

Domestic Violence: Implications to the Family and Society

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Abstract

Domestic violence is a way of insulting behaviour in any association that is adopted by one partner to dominate another intimate partner and can occur to everybody irrespective of age, sexual orientation, race, religion or gender. Domestic violence is shown to be increasing in our society and needs immediate care by all. It involves various forms namely physical, sexual, emotional, economic and psychological abuse. The cause ranges from personality traits, social factors to jealousy. The domestic violence can result to poor physical and mental development of children of homes with domestic violence, depression and so on. It can be controlled by in depth health education and counseling on the negative effects and determining ways to prevent the occurrence of the incident.

Introduction

The United States Office on Violence against Women (2005) [1] defines domestic violence as a way of abusive behavior in any association that is employed by one partner to gain or maintain dominance

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over another close associate. It opines that domestic violence can occur to everybody irrespective of race, age, sexual orientation, religion or gender, and that it can occur in different ways forms as physical abuse, sexual abuse, emotional abuse, economic abuse and psychological abuse.

Domestic violence many t a times refers to violence between married or cohabiting partners, although it sometimes refers to violence against other members of a household such as children or elderly relatives. Situations such as poverty, drug or alcohol abuse, stress and mental illness elevate its likelihood [2]. Researches also show that the incidence of domestic violence among homosexual couples is approximately equivalent to that found among heterosexual couples. In the recent years, the definition of domestic violence has been increased from grabbing a person's arm, to hitting, kicking, choking or even murdering [3].

It has been shown that around the world, at least one woman in every three has been beaten, coerced into sex or abused in her lifetime. Most often, the abuser is a member of her own family. Violence against women has been reported as a main public health issue and violation of human right [4]. Each year, women 4.8 million experience partner related assaults and rapes while the rate in men is about 2.9 million. Intimate partner related assaults accounts for 2,430 deaths in 2007 with 70% being females and 30% males [5].

In Nigeria, the level of violence against women is increasing alarmingly. Up to two third of women in certain communities in Nigeria are shown to have suffered physical, sexual or psychological violence in the family. Violence against women in Nigeria is not documented because of wide spread tolerance of violence by the women. Once a woman is married, she is expected to endure whatever she meets in her matrimonial home [6].

According to Amnesty International (2009), Nigerian women are beaten, raped and even murdered by members of their family | for supposed transgression which can range from not: having- meals ready on time to visiting family members without husband's permission. Many cultures have beliefs, norms and social institutions that legitimize and perpetuate violence against women. The same act that will be punished if directed at an employee, a neighbor or an acquaintance often go unchallenged when men direct them at women especially within the family [7].

The Criminal Justice system in our country provides almost no protection for women from violence in the home or community. According to Donald (2009) [8] the police and the court often dismiss domestic violence as a family matter and refuse to investigate or press charges. Furthermore, the few rape victims who summon up the courage to take their cases to the court face humiliating rule of evidence.

Individuals involved in an ongoing abusive relationship are more likely to have multiple injuries, repeated bruises and broken bones, they are more likely to have frequent doctors visits, headache, chronic generalized pain, pelvic and vaginal injuries, gastrointestinal problems as well as eating problems. They may exhibit more physical symptoms related to stress, anxiety disorders or depression [7].

Furthermore, children who are exposed to domestic violence/abuse during their upbringing will suffer in their developmental and psychological welfare. It also affects them emotionally, socially, behaviorally as well as cognitively. Some emotional and behavioral problems that can result due to domestic violence include increase aggressiveness, anxiety, changes in how a child socializes with friends, family and authority [9].

According to Janel (2011) [10], the home is where the problem lies; recognizing abusive situation is the first step to getting help. No one should have to endure the pains of abuse once you acknowledge the reality of the abusive situation, and then you can get help. Though domestic violence is increasingly perceived as a Criminal offence, yet very little attention has been given to the public health implications of domestic violence.

Objectives

- (1) To discuss the different forms of domestic violence.
- (2) To explain the causes of domestic violence.
- (3) To determine the implications of domestic violence to the family and the society.
- (4) To discuss the role of the nurse/midwives in combating domestic violence.

Different forms of Domestic Violence

Domestic violence is classified into various forms which include physical abuse, sexual abuse, emotional and economic abuse. According to Campbell (2005) [2], all forms of domestic violence have one purpose which is to gain and maintain control over the victim. Abusers use many tactics to exert power over their spouse or partner for example dominance, humiliation, isolation, threats, intimidation, denial and blame.

Physical abuse includes hitting, slapping, punching, choking, pushing and other types of contact that result in physical injury to the victim. It can also include behaviours such as denying the victim of medical care when needed, depriving the victim of sleep or other functions necessary to live, or forcing the victim to engage in drug/alcohol use against his/her will. It can also include inflicting physical injury onto other targets, such as the children in order to cause psychological harm to the victim [11].

Sexual abuse is any situation in which force or threat is used to obtain participation in unwanted sexual activity, coercing a person to engage in sex against their will, even if that person is a spouse or intimate partner with whom consensual sex has occurred, is an act of aggression and violence [12]. Marital rape also known as spousal rape on the other hand is non-consensual sex in which the perpetrator is the victim's spouse. As such it is a form of partner rape, sexual abuse and of domestic violence [13].

According to Staurt (2004) [14], spousal rape is an illegal act and punishable by law in all 50 states of the United States. Categories of sexual abuse include use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed. Another is attempted or completed sexual act involving a person who is unable to understand the nature or condition of the act and unable to decline participation because of either underage, disability or influence of drug/alcohol and intimidation [15].

Emotional abuse also known as psychological abuse or mental abuse can include humiliating the victim privately or publicly, controlling what the victim can and cannot do, deliberately saying or doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family. Implicitly blackmailing the victim by harming others where the victim expresses independence or happiness or denying the victim access to money or other basic necessities [16].

Emotional/verbal abuse involves any behaviour that threatens, intimidates, undermines the victim's self worth or self esteem or controls the victim's freedom. It may include threatening the victim with injury or harm, telling them they will be killed if they ever leave the relationship. Often the perpetrators use children to engage in emotional abuse by teaching them to harshly criticize the victim as well. Most times, these behaviour leads the victim to blame themselves for the abuse they receive [17]. Often the perpetrators make efforts to isolate the victim from support systems in an attempt to eliminate those who might help the victim out of the relationship. This isolation leads to loss of internal strength, depression which predisposes them to suicide, eating disorders, drug and alcohol abuse [18].

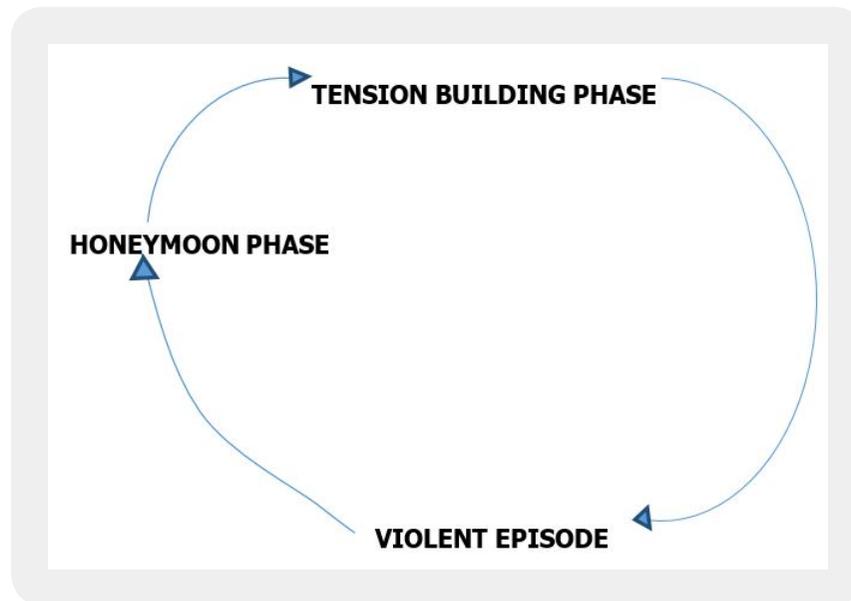
Economic abuse is a form of abuse where the intimate partner has control over the other partner's access to economic resource acquisition, limiting amount of resource use by the victim [19]. The major motif behind preventing a spouse from acquiring resources is to diminish victim's capacity to support him/herself, thus forcing him/her to depend on the perpetrator financially, which include preventing the victim from obtaining I education, finding employment, maintaining or advancing their the victim on allowance, closely monitor how the victim spends money, spends victim's money without his/her consent and creating debt or completely spend victim's savings to limit available resources.

Furthermore, Johnson (2007) [4] identified other forms and characteristics of domestic violence based on motives of the perpetrators and the social and cultural context of violence. He argued that some forms of violence do not occur for the general purpose of exerting control over the victim. He identified other forms of violence which include intimate terrorism, common couple violence, violent resistance and mutual violent control. Common couple violence arises in a single argument where one or both partners physically lash out at the other for one reason of the other not merely for the purpose of control.

Intimate terrorism involves emotional and physiological abuse which escalates over time, not likely to be mutual and more likely to involve serious injury. Violent resistance on the other hand is, sometime referred to as "self defense" and is violence perpetrated by victims against their abusive partners. Mutual violent control occurs when both partners act in a violent manner, battling for control and is usually rare.

In addition, the United States Centre for Disease Control (2006) divided domestic violence into reciprocal and nonreciprocal violence. Reciprocal violence is one in which both partners are violent and non-reciprocal only one partner is violent. Situational couple violence according to Jeane (2001) [4] is the most common intimate partner violence. It arises from minor arguments which escalate to violence and is usually and/or quite serious and life threatening.

The Cycle of Abuse by Lenore Walker



The Causes of Domestic Violence

There are many different theories as to the causes of domestic violence. These include psychological theories that consider personality traits and mental characteristics of the perpetrator, as well as social theories which consider external factors in the perpetrator's environment, such as family structure, / stress, social learning. As with many phenomena regarding human experience, no single approach appears to cover all cases.

Psychologically, personality trait which include sudden burst of anger, poor impulse control, and poor self-esteem. Various theories suggested that psychopathology and other personality disorders are factors, and that abuse experienced child leads to more violent adults, as correlation has been formed between juvenile delinquency and domestic violence in adulthood. [20]. Dutton suggested a psychological profile of men who abuse their wives, arguing that they have borderline personalities (that is being emotionally dependent on their relationship) which will cause the men to inflict pain on their partner, on any attempt to leave the relationship.

More so, many cases of domestic violence against women occur due to jealousy, when the woman is either suspected of being unfaithful or is planning to leave the relationship. An evolutionary psychology explanation says that such cases of domestic violence, that male attempt to control female reproduction and ensure sexuality exclusively for himself through violence.

Furthermore, applied behavioural analysis uses the basic principles of learning theory to change behaviour. Behavioural; theories of domestic violence focus on the use of functional assessment with the goal of reducing episodes of violence to zero rates. This program leads to behaviour therapy.

Socially, this considers the external factors in the perpetrator's environment such as family structure, stress and social learning. Resource theory was suggested by William Goode (1971). He explained that women who are most dependent on their spouse for economic wellbeing (example home makers/housewives, women with handicaps, the unemployed) and are primary caregivers to their children fear their increased financial burden if they leave their marriage. Couples that share (power equally experience lower incidence of conflict, and when conflict does arise, are less likely to resort to violence. If one spouse desires control and power in the relationship, the spouse may resort to abuse. This may include coercion and threats, intimidation, emotional abuse, economic abuse, isolation, using the children (threatening to take them away), and behaving as the master of the castle.

In addition, social stress due to inadequate finances or other problems in the family may further increase tensions. Families and couples in poverty may be more likely to experience domestic violence, due to increased stress and conflicts about finances and other aspects. Some speculate that poverty may hinder a man's ability to live up to his idea of "successful manhood", thus he fears losing honour and respect.

Finally, social learning theory suggests that people learn from observing and modeling after others behaviour. With positive reinforcement, the behaviour continues. If one observes violent behaviour, one is more likely to imitate it. If there are no negative consequences (example victims accepts the violence with submission), then the behaviour will likely continue. Often violence is transmitted from generation to generation in a cyclic manner.

The Implications of Domestic Violence to the Family and the Society

The effects of domestic violence can be devastating to the family and the society. Intimate partner and sexual violence have serious short and long term physical, mental, economic, social and reproductive health impact on members of the family and society. World Health Organization (2000) stated that women who are abused have poorer mental and physical health, more injuries and greater need for medical resources than non-abused women.

The impact of gender-based abuse on physical health can be immediate and long-term. Immediate physical effects stemming from abuse include bruises, broken bones, head injuries, lacerations and internal bleeding. Long-term effects that have been linked to victims of domestic violence include chronic body pain, headaches, arthritis, irritable bowel syndrome, pelvic pain, ulcers and migraines [4].

United Nation (2004) [21] reported that violence against women puts an undue burden on women's mental/psychological health. Among victims who are still living with their perpetrators, high amounts of stress, fear and anxiety are commonly reported. Depression is also common, as victims are made to feel guilty for provoking the abuse and they are constantly subjected to intense criticism. It is reported that 60% of victims meet the diagnostic criteria for depression, either during or after termination of the relationship and have an increased risk of suicide [18].

The most commonly referenced psychological effect of domestic violence is post traumatic stress disorder which is characterized by flashbacks, intrusive images, exaggerated startle response, nightmares and avoidance of triggers that are associated with, abuse and these symptoms are generally experienced for a long span of

time after the victim has left the dangerous situation [4]. Furthermore, Gerald (2001) [19] stated that women who are victims of violence develop sleep difficulties, eating disorder, emotional distress which can be associated with perpetration of violence.

Women's reproductive and sexual health clearly is affected by gender based violence. A United States study in 2002 found that women who experience intimate partner abuse were three times more likely to have a gynecological problem including chronic pelvic pain, vaginal bleeding or discharge, vaginal infection, painful menstruation, sexual dysfunction, pelvic inflammatory disease, urinary tract infection and painful intercourse. Aboyam (2003) [22] stated that sexual abuse especially forced sex can cause physical and mental trauma in addition to damage to the urethra, vagina and anus and this abuse can result in Sexually Transmitted Infections including HIV/AIDs. Johnson (2007) [4] was of the opinion that intimate partner violence and sexual abuse can lead to unintended pregnancies, induced abortion, likelihood of miscarriage, still birth, preterm delivery, low birth weight and neonatal death. According to him, physical abuse may directly influence birth weight through for example blows to the abdomen, precipitating premature labour. Indirectly abuse is associated with factors known to contribute to low birth weight, for instance smoking, alcohol and substance abuse and sexually transmitted disease.

Children who grow up in families where there is violence - may suffer a range of behavioural and emotional disturbances that can be associated with the perpetration or experiencing of violence later in life (Julian, 2006) [17]. It has been recognized that children who were exposed to domestic violence early in life suffer a wide range of developmental and psychological problems. Due to the awareness of domestic violence that some children have to face, it also generally impacts how the child develops emotionally, socially, behaviourally as well as cognitively. Some emotional and behavioural problems that result due to domestic violence include increased aggressiveness, anxiety and changes in how a child socializes with friends, family and authorities [19].

Praema (2002) [18] opined that depression can also follow due to traumatic experiences as well as self esteem issues. Problems with attitude and cognition in schools can start developing, along with a lack of skills such as problem solving skill. Julian (2006) [17] stated that: violence not only predispose children to numerous social and physical problems such as aggressiveness, it equally teaches them that violence is a normal way of life therefore increasing their risk of becoming societies next generation of abusers or victims of; abuse. According to a research in Nacaragua in 2005, children of abused mothers may have higher level of infant and child mortality due to lack of care which may expose them to diseases such as diarrhea and malnutrition.

The social and economic costs of violence are enormous and have ripple effects throughout the society. Once victims leave their perpetrators they can be stunned with the reality of the extent to which the abuse has taken away their autonomy. The victims of domestic violence are usually economically handicapped as a result of economic abuse from their perpetrators who may go as far as stopping them from working and blocking any other source of financial resources, victims of domestic violence often lack specialized skills, education and training that are necessary to find gainful employment and they may also have several children to support [22]. Furthermore, Johnson (2007) [4] stated that women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities and limited ability to care for themselves and; their children due to violence.

The Roles of the Nurse/Midwives and Other Health Workers in Combating Domestic Violence

The nurse plays an important part/role in the fight against, domestic violence which is aimed at preventing its occurrence rather than managing its consequences. This she does using her unique skills as a nurse like health education. According to Aboyam (2003) [22] health education is the key factor used by nurses and midwives to effect positive change in the health behaviour of individuals and community. The nurse uses health education as the major tool in increasing the knowledge and understanding of the community on the harmful effect of domestic violence. She sensitizes the community on the consequences which affects the victims both physically, emotionally, sexually and health wise. The nurse in her use of health education aimed at preventing the occurrence of domestic violence, thus minimizing the risk both to the victims and offender rather than managing the effect when it has occurred.

Again, the nurse uses her counseling skill to counsel couple or an individual who is at risk or exposed to domestic violence. She sees the couples or partners individually so as to give the individual a sense of safety and thus enhances their chances of opening up and sharing their experiences which suggests impending domestic abuse. During such counseling session it is essential that the nurse believes the individual and also try not to apportion blames to anyone, she should acknowledge them for taking the bold step and disclosing the information. She should also assure the individual that any ambivalent feelings she may be having is normal and let her know that the abuse is actually not her fault. The nurse should not expect the victims to leave his or her partner solely because she is at risk of being abused or because she was bold to disclose the information, but using her counseling skill she should explore options together with the individual but should allow him/her to decide whether to terminate' the relationship or not.

More so, the nurse as a Counselor gives the clients strategies for their own safety such as avoiding any behaviour that will likely bring about confrontation especially when they are alone in secluded places or in places where there is only one exit, the clients of individual should also be counseled on the need to avoid confrontation in certain rooms that may contain potential weapons such as kitchen and bathroom.

Furthermore, the nurse assists the individual to recognize any dangerous behaviour of her partner which may indicate impending danger or abuse and take action like leaving the environment, keeping quiet and not talking back at the partner. According to Johnson (2007) [4] in a study of victims of attempted domestic violence-related homicides only about one half of the victims recognized that their perpetrator was capable of killing them. Therefore it is important for the nurse to help the client make a plan of action for any dangerous situation they may encounter.

In addition, it is the role of the nurse to advocate in support of the victim or people exposed to domestic violence. She advocates either to law enforcement agencies for punishment of offenders or lobbies in all tiers of government, and also policy makers for legislation in favour of people exposed or at risk of being abused. She should also embark on awareness campaign at all levels on the immediate and low term consequences of domestic violence. She reaches out to the people both in the community, schools, market, motor parks, eating centers. The nurse also creates awareness about any existing law that protects against domestic abuse and any existing centre where people exposed or at risk can report and get help from.

Conclusion

Domestic violence is a pattern of abusive behaviour in any relationship that is used by one partner to gain or maintain power and control over another intimate partner and can happen to anyone regardless of age, sexual orientation, race, religion or gender.

It can take various forms including physical, sexual, emotional, economic and psychological abuse. The cause ranges from personality traits, social factors to jealousy. The effects of domestic violence include poor physical and mental development of children of homes with domestic violence, depression and so on. It can be combated using extensive health education and counseling on the negative effects and determining measures to prevent the occurrence of the incident.

Bibliography

1. United States Office (2005). *Office on Violence against Women*.
2. Campbell, R. C. (2005). Physical Aggression and Control in Heterosexual Relationship. *Review Journal of Violence and i Victims of Violence*, 22(4), 78.
3. Martin, O. U. (2004). *The price of Alcohol, Wife abuse and Husband Abuse* 10th ed. Toronto, Mosby Company Ltd.
4. Jeane, A. (2001). *Handbook of Personal Relationship Cambridge*. Cambridge University Press. Johnson, C. (2007). *The Criminal Justice System's Response to Battering*.
5. Shipway, T. R. (2007). *Investigating and Managing Violence in Relationships*. Malaysia, Melaka Manipal Press.
6. Adenaye, E. (2006). *Patriarchy and Wife Assault. The Ecological Fallacy*, Edo Nigeria, E-Press Ltd.
7. Susan, B. (2004). *Intimate Partner Abuse; A Threat to Health and Life*. Edinburg London, Churchill Livingston Press.
8. Donald, C. D. (2009). Intimate Terrorism and Common Couple Violence. *Canadian Journal of Interpersonal Violence*, 18(2), 25.
9. Catherine, G. O. (2006). *Domestic Violence Assessment Policy. Warning Signs and Symptoms of Abusive Relationship*, j London Spectrum Book Ltd.
10. Janel, M. L. (2011). *Domestic Violence, Prevalence and Outcomes*.
11. Barbara, S. (2002). Violence against Women: Effects on Reproductive Health. *Vision Project*, 20(1), 1-8.
12. World Health Organization (2005). *Gender Based Violence*.

13. Gilbert, P. R. (2009). *Gender Issues in Reproductive Health*, paper presented at Clinic National Population Agency Convention. New York. U.S.A.
14. Staurt, E. A. (2004). *Public Perception on Gender Based Violence*. Edinburg London, Churchill Livingstone Press.
15. Adesokan, F. (2010). *Reproductive Health for all Ages*. Ado- Ekiti, Faxwel Nigeria Ltd.
16. Dorman, O. F. (2001). Conflict, Terror and Resistance in Intimate Partnership. *British Medical Journal*, 310(4), 28-30.
17. Julian, V. A. (2006). Conflict and control: Gender Symmetry and Asymmetry in Domestic Violence. *A Journal of Conflict and Control*, 12(11), 1003-1018.
18. Preama, C. C. (2002). *Caring for Women: Obstetric and Gynaecological Nursing*. London, ELBs Ltd.
19. Gerald, M. A. (2001). Consequences of Male Violence for low- income Minority Women. *Journal of Marriage and Family*, 66(2), 220.
20. Kalmuss, A. & Seltzer, D. (2001). *Intimate Partner Abuser*.
21. United Nation (2004). *Survey on the Consequences of Violence in Relationships*.
22. Aboyam, D. R. (2003). *Violence and Abuse in Interpersonal Relationships, Lagos Nigeria*. Tanner Press Ltd.