Seventh Street, N.W. Washington, DC 20531: International Health, Social, and Economics Research Triangle Park, NC 27709

Norwegian Refugee Council (2015).Causes of internal displacement in and around Nigeria. Annual Reports. www.internal-displacement.org.

International Organization for Migration (IOM). (2018).Situational Assessment of Internally Displaced Persons (IDPs) in North-East Nigeria: Survey Report 2018: Abuja, Retrieved May 18, 2019 at. www.noi-polls.com

Oladeji, A. (2017).Humanitarian crisis and internally displaced persons (IDPs): addressing the plights of youth and women victims in Nigeria. Journal of Nigerian Institute of Social and Economic Research (NISER).

United Nations Population Fund (UNFPA). (2000). *The State of the World Population*. New York: UNFPA, Retrieved May 18, 2019 at http://www.unfpa.org/swp/swpmain.htm.

WHO (2002). World Report on Violence and Health. Geneva: WHO.

Self-Efficacy and Attitude of Women Towards Domestic Violence

Adeshina Akinwumi OJO, PhD

Lead City University, Ibadan, Nigeria.

+2348074425271,
Email: Pivotwws1@gmail.com

and

Jane Roli OLUWABUSUYI, PhD
Department of Sociology,
Lead City University, Ibadan, Nigeria.
+2348033266754

Abstract

The study examined self-efficacy and attitude of women towards domestic violence in Ibarapa North Local Government Oyo State. It also assessed if demographic factors such as age, marital status, occupation, religion will jointly and independently predict substance abuse. The study is a survey which utilized ex post facto design. Two hundred and fifty (250) participants from Ibarapa North Local Government responded to questionnaires on self-efficacy, self-esteem, and attitude of women towards domestic violence. Three hundred questionnaires were administered and two hundred and ninety nine were used for analysis. Statistical analysis was done using the T. Test and multiple regression analysis. It was discovered that demographic factors jointly predicted domestic violence (R2 = 0.62, F (5,244) = 78.56, p < .05). The result also revealed that religion (β = .78, t=19.52, p<.05) have significant independent influence on domestic violence. Further, self-esteem and self-efficacy jointly predicted domestic violence (R2 = 0.74, F (2,247) = 356.39, p < .05); self-esteem (β = .46, t=9.70, p<.05) and self-efficacy (β = .46, t=9.62, p<.05) have significant independent influence on domestic violence. The result indicates that self-efficacy and self-esteem significantly influence domestic violence. The study recommended creation of job opportunities for people, ensuring proper law enforcement agencies to identify and deal effectively with cases of domestic violence and there should be public enlightenment through mass media, mosques and churches on what constitutes domestic violence.

Word Count: 226

Keywords: self-esteem, self-efficacy, attitude and domestic violence.

Introduction

Domestic violence and Intimate Partner Violence (IPV) can be broadly defined as a pattern of abusive behaviour by one or both partners in an intimate relationship such as marriage, family, dating, friends or cohabitation (Shipway 2009). The World Health Organization (WHO) defines Intimate Partner Violence (IPV) against women as the range of sexually, psychologically and physically coercive acts used against adult and adolescent women by current or former male partners (WHO, 2018).

Family violence is the most common form of violence against women (Debbonaire, 1999). It affects women across relief span from sex selective abortion of female fetuses to forced suicide and abuse, and it's evident, to a reasonable degree, in every society in the world. The world health organization reports that the proportion of women who had ever experienced physical or sexual violence or both by an intimate partner ranged from 15% to 71%, with the majority between 29% and 62%.

India's National Family Health survey III, carried out in 29 states during 2005-06, has found that a substantial proportion of married women have been physically or sexually abused by their husbands at some time in their lives. The survey indicated that, nationwide 37.2% of women "experienced violence" after marriage. Bihar was found to be the most violent, with the abuse rate against married women being as high as 59%. Strangely, 63% of these incidents were reported from urban families rather than the state's most backward villages. It was followed by Madhya Pradesh (45.8%), Rajasthan (46.3%), Manipur (45.9%), Uttar Pradesh (42.4%), Tamil Nudu (41.9%) and west Bengal (40.3%).

The trend of violence against women was recently highlighted by the India's National crime records Bureau (NCRB) which stated that while in 2000, an average of 125 women faced domestic violence every day, the figure stood at 160 in 2005.A recent united nation Population fund report also revealed that around two thirds of married women in India were victims of domestic violence. Violence in India kills and disables as many women between the ages of 15 and 44years as cancer and its tool on women's health surpasses that of traffic accidents and malaria combined.

Intimate Partner Violence (IPV) is the third highest cause of death among people 15 – 44years of ages and the most common form of violence against

women. Domestic violence has many forms including physical aggression (hitting, kicking, biting, choking, slapping, throwing objects) or threat thereof, sexual intimidation stalking, passive or covert abuse (e.g. neglect) and economic deprivation (Shipway 2009). Domestic violence occurs across the world in various culture and affects people across society irrespective of economic status age, sexual orientation and gender,

Archer's Meta-analysis found out that women suffers 65% of domestic violence but a Canadian study showed that 7% of women and 6% of men were abused their current or former partners but female victims if spousal violence were more than twice as likely to be injured as male victims (Archer 2010).In an investigation on the pattern and knowledge regarding domestic violence among married women in rural area of China, Married women had relatively little knowledge of domestic violence and 75.2% of women did not even know what domestic violence was referring to and some women suffered domestic violence themselves but they know nothing about its implication. In general, physical violence was better understood among women while their knowledge about psychological violence is relatively poor (Zhao, Osek, Howland, Chanpong, & Rintala, 2006).

Its negative effects on women's health are serious enough to be recognized as a Public Health Crisis with extensive effect on society.Lifetime worldwide prevalence of IPV has been suggested to be between 10 and 70% of women in marriage or current partnerships and the lifetime prevalence of IPV in sub-Saharan Africa is reported as 20 -71% in marriage or current partnerships (Muluneh, Stulz, Francis & Agho, 2020). The prevalence is, however, suspected to be underestimated due to under-reporting and a lack of standardized methodology. Physical violence by an intimate partner has also been associated with a number of adverse health outcomes (Breadin, Black and Ryan 2008) Several Health conditions associated with intimate partner violence may be as a result of the physical violence e.g. bruises, broken bones, back or pelvic pain headache. On average only 70% of non fatal partner violence was of male and 27% of female victims (34% average) stated for not reporting 15% of women feared reprisal, 12% of all victims believe Police would do nothing (Bureau of Justice and Statistics, 2008). Hence, the purpose of the study is to identify the

level of self-efficacy and attitude of women towards domestic violence in Ibarapa North Local Government Area of Oyo State.

Even these alarming figures are likely to be significantly underestimated given that violence within families continues to be a taboo subject in both industrialized and industrializing countries.

Iboro, Inwang and Chris (2013) confirmed that self-efficacy and the interaction of domestic violence and self-efficacy significantly influenced women's ability to break the industrial glass ceiling in Nigeria. We found that the nature of domestic violence – whether it was emotional or physical – differentially impacts women's career aspirations depending on their levels of self-efficacy. Women who reported low self-efficacy in an atmosphere of emotional violence were found to perform least in ability to achieve career goals. It was also confirmed that, Physical violence however showed a near-inelastic effect irrespective of whether the women were high or low in self-efficacy.

Mental Health Effects of Domestic Violence

There is a wealth of empirical research demonstrating the potentially debilitating mental health experienced by some battered women as a result of all types of domestic violence. While not all battered women experience long-term mental health effects, depression, anxiety, and post-traumatic stress disorder (PTSD) were common among battered women (Campbell, Kub, Belknap, & Tamplin, 1997; Golding, 1999). Carlson, McNutt, Choi, and Rose (2002) suggested the impact on mental health depended on the severity, the frequency, and the type of abuse. Most of the research regarding the impact of domestic violence on battered women focused on the effects of physical abuse. However, there are only a small number of studies examining the mental health effects of psychological abuse, even though the existing research and victim self-report data consistently demonstrated psychological abuse was more incapacitating and damaging than physical abuse (Carlson, McNutt, & Choi, 2003; Robertiello, 2006).

There was some evidence that the mental health effects of domestic violence, such as depression and PTSD, diminished with the cessation of the violence (Campbell et al., 1997; Golding, 1999). Depression has been cited as

the primary mental health response to being battered (Gleason, 1993). By definition, domestic violence is a pattern of assaults, including psychological, physical, and sexual attacks. During each assault, battered women typically focused on self-protection; however, after the assault, battered women commonly experienced a range of emotions, including shock, denial, withdrawal, confusion, psychological numbing, and fear (Browne, 1993). Browne noted ongoing victimization may lead to long-term emotional numbing, feelings of hopelessness or helplessness, guilt, and feeling overwhelmed. Over time, these feelings may lead to depression. In a meta-analysis that examined the literature related to the mental health issues among battered women, Golding (1999) found depression and suicidal ideation common among battered women. In studies where victims of domestic violence were compared with non-victims, victims were more likely to experience depression than non victims (Browne, 1993; Gleason, 1993; Gorde, Helfrich, & Finlayson, 2004; Roberts, Lawrence, Williams, & Raphael, 1998;World Health Organization, 2001).

Post-traumatic stress disorder (PTSD), described as a normal reaction to traumatic events, is common among victims of domestic violence and there is substantial research literature confirming the strong association between domestic violence and PTSD (Gorde et al., 2004; Jones, Hughes, & Unterstaller, 2001; Woods, 2005). A significant association has been found between the extent and the intensity of battering experiences and the severity of PTSD symptoms (Jones et al., 2001; Robertiello, 2006). In addition, other common reactions to experiencing domestic violence were found, including an intense startle response, disturbed sleeping patterns, disturbed eating patterns, and nightmares (Browne, 1993; Walker, 1994a). These reactions were intensified in the presence of the perpetrator. Women who were still living with their perpetrators were more likely to experience an intense startle response, sleep and appetite disturbances, and Nightmares.

There were limitations of the research regarding the mental health effects of domestic violence for battered women. First, it was difficult to distinguish the impact of each individual type of domestic violence on mental health, as most studies focused only on one or two types of abuse and may not have considered other types of abuse. Second, some women who experienced

repeated, severe abuse functioned quite well, with no significant psychopathology in their histories and this group of women has rarely been studied (Carlson, McNutt, Choi, & Rose, 2002; Walker, 1994a). Third, some women who experienced severe and significant abuse have extreme difficulties in their daily functioning, but have chosen not to seek help or may not have access to mental health professionals and this group of women has rarely been studied (Fugate et al., 2005).

Battered women typically experienced various types of abuse during the same time period; therefore, it was difficult to isolate any one type of abuse and study its specific effect on mental health. For example, Carlson et al. (2002) found virtually all female subjects who reported experiencing recent physical abuse also reported concurrent emotional abuse.

Self-Efficacy

The psychological concept of 'self-efficacy' originates in the social cognitive theory of Albert Bandura (Bandura, 1977). Social cognitive theory has its roots in social psychology and behaviorism, but emphasizes 'social learning', thereby situating the individual within a social context and within social relationships. Bandura developed a multi-dimensional model of the relationship between human cognition, environmental influences and human behaviour, called 'reciprocal determinism'. Rather than the individual being constructed as determined by either their environment or their biology, Bandura's tripartite model sought to appreciate the interplay between a) individual cognition, affect and biology, b) behaviour and c) the environment. Individual behaviour is understood not as directly determined by social or environmental influences but as crucially mediated through the individual's knowledge, understanding, emotions, perceptions and interpretations.

Self-efficacy is one of the concepts used to describe this mediation between social experience, individual thinking and behaviour. Bandura claims that self-efficacy is a fundamental cognitive mechanism which underpins many aspects of human behaviour. The core tenet of Bandura's theory can be summed up as, 'what people think, believe, and feel affects how they behave' (Bandura 1986: 25). Although self-efficacy primarily resides at the level of self-beliefs, it is also intrinsically related to action and behaviour. This is where it

differs from 'self-esteem', which would seem to be a more passive concept, without a necessary relationship to action. Whereas self-esteem is the individual's judgment of self-worth, efficacy is the individual's judgment of their capacity to act and exert agency.

Bandura's early work created a model for the influence of self-efficacy beliefs on the ability of therapeutic interventions to change the behaviour of phobics, but later it expanded to become a generalized theory of human behavior, with a theoretical model of self-efficacy development and the exercise of self-efficacy over the life-span. The Bandura school of thought has expanded into many areas and now produces information material, products and interventions designed for the dissemination of practices to increase self-efficacy. Self-efficacy has been developed and applied most vigorously within the fields of health psychology, where it is understood as a key mediator in health behavior change, and educational psychology, where it is used to understand 'human motivation, learning, self-regulation and accomplishment' (Pajares 2005, ix). Self efficacy scales have been developed for use with children, parents, health professionals and teachers to deal with amongst many other things, the regulation of eating habits, pain management, condom use, drug resistance and problem solving.

The generalization of self-efficacy as a core mechanism in human cognition and behavior rests on claims to the, 'predictive generality of efficacy beliefs as significant contributions to the quality of human functioning.' (Benight and Bandura 2004) In other words, levels of self-efficacy are said to be measurable and capable of predicting particular behavioural outcomes, for example, whether an individual uses a condom or complies with a medical treatment regime.

Sources of Self-Efficacy

In the Bandura model, self-efficacy is said to develop through four sources:

1. Mastery experiences: These are said to be the most effective sources of increased self-efficacy and are defined as 'the experience of overcoming obstacles through perseverance effort'.
2. Vicarious experiences (modeling): These are provided by social models and entail 'seeing people similar to oneself succeed by sustained effort'.

The effect of such modelling is strongly influenced by perceived similarity to the models. Models provide a social standard, transmit knowledge and teach skills. In contrast to some of the claims made for the positive impact of raising self-esteem, self-efficacy models claim that positive appraisals have limited impact; instead, situations need to be structured in such a way that the individual can experience success (defined as self-improvement).

3. Social persuasions: These can be characterized as verbal persuasion to overcome self-doubt. Negative persuasions which decrease self-efficacy are more influential than positive ones.
4. Somatic and emotional states/Physical factors: A person's perception of their physical responses (stress, arousal, depression, mood) to threatening environments and situations influences their self-efficacy beliefs.

Methodology

Research Design

The design for this study is an ex-post facto survey design. The independent variables identified are self-esteem, self-efficacy, attitude and demographic characteristics while the dependent variable is domestic violence. The study adopts a cross sectional method of data collection using standard instruments with known psychometric properties.

Research Setting

The study was conducted in Ibarapa North Local Government Area of Oyo State Nigeria. Its headquarters are in the town of Ayete.

Participants

The participants of the study was selected in Ibarapa North Local Government, and conducted among women between the ages of 21 – 60years

Sampling

In this research, Ibarapa North Local Government has the population of about 459,403. Accidental sampling of 250 women through sample size calculation method of Krejice and Morgan,1970 was used to determine the size of the participants selected out of the overall population of 459,403 people in the local government used for the research setting.

Instrument

The instrument used in gathering data from respondents includes well standardized scales of measurements measuring; self-esteem, self-efficacy and attitude of women towards domestic violence. The instrument comprised four sections; Section A - D.

Section A: Demographic Variables

This section measures Demographic Information of Individual bio-data which include, Age, Marital status, Tribe, Religion, Educational level, occupation.

Section B: Self-esteem

This section measures the Self-esteem scale developed by sociologist Dr. Morris Rosenberg widely used in social-science research. The RSES is designed similar to social-survey questionnaires. It is a 10-item Likert-scale with items answered on four point scales ---- from strongly agrees to strongly disagree. Five of the items have positively worded statements and five have negatively worded ones. The scale measures state self-esteem by asking the respondents to reflect on their current feelings. Scoring: Items 2, 5, 6, 6, 9 are reverse scored. Give “Strongly disagree” 1 point, “Disagree” 2 points, “Agree” 3point, and “Strongly Agree” 4 points. Sum scores for all ten items. Keep scores on a continuous scale. Higher scores indicate higher self-esteem. A correlation of at least.80 is suggested for a test of one type of reliability as evidence; however standards range from .5 to .9 depending on the intended use and context for the instrument. The internal consistency ranges from .77 to .88, test-retest range from .82 to .85. In this study, the research obtained a Cronbach

coefficient of .72. The score indicate a high self esteem. In this study the reliability was .72.

Section C: Self-Efficacy

The self-efficacy 10 items instrument developed by schwarzer, R., & Jerusalem, M in the year 1995 was used to assess the general sense of perceived self efficacy. The instrument has a Cronbach coefficient of .82 which depicts a high level of self-efficacy.

Section D: Attitude of Women towards Violence

This is 15- item scales developed by Funk, Elliott, Urman, Flores, Mock (1999) measures women attitudes towards violence. The scale measures attitudes towards reactive violence. Items reflecting reactive violence are related to an individual's response to an immediate threat such as "If a person hits you, you should hit them back". The culture of violence reflects attitudes that would be expected to be resistant to change such as "its okay to do whatever it takes to protect myself". Based upon their study the scale demonstrates good internal reliability with a Cronbach's Alpha of .86.

Data Analysis

The statistical package for social science was the software used to run the T. test and the multiple regression of the study. Hypothesis I and 2 was tested using the t-test for independence while Hypotheses 3 and 4 were tested using the Multiple Regression Analysis. The outcome of the analyzed data were presented in the table showing the β value, t value and p value of the participants. The method used was for the easy understanding of the readers.

Results

This chapter deals with data analysis and interpretation of results of the findings. Specifically the study provided answers to four research hypotheses. The statistical tests used include t-test for independent samples for testing significant difference between independent groups and multiple regression analysis for testing composite relationship of the independent variables.

Hypothesis I

Hypothesis one states that self-esteem will significantly influence domestic violence among women in Ibarapa North Local Government. This hypothesis was tested using the t-test for independence and the result presented in Table 1.

Table 1: t-test summary table showing difference between respondents with low and high level of self-esteem on domestic violence

	Self-esteem	N	Mean	Std	Df	T	P
Domestic violence	Low	225	21.63	5.62	248	-6.57	<0.05
	High	25	29.76	7.84			

The result from table 1 shows that respondents high on self-esteem (M=29.76, S.D= 7.83) significantly reported higher scores on the domestic violence scale than respondents low on self-esteem (M=21.63, S.D =5.62). Respondents who are high on self-esteem reported more domestic violence ($t(248) = -6.57$, $p<.05$) than respondents with low self-esteem. This implies that self-esteem significantly influences domestic violence. The hypothesis is thus accepted.

Hypothesis II

Hypothesis two states that self-efficacy will significantly influence domestic violence among women in Ibarapa North Local Government. This hypothesis was tested using the t-test for independence and the result presented in Table 2.

Table 2: t-test summary table showing difference between respondents with low and high level of self-efficacy on domestic violence.

	Self-efficacy	N	Mean	Std	Df	T	P
Domestic violence	Low	201	20.47	4.95	248	-12.79	<0.05
	High	49	30.53	4.88			

The result from table 2 reveals that respondents with high self-efficacy (M=30.53, S.D= 4.88) significantly reported higher scores on domestic violence scale than respondents with low self-efficacy (M=20.47, S.D =4.95). Respondents with high self-efficacy significantly reported more domestic violence (t (248) = -12.79, p<.05) than respondents with low self-efficacy. This implies that self-efficacy significantly influence domestic violence. The hypothesis is thus accepted.

Hypothesis III

Hypothesis three states that self-esteem and self-efficacy will jointly and independently predict domestic tests using multiple regression analysis. The results are presented in Table 3.

Table 3: Summary of Multiple Regression Analysis Showing the Influence of self-esteem, and self-efficacy on domestic violence.

Predictors	B	T	P	*R*	R^2	*F*	*P*
Self Esteem	.464	9.700	>.05	0.86	0.74	356.39	<.05
Self-Efficacy	.460	9.615	<.05				

The result revealed that self-esteem and self-efficacy jointly predicted domestic violence (R^2 = 0.74, F (2,247) = 356.39, p < .05). When combined self-esteem and self-efficacy accounted for 74% of the change observed in the self-report of domestic violence. This revealed that the collective presence of self-esteem and self-efficacy have significant influence on domestic violence. The result revealed that self-esteem (β = .46, t=9.70, p<.05) and self-efficacy (β = .46, t=9.62, p<.05) have significant independent influence on domestic violence The result indicates that self-efficacy and self-esteem significantly influence domestic violence among women in Ibarapa North Local Government. The hypothesis was accepted.

Hypothesis IV

Hypothesis four states that educational level, age, marital status, occupation and religion will jointly and independently predict domestic violence was tested using multiple regression analysis. The results are presented in Table 4.

Table 4: Summary of Multiple Regression Analysis Showing the Influence of an Educational level, age, marital status, occupation and religion on domestic violence.

Predictors	B	T	P	*R*	R^2	*F*	*P*
Educational level	-.045	-1.141	>.05	0.79	0.62	78.56	<.05
Age	-.040	-.990	>.05				
Marital status	.032	.798	>.05				
Occupation	.059	1.465	>.05				
Religion	.779	19.522	<.05				

The result revealed that educational level, age, marital status, occupation and religion jointly predicted domestic violence (R^2 = 0.62, F (5,244) = 78.56, p < .05). When combined educational level, age, marital status, occupation and religion accounted for 62% of the change observed in the self-report of domestic violence. This revealed that the collective presence of socio-demographic variables has a significant influence on domestic violence. The result revealed that and religion (β = .78, t=19.52, p<.05) have significant independent influence on domestic violence while educational level (β = -.05, t=-1.14, p>.05), age (β = -.04, t=-0.99, p>.05)marital status (β = .03, t=.80, p>.05)and occupation (β = .06, t=1.47, p>.05)have no significant independent influence on domestic violence. The result indicates that religion significantly influence domestic violence. The hypothesis was accepted.

Discussion

The purpose of this research was to examine self-efficacy and attitude of women toward domestic violence in Ibarapa North Local Government Oyo state.

It was intended to assess whether there will be joint and independent prediction of demographic factors on domestic violence. The result upholds the hypothesis that there is a joint prediction on domestic violence. More so, educational level, age, marital status and occupation have no significant independent influence on domestic violence. Religion was also confirmed to significantly influence domestic violence. (1) This is in line with the study of (Breadin, Black and Ryan 2008) which confirms that physical violence by an intimate partner is associated with a number of adverse health outcomes. Domestic violence occurs across the world in various culture and affects people across society irrespective of economic status age, sexual orientation and gender, religion, (Archer 2010)

The results of the second hypothesis also revealed that (3)self-esteem predict domestic violence among women in Ibarapa North Local Government which is in line with the work of Gondolf (1988) which suggests that domestic violence gradually became a humanist issue. Ferraro and Johnson (1982 cited in Lloyd, 1998) found that victims/survivors were only ready to leave the relationship when they stopped minimizing the violence. The third hypothesis confirmed that self-efficacy predicts domestic violence among women which is in line with findings of Brett T. Hagman (2004). The assertion of self -efficacy theory is that individuals are more likely to engage in activities for which they have high self-efficacy and less likely to engage in those they do not (Vander Bill & ridge- Bagget, 2002). According to Gecas (2004).

Lastly, self-efficacy and self-esteem was hypothesized to jointly and independently predict domestic violence among women.. The result revealed that there is a joint and independent prediction on domestic violence which supports the work of Bandura 1995, Snyder & Lopez 2007, Lumenburg 2011, Gecas 2004, Abraham Maslow 1943, Murphy 1989, Bandura developed a multi-dimensional model of the relationship between human cognition, environmental influences and human behaviour, called 'reciprocal determinism'. Self-efficacy has been thought to be a task-specific version of self-esteem (Lumenburg, 2011).

The present study could be regarded as a therapy for domestic violence because with the findings of this study women have learnt the negative impact of low self-esteem and low self-efficacy on domestic violence.

The study confirmed that self-esteem and self-efficacy predicts domestic violence. Further research is also advised to be conducted on health consequences of domestic violence among women in general.

Conclusion

This study concluded that self-efficacy and self-esteem significantly influence domestic violence, demographic factors predicts Domestic violence, Self-efficacy significantly influence domestic violence, and Self-esteem significantly influence domestic violence among women in the research setting and Nigeria in general. Findings were suggestive of social, religious, and cultural influences in the women's attitudes towards Intimate partner violence. Women resident in this local government with low levels of education and low household wealth were more likely to tolerate Intimate Partner Violence. This is reflective of the socio-economic disadvantages they face, as well as the cultural and religious restrictions imposed on these women.

Recommendations

To reduce the occurrence of domestic violence, the researcher recommends that:

Partners in dual career families should denounce violence and be supportive of each other in order to boost each other's (especially the wife's) self-efficacy especially at this pandemic period, not only to achieve career success but also to meet the labyrinth of demands that marriage has placed on each partner. It was also advised that, Government should create job opportunities for people with structured functional counseling unit. There should be public enlightenment through mass media, mosque and churches on what constitutes domestic violence. Lastly, there should also be proper law enforcement agencies with relevant laws enacted to identify and deal effectively with cases of domestic violence in Nigeria and the world in general.

References

Allegri, N (2003). Correctional Service of Canada's response to family violence. In H. Johnson & K Au Coin (eds). *Family Violence in Canada: a statistical*

profile 2003. Ottawa: Statistics Canada. Canadian Centre for Justice Statistics.

Amnesty International. (2004). *It's in our hands: stop violence against women. Summary*. London: Amnesty International Publications.

Anderson, D. (2003) The impact on subsequent violence of returning to an abusive partner. *Journal of Comparative Family Studies, 34* (1). 93-112

Anderson, K. L. & Umberson, D. (2001) Gendering violence: masculinity and power in men's accounts of domestic violence. *Gender and Society, 15* (3). 358-

Appel, A. & Holden, G. W. (1998) The co-occurrence of spouse and physical child abuse: a review and appraisal. *Journal of Family Psychology, 12* (4). 578-599

Archer, J (2000) Sex differences in aggression between heterosexual partners. *Psychological Bulletin, 126* (5). 651-680

Babcock, J. C. & Steiner, R. (1999) The relationship between treatment, incarceration and recidivism of battering: a program evaluation of Seattle's co-ordinated community response to domestic violence. *Journal of Family Psychology, 13* (1). 46-59

Babcock, J. C; Green, C. E. & Robie, C (2004) Does batterer treatment work?: A meta-analytic review of domestic violence treatment. *Clinical Psychology Review, 23* (8). 1023-1053

Babcock, J. C; Waltz, J; Jacobson, N. S. & Gottman, J. M. (1993) Power and violence: the relation between communication patterns, power discrepancies and domestic violence. *Journal of Consulting and Clinical Psychology, 61* (1). 40-50

Bandura A., (2003). *Auto-efficacité. Le sentiment d'efficacité personnelle* [Self-efficacy: the feeling of personal effectiveness], Éditions De Boeck Université.

Bandura, A. (1978a). Reflections on self-efficacy. *Advances in Behavioural Research and Therapy, 1,* 237-269.

Bandura, A. (1978b). The self system in reciprocal determinism. *American Psychologist, 33,* 344-358.

Bandura, A. (1984). Recycling misconceptions of perceived self-efficacy. *Cognitive Therapy and Research,8*, 231-255.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall.

Bandura, A. (1989). Human agency in social cognitive theory. *American Psychologist, 44,* 1175-1184.

Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational Behavior and Human Decision Processes, 50,* 248-287.

Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. *Educational Psychologist, 28,* 117-148.

Bandura, A. (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), Encyclopedia of human behavior (Vol. 4, pp. 71-81). *New York: Academic Press.* (Reprinted in H. Friedman [Ed.], Encyclopedia of mental health. San

Bandura, A. (1997). *Self-efficacy: The exercise of control.* New York: Freeman.

Bandura, A. (Ed.) (1995). *Self-efficacy in changing societies.* New York: Cambridge University Press.

Bandura. A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*,191-215.

Bandura. A. (1982). Self-efficacy mechanism in human agency. *American Psychologist, 37,* 122-147.

Baumeister, R. F; Smart, L. & Boden, J. M. (1996) Relation of threatened egotism to violence and aggression: the dark side of self-esteem. Psychological Bulletin. 103 (1). 5-33

Beattie, K. (1995) Risk, domestic violence and probation practice. In H. Kemshall, H & J. Pritchard (eds). *Good practice in risk assessment and risk management 2.* London: Jessica Kingsley.

Bell, J; Browning, J. & Hamilton, A.(1999). *Violence against women in relationships. Intervention programs for men.* Vancouver: British Columbia Institute Against Family Violence.

Bennett, L. & Piet, M. (1999) Standards for batterer intervention programs: in whose interest? *Violence Against Women. 5* (1). 6-24

Bennett, L. & Williams, O. (2001). *Controversies and recent studies of batterer intervention program effectiveness*. www.vaw/umn/edu.

Bennett, L. W. (1997). *Substance abuse and woman abuse by male partners*. www.vaw/umn/edu.

Bennett, L; Goodman, L. & Dutton, M. A. (2000) Risk assessment among batterers arrested for domestic assault: the salience of psychological abuse. *Violence Against Women, 6* (11). 1190-

Bergen, R. K. (1999). *Marital rape.* www.vawnet.org.

Berns, S. B; Jacobson, N. S. & Gottman, J. M. (1999) Demand-Withdraw interaction in couples with a violent husband. *Journal of Consulting and Clinical Psychology, 67* (5). 666-674

Bilby, C. & Hatcher, R. (2004). *Early stages in the development of the Integrated Domestic Abuse Programme (IDAP)*: implementing the Duluth domestic violence pathfinder. Home Office Online Report 29/04. Home Office.

Bowen, E; Brown, L. & Gilchrist, E. (2002). Evaluating probation based offender programmes for domestic violence perpetrators: a pro-feminist approach. *Howard Journal of Criminal Justice. 41* (3). 221-236

Boyle, D. J. & Vivian, D. (1996) Generalised versus spouse-specific anger/hostility and men's violence against intimates. *Violence and Victims, 11* (4). 293-317

Brown, J. (1997) Working toward freedom from violence: the process of change in battered women. *Violence Against Women, 3* (1). 5-26

Brown, T. G; Werk, A; Caplan, T. & Seraganian, P. (1999) Violent substance abusers in domestic violence treatment. *Violence and Victims, 14* (2). 179-

Brownridge, D. A. & Hall, S. S. (1999). Measuring family violence: the conceptualization and utilization of prevalence and incidence rates. *Journal of Family Violence, 14* (4). 333-350

Bunge, V. P & Locke, D., (2000). *Family violence in Canada: a statistical profile 2000.* Ottawa: Statistics Canada. Canadian Centre for Justice Statistics.

Burke, J. G; Carlson Gielen, G. A; McDonnell, K. A; Campo, P. & Maman, S. (2001) The process of ending abuse in intimate relationships: a qualitative exploration of the transtheoretical model. *Violence Against Women, 7* (10). 1144-1163

Burton, S; Regan, L. & Kelly, L. (1998). *Findings: Lessons from the Domestic Violence Intervention Project*. Joseph Rowntree Foundation www.jrf.org.uk.

Buzawa, E. S. & Buzawa, C. G. (2002). *Domestic violence: the criminal justice response.* London: Sage.

Campbell, J. C. & Soeken, K. L. (1999) Forced sex and intimate partner violence: effects on women's risk and women's health. *Violence Against Women, 5* (9). 1017-1035

Campbell, J. C. (2001) Safety planning based on lethality assessment for partners of batterers in intervention programs. *Journal of Aggression, Maltreatment & Trauma, 5* (2). 129-143

Campbell, J. C. (2002) Health consequences of intimate partner violence. *Lancet.* 38090. 1331-1336

Campbell, J. C; Webster, D; Koziol-McLain, J; Block, C. R; McFarlane, J; Sachs, C; Sharps, P; Ulrich, Y. & Wilt, S. 2003) Assessing risk factors for intimate partner homicide. *National Institute of Justice Journal. 250.*

Carlson, B. E. (2000) Children exposed to intimate partner violence: research findings and implications for intervention. *Trauma, Violence & Abuse, 1* (4). 321-

Cavanagh, K; Dobash, R. E; Dobash, R. P. & Lewis, R. (2001) Remedial work': men's strategic responses to their violence against intimate female partners. *Sociology, 35* (3). 695-714

Chalk, R. (2000). Assessing family violence interventions: linking programs to research-based strategies. *Journal of Aggression, Maltreatment & Trauma, 4* (1). 29-53

Choudry, S. (1996). *Pakistani women's experience of domestic violence in Great Britain.* Research Findings No. 43. London: Home Office Research and Statistics Directorate.

Coid, J. (2000). A survey of women's experience of domestic violence attending primary care in East London. In *Conference report: Domestic violence a health response: working in a wider partnership.* London: Department of Health.

Cook, D; Burton, M; Robinson, A. & Vallely, C. (2004). *Evaluation of specialist domestic violence courts/fast track systems.* London: Crown Prosecution Service and Department of Constitutional Affairs.

Cook, S. L. (2002) Self-reports of sexual, physical and nonphysical abuse perpetration: a comparison of three measures. *Violence Against Women, 8* (5). 541-565

Crawford, A. & Enterkin, J. (2001) Victim Contact work in the probation service: Paradigm shift or Pandora's box? *British Journal of Criminology, 41,* 707-725

Cretney, A. & Davis, G. (1997) Prosecuting domestic assault: victims failing courts or courts failing victims? *Howard Journal of Criminal Justice, 32* (2). 146-157

Curry, M. A; Hassouneh-Phillips, D. & Johnston-Silverberg, A. (2001) Abuse of women with disabilities: an ecological model and review. *Violence Against Women, 7* (1). 60-

Dalton, B. (2001) Batterer characteristics and treatment completion. *Journal of Interpersonal Violence, 16* (12). 1223-1238

Daly, J. E; Power, T. G. & Gondolf, E. W. (2001) Predictors of batterer program attendance. *Journal of Interpersonal Violence, 16* (10). 971-991

Debbonaire, T. (1999) Domestic violence and inter-agency child protection work: an overview of recent developments. In N. Harwin, G. Hague & E. Malos (eds). *The multi-agency approach to domestic violence*: new opportunities, old challenges? London: Whiting and Birch.

Dekeseredy, W. S. (2000) Current controversies on defining nonlethal violence against women in intimate heterosexual relationships. *Violence Against Women, 6* (7). 728-746

Department of Health. (1999). *Why mothers die: report on confidential enquiries into maternal deaths in the United Kingdom.* London: HMSO.

Diego: Academic Press, (1998). http://www.des.emory.edu/mfp/BanEncy.html

Dixon, L. & Browne, K. (2003). Heterogeneity of spouse abuse: a review. *Aggression and Violent Behaviour, 8* (1). 107-130

Domestic Violence Data Source. (2003). *Fact sheet: types of abuse.* www.domesticviolencedata.org

Dominy, N. & Radford, L. (1996). D*omestic violence in Surrey: developing an effective inter-agency response.* Executive summary. London: Surrey County Council and Roehampton Institute.

Douglas, K. S. & Dutton, D. G. (2001). Assessing the link between stalking and domestic violence. *Aggression and Violent Behaviour, 6,* (6).

Iboro O., Inwang F., & Chris W., (2013). Perceived Self-Efficacy, Domestic Violence and Women's Ability to Break Industrial Glass Ceiling. *Advancing Women in Leadership, 33,* pp. 177-187.

Muluneh M., Stulz V., Francis L. & Agho K., (2020). Gender Based Violence against Women in Sub-Saharan Africa: A Systematic Review and Meta-Analysis of Cross-Sectional Studies. *International Journal of Environmental Research & Public Health, 17,* 903.

Zhao, M. E., Nosek, M. A., Howland, C., Chanpong, G., & Rintala, D. H. (2006). Prevalence of abuse of women with physical disabilities. *Archives of Physical Medical Rehabilitation, 78*, 34-38.