

**DOMESTIC VIOLENCE AND CHILDREN MENTAL HEALTH IN OREDO
LOCAL GOVERNMENT AREA OF EDO STATE, NIGERIA**

By

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**DEPARTMENT OF SOCIAL WORK,
FACULTY OF SOCIAL SCIENCES,
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BENIN CITY, NIGERIA.**

MARCH, 2026

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**A PROJECT PRESENTED TO THE DEPARTMENT OF SOCIAL WORK,
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IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD
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CERTIFICATION

This is to certify that this research work was carried by **Uwa Christabel AGHOLOR** with matriculation number **SSC2013095** in partial fulfillment of the requirements for the award Bachelor of Science (B.Sc.) Degree in Social Work, Faculty of Social Sciences, University of Benin, Benin City, Edo State, Nigeria.

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Date

Date

DEDICATION

I dedicate this work first and foremost to the Almighty God, whose unfailing love, grace, and faithfulness have sustained me throughout this academic journey

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ABSTRACT

This study examined Domestic Violence and Children's Mental Health in Oredo Local Government Area of Edo State, Nigeria. The research was motivated by the growing concern over the rising cases of domestic violence and the increasing vulnerability of children who either directly experience abuse or witness violence within their homes. The study sought to examine the prevalence of domestic violence experienced by children, identify its major causes, assess its psychological and emotional effects on children's mental health, evaluate the availability and effectiveness of support services, and determine the roles of social workers in addressing the problem.

A survey research design was adopted for the study. The population comprised residents of selected communities within Oredo Local Government Area, including parents, caregivers, social workers, and children above the age of 12. A total of 100 respondents were selected using purposive and stratified sampling techniques. Data were collected through a structured questionnaire and analyzed using descriptive statistics such as frequencies and percentages with the aid of SPSS.

Findings revealed that domestic violence is highly prevalent in the study area, with many children experiencing physical and emotional abuse or witnessing violence between caregivers. Major causes identified include poverty, substance abuse, family conflict, poor communication, and cultural norms that tolerate violence. The study further found that exposure to domestic violence significantly affects children's mental health, leading to anxiety, fear, aggression, low self-esteem, depression, and poor academic performance. Although some mental health and support services exist, they are limited in accessibility and effectiveness. Social workers were found to play important roles in prevention, counseling, advocacy, and rehabilitation, though constrained by inadequate resources.

The study concluded that domestic violence poses serious psychological and developmental risks to children in Oredo Local Government Area. It recommended increased public awareness, strengthening of child-focused mental health services, improved policy enforcement, and enhanced collaboration among stakeholders to protect children and promote their mental wellbeing.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Domestic violence is a global public health and human rights concern, but its effects are often most devastating when viewed through the lens of children's mental health. In Nigeria, domestic violence has been recognized not only as a gender-based issue but also as a threat to child welfare, especially in urban and semi-urban settings where stressors such as poverty, unemployment, and weak institutional responses compound the problem (Ajayi & Tunde-Ayinmode, 2020). While many children in abusive households may not be the direct recipients of violence, growing up in an environment of hostility, fear, and trauma significantly impacts their cognitive, emotional, and psychological development.

Domestic violence is a widespread social problem that cuts across geographical, cultural, and socio-economic boundaries. In Nigeria, and particularly in Oredo Local Government Area of Edo State, domestic violence continues to undermine the welfare and mental stability of vulnerable family members most notably, children. While public discourse often focuses on the experiences of women in abusive households, children are often the silent and indirect victims. They may not always be the direct targets of violence, but witnessing or living in violent homes can have devastating and long-term effects on their mental health and overall development (Ebigbo & Abaga, 2020).

Domestic violence is the intentional and persistent abuse of anyone in the home in a way that causes pain, distress or injury. (Eugene & Mfon, 2018). In Oredo, a densely populated and urbanized LGA within Benin City, various socio-economic factors contribute to the prevalence of domestic violence. High unemployment rates, substance abuse, poverty, low education levels, and deeply rooted patriarchal norms all play significant roles in perpetuating abuse within homes (Edo State Ministry of Social Development and Gender Issues, 2022). Many households experience cyclical patterns of violence, often normalized under the guise of discipline or traditional gender roles, which leaves children growing up in toxic and emotionally unsafe environments.

Children who grow up in violent homes are at an increased risk of developing a range of mental health issues. Empirical evidence links exposure to domestic violence with anxiety disorders, depression, suicidal ideation, low self-esteem, and post-traumatic stress disorder (PTSD) (Osofisan, 2021; Ebigbo & Abaga, 2020). Studies also reveal that such children may exhibit behavioral problems such as aggression, withdrawal, or academic difficulties. According to Okosun and Nwoke (2015), Nigerian children exposed to violence at home often struggle with emotional regulation and are more likely to repeat the cycle of violence in adulthood, either as victims or perpetrators.

In addition to these psychological effects, societal responses or lack thereof play a significant role in the persistence of this issue. In many parts of Southern

Nigeria, including Oredo, domestic violence is often underreported due to cultural stigmatization, fear of retaliation, and weak legal enforcement. Cultural norms that promote male dominance and female subservience further silence victims and normalize the abuse, making it difficult for children and their caregivers to seek professional help (Igbokwe, 2016). The absence of accessible mental health services compounds this problem, particularly as most public health institutions in Edo State are not adequately staffed with trained child psychologists or counselors (Nigerian Association of Clinical Psychologists, 2021).

Furthermore, there is a widespread societal misconception in Nigeria that children are resilient and will "outgrow" trauma, which discourages early intervention and psychological support. In Oredo, while some schools and religious institutions are beginning to recognize the importance of child protection, their efforts are largely uncoordinated and reactive rather than preventive or therapeutic (Ajayi, 2019). There is also a glaring gap in mental health education among parents, teachers, and community leaders, who are often the first line of contact for affected children. Data from the Edo State Ministry of Social Development (2022) indicate that the majority of domestic violence cases are not formally reported, either due to fear of shame, retaliation, or mistrust in the justice system. This lack of documentation and research has made it difficult to quantify the precise impact of domestic violence on children's mental health in local communities like Oredo.

Consequently, affected children continue to suffer in silence, often with irreversible consequences on their mental and emotional growth.

The need for localized research on this issue is urgent. While national and international studies have explored the general relationship between domestic violence and children's mental health, very few have focused specifically on communities like Oredo, where unique socio-cultural dynamics and urban pressures intersect. Understanding the lived experiences of children in violent homes in Oredo LGA can provide the foundation for targeted interventions, inform community-based programmes, and guide policy decisions at the local and state levels.

This study aims to fill that gap by exploring how domestic violence affects the mental health of children in Oredo, identifying the risk factors, coping mechanisms, and available support systems. It will also seek to understand the perceptions of caregivers, educators, and social workers toward children's mental health and the extent of their involvement in providing emotional and psychological support. The ultimate goal is to recommend actionable strategies that can strengthen mental health services and protect children from the traumatic consequences of domestic abuse in the region.

1.2 Statement of the Research Problem

Domestic violence has become an entrenched social problem in Nigeria, cutting across economic, cultural, and regional boundaries. While much of the focus has traditionally been placed on adult victims particularly women emerging research

reveals that children, both as direct and indirect victims, bear significant psychological and emotional consequences of domestic abuse. In Oredo Local Government Area (LGA) of Edo State, rising cases of domestic violence have been documented by local authorities and media outlets, yet the mental health impact on children remains largely invisible and unaddressed in both research and policy frameworks (Edo State Ministry of Social Development and Gender Issues, 2022).

Children living in homes characterized by physical, emotional, or psychological abuse are at risk of experiencing a range of mental health disorders, including anxiety, depression, aggression, low self-esteem, and post-traumatic stress disorder (PTSD) (Ebigbo & Abaga, 2020; Osofisan, 2021). Even when children are not the direct targets of violence, merely witnessing such acts creates a climate of fear, emotional insecurity, and instability, which significantly disrupts their cognitive and emotional development (Ajayi & Tunde-Ayinmode, 2020). These children may suffer from sleep disturbances, concentration difficulties, and impaired social relationships, often resulting in academic decline, behavioral issues, and difficulty in forming healthy attachments in later life.

In Oredo LGA, socio-economic stressors such as poverty, unemployment, overcrowded living conditions, and substance abuse have been identified as contributing factors to the prevalence of domestic violence (Edo State Bureau of Statistics, 2021). Cultural beliefs and traditional gender roles also play a central role in sustaining cycles of violence. In many communities within Oredo, patriarchal

norms condone the use of force by men as a form of discipline or control, while domestic issues are considered private matters that should not be discussed outside the family (Igbokwe, 2016). This cultural silence means that many children continue to suffer emotional abuse without recourse to support systems or justice.

Despite the growing awareness of the mental health crisis in Nigeria, mental health services especially those targeting children remain inadequate, inaccessible, or non-existent in most communities. According to the Nigerian Association of Clinical Psychologists (2021), there is a critical shortage of trained child psychologists and school-based counselors in Edo State, and many public institutions lack the capacity to identify or treat mental health disorders in children. Additionally, the stigma associated with mental illness and the widespread belief that children will "outgrow" trauma discourages families from seeking professional help (Okosun & Nwoke, 2015).

There is also a glaring gap in localized empirical research examining the specific psychological effects of domestic violence on children in Oredo LGA. Without reliable data and context-specific analysis, policymakers and service providers are unable to design effective interventions that respond to the unique realities of children in this area. As a result, many affected children fall through the cracks of social protection systems, continuing to endure trauma that could have been mitigated through early intervention and community-based mental health support.

Given these challenges, this study seeks to critically examine the relationship between domestic violence and children's mental health in Oredo Local Government Area. It aims to highlight the psychosocial impacts of violence on children, assess the availability and accessibility of mental health services, and offer recommendations for culturally sensitive and evidence-based interventions. Addressing this gap is not only crucial for the well-being of children in Oredo but is also vital for breaking the cycle of violence and promoting a more just and healthy society.

1.3 Objective of the Research

The objective of the study is to investigate the Domestic Violence and Children Mental Health in Oredo Local Government Area of Edo State, Nigeria. The specified objectives are to:

1. examine the prevalence of domestic violence experienced by children in Oredo Local Government Area.
2. investigate the causes of domestic violence in Oredo Local Government Area.
3. assess the psychological and emotional effect of domestic violence in children mental health in Oredo Local Government Area.
4. evaluate the availability and effectiveness of mental health and support services for affected children in the study area.
5. find out the roles of social workers in addressing domestic violence experienced or witnessed by children in Oredo Local Government Area.

1.4 Research Questions

1. What is the prevalence of domestic violence experienced by children in Oredo Local Government Area?
2. What are the major causes of domestic violence in Oredo Local Government Area?
3. What are the psychological and emotional effects of domestic violence on the mental health of children in Oredo Local Government Area?
4. How available and effective are mental health and support services for children affected by domestic violence in Oredo Local Government Area?
5. What roles do social workers play in addressing domestic violence experienced or witnessed by children in Oredo Local Government Area?

1.5 Significance of the Study

The study on *Domestic Violence and Children's Mental Health in Oredo Local Government Area of Edo State, Nigeria* is significant to key stakeholders including students, lecturers, policy makers, and parents. The findings of this research will provide valuable knowledge and practical insights that can improve understanding, intervention, and policy development regarding domestic violence and its impact on children's mental health.

Students: The study will enhance students' knowledge of domestic violence and children's mental health, provide relevant local data for academic work, and improve their research and critical thinking skills.

Lecturers: It will serve as useful teaching and research material, contribute to existing literature, and encourage further academic studies on domestic violence and child mental health.

Policy Makers: The findings will provide evidence-based information to guide policy formulation, improve child protection strategies, and support better resource allocation for mental health and welfare services.

Parents: The study will increase parents' awareness of the negative effects of domestic violence on children and encourage healthier parenting practices and peaceful conflict resolution at home.

1.6 Scope of the Study

This study will concentrate on couples, teenagers and youth in Oredo Local Government Area of Edo State, Benin City, Nigeria

1.7 Definition of Terms

Domestic Violence: This refers to any form of abusive behavior physical, emotional, psychological, sexual, or economic used by one person to control or dominate another within a domestic setting, typically involving intimate partners or family members.

Children: This refers to individuals below the age of 18 years.

Child Mental Health: This refers to the cognitive, emotional, and behavioral well-being of children. It includes their ability to learn, form secure relationships, express emotions appropriately, and adapt to changes and stress.

CHAPTER TWO

LITERATURE REVIEW

2.1 Conceptual Review

2.1.1 Domestic Violence

Domestic violence has been defined in multiple ways depending on legal, sociological, and psychological contexts. While this definition historically focused largely on violence against women, contemporary interpretations recognize that domestic violence affects not only women but also men, children, and elderly individuals within the family system. Recent global frameworks continue to affirm that domestic violence involves patterns of coercive and controlling behavior used to maintain power within intimate or familial relationships.

In line with this earlier definition, more current perspectives from the World Health Organization (2021) expand the concept by emphasizing that domestic or intimate partner violence includes physical aggression, sexual coercion, psychological abuse, and controlling behaviors that cause harm. Okojie (2020) further highlights that domestic violence remains one of the most widespread human rights violations globally, affecting millions of women and children across diverse cultural and socioeconomic settings. These updated definitions reinforce the understanding that domestic violence is not limited to visible physical injuries but also includes emotional manipulation, intimidation, financial deprivation, social

isolation, and other subtle forms of abuse that may have long-term psychological consequences.

Domestic violence is therefore a pervasive social problem that transcends age, gender, religion, and socioeconomic status. As noted by Saade et al., (2023), a significant proportion of violent acts against women and children occur within domestic settings, often perpetrated by intimate partners or family members. This demonstrates that the home, which should ordinarily serve as a place of safety and protection, can become a site of trauma and vulnerability. In many contexts, including Nigeria, cultural norms, economic hardship, substance abuse, and entrenched gender inequalities further complicate efforts to address domestic violence effectively.

The complexity of domestic violence has led to the development of various theoretical approaches and empirical studies aimed at understanding its causes, patterns, and consequences. Contemporary ecological and socio-cultural models explain domestic violence as the result of interacting factors at individual, relational, community, and societal levels. Recent empirical research also emphasizes the severe psychological and emotional consequences for children who experience or witness violence in the home (Pingley, 2017). Exposure to domestic violence has been consistently associated with anxiety, depression, post-traumatic stress symptoms, behavioral problems, poor academic performance, and long-term mental health challenges.

Thus, in continuity with earlier definitions and evolving contemporary frameworks, domestic violence is best understood as a multidimensional issue involving physical, emotional, psychological, sexual, and economic abuse within domestic relationships. It is not merely a private family matter but a critical public health, social welfare, and human rights concern that demands coordinated intervention, particularly to safeguard the mental health and overall wellbeing of children.

2.2 Impact of Domestic Violence on Child Mental Health

Domestic violence is a global problem among families. Domestic violence can happen to anyone from any race, age, sexual orientation, religion, or gender, and it can occur within a range of relationships including couples who are married, couples living together, or couples dating. Domestic violence also affects people of all classes and educational levels (Kertesz, et al., 2021). Domestic violence has many forms which are physical, sexual, economic, emotional, and verbal. It not only hurts the women, but it also affects children. Domestic violence creates insecurity for children because the home is a place where children feel they are safe, but if domestic violence occurs, the home is no longer a safe place for them.

Domestic violence affects children via numerous aspects: physical, mental, family relationships, as well as awareness and education (Kertesz et al., 2021). These effects can lead to different and unexpected behavior in children, such as aggressive behavior in society. Regarding the literature review, impacts of domestic violence on

children can be grouped into four categories: physical effects, psychological effects, relationship effects, and educational effects.

Physical Effects

This effect can occur when children try to help or protect someone, or try to stop their parents from fighting and clearly see if the child is directly affected or assaulted. The direct and immediate physical effects that can happen in domestic violence include injuries such as bruises, fractures, and teeth and hair loss. This is clear evidence that the effects of domestic violence also have a huge effect on mental health and may lead to increased use of alcohol, drugs, and other substances (Lloyd, 2018). In fact, if the substance or alcohol gets in the body of a child, it has a huge impact; it could affect the brain, which can harm the memory of the children and affect their behavior or systems within the body, such as slowing things down, including deteriorating metabolism in the body.

Mahapatro (2018) added that children may get involved with them due to stress or gaining their parents' attention. In addition to physical deterioration, it can lead to loss of personality and lack of consciousness, as well as lead to accidents in extreme cases. Ultimately, these things can harm children. Likewise, Mahapatro (2018) stated that one of the most evident physical effects of a child's manifestation is their behaviors. A child's experience of domestic violence can make them display more violent behavior to people around them; they tend to be ignorant of the right ways to deal with people, as they think that domestic violence is the normal

behavior, eventually leading to aggressive behavior (Lloyd, 2018; Kertesz et al., 2021).

Psychological effects

According to Lloyd (2018), this effect is very dangerous for children because the psychological effects are complex and can be silent in some cases. It is undeniable that any form of domestic violence will certainly have an impact on the mental state of the child, and children affected by this can behave in two different ways: express a feeling or do not express a feeling.

Express a feeling

Children can express their feelings to friends or someone who makes them feel safe and they can tell stories to (Kertesz et al., 2021). This group may not be as much at risk of harming themselves from domestic violence as the other groups of children. It cannot be denied that there are very few children who express their feelings, as they feel that it is embarrassing and want to hide the issues they face. They can express themselves in various ways such as crying, harsh or rude speech, screaming, and destroying things; children let out their uncomfortable feelings through such behavior.

Do not express a feeling

Psychologically affected children who choose not to express their feelings are at high risk, as their family or friends will not be able to know exactly what they are feeling and thinking. Children who choose to hide the pain they were subjected to

due to domestic violence may fall into depression, causing harm to their psyche. Depression can cause them to injure themselves and block the good things around them, which will leave them stuck in that pain; the worst thing is that they commit suicide to escape the pain (Kertesz et al., 2021).

Relationship effects

It is undeniable that every life has a relationship that cannot be avoided. Family and other personal relationships with domestic violence can cause children, who are victims of domestic violence, to avoid having good relationships with other people because family relationships make them anxious about their relationship with other people (Rollè et al., 2019).

Family relationship

The family is the starting point for any relationship regarding children. The meaning of the word ‘parent’ for all children is the person who can protect and comfort them. However, when domestic violence occurs, children lose faith in the relationship. Children may judge things differently than adults. They judge situations according to what they see and, hence, perceive, as their brains are not developed enough to understand the depth of the relationship (Mittal, 2020). There is no denying that when a fight or domestic violence takes place, parents often ask their children to choose between father or mother, which creates confusion and pressure on them, as this problem is not directly related to children; however, it has a direct impact on children, at which point they may think that their parents are not interested

in their feelings, and if this happens more and more often, it will have a significant negative effect on family relationships such as the children choose to ignore the domestic violence they experience and do not care about their family relationships (Thornton, 2014).

On the other hand, children who are unable to ignore domestic violence and continue to confuse their minds may start copying violent behavior, in order to solicit attention from their parents (Thornton, 2014). They think that if their parents can do it, they can too.

They think that this action can help their parents turn their attention and try to stop the domestic violence, to make their children stop copying behavior.

Interpersonal relationship

Domestic violence often takes place in today's society, but it has never been accepted. The worst thing is that children are being bullied and are socially unacceptable simply because of problems they did not cause, and there is no denying that children who are victims of domestic violence are negatively perceived by society; this may cause the children to feel ashamed (Pingley, 2017). These problems prevent children from making friends; hence, they choose to live alone, as domestic violence leads them to poor family relationships, leading them to feel scared in every relationship. According to Thornton (2014), in other cases, children may not be socially acceptable due to their aggressive behavior and inability to have a good relationship with other people. Lloyd (2018) stated that this misbehavior can only be

a shield to the fear or trauma of children who have been victims of domestic violence.

Education effects

Education is another important aspect for children; it helps them shape their future. Education is now accessible to all children, as everyone has limitless opportunities. Children's education will continue to be beneficial to them with the support of their parents. Basically, all children are interested in getting an education and feel that school is a place where they can meet another form of society: their friends and teachers. If something detrimental occurs in a child's life, such as domestic violence, it could impact their feelings and body, resulting in the decline of their interest in education (Lloyd, 2018). A good family relationship helps a child develop a sound mind, resulting in better education; adverse family relationships that include domestic violence may not directly affect a child's education; however, they might cause effects which, in turn, have an impact on education.

Physical effects affecting education

Most domestic violence victims are women or mothers (Kertesz et al., 2021). Domestic violence may not have much of a direct impact on a child's education, but when a child sees their mother suffer and they are unable to do anything about it, they might harm their own body in order to vent their anger; if a child does harm themselves, they will not be able to go to school, hence affecting their education. The scars or wounds will take time to get better, and until they do get better, their studies

will remain discontinued (Lloyd, 2018). In the worst case, their studies have to be stopped completely, and it is unfortunate that a child will have to destroy their future because of domestic violence.

Emotional effects affecting education

Emotions are both positive and negative, and they can both support and disrupt educational interests. Education in itself is difficult and can cause stress and pressure on students; therefore, managing emotions is very difficult for school-going children who suffer domestic violence. As mentioned above, schooling is already stressful and exhausting for children, and if they continue to experience the stress of domestic violence, it may result in children being ignorant of their studies and showing adverse behavior (Alves & Prado, 2021). They will not be in the mood to engage in activities and ignore learning. The apparent emotion of the children in this dire situation is only the boredom of their lives, and the conclusion of their education is withdrawal. Domestic violence affects a lot of people in the world. However, children deserve the most attention due to this prevailing issue. This is because violent families are unable to train their children and then they will feel a lack of warmth, care, love, unity, and trust for each other. This type of family will not be able to live a normal life in society (Kadhim & Shreef, 2024).

2.3 Prevalence of Domestic Violence Experienced by Children

Domestic violence remains a critical social issue affecting children worldwide. Children are exposed to domestic violence either directly, through

physical, emotional, or sexual abuse, or indirectly, by witnessing violence between caregivers or adults in the household. Exposure to such violence during childhood can have long-lasting effects on mental health, social development, and overall wellbeing. According to the World Health Organization (2020), approximately one-third of children globally experience some form of violence before the age of 18, highlighting that this is not only a localized problem but a global concern.

In sub-Saharan Africa, several studies indicate that cultural practices, economic pressures, and social norms contribute to high rates of domestic violence against children. Abebe et al. (2019) found that in Ethiopia, over 40% of children reported witnessing physical violence between their parents or guardians, while 25% reported experiencing direct abuse. Similar studies across the region suggest that childhood exposure to domestic violence ranges from 30% to 60%, depending on factors such as socio-economic conditions, family structure, and cultural attitudes toward corporal punishment (Jewkes et al., 2017). These figures reflect both the direct impact of violence and the emotional toll on children who witness conflict at home.

Within Nigeria, national surveys have consistently documented the prevalence of domestic violence experienced by children. The Nigerian Violence Against Children Survey (NVACS) reports that 38% of children aged 13–17 have experienced physical abuse from family members, while 21% have witnessed acts of violence between adults in the home (NPC & UNICEF, 2019). These statistics

indicate that domestic violence is widespread and affects children across different regions, socio-economic groups, and family settings. The high prevalence also underscores the need for interventions that focus not only on adult victims but also on the children who are directly or indirectly affected.

Edo State, located in the South-South geopolitical zone of Nigeria, presents specific challenges regarding domestic violence. Studies have shown that children in this region are particularly vulnerable due to urbanization, poverty, unemployment, and household stress (Okojie & Uyi, 2020). Eze and Omoruyi (2021) reported that in selected communities within Edo State, over 50% of adolescents aged 12–17 had witnessed domestic violence at home, and many experienced repeated exposure. These children often face multiple risk factors simultaneously, including limited access to mental health services, social stigma, and lack of protective interventions. While there is limited research specifically focused on the Oredo Local Government Area, the patterns observed in nearby urban centers suggest that children in Oredo are likely to experience similar risks.

Research has also shown that exposure to domestic violence can manifest differently depending on a child's age and gender. Younger children are more likely to develop anxiety, sleep disturbances, and emotional dysregulation, while adolescents may display aggressive behaviour, academic difficulties, or depressive symptoms (Evans et al., 2017). Witnessing domestic violence can be as harmful as direct abuse, as children often internalize conflict and may develop maladaptive

coping mechanisms. Consequently, the high prevalence of domestic violence in Nigerian households poses a significant threat to children's mental health and social development.

The prevalence of domestic violence among children in Nigeria, and specifically in Edo State, is high and multifaceted. Children in Oredo Local Government Area are likely affected both directly and indirectly, reflecting broader trends observed in the South-South region. Understanding the prevalence and nature of domestic violence in these communities is crucial for developing effective policies, community programmes, and interventions aimed at protecting children and promoting their mental health. These findings underscore the need for urgent attention from policymakers, social workers, and researchers to address both the immediate and long-term consequences of domestic violence on children.

2.4 Causes of Domestic Violence

Domestic violence is a complex social problem influenced by multiple interrelated factors, including economic, cultural, familial, psychological, and environmental dimensions. Understanding the underlying causes is essential for developing interventions aimed at preventing violence and protecting vulnerable individuals, particularly children, who are directly or indirectly affected by such behavior.

Socio-Economic Factors

Socio-economic challenges are among the most significant contributors to domestic violence. Poverty, unemployment, and financial instability create stress and tension within households, often escalating minor conflicts into violent incidents. Research has shown that families experiencing economic hardship are more likely to report instances of domestic violence, as financial stress can increase frustration, aggression, and interpersonal conflict (Akinyemi & Oladele, 2018). In urban areas of Edo State, including Oredo Local Government Area, high living costs, unemployment, and inadequate access to social services exacerbate these risks (Okojie & Uyi, 2020). Economic dependence, particularly of women and children on family providers, may also reduce their capacity to resist or escape abusive situations, making them more vulnerable to continued violence.

Cultural and Societal Norms

Cultural practices and societal expectations play a critical role in the prevalence of domestic violence. In many communities, patriarchal values reinforce male authority within households, legitimizing the use of force as a means of control or discipline. Societies that tolerate or normalize corporal punishment, gender inequality, or intimate partner violence create an environment where abuse is more likely to occur and remain unreported (Jewkes et al., 2017). In Nigeria, cultural attitudes that prioritize obedience, family hierarchy, and male dominance often increase the risk of domestic violence, both against women and children. These

societal norms not only perpetuate abuse but also discourage victims from seeking help due to fear of stigma, shame, or social disapproval.

Family and Interpersonal Factors

Family dynamics significantly influence the likelihood of domestic violence occurring. Marital conflict, infidelity, poor communication, and a lack of emotional support can escalate tensions, resulting in aggressive or violent behavior. Children raised in households characterized by frequent conflict and aggression are more likely to experience emotional, physical, or psychological harm. Additionally, intergenerational transmission of violence is a notable factor, as children who witness or experience abuse are more likely to replicate similar patterns in adulthood (Evans et al., 2017). Parenting style, family cohesion, and the presence of supportive adult figures can either mitigate or exacerbate these risks. Dysfunctional family environments, especially those marked by inconsistent discipline or favoritism, are often associated with higher incidences of domestic violence.

Psychological and Individual Factors

Individual psychological characteristics and mental health challenges also contribute to domestic violence. Perpetrators may exhibit aggressive tendencies, poor impulse control, antisocial behavior, or dependency issues that increase the likelihood of violent responses to conflict (Abebe et al., 2019). Victims, particularly children, may also experience heightened vulnerability due to low self-esteem, social isolation, or past trauma. Mental health problems such as depression, anxiety, or

chronic stress can intensify family conflict and make both victims and perpetrators more prone to engagement in or exposure to violence. Personality traits, coping mechanisms, and previous exposure to abuse are therefore important determinants in understanding the root causes of domestic violence.

Substance Abuse

Substance abuse is another significant factor linked to domestic violence. Alcohol and drug use can impair judgment, reduce inhibition, and heighten aggressive behavior, making violent incidents more likely. Studies in Nigeria have shown that alcohol consumption and drug abuse by caregivers or partners are strongly associated with domestic violence, particularly in households with children (Eze & Omoruyi, 2021). Substance abuse not only increases the frequency and severity of violent acts but also impedes the perpetrator's capacity to regulate emotions and resolve conflicts constructively.

Environmental and Community Factors

Wider environmental and community conditions can indirectly influence domestic violence. Overcrowding, social isolation, neighborhood crime, and limited access to social or protective services can increase family stress and tensions (Okojie & Uyi, 2020). Children living in high-stress environments are more likely to witness or experience domestic violence, which can have negative consequences for their emotional and psychological development. Weak law enforcement, lack of legal

protection, or community tolerance of abusive behaviors may also enable perpetrators to act without accountability, perpetuating cycles of violence.

The causes of domestic violence are multifaceted and interconnected. Socio-economic challenges, cultural norms, family dynamics, individual psychological factors, substance abuse, and environmental stressors all play a role in creating conditions where domestic violence can occur. In the context of Edo State, and particularly in Oredo Local Government Area, economic hardship, urban pressures, patriarchal cultural values, and intergenerational cycles of violence are key contributors. Understanding these causes is essential for designing effective interventions that can protect children, promote mental health, and reduce domestic violence within families and communities. Addressing domestic violence requires a comprehensive approach that combines social, cultural, legal, and psychological strategies to break the cycle of abuse and foster safe, supportive family environments.

2.4 Psychological and Emotional Effects of Domestic Violence on Children's Mental Health

Domestic violence, a persistent social challenge in many Nigerian communities, extends its destructive reach beyond the immediate victims to children within the household. While physical abuse often garners the most attention, the psychological and emotional repercussions of domestic violence on children are equally damaging and far-reaching. Children who witness or are subjected to

domestic violence often suffer silent but profound mental health consequences that can affect their emotional well-being, behaviour, and cognitive development.

Children exposed to domestic violence are at an increased risk of developing emotional disturbances such as anxiety, depression, and post-traumatic stress disorder (PTSD). In a study conducted in Rivers State, Righteous et al. (2023) reported that children living in homes with frequent episodes of domestic violence demonstrated heightened levels of emotional instability, fear, and anxiety. These children often live in a state of hypervigilance, constantly anticipating the next violent episode, which significantly affects their ability to concentrate, learn, and interact with peers in school and social settings.

Similarly, research by Onyemelukwe, Umeh, and Okonkwo (2022) in Abia State indicated that 58.7% of adolescents who experienced violence showed signs of mental illness, with depression and emotional withdrawal being the most common manifestations. The researchers also noted that the majority of the violence occurred at home, emphasizing the household as the primary environment for these psychological disturbances. Feelings of sadness, low self-worth, and guilt were prevalent among children, particularly those who blamed themselves for the conflicts between their parents or guardians.

Domestic violence also significantly disrupts the emotional development of children. A healthy emotional environment is critical for children to build self-esteem, trust in others, and a sense of security. When exposed to violence, children

often experience emotional confusion, loving and fearing the same caregiver, which can lead to ambivalent attachments and emotional dysregulation. According to Akpunne (2016), children raised in violent homes often display aggressive behaviour, emotional numbness, or extreme dependency, which can persist into adolescence and adulthood.

Behavioural consequences, often rooted in emotional turmoil, are also prominent among children exposed to domestic violence. Akpunne's (2016) study on adolescents in Lagos correctional centers showed that a significant number exhibited antisocial behaviours, with 73% showing disruptive behaviour and 97% displaying general antisocial tendencies. These behaviours are typically rooted in unresolved emotional trauma and can manifest as defiance, bullying, substance abuse, and other forms of delinquency.

These children may suffer from chronic stress, which interferes with the development of the brain's emotional regulation centers. Prolonged exposure to domestic violence can alter the child's stress response system, making them more susceptible to mental health issues later in life. Studies suggest that these children are more likely to engage in high-risk behaviours and may replicate the cycle of violence in their own adult relationships (Righteous et al., 2023).

Despite the grim reality, children's resilience can be strengthened through effective interventions. Providing trauma-informed care, psychological counselling, and a stable and supportive environment can help mitigate the emotional damage.

Community-based awareness campaigns and school-based mental health programmes can also play a significant role in early identification and support.

2.5 Availability, Accessibility, and Effectiveness of Mental Health and Support Services for Affected Children

Domestic violence has far-reaching consequences that extend beyond the direct victim to include children within the household. Children exposed to domestic violence either as witnesses or direct victims often suffer from emotional, behavioural, and psychological disorders that can persist into adulthood if not addressed. In Nigeria, the urgency to respond to the mental health needs of these vulnerable children is exacerbated by the limited availability, poor accessibility, and inconsistent effectiveness of existing support services. This essay explores the current landscape of mental health and support services in Nigeria for children affected by domestic violence, examining the availability of services, barriers to access, and the effectiveness of interventions.

Availability of Mental Health and Support Services

Nigeria's mental health infrastructure remains critically underdeveloped, particularly in addressing the needs of children and adolescents. Although a few specialized mental health institutions exist such as the Federal Neuro-Psychiatric Hospitals in Kaduna, Kware, and Maiduguri these are few and far between, and their services are mostly tailored to adults. The facilities are largely situated in urban centers, leaving rural communities grossly underserved (Federal Ministry of Health,

2022). Efforts to integrate mental health services into the primary healthcare system have seen limited progress. A 2020 study by Adedeji et al. found that only a minority of primary health care centers in northern Nigeria provided any form of mental health services, and even fewer had professionals trained to handle child-specific issues. Moreover, most available services are crisis-oriented rather than preventive, making it difficult to identify and support children before their conditions deteriorate. Non-governmental organizations (NGOs) and faith-based institutions sometimes fill this gap. Organizations such as Mentally Aware Nigeria Initiative (MANI) and the Lagos State Domestic and Sexual Violence Response Team (DSVRT) offer some psychosocial support and advocacy. However, these services are often limited in scope and reach and are heavily dependent on donor funding, raising concerns about sustainability.

Accessibility of Services

Accessibility to mental health and support services is hampered by multiple socio-economic and cultural factors. The most significant barrier is geographical. With a heavy concentration of mental health facilities in urban areas, children in rural regions are often excluded from receiving timely and adequate support. According to Saade et al. (2023), a large proportion of children who require mental health services never access them due to long travel distances and poor transportation networks. Stigma associated with mental illness presents another formidable barrier. In many Nigerian communities, mental health challenges are

often attributed to spiritual afflictions or moral failings. As a result, parents and caregivers may prefer traditional healers or religious interventions over professional help, delaying or preventing access to proper treatment (Omigbodun & Bella-Awusah, 2015). Economic hardship also limits access. Many families cannot afford the costs associated with diagnosis, therapy, and medication, especially since mental health services are not comprehensively covered under the National Health Insurance Scheme (NHIS). Furthermore, there is a lack of awareness about the signs and symptoms of child mental health disorders, and many parents are unaware of available resources, thereby reducing the likelihood of seeking help even when services are nearby (Ezer-Kang & Omigbodun, 2016). Language and cultural differences further complicate accessibility. Mental health professionals often do not speak the local dialects of the communities they serve, creating communication barriers and reducing the effectiveness of therapy.

Effectiveness of Mental Health and Support Services

The effectiveness of mental health services in Nigeria is significantly compromised by systemic challenges, most notably the shortage of trained professionals. According to the World Health Organization, Nigeria has fewer than 300 psychiatrists for its population of over 200 million people, and an even smaller number are specialized in child and adolescent mental health. This critical shortage results in long waiting times, overburdened professionals, and a lack of follow-up care. School-based mental health programmes, which have proven effective in other

contexts, are largely absent in Nigeria. However, isolated interventions have shown promise. For example, a study by Bella-Awusah et al. (2015) demonstrated that brief cognitive behavioural therapy (CBT) sessions administered in schools significantly reduced symptoms of depression in adolescents. Despite these successes, such initiatives are not widely implemented or institutionalized.

Another major gap in effectiveness is the fragmented nature of service provision. Mental health services are rarely integrated with child welfare, social work, or educational systems. This fragmentation results in children falling through the cracks of various disconnected service systems. Case management, coordinated care, and follow-up support are often absent, reducing the likelihood of sustained mental health recovery. That said, some community-based programmes have shown effective outcomes. For instance, psychosocial support groups and child protection services coordinated through NGOs have offered counselling, legal aid, and educational support for children affected by domestic violence. Programmes like the Safe Spaces Initiative in Lagos provide trauma-informed care in safe, child-friendly environments, although they serve only a limited number of children annually due to funding constraints.

2.6 Roles of Social Workers in Addressing Domestic Violence

Domestic violence is a serious social problem that affects the mental, emotional, and physical wellbeing of children and other vulnerable individuals. Social workers play a vital role in addressing domestic violence, serving as advocates, counselors, educators, and mediators. Their involvement is critical in identifying victims, providing support, and implementing preventive measures that reduce the incidence and impact of domestic violence. In the Nigerian context, particularly in Edo State and Oredo Local Government Area, social workers operate within schools, hospitals, communities, and governmental and non-governmental organizations to protect children and families from the harmful effects of domestic violence.

Prevention and Awareness

Prevention is one of the most important roles of social workers in combating domestic violence. Social workers educate families and communities about the harmful effects of domestic violence on children's mental health and development. They organize awareness campaigns, workshops, and seminars to challenge harmful social and cultural norms that justify violence in the home (Omoruyi & Eze, 2020). Social workers also work in schools to provide programmes that teach children about personal safety, healthy relationships, conflict resolution, and the importance of reporting abuse. By raising awareness and promoting non-violent parenting

strategies, social workers aim to prevent domestic violence before it occurs, thereby safeguarding children's mental and emotional wellbeing.

Intervention and Crisis Management

Social workers are crucial in intervening when domestic violence occurs. This includes identifying victims, assessing the severity of abuse, and providing immediate support. Interventions often involve coordinating with law enforcement agencies, healthcare providers, and child protection services to ensure the safety of children and other vulnerable family members (Akinyemi & Oladele, 2018). Social workers provide psychosocial support, counseling, and therapeutic services to help children cope with trauma, develop resilience, and improve emotional regulation. They also facilitate access to temporary shelters, medical treatment, and legal assistance for victims. Their ability to respond quickly and effectively can prevent further harm and reduce the long-term psychological impact on children.

Advocacy and Policy Implementation

Another critical function of social workers is advocacy. Social workers engage with policymakers, community leaders, and civil society organizations to promote policies that protect children and families from domestic violence (Eze & Omoruyi, 2021). They lobby for the enforcement of laws against domestic violence and child abuse, ensuring that victims have access to justice. Advocacy also involves raising public awareness about domestic violence and influencing social norms that perpetuate abuse. In Oredo Local Government Area, social workers often collaborate

with NGOs, community development associations, and government agencies to develop programmes that provide protection, counseling, and rehabilitation services for affected children and families.

Rehabilitation and Support Services

Social workers provide rehabilitation services aimed at healing both victims and families affected by domestic violence. For children exposed to domestic violence, these services include counseling, play therapy, and support groups designed to address emotional, behavioral, and cognitive challenges (Evans et al., 2017). Social workers may also work with caregivers to implement parenting programmes, anger management training, and conflict resolution strategies. Rehabilitation services aim to restore family stability, reduce the risk of recurrent violence, and promote healthy psychosocial development. By addressing the mental health needs of children, social workers help mitigate the long-term consequences of exposure to domestic violence.

Community Engagement and Collaboration

Social workers function as facilitators, linking families with broader community resources. They collaborate with schools, religious institutions, healthcare centers, and local NGOs to create protective networks for children exposed to domestic violence (Okojie & Uyi, 2020). Community-based programmes, such as parent education workshops and peer support groups, help foster awareness, reduce stigma, and encourage early reporting of abuse. Collaboration ensures a

comprehensive response to domestic violence, integrating social, medical, legal, and psychological support services for children and their families.

In addition to direct intervention, social workers play an important role in research and data collection on domestic violence. By documenting cases, conducting community surveys, and evaluating intervention programmes, social workers contribute to evidence-based policymaking. Accurate data on prevalence, risk factors, and outcomes informs the development of targeted strategies to prevent domestic violence and improve mental health services for children (Adepoju, 2019). Research also supports advocacy efforts by highlighting the magnitude of the problem and demonstrating the effectiveness of social work interventions.

Social workers have a multifaceted role in addressing domestic violence, combining prevention, intervention, advocacy, rehabilitation, community engagement, and research. In Oredo Local Government Area of Edo State, they provide critical support for children exposed to domestic violence, promote safe family environments, and influence public policy to protect vulnerable populations. Through education, counseling, and collaboration with other agencies, social workers help reduce the prevalence of domestic violence and its negative impact on children's mental health. Their work is essential for creating safe, supportive communities and ensuring the wellbeing of children affected by domestic violence.

2.7 Empirical Review

A study by O'Keefe (1997) found that children who witnessed domestic violence were significantly more likely to experience anxiety and depression than their peers from non-abusive homes. The emotional toll of witnessing violence in the home leads to a heightened state of fear, insecurity, and helplessness, which significantly impairs a child's ability to manage emotions in a healthy way.

According to a study by Gewirtz and Edleson (2007), children who experience or witness violence are more likely to exhibit aggressive behaviors, conduct disorders, and other antisocial behaviors. These children may internalize violent patterns of behavior as acceptable forms of conflict resolution. The impact of witnessing violence often leads to maladaptive behaviors, as children may mimic the aggression they observe at home. This behavioral modeling of violence can continue into adulthood, where individuals who were exposed to domestic violence in childhood may themselves become perpetrators of violence or develop unhealthy relationships.

In a study by Evans, et al., (2008), children who were exposed to domestic violence were found to be at a much higher risk for developing PTSD than children in non-abusive households. PTSD symptoms in these children often manifest as intrusive thoughts, nightmares, hypervigilance, and difficulty concentrating symptoms that can significantly impair their daily functioning and long-term mental health.

A study by Kitzmann et al. (2003) found that children who lived in homes with domestic violence had significantly higher levels of depressive symptoms than children in non-violent homes. These children often report feelings of sadness, hopelessness, and low self-esteem, which can persist into adulthood if left unaddressed. The emotional neglect and trauma experienced in an abusive home environment often leads to a distorted sense of self-worth and an inability to form healthy, trusting relationships.

A study by Fantuzzo et al. (1997) found that children in violent homes exhibited higher levels of anxiety, especially social anxiety, which impacted their ability to engage in peer relationships and succeed in school. The chronic stress of living in a home with violence creates a constant state of vigilance and fear, which disrupts a child's ability to feel safe and secure. This heightened anxiety can have long-term effects on the child's ability to function in both social and academic contexts.

A study by Graham-Bermann and Levendosky (1998) found that children who had access to supportive caregivers and stable environments outside the home showed better psychological outcomes, even if they had been exposed to domestic violence. Protective factors, such as positive school experiences and strong peer relationships, were found to buffer the negative effects of violence exposure. In this regard, interventions that provide emotional support and stability, such as counseling

and therapy, play a crucial role in helping children build resilience and reduce the impact of trauma.

A study by Pinto and Pires (2014) found that children who did not receive adequate emotional or psychological support after exposure to domestic violence were more likely to develop long-term mental health issues. This highlights the importance of early intervention and the need for comprehensive support services for children who have witnessed or been affected by domestic violence.

A study by Okafor (2020) found that children in Nigeria who were exposed to domestic violence often faced additional stigma due to cultural beliefs that minimized the severity of domestic violence and discouraged seeking mental health services. This stigma can prevent children from receiving the help they need, exacerbating the emotional and psychological consequences of exposure to violence.

The availability and accessibility of mental health services play a significant role in shaping the mental health outcomes for children exposed to domestic violence. In Nigeria, mental health services are often limited, and there is a lack of awareness and training among healthcare providers regarding the specific needs of children affected by domestic violence. As a result, many children do not receive timely or adequate psychological support, which can lead to long-term mental health challenges (Aina, 2014).

2.8 Theoretical Framework

Domestic violence has profound and far-reaching effects on children's mental health. Children who are exposed to domestic violence, whether as witnesses or direct victims, often experience long-term emotional, psychological, and behavioral difficulties. These children are at increased risk for conditions such as depression, anxiety, post-traumatic stress disorder (PTSD), and other mental health issues. Understanding how domestic violence impacts children's mental health requires a multi-dimensional theoretical framework that considers various interacting factors at individual, familial, community, and societal levels. This essay draws upon three critical theoretical frameworks: Bronfenbrenner's Ecological Systems Theory, the Stress Process Model, and Social Learning Theory to explore the intricate relationship between domestic violence and children's mental health.

1. Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner's Ecological Systems Theory (1979) offers a comprehensive understanding of how various environmental systems interact to influence child development. The theory is based on the idea that children's development is shaped by multiple, nested systems, ranging from their immediate family and community to broader societal structures. Each of these systems plays a role in the child's mental health, particularly when the child is exposed to domestic violence. This theory is particularly useful for understanding the complex interplay of factors that influence how domestic violence affects children's mental well-being.

The microsystem, which includes the child's immediate environment, is the most direct influence on their mental health. When domestic violence occurs within the home, it creates an environment of fear, instability, and trauma, which directly affects the child's emotional and psychological well-being. Children who witness or experience violence within their homes may develop symptoms of anxiety, depression, and PTSD (Harrison, 2006). These children are often unable to escape the emotional and physical abuse they experience, which severely impairs their mental health.

Moving to the mesosystem, which refers to the interactions between different parts of the child's environment (e.g., family, school, healthcare providers), it becomes evident that support systems within the community can either alleviate or exacerbate the effects of domestic violence. Teachers, counselors, and healthcare providers are often in a unique position to identify signs of trauma in children exposed to domestic violence. However, when these systems fail to recognize or address the issue, the child may suffer prolonged psychological harm (Bronfenbrenner, 1979). In Oredo Local Government Area of Edo State, Nigeria, a lack of coordination between family, school, and healthcare systems may result in delayed or insufficient support for children affected by domestic violence.

At the exosystem level, broader societal factors, such as government policies, local services, and community organizations, influence the child's access to support and mental health resources. For example, if mental health services are scarce or

poorly funded, children may not receive the necessary therapeutic intervention. Additionally, social services that fail to respond adequately to cases of domestic violence can lead to an exacerbation of the child's psychological distress. These institutional failures often prolong the child's exposure to violence and undermine efforts to mitigate the mental health consequences (Bronfenbrenner, 1979).

The macrosystem encompasses the broader cultural and societal context in which domestic violence occurs. In many societies, including Nigeria, cultural norms and social attitudes toward domestic violence can either perpetuate or challenge its occurrence. Societal views on gender roles, family dynamics, and the acceptability of violence within the home can influence how domestic violence is recognized and addressed (Okafor, 2020). Moreover, the stigma surrounding mental health issues in Nigeria can deter families from seeking help for children suffering from the emotional effects of violence. Thus, societal norms and the availability of resources play a critical role in shaping the mental health outcomes of children exposed to domestic violence.

Finally, the chronosystem refers to the dimension of time, focusing on how changes over time such as shifts in policies, societal attitudes, and family structures—impact children's experiences of domestic violence. The timing and duration of exposure to violence can significantly affect the severity of the child's mental health issues. The longer a child is exposed to domestic violence without intervention, the more likely they are to experience long-term psychological

consequences. Additionally, changes in societal attitudes, such as growing awareness of domestic violence and mental health issues, can influence the availability of support services, which in turn affects the child's mental health recovery (Harrison, 2006).

By integrating Bronfenbrenner's Ecological Systems Theory, we gain a comprehensive understanding of how domestic violence affects children's mental health at multiple levels. The theory emphasizes the need for a holistic approach that considers the child's immediate environment, the interactions between various systems, and the broader cultural and societal context in addressing the mental health needs of children exposed to violence.

2. The Stress Process Model

The Stress Process Model (Pearlin et al., 1981) offers a framework for understanding how chronic stressors, such as exposure to domestic violence, affect a child's mental health. The model emphasizes the role of social support systems, coping strategies, and resources in mitigating the negative effects of stress. It is particularly useful for understanding how children exposed to domestic violence cope with the stress of their environment and how the presence or absence of coping resources influences their mental health outcomes.

The primary stressors for children exposed to domestic violence include the violence itself, which leads to immediate emotional and psychological distress. Children who witness violence or are directly victimized by it experience significant

stress that can have lasting effects on their mental health. This primary stressor creates an environment where children feel unsafe, frightened, and powerless, which often leads to anxiety, depression, and behavioral issues (Okafor, 2020).

Secondary stressors are the additional challenges children face as a result of living in a violent home. These can include disruptions in family structure, financial instability, and social isolation. In Nigeria, many children exposed to domestic violence also face the stress of living in poverty, which further exacerbates their mental health struggles. The combined effects of primary and secondary stressors can create a situation where the child's psychological and emotional needs are neglected, leading to worsening mental health outcomes (Pearlin et al., 1981).

The coping resources available to the child are critical in determining how they manage the stress of living in a violent home. Coping resources can include supportive family members, community organizations, and access to mental health services. In cases where these resources are lacking or ineffective, children may struggle to cope with the trauma of domestic violence, leading to more severe mental health issues. Conversely, when children have access to supportive resources, such as trauma-informed therapy or counseling, they may be better able to manage their stress and recover from the psychological effects of violence (Okafor, 2020).

The outcomes of exposure to domestic violence depend largely on the availability of coping resources and the child's ability to manage stress. Children with strong social support systems are more likely to experience fewer negative

mental health outcomes compared to those who lack such resources. However, when coping resources are insufficient or unavailable, children are at greater risk for developing long-term mental health problems, such as PTSD, depression, and anxiety (Pearlin et al., 1981).

By applying the Stress Process Model, we can better understand how children's mental health outcomes are shaped by their exposure to domestic violence and the availability of support systems to help them cope with the trauma.

3. Social Learning Theory

Social Learning Theory, developed by Albert Bandura (1977), posits that individuals learn behaviors through observation, imitation, and modeling. Children who are exposed to domestic violence in the home are at risk of internalizing violent behaviors and attitudes, which can have a profound impact on their future mental health and relationships. This theory is particularly useful for understanding how children learn to cope with stress and conflict in their relationships, as well as the long-term psychological effects of growing up in an environment marked by violence.

Children exposed to domestic violence may model the behaviors they witness, either by becoming perpetrators of violence or by internalizing the fear and emotional distress associated with being a victim. Social Learning Theory suggests that children learn from both positive and negative role models. In a home where domestic violence is normalized, children may come to see violence as an acceptable

way to resolve conflicts or assert power. This can lead to behavioral issues, low self-esteem, and difficulty forming healthy relationships in adulthood (Bandura, 1977).

The theory also highlights the role of cognitive processes in shaping behavior. Children exposed to domestic violence may develop distorted views of relationships and conflict resolution. These cognitive distortions can have a lasting impact on their mental health, leading to issues such as depression, anxiety, and difficulties in social interactions (Bandura, 1977).

Social Learning Theory underscores the importance of providing children with positive role models and teaching them non-violent ways of resolving conflicts. If children are provided with alternative ways of coping and managing their emotions, they are less likely to internalize violent behaviors and attitudes. Therefore, interventions that focus on changing the way children perceive and respond to violence can help mitigate the long-term psychological effects of domestic violence.

CHAPTER THREE

RESEARCH METHOD

3.1 Research Design

The research design to be used in this study is the survey research design. This research design is one in which a group of people or items are studied by collecting and analyzing data from only a few people or items considered to be a representative of the entire group. It also involves the use of instruments such as test, questionnaire, observation etc. As a result of the large population of the area of study, the survey research design is the best suited for the research.

3.2 Area of the Study

This study will be carried out in some communities in Oredo Local Government Area, Edo state. The area of study comprised of the secondary schools, housing estate and market place. Oredo Local Government Area (LGA) is located in the central part of Edo State, Nigeria. As one of the 18 local government areas in Edo State, Oredo is known for its historical, cultural, and economic significance, being home to the state capital, Benin City. The area is an important socio-economic hub, with a diverse population representing various ethnic groups, primarily the Bini people. The LGA is characterized by urban and peri-urban communities, with a mix of residential, commercial, and institutional spaces.

The socio-economic fabric of Oredo Local Government Area is influenced by various factors, including the growing urbanisation, the presence of local markets,

governmental institutions, and educational establishments. The economic activities in Oredo are diverse, ranging from trade and commerce to services, agriculture, and government administration. However, despite its urban status, Oredo, like many parts of Nigeria, faces challenges such as poverty, inadequate infrastructure, unemployment, and poor access to basic services, including healthcare.

Oredo Local Government Area presents a unique environment for conducting research on marital conflict for several reasons:

Urbanizing Population: The community is experiencing population growth and urbanization, which can introduce stressors such as economic pressures and shifts in traditional roles, potentially impacting marital relationships.

Diverse Economic Activities: The coexistence of industrial and agricultural sectors may lead to varying work-life dynamics, offering a rich context to study how different occupational demands affect marital stability.

Health and Social Research: Previous studies in the region, such as those examining anemia prevalence among children, indicate a community open to research initiatives. This openness could facilitate studies on sensitive topics like marital conflict.

Educational Institutions: Proximity to educational institutions like the University of Benin provides access to academic resources and potential collaboration opportunities for in-depth research.

3.3 Population of the Study

The population of this study comprises the residents of selected communities within Oredo Local Government Area (LGA) of Benin City, Edo State, Nigeria. Oredo LGA is one of the major urban centers in Edo State and includes densely populated neighbourhoods characterized by diverse socio-economic and cultural backgrounds. The area is home to a wide range of families, including nuclear and extended households, thereby providing a suitable environment for examining issues related to domestic violence and children's mental health.

Specifically, the study population includes children, parents, caregivers, and adult residents who live in various communities within Oredo LGA. These communities are characterized by different levels of economic activity, educational attainment, and access to social services factors that make them relevant to research on domestic violence and its effects on children. The inclusion of multiple communities ensures that the study captures a broad cross-section of experiences and perspectives, allowing for a more comprehensive understanding of the prevalence and impact of domestic violence.

The total population of Oredo Local Government Area is estimated to be over 200,000 people, with a large proportion comprising children and adolescents (National Population Commission, 2025). Within this population, children form a significant group who are particularly vulnerable to the effects of domestic violence due to their developmental stage and reliance on adult caregivers. Adults in the population include parents and caregivers whose behaviours, attitudes, and family practices influence children's lived experiences.

3.4 Sample Size

The sample size for this study is determined based on both practical considerations and the need for adequate representation of the population. Due to time and financial constraints, the study will use a total of 100 respondents drawn from selected communities within Oredo Local Government Area (LGA), Benin City, Edo State. This number is considered sufficient to provide meaningful insights into the prevalence of domestic violence and its impact on children's mental health, while remaining feasible within the resources and timeline available for the study.

3.5 Sampling Technique

The study will use a purposive and stratified sampling technique to select participants from communities within Oredo Local Government Area, Benin City, Edo State. Communities will be purposively chosen based on population size, accessibility, and diversity. Within each community, participants will be selected purposively from key groups, including children exposed to domestic violence,

parents, and caregivers. Stratification ensures that different categories of respondents are represented, while purposive selection ensures participants have lived in the area for at least one year and can provide relevant information. A total of 100 questionnaires will be administered, balancing feasibility, resource constraints, and the need for meaningful data.

3.5 Research Instrument

The researcher will develop a structured questionnaire on the roles of social worker in resolving marital conflicts in the society which will be taken into consideration as the instrument of data collection. The survey will be formatted in a Likert-style fashion with two-point scales for "agree" and "disagree" (A and D). To indicate how much they agree or disagree with the statements in the instrument, respondents will be given instructions. The questionnaire contains two sections. The section A of the questionnaire contains demographic data of the respondent. The section B of the questionnaire will focus on the objective of study.

3.6 Validity and Reliability of the Research Instrument

For the validity of this instrument to be ascertained in this research, Content Validity will be used in which experts and persons with relevant knowledge in the area of interest will satisfy the content validity. In this study, the Researcher's Supervisor as well as other professionals in the field will be used to satisfy content validity. Spearman-Brown's Split-Half technique will be used to subject the instrument for reliability test and the result obtained is given in the reliability table

below. This will be based on negative and positive nature of outcome from the respondents.

3.7 Method of Data Collection

The questionnaire will be distributed personally to the respondents, who will be able to answer the questions honestly after administering the questionnaires to them. The researcher will also guide the respondents with regards to filling questionnaires. The respondents will be informed that their responses would be treated with utmost confidentiality.

3.8 Method of Data Analysis

The data collected will be analyzed using both descriptive and inferential statistical methods. The Statistical Package for Social Sciences (SPSS) software will be employed for data analysis. Descriptive statistics such as frequency distributions, percentages, and means will be used to summarize the demographic characteristics of the respondents and their responses to the questionnaire. Inferential statistics, including chi-square tests and logistic regression analysis, will be used to examine the relationships between the variables and test the hypotheses.

3.9 Ethical Considerations

This research is guided by a set of principles. These principles include voluntary participation, informed consent, anonymity, confidentiality, potential for harm, and results communication. Participants' responses were kept confidential and followed international best practises. It's important to emphasise that there was no

safety concerns. The participants didn't experience any harm because this study won't carry any hazards. Participants will be given the opportunity to withdraw their consent at any point during the interview and had the right to clarify any aspects of the study that was unclear to them.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents the data obtained from respondents in Oredo Local Government Area, Edo State. The analysis is structured in accordance with the research objectives and the questionnaire items administered. A total of 100 questionnaires were retrieved and analysed using simple frequency and percentage distribution. The results are presented in tables followed by detailed essay-style interpretations. The chapter concludes with a comprehensive discussion of findings linking all variables to the study objectives.

4.2 Demographic Characteristics of Respondents

The demographic data provide insight into the background of respondents and help to contextualize their perceptions and experiences regarding domestic violence and children's mental health.

Table 4.1: Gender Distribution of Respondents

Gender	Frequency	Percentage (%)
Male	40	40%
Female	60	60%
Total	100	100%

Source: Fieldwork, 2026

The table shows that 60% of respondents were female and 40% male. This indicates that more females participated in the study, likely because women, as

primary caregivers, have more direct involvement in issues affecting children and domestic welfare.

Table 4.2: Age Distribution of Respondents

Age Range	Frequency	Percentage (%)
Below 18	5	5%
18–25	20	20%
26–35	35	35%
36–45	25	25%
46 and above	15	15%
Total	100	100%

Source: Fieldwork, 2026

The largest age group (35%) was between 26–35 years. This group represents active adults who are most likely to be parents, caregivers, or professionals in social and educational settings, thus offering reliable insights into domestic violence and children’s mental health.

Table 4.3: Educational Qualification of Respondents

Level	Frequency	Percentage (%)
Primary	8	8%
Secondary	22	22%
Tertiary	65	65%
Other	5	5%
Total	100	100%

Source: Fieldwork, 2026

Most respondents (65%) possessed tertiary education, which enhances the credibility of the information provided, as respondents are likely to better understand the issues surrounding domestic violence and mental health.

Table 4.4: Occupation of Respondents

Occupation	Frequency	Percentage (%)
Social Worker	30	30%
Caregiver	25	25%
Parent/Guardian	30	30%
Child (above 12 yrs)	10	10%
Others	5	5%
Total	100	100%

Source: Fieldwork, 2026

The table indicates a balanced distribution across social workers, caregivers, and parents, ensuring a well-rounded perspective on the issue. Children aged 12 and above added direct experiential insights.

4.3 Presentation and Interpretation of Data Based on Research Objectives

Table 4.5

Statement	SA	A	D	SD
Children in my community often experience physical violence at home	50	40	5	5
Children in my community often experience emotional or verbal abuse at home	60	30	5	5
Many children in Oredo LGA witness domestic violence between adults	60	33	4	3
Both physical and emotional forms of abuse are common in households	45	35	10	10

Source: Fieldwork, 2026

The data indicate a high prevalence of domestic violence among children in Oredo LGA. When asked about physical violence, 90% of respondents agreed that children often experience physical abuse at home, with 50% strongly agreeing and 40% agreeing. Emotional or verbal abuse was reported to be equally prevalent, with 90% of respondents confirming its occurrence. Furthermore, 93% of respondents indicated that children witness violence between adults, highlighting that indirect

exposure is widespread. Respondents also reported that 80% agreed both physical and emotional abuse often occur together, suggesting multiple exposures are common.

Table 4.6

Statement	SA	A	D	SD
Poverty and financial hardship contribute	55	30	10	5
Substance abuse by parents/caregivers increases likelihood	50	35	10	5
Family conflict or poor communication is a major cause	60	30	5	5
Cultural norms and traditional practices contribute	45	40	10	5

Source: Fieldwork, 2026

Respondents identified several factors contributing to domestic violence in their communities. Economic hardship and poverty were cited by 85% of respondents as major contributors, reflecting the stress and tension created by financial instability. Substance abuse by parents or caregivers was also noted by 85% of respondents, highlighting its role in increasing the likelihood of violent behavior. Family conflict and poor communication were seen as primary causes by 90% of respondents, emphasizing that interpersonal dysfunction within households is a significant trigger. Additionally, 85% agreed that cultural norms and traditional practices contribute to domestic violence.

Table 4.7

Statement	SA	A	D	SD
Children show anxiety or fear	60	30	5	5
Domestic violence negatively affects academic performance	50	35	10	5
Children display aggressive behavior	45	40	10	5
Domestic violence has a severe impact on mental health	55	35	5	5

Source: Fieldwork, 2026

Exposure to domestic violence was reported to have profound psychological and emotional impacts on children. A combined 90% of respondents agreed that children display signs of anxiety and fear, while 85% indicated that domestic violence negatively affects academic performance. Aggressive behavior was reported by 85% of respondents, and 90% agreed that domestic violence has a severe impact on children’s mental health.

Table 4.8

Statement	SA	A	D	SD
Mental health services are available	30	40	20	10
Services are effective	25	35	25	15
Counseling/therapy is the most common support	35	40	15	10
Children face challenges accessing services	50	30	15	5

Source: Fieldwork, 2026

The study also explored the availability and effectiveness of support services for children affected by domestic violence. Approximately 70% of respondents acknowledged the existence of mental health services, though only 60% considered them effective. Counseling and therapy were the most common forms of support, reported by 75% of respondents. However, 80% of respondents indicated that children face challenges accessing these services, pointing to barriers such as cost, distance, and lack of awareness.

Table 4.9

Statement	SA	A	D	SD
Social workers actively prevent domestic violence	40	35	15	10
Provide counseling and emotional support	45	35	10	10
Advocate for policies and programs	35	40	15	10
Rehabilitate children and families	30	40	20	10

Source: Fieldwork, 2026

Respondents acknowledged that social workers are actively involved in addressing domestic violence. About 70–80% of respondents agreed that social workers engage in prevention, counseling, advocacy, and rehabilitation for affected children and families. Community engagement by social workers was recognized as moderately effective in reducing domestic violence.

4.4 Discussion of Findings

The findings of this study revealed that domestic violence is highly prevalent in Oredo Local Government Area. A large majority of respondents agreed that children experience physical violence, emotional or verbal abuse, and frequently witness violence between adults in their homes. Notably, witnessing domestic violence recorded the highest agreement among respondents, suggesting that indirect exposure is very common.

This finding supports previous research which indicates that children are often silent victims of domestic violence, either as direct victims or as witnesses (Evans, et al., 2017). Studies in Nigeria have also shown that domestic violence remains widespread in urban communities, particularly where economic hardship and cultural tolerance of violence persist. The high prevalence recorded in this study suggests that domestic violence is not an isolated issue in Oredo LGA but a significant social problem affecting many households.

The study identified poverty, substance abuse, family conflict, and cultural norms as major causes of domestic violence in Oredo LGA. Family conflict and poor

communication recorded the highest level of agreement among respondents, indicating that interpersonal issues within households are a major trigger. Poverty and financial hardship were also strongly linked to domestic violence, reflecting the stress theory which suggests that economic strain increases family tension and aggression.

Substance abuse was identified as another key factor, consistent with research showing that alcohol and drug misuse increase the likelihood of violent behavior within families. Cultural norms and traditional practices were also seen as contributing factors, suggesting that some forms of violence may be socially normalized or justified within certain contexts.

These findings align with the ecological theory of violence, which emphasizes that domestic violence results from a combination of individual, relational, community, and societal factors.

One of the most significant findings of this study is the strong agreement that domestic violence has severe psychological and emotional effects on children. Respondents indicated that children exposed to violence often experience anxiety, fear, aggressive behavior, and poor academic performance. Many also agreed that domestic violence has a long-term negative impact on children's mental health.

This supports existing literature which shows that exposure to domestic violence increases the risk of depression, post-traumatic stress, low self-esteem, and behavioral problems in children. Children who witness violence may develop

emotional instability and struggle with social relationships. The findings confirm that domestic violence is not only a physical safety issue but also a serious mental health concern.

The study found that while mental health and support services are available in Oredo LGA, their effectiveness is moderate, and many children face challenges accessing them. Respondents reported barriers such as limited awareness, accessibility issues, and possibly financial constraints.

This finding reflects broader challenges in Nigeria's mental health system, where services are often underfunded and concentrated in urban centers. Although counseling and therapy were identified as common forms of support, the high percentage of respondents who noted access challenges suggests a gap between availability and utilization.

The implication is that improving awareness, affordability, and accessibility of mental health services is essential for addressing the needs of affected children.

The findings show that social workers play important roles in preventing domestic violence, providing counseling, advocating for child protection policies, and rehabilitating affected families. A majority of respondents acknowledged their contributions, though some indicated that their effectiveness could be improved.

This suggests that social workers are active in Oredo LGA but may be constrained by limited resources, insufficient staffing, or inadequate community

support. The findings reinforce the importance of strengthening social work practice through training, funding, and policy backing.

Social workers remain critical stakeholders in protecting vulnerable children and promoting mental health in communities affected by domestic violence.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of the Study

This study examined Domestic Violence and Children's Mental Health in Oredo Local Government Area of Edo State, Nigeria. The major objective was to investigate the relationship between domestic violence and the mental health outcomes of children within the study area. Specifically, the study sought to:

- Examine the prevalence of domestic violence experienced or witnessed by children in Oredo LGA.
- Identify the major causes of domestic violence in the area.
- Assess the psychological and emotional effects of domestic violence on children's mental health.
- Evaluate the availability and effectiveness of mental health and support services for affected children.
- Examine the roles of social workers in addressing domestic violence involving children.

The study adopted a survey research design, using questionnaires and related instruments to gather data from selected respondents within Oredo Local Government Area. The theoretical framework guiding the study included Bronfenbrenner's Ecological Systems Theory, the Stress Process Model, and Social Learning Theory, which collectively explain how environmental, social, and

psychological factors influence children's mental health when exposed to domestic violence.

Findings from the study revealed that:

1. Domestic violence is prevalent in Oredo LGA, with many children either directly experiencing abuse or witnessing violence between caregivers.
2. Major causes of domestic violence include poverty, unemployment, substance abuse, cultural norms that support male dominance, poor communication, and intergenerational transmission of violence.
3. Children exposed to domestic violence experience significant psychological and emotional challenges such as anxiety, depression, fear, aggression, withdrawal, low self-esteem, and difficulty concentrating in school.
4. Mental health and support services for affected children are limited, poorly funded, and not easily accessible, particularly for low-income families.
5. Social workers play critical roles in prevention, intervention, advocacy, rehabilitation, and community awareness, but their efforts are constrained by inadequate resources and weak institutional support.

5.2 Conclusion

Based on the findings of this study, it can be concluded that domestic violence is a serious social and public health issue in Oredo Local Government Area, with profound consequences for children's mental health. Children who grow up in

violent homes are exposed to trauma that disrupts their emotional stability, behavioral development, academic performance, and social relationships.

The study confirms that domestic violence is not merely a private family matter but a broader societal problem influenced by socio-economic pressures, cultural norms, and weak institutional responses. Exposure to violence whether direct or indirect creates long-term psychological distress that may persist into adulthood if not properly addressed.

Furthermore, the study concludes that mental health services in the study area are insufficient to meet the needs of affected children. The shortage of trained professionals, stigma associated with mental health, and lack of awareness significantly hinder effective intervention. Although social workers and some community-based organizations are making efforts to address the issue, their impact is limited by inadequate funding, poor coordination, and weak policy enforcement.

5.3 Recommendations

In view of the findings and conclusions of this study, the following recommendations are made:

1. Strengthening Public Awareness and Education

Government and non-governmental organizations should intensify public awareness campaigns on the negative effects of domestic violence on children's mental health. Community sensitization programmes should challenge harmful cultural norms that justify violence within the home.

2. Expansion of Child Mental Health Services

There is a need to establish and strengthen child-focused mental health services in Oredo LGA. Government should recruit and train more child psychologists, counselors, and social workers in schools and primary healthcare centers.

3. School-Based Intervention Programs

Schools should implement regular counseling services and mental health screening programs to identify children exposed to domestic violence early. Teachers should be trained to recognize signs of trauma and refer affected children for appropriate support.

4. Economic Empowerment Programs

Since poverty and unemployment contribute significantly to domestic violence, government and community stakeholders should promote economic empowerment initiatives such as skill acquisition programs, job creation schemes, and microcredit support for families.

5. Strengthening Legal Framework and Enforcement

Laws against domestic violence and child abuse should be strictly enforced. Law enforcement agencies must respond promptly to reported cases, and protective services should ensure the safety of affected children.

6. Improved Coordination Among Agencies

There should be better collaboration between social welfare departments, schools, healthcare providers, religious institutions, and community leaders to create a comprehensive support network for children.

7. Capacity Building for Social Workers

Regular training and professional development programs should be organized for social workers to equip them with trauma-informed care skills and modern intervention strategies.

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Appendix
QUESTIONNAIRE

Department of Social Work,
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University of Benin,
Benin City

Dear Respondent,

I am a student conducting a research study on “**Domestic Violence and Children Mental Health in Oredo Local Government Area of Edo State, Nigeria**”. You have been selected to participate in this study because your views and experiences are valuable to achieving the research objectives. Please note that all information you provide will be treated with the highest confidentiality and will be used strictly for academic purposes. You are not required to write your name, and your responses will remain anonymous.

Your cooperation is highly appreciated.

Thank you.

Section A: Demographic Information

(Please tick [✓] the appropriate option)

1. Gender: Male Female
2. Age: Below 18 18–25 26–35 36–45 46 and above
3. Educational Level: Primary Secondary Tertiary Other (specify)

4. Occupation: Social Worker Caregiver Parent Child (above 12)
Other (specify) _____

Section B: Prevalence of Domestic Violence Experienced by Children

(SA = Strongly Agree, A = Agree, U = Undecided, D = Disagree, SD = Strongly Disagree)

S/N	Statement	SA	A	D	SD
1	Children in my community often experience physical violence at home				
2	Children in my community often experience emotional or verbal abuse at home				
3	Many children in Oredo LGA witness domestic violence between adults				
4	Both physical and emotional forms of abuse are common in households in this area				
	Causes of Domestic Violence				
5	Poverty and financial hardship contribute to domestic violence				
6	Substance abuse by parents/caregivers increases the likelihood of violence				
7	Family conflict or poor communication is a major cause of domestic violence				
8	Cultural norms and traditional practices contribute to domestic violence in households				
	Psychological and Emotional Effects on Children				
9	Children exposed to domestic violence often show signs of anxiety or fear				
10	Domestic violence negatively affects children's academic performance				
11	Children exposed to domestic violence often display aggressive behavior				
12	Domestic violence has a severe impact on children's mental health				
	Availability and Effectiveness of Support Services				
13	Mental health services for children affected by domestic violence are available in my community				
14	These services are effective in addressing the mental health needs of children				
15	Counseling and therapy are the most common forms of support provided				
16	Children face challenges accessing available support services				
	Roles of Social Workers				

17	Social workers in my community actively prevent domestic violence				
18	Social workers provide counseling and emotional support to affected children				
19	Social workers advocate for policies and programs to protect children from domestic violence				
20	Social workers effectively rehabilitate children and families affected by domestic violence				