is to assess the perceptions and experiences of Intimate Partner Violence among women attending antenatal and immunization clinics at Enuwa Primary Health

Care Center. The, specific objectives are to explore: Perceptions of women on Intimate Partner Violence, Experiences of women on Intimate Partner Violence including Whether or not women report Intimate Partner Violence, Reasons why women do not report Intimate Partner Violence, and Who the majorly of women` report Intimate Partner Violence to. Hence this study could serve as a pointer for other researchers to do this same study with a broader coverage. The study can serve as form awareness helping health care workers at different settings to identify what factor level has contributed to the patient or client presenting with consequences of IPV. World women (2010) went on to cite reasons why women may stay in violent relationship including fear of retaliation, lack of alternate mean of economic support, concern for their children, lack of support from family and friends, stigma, fear of losing custody of children associated with divorce, love and hope that partner will change. This however suggests that what is commonly interpreted as a woman's inaction was in fact the result of a calculated assessment about how to protect herself and her children. However, assessing perceptions and experiences of IPV among women is thought by investigator to reduce this violence by changing women view.

Method

This study was conducted among women attending antenatal and immunization clinics at Enuwa Primary Health Care Center Ile-Ife Osun State Nigeria. Enuwa Primary Health Care Center was established in 1958 and located in Ife Central Local Government one of the thirty local government in Osun state. It is an index primary health care center in the local government comprising of eleven wards and all health centers in this local government report to the index health care center. The population of women of reproductive age group is 43,072 (22% of the total population) as of year 2011. Pregnant women were estimated to be 9,790 (5% of total population) the same year (Omodumbi & Sorinyan, 2011). At the clinic can be found all categories of women including civil servants, traders, fashion designers, hair dressers and student among others. A descriptive survey and cross-sectional design was employed while purposive sampling technique was used to pick women that participated in the study. Sample size of four hundred was calculated from

the population from the two clinics using Taro Yamane, (1967) sample size calculation formula. A carefully constructed questionnaire to elicit information from women made up of three sections was used. Section "A" contained demographic variables of respondents, section "B" consisted of questionnaire items on perceptions of women towards IPV this section consisted of 10 items rated on scale of 1-4 for strongly agree, agree, disagree and strongly disagree respectively. The last part section "C" contained questions to assess experiences of women on intimate partner violence consisting also of closed ended questions with YES and NO options and also some multiple choice questions. These questions were carefully selected and designed to answer each of the research questions.

Questionnaire was administered face-to-face to respondents by investigator and or asked and filled in various sections of the questionnaire for participants that could not write but could understand English. The questionnaires were retrieved on the spot after each was properly filled

by respondents which allowed 100% retrieval. All participants were fully informed about the study and their participation was voluntary. Permission to collect data was sought before entry into the Primary Health Care Center. Data generated was analyzed using Statistical Package for Service Solution version 20 and the R statistical tool and results were presented into frequency distribution tables and bar charts.

Results

Table 1 shows the socio-demographic variables of respondents, 70.8% were 20-30 years old, 20.5% were 31-35 years old and only one was above the age of fifty years. 95.8% of women were married, 3.5% were single while 0.8% divorced. 71.4% of these women were into monogamous marriage while 28.6% were in polygamous homes. 90% of women were Yoruba, 5.3% Igbo and 4.3% from other tribes. Only 22.3% of women were civil servants, 42.6% traders, 15.5% were fashion designers while the rest were hair dressers, house wives and student in the following percentage 8.3% and 5.8% respectively.

Table 1: Socio-Demographic Characteristics of Respondents

Variables	Frequency (%)	Variables	Frequency (%)
Age		Religion	
20-30	283(70.8)	Christianity	319(79.8)
31-35	82(20.5)	Islam	80(20.0)
36-40	30.1(7.8)	Traditional	1(0.3)
46-50	3(0.8)		
>50	1(0.3)		
Marrital Status		Family Structure	
Single	14(3.5)	Polygamy	
Married	383(95.8)	Monogamy	115(28.6)
Divorced	3(0.8)		285(71.4)
Tribe		Occupation	
Yoruba	360(90)	Civil Service	89(22.3)
Igbo	21(5.3)	Trading	170(42.6)
Others	18(4.3)	Fashion D.	62(15.5)
		Hair D.	33(8.3)
		House Wife	23(5.8)
		Student	23(5.8)

Table 2: Perceptions of Respondents On Ipv

Item / Statements	Strongly Agree	Agree	Disagree	Strongly Disagree
	Freq. (%)	Freq.(%)	Freq. (%)	Freq. (%)
Intimate partner violence is any acts performed by an intimate partner that make the women feel bad.	47 (11.8)	281 (70.4)	66 (16.5)	5 (1.3)
I usually feel concern when I heard about intimate partner violence against women	57 (14.3)	247 (61.8)	90 (22.5)	6 (1.5)
Violence between married, dating or ex-partners is a personal matter and people should not interfere	84 (21.0)	230 (57.5)	72 (18.0)	14 (3.5)
A man angry enough to hit his intimate partner must love her very much	32 (8.0)	113 (28.3)	167 (41.8)	85 (21.3)
It is natural for one spouse to be in control of the other.	47 (11.8)	240 (60.0)	99 (24.8)	14 (3.5)
Women are the major cause of violence against them	31 (7.8)	142 (35.5)	190 (47.0)	37 (9.3)
Sometimes violence is the only way to express feelings	26 (6.5)	196 (49.0)	134 (33.5)	43 (10.8)
Some couples must be violent to solve their problems	33 (8.3)	164 (41)	171 (42.8)	32 (8.0)
Violence between intimate partner can improve their relationship	22 (5.5)	130 (32.5)	153 (38.3)	94 (23.5)
Women who make their intimate partner jealous on purpose deserve to be hit.	33 (8.25)	124 (31.0)	208 (52.0)	35 (8.75)

Table 2 shows result of women perceptions on intimate partner violence (IPV). 82.2% of the women were quite aware of IPV and 76.1% were concerned when hear about IPV. However, 78.5% were of the opinion that violence between married, dating or ex-partners is personal matter between

them and no one should interfere or report the violence. 8% of the women interviewed strongly agree that a man angry enough to hit the partner must love her very much but 21.3% of these women strongly disagree while the remaining simply agree and disagree with the percentages

28.3% and 41.8% respectively. Majority of the women (71.8%) perceived that it is natural for one spouse to control another. 49% of women interviewed in the study agree that there are times where violence is the only way to express feelings.

38% of women were also of opinion that violence between intimate partners can help improve their relationship. Also, 31% of the women agree that women who make their husbands jealous on purpose should be hit by the partner.

Table 3: Experiences of Women on Intimate Partner Violence

Questions	Yes	No
	Freq. (%)	Freq. (%)
Do you feel safe with your partner?	364(91)	35(8.8)
Does your partner ever deprive you money, having friends, over control your movement or do anything else that hurt you emotionally?	164(41)	233(58.3)
Has your husband or partner ever Threatened to harm or hurt you?	98(24.5)	299(74.8)
Has your partner ever; hit, slapped, kicked, or done anything else to hurt you physically?"	67(16.8)	330(82.5)
Has your partner ever forced you to have sex when you didn't want to?	70(17.5)	328(82)

Table 3 shows analysis result on participant's experiences of intimate partner violence. From the result, 91% of the women feel safe with their partners. Up to 41% of the women reported to have undergone emotional or psychological violence in hands of their intimate partner. However, only 24% of them reported yes on the question about threat to harm or hurt. On the other hand, 16.8% reported to have been victim of physical violence. On sexual abused, 17.5% have been sexually abused by their intimate partner. The women were further interviewed on frequency of victimization,

whether or not they reported the acts, reasons why they do not report and to who they reported the violent event (s). The results are shown on bar charts below. The question about frequency of IPV was not applicable to 45% of the women interviewed and can be deduced however that 45% of the women have not experienced any form of IPV. Bar chart above indicates that most (40.9%) of the women that have experienced intimate partner violence experience just once in a while. On the other hand, up to 23.6% reported to have been experiencing IPV every day. Only 28%

(63/220) of the respondents that experienced IPV reported the acts while 157 (72%) other did not report. Majority 63.7% (102/157) of the women that did not report the violence did so because they hope their partner will change according to the result shown on the graph above. The rest did not report as result of shame, fear of retaliation from

partner and personal reasons in the following percentages; 6.2% and 15% respectively. 73.2% of women that reported the acts of intimate partner violence did so to their family while 5.4% and 16.1% reported to friends, police and churches respectively.

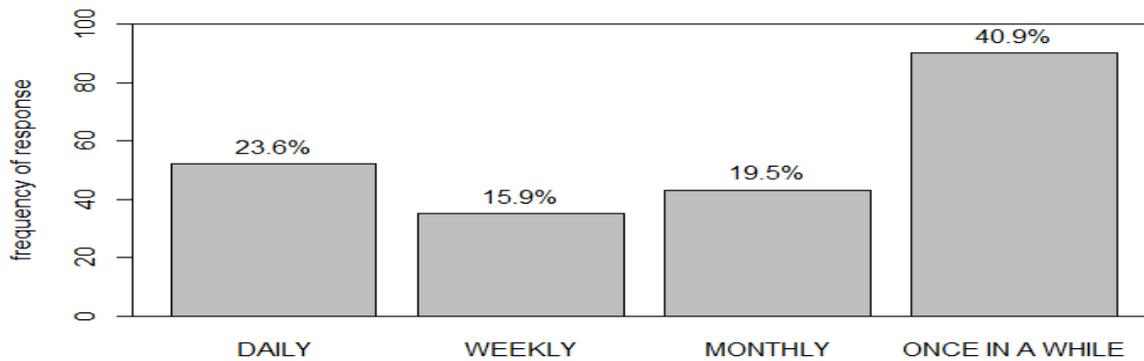


Figure 1: How often women experienced intimate partner violence.

The bar chart above indicates that most (40.9%) of the women experience intimate partner violence just once in a while. On the other hand, up to 23.6% reported to have been experiencing IPV every day. The question on how often women

experienced IPV was not applicable to 45% of the total population indicating that only 45% of the 400 women interviewed reported not to have experienced any form of IPV. However, n=220 for the chart above.

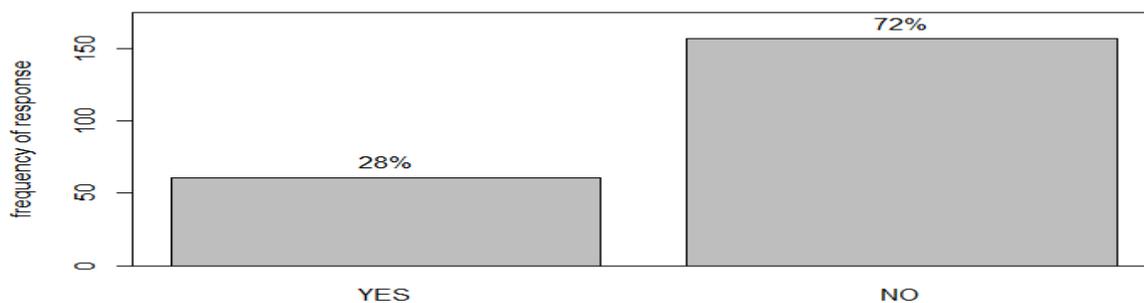


Figure 2: Question about whether or not the victims reported the violence.

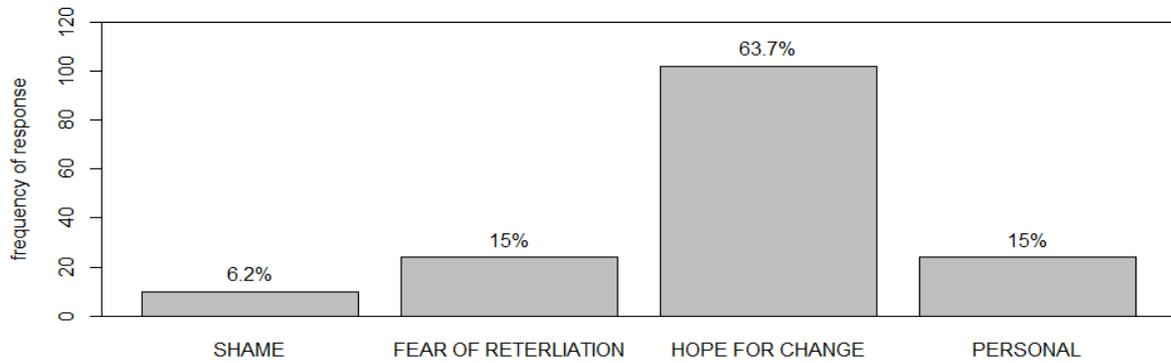


Figure 3: Reasons why victims didn't report the act.

From the figure above, only 28% (63/220) of the respondents reported the acts of IPV while the 157 (72%) other did not report.

The majority 63.7% (102/157) of the women that did not report the violence did so because they

hope their partner will change according to the result shown on the graph above. The rest did not report as result of shame, fear of retaliation from partner and personal reasons in the following percentages; 6.2% and 15% respectively.

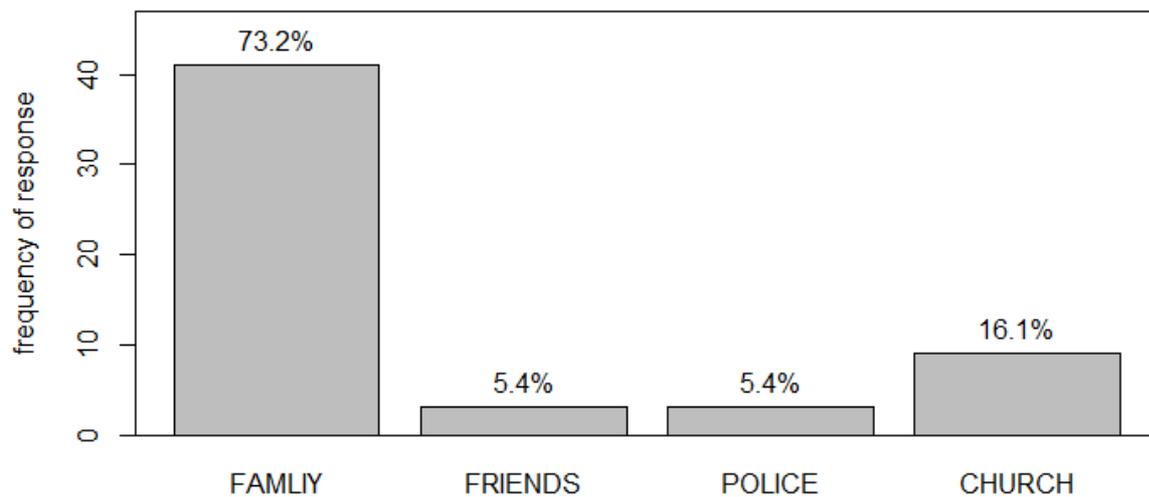


Figure 4: Persons participants reported Intimate Partner Violence Acts to. N=63

This figure indicates that 73.2% of women reported the acts of intimate partner violence to their family while 5.4% and 16.1% reported to friends, police and churches respectively.

Test of hypothesis 1

H_0 states there is no significant difference between perceptions and experiences of intimate partner violence among women attending clinics at Enuwa primary health care center. H_1 : there is significant relationship between perception and experiences of women.

Statistics

$t = 5.184$, $df = 398$, correlation coefficient = 0.2514987 , $p\text{-value} = 3.462e-07$

Decision Rule

If $p\text{-value}$ is greater than 0.05, do not reject H_0 ; otherwise, reject H_0 .

INTERPREATION

The $p\text{-value}$ ($3.462e-07$) is far less than 0.05 which is the level of significance of the $t\text{-test}$, therefore we do reject H_0 and conclude at 95% confidence level that there is significant relationship between perceptions and experiences of women.

Table 5 shows the result of the second hypothesis H_0 which states there is no significant relationship between demographic variables and perceptions of IPV among these women. From the table above, H_0 is rejected at $p = 0.019$, 0.035 and 0.016 for age, religion and occupation respectively while H_0 is retained for marital status, family structure and tribe of the respondents at $p = 0.673$, 0.941 , and 0.611 respectively and H_1 retained as shown on the table above.

The third hypothesis H_0 tested which states: There is no significant relationship between demographic characteristics and experiences of intimate partner violence among women attending clinics at Enuwa Primary Health Care Center. The null hypothesis is not rejected at $p = 0.463$, 0.459 , 0.823 , 0.826 , 0.068 and 0.51 for age, religion, marital status, family structure, tribe and occupation respectively. However, H_1 is rejected indicating that there is no significant relationship between demographic characteristics in this study and experiences of

intimate partner violence among the women interviewed.

Discussion

Findings reflect that majority of the women interviewed were quite aware that intimate partner violence against women is any act performed by an intimate male partner that make the woman feel bad. This is probably as result of changing perceptions for both men and women towards Intimate Partner Violence (IPV), as result of awareness programs by women advocates because it is stated that more than 20 years ago, IPV was not so recognized as an issue worth international attention (Alhabid, 2010). It was just in the Millennium Declaration of September 2000 that the United Nations resolved to combat all forms of violence against women and implement the Convention For the Elemination of All Forms of Discrimination Against Women (UN, 2005). Speaking on the same point, 76.1% of the respondents used for this study reported to be concerned about the Intimate Partner Violence among which only 14.3% are strongly concern on the issue. Similar research about women in Puducherry by Kiruthika, (2013) sought to know if women were concerned about various issues of violence against women and result showed that 73.2% of the women respondents were concerned about the safety of their family and about 62% are concerned about violence against women issues. On other hand, study carried in Lagos (Nigeria) indicates that most women regard Intimate Partner Violence as regular activity of women's life (Esere, Idowu, Durosaro, & Omotosho 2009).

Most of the women were of the opinion that no one should interfere in any violence between intimate partners nor report it and that it is family affair. This is not surprising when set against the backdrop of the pervasive patriarchal ideology in traditional societies such as the one in Nigeria; the widespread acceptance of gender roles and tolerance of certain levels of abuse is reflected in the reluctance of some abused women to seek help, medical care and/or crisis services or the sometimes dismissive attitude among the Police on the premise that IPV is a family matter as Ojo, and Okunola, (2012) argued. Some of the women interviewed (36. 3%) perceived that a man angry

enough to hit his wife must love her very much. This finding is interesting but no any other research study was seen to support the point. However, further study can be carried out on this to explore how violence can be as result of love. Close to half of the participants perceive that there are times where violence is the only way to express feeling. This finding is not surprising since it is recognized widely in literature that women can be violent in relationship with men (WHO, 2007), it can also explain why up 43.3% of participants in this study agree that women are the major cause of violence against them in the relationship.

On assessing whether or not the women feel safe with their partner, 91% replied positively even though just 45% of the women interviewed have not experienced any form of IPV. This could just be as result of women not having option than to say in the relationship even though not feeling safe in it or high dependence on the partner. World Women, (2010) stated that what is commonly interpreted as a woman's inaction was in fact the result of a calculated assessment about how to protect herself and her children. In this same regard, World's Women (2010) went on to cite evidence of various reasons why women may stay in violent relationships, including: Fear of retaliation; Lack of alternative means of economic support; Concern for their children; Lack of support from family and friends; Stigma or fear of losing custody of children associated with divorce; love and the hope that the partner will change. The form of Intimate Partner Violence mostly reported in this study was emotional or psychological violence (41%) this is thought to be so because both physical and sexual violence are most times preceded by emotional or psychological violence. On the other hand, 16.8% of women experienced physical violence, this percentage slightly higher than which was reported (15%) in Nigeria Demographic and Health Survey (2008). However, this decreased and reported to be 11% in year 2013. Finding about experience of sexual violence gave an unexpectedly high percentage (17.5%) because Intimate Partner Sexual Violence is said to be the least reported in most studies this though of to be again as result of the change in people's attitude and behavior. Although intimate partner sexual violence occurs mostly in couples, it is the least reported form of IPV it is seen as a very

significant problem in Australia and was reported 5-7% when 6,677 women of ages 18-69 years were surveyed in the Australia Components of the International Violence Against Women Survey (Australian Bureau of Statistics, 2006).

Just 40.9% of all the respondents that experience Intimate Partner Violence (IPV) do so once in a while, whereas 23.6% experience every day. This finding is rather very serious and calls for attention even though it cannot be generalized. Despite the rate at which the women experience the violence, the acts were poorly reported as gotten in this study and the most common reason for them was the hope that the partner will change followed by fear of retaliation by the male partner. In a similar study carried out in Canada, the most commonly stated reasons were that it could be dealt with in another way, it was a personal matter, it was not important enough, and that the victim did not want to get involved with police. Fear of retaliation was stated to be of concern for female victims in their study with proportion of 18% (Measuring Violence Against Women statistical trend, 2013) and 15% in this study. Study by Okunola and Ojo (2012) showed that many instances of the violence against women were not reported to the police. The community people see it as a domestic affair which needs no intervention from the police. Most of the women do not see it as a way of solving the problem. Moreover, Nigeria police does not encourage such report, Okunola and Ojo (2012) added. Hence, Intimate Partner Violence against women was under-reported, and therefore, under-recorded by the police. Figure 4.3 shows the categories of groups to who women reported the acts, majority of which is to the family member in which according to cultural belief and testimonies of some participants, will not encourage such acts to be reported to other services like police and support services. In this study, only 5.4% of the women who reported the act did so to the police. The survey analysis in Puducherry by Kiruthika Chandrasekaran (2013) also gives women's perception on overcoming the problem of violence against women. In the study, most of the women (42.9%) preferred to maintain silence and 22.7% respondents suggested that talking to a relative or friend will help them to overcome the problem. In Nigeria, just the simple fact that this violence is seen as normal part in women's life as argued by

Esere, et al., (2009) is enough for women to keep silent. IPV was found to be a common problem in Nigeria as reflected in the high prevalence (55%) which is consistent in other study as recorded 68.7% in a study in Lagos by Okunola and Ojo (2012). This is also consistent with findings elsewhere as in Canada and Rwanda among others.

Hypotheses

70.8% of the women interviewed were of ages 20 to 30 years. This was expected since the chosen population was women of reproductive age majority of who were married and of Yoruba tribe. Just 22.3% were civil servants.

The first hypothesis tested in study shows that there is significant difference between perceptions and experiences of Intimate Partner Violence among the women. Similar study in the United States of America showed a positive association between women acceptance, attitude of wife beating and the occurrence of IPV. According to the study, women justification of traditional societal norms of wife beating by husband or partner has been shown to be strongly correlated with different forms of IPV and widely regarded to be consequence of women acceptance of such acts of violence as well as sociocultural factors permitting men to inflict punishment on their wife or partner. In Nigeria, most customary laws encourage wife chastisement and a great majority of women have been socialized into accepting their inferior status and treatment, consequently, they perceive domestic violence as normal (Ijekhuemen, 2013).

On testing the other hypothesis, H_1 was retained with $p= 0.019, 0.035,$ and 0.16 for age, religion, and occupation and H_0 rejected indicating that there is significant relationship between these socio-demographics and perceptions of Intimate Partner Violence among the women. One of the factors according Socio-Ecological Model (SEM) that puts one at risk of becoming victim or perpetrator of IPV is educational level which in the case of this study is seen to be higher in civil servants as compared to petit traders (42.6%), who formed Marjory when looking at occupation. Age as seen here is also having relationship with perception of women on IPV and is mention among factors in (SEM). H_0 is retained for marital status, family structure and tribe with $p=0.673,$

$0.941,$ and 0.611 respectively, hence there is no relationship between these demographic characteristics and perceptions of IPV among the women interviewed. This is not surprising since it is stated that the presence of any of the factors in SEM does not provide an excuse for violence to occur (Practice Paper Queensland Government, 2012).

For the last hypothesis, the null hypothesis (H_0) is retained indicating that there is no significant relationship between the socio-demographics of these women and their experience of IPV at $p=0.463, 0.459, 0.823, 0.068,$ and 0.510 for age, religion, marital status, family structure, tribe and occupation respectively. Again as stated in Practice Paper Queensland Government, (2012), presence of the factor is not an excuse for violence to occur. On this regard, Abama and Kwaja (2009) argued that more research is needed to understand connections between factors such as poverty and violence against women.

Conclusion

In view of the findings in this study, it can be concluded that Intimate Partner Violence is common among women in Nigeria and most of the women still belief IPV should not be reported to outsiders rather it should be treated as family affair.

References

- Abama, E. & Kwaja, M.A. (2009). Violence against women in Nigeria: how millennium developmental goals address the challenge. *Journal of pan Africa studies*, Vol. 3 (3)
- Adebayo, A.A. (2014). Sociological implications of domestic violence on childrens development in Nigeria. *Journal of African study and development* vol. 6, (1), 8-13, DOI:
- Aihie, O.N. (2009). Prevalence of Domestic Violence in Nigeria: Implication for Counselling. *Edo J. Couns.* 2 (1), 1-8.
- Ashimolowo, O.R. & Otufale, G.A. (2012). Assessment of violence against women. *Green Journal of Social Sciences*, vol. 2 (3)", 102-114.
- Australian Bureau of Statistics. (2006). *Personal Safety Survey Australia* (Reissue cat. no. 45230). Canberra: ABS.
- Bazargan, H. Medeiros, S. Reza, M. Lin, J. & Koustuv, D. (2013). Pattern of intimate partner violence: a study of female victim in Malawi. *Injury & Violence*, vol. 5, (1), 38-50

- Bieneck, S., & Krahé, B. (2011). Blaming the Victim and Exonerating the Perpetrator in Cases of Rape and Robbery: Is There a Double Standard?. *Journal of Interpersonal Violence*, 26 (9), 1785-1797.
- Chukwu, C.C.; Scent, G.A.; Emeka, J.O.; Obi, C.U. & Kalu, E.O. (2014). "Violence against women in Igbo land south-east Nigeria: quest for change". *International Journal of Sociology and Anthropology* Vol.6 (2), 49-52,
- CDC. (2011). Understanding intimate partner violence. Retrieved from http://www.cdc.gov/ViolencePrevention/pdf/IPV_fa ctsheet a.pdf
- CDC. (2010a). Intimate partner violence: Definitions. Retrieved October 17, 2015 from <http://www.cdc.gov/ViolencePrevention/intimatepar tner violence/definitions.html>
- CDC. (2010b). Intimate partner violence: Consequences. Retrieved October 17, 2015 from <http://www.cdc.gov/ViolencePrevention/intimatepar tner violence/consequences.html>
- Colucci, E. & Montesinos, A.H. (2013). literature review for all actions. Pg 81-91
- Dahlberd, L.L.; Toal, S.B.; Swahn, M.H. & Beherens, C.B. (2005). Measuring violence related attitude, behavior and influence among youth: A compendium of assessment tool 2nd edition. Division of Violence Prevention and National Center for Injury prevention and Center for Disease Control and prevention.
- Davila, Y.R. (2011). Screening, Assessing, and Interviewing for Intimate Partner Violence Among Migrant and Seasonal Farm Workers Women.
- Daniel, J.F. Renay, C.B. Thatcher, R. Gottman, J.M. (2011). Typology of intimate partner Violence: evaluation of a screening instrument for differentiation. *J. Farm Viol.* 26(7):551-563
- Dytisha, M.D. (2013). Rehabilitation Counselling Master's Students Beliefs and Attitude About Domestic Violence Towards Women. Iowa Research Online retrieved from: <http://iruiowa.edu/etf>
- Esero, M.O.; Idowu, A.I.; Durosaro, I.A.; & Omotosho, J.A. (2009). Causes and consequences of intimate partner rape and violence. *Journal of AIDS and HIV research* Vol. 1 (1) pp. 001-007, October, 2009 Available online <http://www.academicjournals.org/JAHR>
- Harvey, A.; Garcia-Moreno, C. & Butchart, A. (2007). Primary prevention of Intimate Partner Violence and Sexual Violence: Background paper for World Health Organization expert meeting. World Health Organization 9-11
- Hejazi, S.B.; Medeiros, S.; Mohammadi, R.; Johnny, L. & Koustuv, D. (2013). Pattern of intimate partner violence a study on female victim in Malawi" *Injury and Violence* .5 (1) 38-50
- Greenan, L. (2004). Violence against women. Literature review commissioned by national group to address violence against women. Available from <http://www.gov.scot/Publications/2005/03/20896/55 149>
- Kathleen, C.B.; Hertz, M.F. & Back, S.E. (2008). Intimate Partner Violence and Sexual Violence victimization assessment instruments for use in health care settings version 1. Available from <https://www.cdc.gov/violenceprevention/pdf/ipv/ipv andsvscreening.pdf>
- Liz, W. (2012). The many facets of shame in intimate partner sexual violence. Australian Centre for the study of sexual assault (ACSSA). www.aifs.gov.au/acssa
- McMahon, S. (2011). "VAWnet.Org. national resource center on domestic violence. Changing perception of violence overtime". Pg. 1-16
- Measuring violence against women (MVAW). Statistical trends (2013) violence against women in Canada. Retrieved from www.statcan.gc.ca/pub/85-002-X/2013001/article/11766-eng.pdf.
- National Center for Injury prevention and control, (2012). Division of violence control. Understanding intimate partner violence. www.cdc.gov/violenceprevention
- National population commission, federal republic of Nigeria, Abuja Nigeria. Nigeria Demographic and Health Survey 2013, (2014). Domestic violence, chapter 16, 301- 304
- Obioma, F (2011). "They sold everything" in the Vanguard Newspaper., (26th November)
- Okunola, R.A. & Ojo, M.O. (2012). Violence against women: a study on Ikire area of Osun state Nigeria." *African journal of social sciences*, vol. 2 , (2), 131-147.
- Omodumbi, & Soriyan, (2011). Information Systems Design and Implementation in Maternal Health Care: A case study of Enuwa Primary Health Care Center. 3-8
- Parkinson, D. (2008). Raped by a partner: Nowhere to go; no-one to tell, Women's Health Goulburn North East, Wangaratta Vic.
- Practice paper Queensland government (2012). Domestic violence and its relationship to child's protection pages 11-13.
- Pico-Alfonso, M.A. Garcia-Linare, M.I. Celda-Marraro, B.A. Blasco-Ros, B.A. Martinez, M. (2006). The impact physical, psychological and sexual intimate male partner violence on women's mental health: depressive symptoms, posttraumatic stress disorder, state of anxiety and suicide. *Journal of women's health* vol.15 (5), pge 600-602.

- Rwanda's Women Network (2011). Exploring community perceptions and women's experiences of violence against women and use of services in bugesera district, eastern province Rwanda. Retrieved from: www.rwandawomennetwork.org
- Sinha, M. (2013). Juristat article- Measuring violence against women statistical trends: statistical trend. Retrieved from www.statcan.gc.ca
- Somach, S.D. & AbouZeid, G. (2009). Egypt violence against women: Literature review on violence against women. USAID & National Council for Women.
- Sprague, S. Kaloty, R. Madden, K. Dosanjh, S. Dave, J.M. Bhandari, M. (2013). Perception of intimate partner violence: a cross sectional survey of surgical residents and medical students. *Injury and Violence* vol. 5, (1), 1-10.
- Stephen, C. & Morris, M.D. (2007). The causes of violence and effect of violence on community and individuals health. *Global Health Education Continuum*. page 10-16. Retrieved from: http://www.who.int/violence_prevention/approach/en/public-health.gif
- Vetten, L. (2005). Good practices in combatting and eliminating violence against women. *Journal of Division for Advancement of Women*. pg. 2-4
- Wangmann, J. (2011). Different types of intimate partner violence-an exploration of the literature. *Australian Domestic and Family Violence Clearing House Issue paper 22*, 2-6 available. Retrieved from: www.adfvc.unsw.edu.au
- Weiss. (2010). "Too ashamed to report: Deconstructing the shame of sexual victimization. *Feminist Criminology*", 5(3), 286-310.
- World Health Organization, (2007). Intimate partner violence. Retrieved from http://www.who.int/violence-injury_prevention
- World Health Organization. (2010). Preventing intimate partner and sexual violence against women: Taking action and generating evidence. Geneva: WHO.
- World's Women (2010). International Violence Against Women Survey (IVAWS). Compiled by the United Nations statistics Division from national and international survey on violence against women. 130-132
- Yamane, T. (1967). *Sample Size Calculation*. 2nd ed. New York: Harper Press.886.