

**THE ROLE OF SOCIAL WORKERS IN ADDRESSING DOMESTIC VIOLENCE
IN BENIN CITY, EDO STATE**

BY

**Chigozie Gloria CHUKWUNEKE
SSC1911812**

**DEPARTMENT OF SOCIAL WORK,
FACULTY OF SOCIAL SCIENCES,
UNIVERSITY OF BENIN,
BENIN CITY**

MARCH, 2025

**THE ROLE OF SOCIAL WORKERS IN ADDRESSING DOMESTIC VIOLENCE
IN BENIN CITY, EDO STATE**

BY

**Chigozie Gloria CHUKWUNEKE
SSC1911812**

**A RESEARCH PROJECT PRESENTED TO THE DEPARTMENT OF SOCIAL
WORK, FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN, BENIN
CITY, EDO STATE. IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE AWARD OF BACHELOR OF SOCIAL WORK, DEGREE IN SOCIAL
WORK**

MARCH, 2025

CERTIFICATION

We certify that this project was carried out by **Chigozie Gloria CHUKWUNEKE** with Matriculation Number: **SSC1911812** of the Department of Social Work, Faculty of Social Sciences, University, Benin City, Edo State, Nigeria and has not been presented in part of full in any diploma or degree awarding institution.

Dr. Yesufu Sumaina
(Project Supervisor)

Dr. H. E. Eweka
(Head of Department)

DATE

DATE

DEDICATION

This work is dedicated to God Almighty for his Grace upon my life and my academic pursuit, his faithfulness, loving kindness and mercies upon my life.

ACKNOWLEDGEMENTS

This journey would not have been a successful one if not God almighty and people he used along the way. It's my earnest intention to express my profound gratitude to the almighty God my shield and my sustained for his unfailing grace, care and directions throughout this process.

My heartfelt gratitude goes to my project supervisor Dr. Yesufu Sumaina for his discipline and encouragement towards the success of this research work and also to the lecturers in social work Department Dr. Osagie Eghavregba, Dr. Ofili Ibobor, Dr. Owie, Dr. Omigie Godson, Dr. Eweka may almighty God bless you all in Jesus name

Special appreciation goes to my late parent, Mr. and Mrs. Chukwuneke, and also to my siblings, Chinyere Mary Chukwuneke, Uche Chukwuneke, Chioma Esther Chukwuneke, Ebuka Chukwuneke, Oluchi Chukwuneke. May God bless and reward you all.

TABLE OF CONTENTS

Title Page - - - - -	ii
Certification- - - - -	iii
Dedication - - - - -	iv
Acknowledgements- - - - -	v
Table of Contents - - - - -	vi
Abstract - - - - -	ix

CHAPTER ONE: INTRODUCTION

1.1 Background to the Study- - - - -	1
1.2 Statement of the Problem - - - - -	2
1.3 Objectives of the Study- - - - -	3
1.4 Research Questions- - - - -	4
1.5 Significance of the Study-- - - - -	4
1.6 Scope of the Study- - - - -	5
1.7 Definition of Terms- - - - -	5

CHAPTER TWO: LITERATURE REVIEW

2.1 Conceptual Review-	-	-	-	-	-	-	-	-	7
2.1.1 Causes of Domestic Violence-	-	-	-	-	-	-	-	-	7
2.1.2 Types of Domestic Violence	-	-	-	-	-	-	-	-	8
2.1.3 Effect of Domestic Violence	-	-	-	-	-	-	-	-	11
2.1.4 The Roles of Social workers in Curbing Domestic Violence	-	-	-	-	-	-	-	-	13
2.1.5 Domestic abuse Victims' Perspectives on Their Interactions with Social Workers	-	-	-	-	-	-	-	-	28
2.2 Review of Empirical Literature	-	-	-	-	-	-	-	-	24
2.3 Theoretical Review	-	-	-	-	-	-	-	-	26

CHAPTER THREE: RESEARCH METHOD

3.0 Introduction	-	-	-	-	-	-	-	-	29
3.1 Research Design	-	-	-	-	-	-	-	-	29
3.2 Study Population	-	-	-	-	-	-	-	-	29
3.4 Sample Size and Sampling Techniques	-	-	-	-	-	-	-	-	30

3.5 Research Instrument -	-	-	-	-	-	-	-	-	30
3.6 Validity and Reliability of the Research Instrument -	-	-	-	-	-	-	-	-	30
3.7 Method of Data Collection -	-	-	-	-	-	-	-	-	31
3.8 Method of Data Analysis -	-	-	-	-	-	-	-	-	31

CHAPTER FOUR: DATA ANALYSIS AND FINDINGS

4.1 Introduction -	-	-	-	-	-	-	-	-	32
4.2 Discussion of Findings -	-	-	-	-	-	-	-	-	41

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary --	-	-	-	-	-	-	-	-	43
5.2 Conclusion -	-	-	-	-	-	-	-	-	44
5.3 Recommendations -	-	-	-	-	-	-	-	-	45
References-	-	-	-	-	-	-	-	-	46
Appendix -	-	-	-	-	-	-	-	-	53

ABSTRACT

This study is on the Role of Social Workers in Addressing Domestic Violence in Benin City, Edo State. The study population consisted of undergraduate students, and the sample was drawn using the Stratified Random Sampling method. The research instrument was a structured questionnaire, chosen for its efficiency in reaching a larger number of respondents within a shorter timeframe. Content validity was employed to ensure the instruments validity, with experts and professionals in the field contributing to the process. A Test-retest Reliability approach was applied to assess the instruments reliability. The primary method of data collection was the questionnaire, which was personally distributed to respondent's, with the researcher providing guidance on the completion process. The analysis of the collected data involved using basic percentages and presenting them in tables displaying frequency distribution. Social workers provide immediate support during crisis, offering a calm presence and guidance on accessing emergency services as they facilitate access to shelters and safe house, allowing victims to escape abusive environments and find temporary refuge.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Understanding the context of domestic violence requires a comprehensive view that encompasses various factors and stages such as social and cultural norms as many societies enforce rigid gender norms that position men as dominant and women as submissive, creating an environment where domestic violence is tolerated or justified (Lanchimba et al., 2023). Cultural acceptance as domestic violence is normalized in some cultures, and women may be discouraged from speaking out due to fear of stigma or ostracism. Societal frameworks that prioritize male authority can also perpetuate the cycle of violence, making it difficult for victims to seek help (Rodelli et al., 2022). The author opined that economic inequality is another factor that can trap victims in abusive relationships as many individuals lack the resources to leave, especially if they are financially dependent on their abuser.

Domestic violence is a pervasive global issue that transcends geographic, cultural, and socio-economic boundaries, affecting individuals across various demographic groups (Musso *et al.*, 2020). Defined as any form of physical, emotional, psychological, or economic abuse within the confines of a domestic setting, it has far-reaching consequences on the well-being of its victims (Mahapatro & Mahapatro, 2018). Domestic

violence encompasses a spectrum of behaviours, including physical abuse, verbal threats, emotional manipulation, and financial control. It affects both men and women, although women often bear a disproportionate burden of its consequences (Young, 2024). The author states that it encompasses various forms of abuse, including physical, emotional, sexual, and financial abuse. Domestic violence refers to abusive behaviors in intimate relationships, including physical, emotional, sexual, and financial abuse. It affects individuals regardless of age, gender, or socioeconomic status (Musso *et al.*, 2020).

A high level of stress associated with poverty is another factor that can escalate tensions in households, often leading to an increase in domestic violence incidents while limited access to education and job opportunities can further exacerbate economic dependency and vulnerability to abuse as perpetrators may suffer from mental health problems, such as personality disorders or substance abuse, contributing to violent behavior (Lanchimba *et al.*, 2023).

1.2 Statement of the Problem

Domestic violence remains a significant social issue in Benin City, Edo State, Nigeria, with profound implications for individuals, families, and the community at large. Despite the increasing awareness of domestic violence and its detrimental effects, several challenges persist that hinder effective interventions and support for victims. Victims of domestic violence often face significant barriers in accessing support services. There are limited shelters, counseling services, and legal assistance specifically addressing

domestic violence in the region. This lack of resources leaves many victims feeling trapped and without options. Cultural attitudes towards gender roles and domestic violence pose significant challenges. Many individuals may view domestic violence as a private matter, discouraging victims from seeking help. This cultural stigma can also affect the willingness of the community to engage in prevention and intervention efforts. Social workers are uniquely positioned to address domestic violence through crisis intervention, advocacy, and education. However, their effectiveness is often undermined by systemic challenges, including limited funding, inadequate training, and insufficient collaboration with other sectors, such as law enforcement and healthcare.

1.3 Objectives of the Study

The primary objective of this study is to investigate the role of social workers in addressing domestic violence in Benin City, Edo State. The specific objectives includes to:

1. assess the causes of domestic violence in Benin City.
2. explore the types of domestic violence in Benin City.
3. determine the effects of domestic violence on victims in Benin City.
4. identify the roles of Social Workers in curbing domestic violence in Benin City.

1.4 Research Questions

This study aims to address critical aspects of the role of social workers in combating domestic violence in Benin City, Edo State. To guide the research process, the following research questions will guide the study:

1. What the causes of domestic violence in Benin City.
2. What the types of domestic violence in Benin City.
3. What the effects of domestic violence on victims in Benin City.
4. What are the roles of Social Workers in curbing domestic violence in Benin City?

1.5 Significance of the Study

The significance of this study on the role of social workers in addressing domestic violence in Benin City, Edo State, can be understood from various perspectives. This research aims to contribute to the body of knowledge in the field of social work, inform policy-makers, and improve service delivery for victims of domestic violence. Below are the key aspects of its significance: The study will provide valuable insights into the specific roles and interventions of social workers in the context of domestic violence, filling gaps in existing literature as it will contribute to the body of knowledge as it will provide valuable insights into the specific roles and interventions of social workers in the context of domestic violence, filling gaps in existing literature. The study will contribute to the theoretical frameworks surrounding domestic violence and social work practice,

offering a nuanced perspective on the challenges and successes experienced in this field. The results from the study can inform best practices for social workers, leading to more effective interventions that better meet the needs of victims by identifying challenges faced by social workers may guide organizations in allocating resources more effectively to enhance service delivery. The findings could influence policy-makers to develop evidence-based policies that support social work initiatives and address systemic issues related to domestic violence. The study can serve as a catalyst for community awareness campaigns regarding domestic violence and the critical role that social workers play in addressing it.

1.6 Scope of the Study

This study focuses specifically on Benin City, the capital of Edo State, Nigeria. The selection of this location is driven by several key factors that highlight its relevance to the research on the role of social workers in addressing domestic violence.

1.7 Definition of Terms

- **Domestic Violence:** Domestic violence refers to a pattern of abusive behaviours, both physical and psychological, exerted by one partner in an intimate relationship to control and dominate the other.
- **Social Workers:** This refers to a person whose job is to help people in a particular area who have social disadvantages or personal problems

- **Perception:** This is the way in which something is regarded, understood, or interpreted.
- **Roles:** This refers to the function assumed or part played by a person or thing in a particular situation.

CHAPTER TWO

LITERATURE REVIEW

2.1 Conceptual Review

Domestic violence is a global issue affecting millions of individuals, affecting cultural, economic, and geographical boundaries as nearly one in three women globally has experienced physical or sexual violence at least once in their lifetime, often perpetrated by current or former intimate partners (World Health Organization, 2021). WHO stated that an estimated 736 million women have been subjected to intimate partner violence or non-partner sexual violence. Murders of women are 38% committed by intimate partners, underscoring the lethal potential of domestic violence. Approximately 13% of ever-partnered women aged 15-49 years have experienced violence from an intimate partner.

2.1.1 Causes of Domestic Violence

Domestic violence is a complex issue that can be attributed to various factors such as individual factors which include mental health issues, substance abuse, trauma, personality traits, relationship dynamics, societal factors, and systemic factors (Spencer et al., 2019). Mental health issues like depression, anxiety, and personality disorders can increase the risk of aggression and violence. Substance abuse, trauma, and personality traits can also contribute to abusive behaviour (Stinson et al., 2016). Relationship factors include power imbalances, control and jealousy, conflict resolution skills, intimacy issues,

and societal norms that reinforce traditional gender roles. Cultural acceptance of violence can also contribute to violence in intimate relationships. Social isolation can make it harder for victims to seek help and increase the abuser's control. Economic factors like financial stress, unemployment, and poverty can increase tension and conflict in relationships, making violence more likely as limited access to resources, such as shelters, counseling, and legal aid, can hinder victims' ability to escape abusive situations (Cramer, 2010). Systemic factors include inadequate law enforcement response to domestic violence cases, slow and inefficient judicial processes, and social stigma yet it is essential to recognize that no single factor is solely responsible for domestic violence; it is a complex interplay of individual, relationship, societal, and systemic factors.

2.1.2 Types of Domestic Violence

According to Tur-Prats, (2019), domestic violence is a complex issue with various forms, each with its own unique characteristics.

i. **Physical Abuse:** This is the most visible and often the most feared form of domestic violence, involving the use of physical force to harm or intimidate a partner e.g. the intention to harm, power imbalance, escalation, long-term consequences, and the potential for serious injuries, chronic pain, and psychological trauma. Examples of physical abuse include slapping, punching, kicking, choking or strangulation, using weapons, and forcing someone to consume drugs or alcohol (Myhill, 2017).

ii. **Emotional Abuse:** This is a more insidious form of violence that aims to undermine a person's self-worth and emotional well-being e.g. psychological manipulation, erosion of self-esteem, isolation, and long-term consequences such as depression, anxiety, PTSD, and other mental health problems (Knoll et al., 2022). Examples of emotional abuse is constant criticism and belittling, gas lighting, threats, and controlling behavior.

iii. **Sexual Abuse:** involves any non-consensual sexual act or behavior, including rape, sexual assault, unwanted touching, or any other form of sexual coercion. Key features include lack of consent, power imbalance, trauma, and shame. Long-term consequences can include PTSD, anxiety, depression, and difficulty with intimacy (Glowacz et al., 2018). Examples include rape, sexual assault, coercion, and unwanted sexual contact.

iv. **Financial Abuse:** This involves controlling or exploiting a partner's financial resources, taking many forms, from preventing a partner from working to stealing their money or assets. Key features include control over finances, economic dependence, isolation, poverty, debt, and difficulty rebuilding financial stability (Christy et al., 2022). Examples include withholding money, preventing a partner from working, and theft of money or assets.

v. **Psychological Abuse:** This is the use of tactics that cause mental harm or distress, including threats, intimidation, isolation, and other forms of emotional manipulation. Key features include mental and emotional harm, control and manipulation, and long-term

consequences like depression, anxiety, PTSD, and other mental health problems. Examples include threats of violence, intimidation, and isolation (Gudde et al., 2015).

vi. Technology has become a new tool for abusers to control and harass their partners, including monitoring their partner's phone or social media accounts, sending threatening messages, or using GPS tracking to control their movements. Key features include digital control, cyber stalking, and technology-based abuse. Long-term consequences of technology-based abuse can lead to anxiety, depression, fear, and a loss of privacy (Freed et al., 2018).

vii. **Coercive Control:** This is a pattern of controlling behaviors that restrict a partner's freedom and autonomy, including dictating what they can wear, who they can see, and where they can go. Its characteristics include restriction of freedom, control over daily life, fear and intimidation, and long-term consequences such as isolation, depression, anxiety, and a loss of self-esteem. Examples include dictating what a partner can wear, restricting social contact, and controlling finances (Ogunleye et al., 2015).

Understanding the nuances of each type of domestic violence is crucial for recognizing and addressing this harmful behavior and by this understanding the nuances of each type, individuals can better recognize and address the various forms of domestic violence and work towards a more harmonious and healthy relationship (Hewitt, 2023)

2.1.3 Effect of Domestic Violence

According to Oluku and Abasiokong (2024), domestic violence has a profound impact on individuals and society as a whole, they include:

a. **Physical Health Effect:** It can result in physical health effects such as injuries, chronic health problems, reproductive health issues, substance abuse, and mental health effects. Physical abuse can range from minor bruises to severe fractures, internal bleeding, and even death, with long-term consequences such as chronic pain, limited mobility, and disfigurement (Stobbs & Szoeki, 2022). Chronic health problems can include chronic pain syndromes, gastrointestinal issues, cardiovascular problems, and weakening the immune system. Reproductive health issues can be devastating, leading to complications during pregnancy, miscarriages, premature births, sexually transmitted infections (STIs), unwanted pregnancies, and gynecological problems. Substance abuse may also occur as victims cope with the trauma and stress of domestic violence, leading to addiction and further health complications (Sampath et al., 2024).

b. Mental health effects include depression and anxiety, post-traumatic stress disorder (PTSD), low self-esteem, and suicidal thoughts. Children exposed to domestic violence often exhibit behavioral issues such as aggression, anxiety, withdrawal, and difficulty with social interactions. Exposure to violence can disrupt a child's ability to learn and concentrate, leading to poor academic performance. Emotional distress can occur, leading to low self-esteem and difficulty trusting others. Witnessing domestic violence can

normalize abusive behavior for children, increasing their likelihood of becoming victims or perpetrators of violence in the future (Howell et al., 2016).

c. Social effects include isolation, stigmatization, and disruption of relationships as abusers may control their partner's social interactions, limiting their contact with others and preventing them from seeking help as victims may withdraw from social activities due to shame, fear, or the abuser's threats. Stigma and judgment from society can make it difficult for victims to seek help and further isolate them. Domestic violence can strain or sever relationships with family and friends, leaving victims feeling isolated and alone without the support they need to recover (Idowu et al., 2023).

d. Economic effects include job loss, increased healthcare costs, and economic dependence as survivors of domestic violence often face higher medical expenses due to injuries, mental health treatment, and substance abuse (Idowu et al., 2023). The long-term health consequences of domestic violence can also lead to increased healthcare costs over time as financial abuse can trap victims in a cycle of dependence on their abuser, making it difficult for them to leave the relationship and become financially independent (Airaoje et al., 2025).

e. Community impacts include increased crime rates, strain on social services and public health concerns as the physical and mental health consequences of abuse, as well as the increased healthcare costs associated with it, and place a burden on the healthcare system.

Domestic violence also contributes to the spread of STIs and unwanted pregnancies, further impacting public health (Butt, 2023).

2.1.4 The Roles of Social Workers in curbing Domestic Violence

Social work interventions play a crucial role in supporting victims of domestic violence as domestic violence encompasses physical, emotional, psychological, and sexual abuse as it affects individuals across various demographics, including age, gender, and socioeconomic status (Sullivan, 2018). Sullivan indicated that a significant prevalence of domestic violence globally, with varying rates depending on cultural and societal contexts.

Social work interventions play a vital role in addressing the needs of victims of domestic violence, particularly through the lenses of safety and empowerment. Safety planning involves creating personalized strategies that help victims avoid dangerous situations and prepare for potential crises. Social workers collaborate with victims to assess their unique circumstances and develop practical steps such as the identifying of safe places to go in emergencies, establishing signals or codes with friends or family for help and preparing essential items to take when leaving an abusive situation (First et al., 2017). Social workers provide immediate support during crisis, offering a calm presence and guidance on accessing emergency services as they facilitate access to shelters and safe houses, allowing victims to escape abusive environments and find temporary refuge. They assist victims in understanding their legal rights and options, including obtaining

restraining orders or pursuing criminal charges against abusers. Some social workers may accompany victims to court, providing emotional support and helping them articulate their experiences (Atkins, 2023).

Social work interventions often include skills training that help victims regain confidence and develop coping mechanisms such as communication skills for expressing needs and setting boundaries and decision-making skills that enable them to make informed choices about their lives (Hassan et al., 2024). Furthermore, social workers connect victims to essential resources, such as housing assistance to secure safe living conditions, financial assistance programs to alleviate economic dependence on abusers and carrying out of counseling services that address trauma and promote mental health (Berg-Weger, 2019). Social workers facilitate support groups where victims can share experiences, reducing feelings of isolation and fostering a sense of community. By advocating for their rights and needs, social workers help victims reclaim their voices, which is crucial for their empowerment and they may guide victims toward educational opportunities and job training programs, which can help them achieve financial independence. Finally, social workers teach victims how to advocate for they in various contexts (e.g., legal, medical, or social) enhance their ability to navigate systems effectively (Hassan et al., 2024).

The impact of social work interventions through safety and empowerment is profound. By focusing on safety planning, crisis intervention, and legal advocacy, social

workers help victims of domestic violence escape dangerous situations and secure safe environments. Furthermore, through skill development, resource access, and supportive relationships, they empower victims to regain control over their lives, fostering resilience and independence. This dual focus on safety and empowerment is essential in the journey toward recovery and healing for domestic violence victims (Sabri et al., 2018).

Challenges Social Workers encounter in their efforts to Address domestic violence

Social workers play a crucial role in addressing domestic violence, yet they face numerous challenges that can hinder their effectiveness. These professionals play a critical role in addressing domestic violence, providing support, resources, and advocacy for victims. However, they face numerous challenges that can impede their effectiveness in this sensitive area. Below is an exhaustive discussion of the various challenges social workers encounter in their efforts to address domestic violence (Isangha et al., 2024).

1. **Complexity of Domestic Violence:** Domestic violence can take many forms, including physical, emotional, sexual, and financial abuse. Social workers must navigate these complexities to provide appropriate support. Victims often experience cycles of abuse, making it difficult for social workers to assess risk and develop long-term solutions (Postmus et al., 2020).

2. **Victim Reluctance:** Victims may be afraid to report abuse or seek help due to fear of retaliation from their abuser. This reluctance can create barriers for social workers

attempting to intervene. Many victims feel shame or fear judgment from society, which can hinder their willingness to engage with social workers and disclose their situation (Domenech & Sirvent, 2019).

3. Resource Limitations: Many social services are underfunded, leading to inadequate resources, staffing shortages, and limited services for victims of domestic violence. The scarcity of safe shelters or transitional housing can prevent victims from leaving abusive situations, limiting social workers' options for providing assistance (Fawale et al., 2021).

4. Interagency Collaboration Challenges: The lack of coordination among various agencies (e.g., law enforcement, healthcare, and housing) can lead to inconsistent support for victims. Ineffective communication among agencies can delay responses and hinder the development of comprehensive safety plans for victims (Johnson & Stylianou, 2022).

5. Legal and Policy Constraints: While these laws aim to protect victims, they can create tension between social workers and clients who may not want their situations reported to law enforcement. Variability in policies and procedures across jurisdictions can complicate the provision of services and legal protections for victims (Globokar et al., 2019).

6. Cultural and Societal Factors: Social workers must navigate cultural norms and beliefs that may discourage victims from seeking help or adhering to traditional gender roles that perpetuate abuse. Prevailing societal attitudes toward domestic violence can

impact the effectiveness of interventions. Negative stereotypes or victim-blaming can discourage victims from seeking support (Marsiglia et al., 2021).

7. Emotional Toll on Social Workers: Vicarious Social workers may experience vicarious trauma from hearing victims' stories, which can affect their mental health and effectiveness in providing support. High caseloads, emotional labor, and the challenges of working with victims can lead to burnout, impacting social workers' ability to advocate effectively (Kanno & Giddings, 2017).

8. Training and Knowledge Gaps: Many social workers may not receive adequate training in domestic violence issues, leading to gaps in knowledge about the dynamics of abuse and effective interventions. The evolving nature of domestic violence, including emerging trends and new legislation, requires ongoing education and training for social workers (Cunha et al., 2024).

9. Safety Concerns: Social workers often face safety risks when working with potentially violent individuals. This can lead to concerns about their own safety and the safety of victims during home visits or interventions. Navigating crisis situations, such as when a victim is actively in danger, requires quick thinking and decisive action, which can be challenging in high-pressure environments (McLaughlin et al., 2018).

In conclusion, addressing domestic violence is a complex and multifaceted challenge for social workers. They encounter various obstacles, including victim

reluctance, resource limitations, and cultural factors, that can hinder their efforts to provide effective support. Additionally, interagency collaboration and legal constraints pose significant challenges that require systemic changes.

- **Funding Constraints:** Many social work programs that target domestic violence lack an adequate financial resource which limits their capacity to provide comprehensive service. Insufficient funding can lead to reduced staff numbers, resulting in increased caseloads for individual social workers and limited access to essential resources, such as emergency shelters, legal assistance, and counseling services (Ablaza et al., 2023).
- **Systemic Barriers:** There is often a lack of coordination between various agencies (e.g., law enforcement, healthcare, legal services) involved in addressing domestic violence, which can hinder a victim's access to comprehensive support. Poor communication among agencies can lead to delays in service provision and conflicting information being given to victims, causing confusion and mistrust (Su et al., 2021).

2.1.5 Domestic abuse victims' perspectives on their interactions with social workers

Understanding the perspectives of domestic abuse victims in their interactions with social workers is crucial for improving support services and ensuring effective interventions. Victims often have complex feelings towards social workers that can influence their

willingness to engage with support systems (Flora & Argyroudi, 2019). Below are the various aspects of these interactions:

1. Trust and Relationship Building

Victims of domestic violence often require a significant amount of time to develop trust in social workers. Previous traumatic experiences can lead to skepticism about the intentions of authority figures. Social workers who exhibit genuine empathy and understanding can foster a stronger connection, encouraging victims to share their experiences openly. Victims from diverse backgrounds may feel more comfortable when social workers demonstrate cultural competence and respect for their values (Danso, 2018).

2. Communication Styles

Victims of domestic violence often appreciate social workers who communicate without judgment, allowing them to express their feelings and choices without fear of criticism. Clear communication regarding the process of support and available resources is essential. Victims often feel overwhelmed, and clarity can help them navigate their options. Social workers who practice active listening can help victims feel validated and understood which is crucial for their emotional healing (Web, 2019).

3. Perceptions of Support and Resources

Access to Resources: Victims may have varying perceptions of the adequacy of resources provided, such as shelters, legal assistance, and counseling services. Some may feel that available resources do not meet their specific needs. The provision of follow-up services can enhance victims' perceptions of support. They often appreciate when social workers check in on their progress and safety. Some victims may feel empowered by social work interventions, while others may feel a sense of dependence on social workers for decision-making. Finding the right balance is critical (Ogbonnaya et al., 2021).

4. Barriers to Effective Interaction

Many victims fear that engaging with social workers may escalate the situation with their abuser, leading to retaliation. The stigma associated with being a domestic abuse victim can lead to feelings of shame, making it difficult for them to open up to social workers. Past negative experiences with social services can create a reluctance to seek help again. Victims may worry about being treated as a statistic rather than as individuals with unique stories (Balcom, 2015).

5. Empowerment and Decision-Making

Victims of domestic violence often express a desire to be involved in decision-making regarding their care and safety plans. Feeling in control can significantly affect their healing process. Social workers can play a role in helping victims develop self-advocacy

skills, enabling them to articulate their needs and desires in various contexts (Kohtala et al., 2023).

6. Training and Professional Development

Social workers benefit from ongoing training in trauma-informed care, cultural sensitivity, and crisis intervention to better support domestic abuse victims. Collaboration with other professionals (e.g., mental health providers, law enforcement) can enhance the support network for victims, ensuring a holistic approach to their needs (Khandagale, 2024). The interaction between domestic abuse victims and social workers is multifaceted and shaped by various factors, including trust, communication, and empowerment. By understanding the perspectives of victims, social workers can develop more effective strategies to support and empower individuals experiencing domestic abuse. Continuous training and a focus on building trust are essential for fostering positive relationships, ultimately leading to better outcomes for victims (Baptiste Robertson, 2022).

Social workers carry out assessment and identification, crisis intervention, advocacy and empowerment, counseling and therapeutic support, engage in community education and prevention programs, collaboration with agencies, promote policy changes and participate in research, support for children, cultural competence, and finally, self-care and development (Berg-Weger, 2019). The following are explained below:

i. **Assessment and Identification:** Social workers conduct comprehensive risk assessments to identify the severity and immediacy of domestic violence situations. This includes evaluating the victim's safety, the nature of the abuse, and access to resources. They are trained to recognize the signs of domestic violence, which may not always be visible. Social workers often work in various settings, including hospitals, schools, and community centers, making them well-positioned to identify victims (Brearley, 2023).

2. **Crisis Intervention:** Social workers provide immediate crisis intervention to victims of domestic violence, offering emotional support and practical assistance. They help victims develop personalized safety plans, which may include strategies for leaving an abusive situation, accessing shelters, or securing legal protections (Mandara et al., 2023).

3. **Advocacy and Empowerment:** Social workers advocate for the rights and needs of domestic violence victims within the legal system, healthcare settings, and social services. They help victims navigate complex systems to access the support they require. They focus on empowering victims by helping them regain control over their lives. This includes providing information about resources, enhancing decision-making skills, and fostering self-advocacy (Ife et al., 2022).

4. **Counseling and Therapeutic Support:** Social workers often provide individual counseling to victims to help them process their experiences, develop coping strategies, and work through trauma. They may facilitate support groups where victims can share

their experiences, learn from one another, and build a supportive community (Kanno & Giddings, 2017).

5. Education and Prevention: Social workers engage in community outreach to educate the public about domestic violence, its signs, and available resources. Raising awareness can help reduce stigma and encourage victims to seek help. They may develop and implement prevention programs aimed at educating individuals about healthy relationships, conflict resolution, and the impact of domestic violence (Pino et al., 2021).

6. Collaboration with Other Agencies: Social workers collaborate with law enforcement, healthcare providers, legal professionals, and community organizations to create a coordinated response to domestic violence. They connect victims with external resources, such as shelters, legal aid, and mental health services, ensuring that victims receive comprehensive support (Notko et al., 2022).

7. Policy Advocacy and Reform: Social workers engage in policy advocacy to promote changes in laws and regulations surrounding domestic violence, aiming to enhance protections for victims and hold abusers accountable. They may participate in research initiatives to gather data on domestic violence trends, informing policy decisions and best practices in addressing the issue (Sutton & Carlson, 2019).

8. Support for Children and Families: Social workers assess the impact of domestic violence on children and work to ensure their safety and well-being. They may facilitate

interventions when children are involved in domestic violence situations. In cases where it is safe and appropriate, social workers may provide family therapy to address the dynamics of domestic violence and promote healing within the family unit (Witt & Diaz, 2019).

9. Cultural Competence and Sensitivity: Social workers must understand and respect the cultural contexts of the individuals they serve. Providing culturally competent services helps build trust and ensures that interventions are effective. They may work with interpreters or provide multilingual services to ensure that victims from diverse backgrounds can access support (Reamer, 2018).

10. Self-Care and Professional Development: Given the emotional toll of working with domestic violence victims, social workers must engage in self-care practices to maintain their well-being and effectiveness. Continuous professional development is essential for social workers to stay current on best practices, legal changes, and emerging trends in domestic violence intervention (Cayir et al., 2021).

2.2 Review of Empirical Literature

Domestic violence remains a significant global issue, affecting millions of individuals across various demographics. The statistics reveal alarming trends and underscore the urgent need for intervention and support systems. Globally, nearly 24% of women worldwide have experienced physical and/or sexual intimate partner violence by the time they reach 20 years old (World Health Organization, 2021).

In 2022, approximately 48,800 women and girls were killed by their intimate partners or other family members. Reports indicate an increase in family violence cases globally, with many countries experiencing a rise in incidents in 2024. The World Health Organization (WHO) reports that intimate partner violence remains a leading cause of injury and death among women. Domestic violence remains a critical issue in Sub-Saharan Africa, with significant implications for the health and well-being of individuals, particularly women and girls. The statistics reveal alarming rates of intimate partner violence (IPV) and underscore the urgent need for intervention and support (Dunaiski et al., 2024).

In Sub-Saharan Africa, approximately 22% of women in Sub-Saharan Africa have experienced intimate partner violence, which is above the global average. A study indicated that 30.58% of women reported experiencing physical IPV, 30.22% reported emotional IPV, and 12.6% reported sexual IPV. At least one form of IPV was reported by 42.62% of women. In Malawi, about 25% of women of reproductive age have #experienced domestic violence. The rates of domestic violence vary significantly across countries, with some regions reporting even higher prevalence rates (Ahinkorah et al., 2018). According to a 2019 survey by the Nigerian National Bureau of Statistics, approximately 30% of Nigerian women aged 15-49 have experienced physical violence. Recent reports indicate that intimate partner violence (IPV) is a prevalent issue, with one in three women experiencing some form of violence in their lifetime.

In 2023, Lagos State recorded a total of 24,009 cases of sexual and gender-based violence over five years, indicating a rising trend in reported incidents. A report from 2024 highlighted that July had the highest number of intimate partner violence cases, accounting for 75% of reported incidents during that month. In 2023, there were 263 cases of defilement, 153 physical assaults, and 1,953 emotional violence cases reported in Lagos alone. The data suggests that emotional and psychological abuse is prevalent, often accompanying physical violence (Tesfaw & Muluneh, 2022).

In Benin City, a study indicated that approximately 30% of women have experienced some form of domestic violence, including physical, emotional, and sexual abuse. The prevalence of intimate partner violence (IPV) is notably high, with many women reporting multiple incidents throughout their lives (Ogboghodo & Omuemu, 2016).

2.3 Theoretical Review

Cognitive-behavioral therapy (CBT) approaches are rooted in the fundamental principle that an individual's cognitions play a significant and primary role in the development and maintenance of emotional and behavioral responses to life situations. In CBT models, cognitive processes, in the form of meanings, judgments, appraisals, and assumptions associated with specific life events, are the primary determinants of one's feelings and actions in response to life events and thus either facilitate or hinder the

process of adaptation. CBT includes a range of approaches that have been shown to be efficacious in treating posttraumatic stress disorder (PTSD).

Cognitive behavioral therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness. Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life. In many studies, CBT has been demonstrated to be as effective as, or more effective than, other forms of psychological therapy or psychiatric medications. It is important to emphasize that advances in CBT have been made on the basis of both research and clinical practice. Indeed, CBT is an approach for which there is ample scientific evidence that the methods that have been developed actually produce change. In this manner, CBT differs from many other forms of psychological treatment. The following are some assumptions of the theory:

- CBT is based on several core principles which include psychological problems that are based, in part, on faulty or unhelpful ways of thinking, on learned patterns of unhelpful behavior and people suffering from psychological problems can learn better ways of coping with them thereby relieving their symptoms and becoming more effective in their lives.
- CBT treatment usually involves efforts to change thinking patterns: These strategies might include learning to recognize one's distortions in thinking that are

creating problems, and then to reevaluate them in light of reality; gaining a better understanding of the behavior and motivation of others; Using problem-solving skills to cope with difficult situations and learning to develop a greater sense of confidence in one's own abilities.

- CBT treatment also usually involves efforts to change behavioral patterns: These strategies might include facing one's fears instead of avoiding them, using role playing to prepare for potentially problematic interactions with others and learning to calm one's mind and relax one's body.
- CBT places an emphasis on helping individuals learn to be their own therapists. Through exercises in the session as well as "homework" exercises outside of sessions, patients/clients are helped to develop coping skills, whereby they can learn to change their own thinking, problematic emotions, and behavior.
- CBT therapists emphasize what is going on in the person's current life, rather than what has led up to their difficulties. A certain amount of information about one's history is needed, but the focus is primarily on moving forward in time to develop more effective ways of coping with life.

Not all CBT will use all of these strategies but rather, the therapists and patient/client work together, in a collaborative fashion, to develop an understanding of the problem and to develop a treatment strategy.

CHAPTER THREE

RESEARCH METHOD

3.0.Introduction

This section delves into the diverse methodologies utilized for both data collection and analysis in the current study. It covers aspects such as Research Design, Study Area, Population, Sample and Sampling Technique, Research Instrument, Validity and Reliability, as well as the Methods of Data Collection and Analysis.

3.1.Research Design

The study employed a survey research, a methodology wherein a subset of individuals or items is examined to draw conclusions about the broader group. This approach entails the collection and analysis of data from a representative sample, utilizing instruments like tests, questionnaires, observations, etc. Given the extensive population within the study area, the survey research design was deemed the most appropriate for this research.

3.2.Study Population

The study population consists of those persons residents in Benin City, Edo State, Nigeria and as the capital of Edo State, it is divided into several Local Government Areas (LGAs) namely Oredo, Egor, Ikpoba-Okha, Uhunmwonde, and Esan South-East. The population of Benin City is estimated to be around 1.5 million people, making it one of

the largest cities in Nigeria. The city has a high population density due to urbanization and migration from rural areas and the population is diverse, with a mix of ethnic groups, predominantly the Edo people.

3.4 Sample Size and Sampling Technique

The sample of 120 students was purposively drawn using the Stratified Random Sampling method. This technique involves initially stratifying the population based on the variables relevant to the researcher's objectives. Subsequently, elements are randomly chosen from each stratum in proportion to their occurrence in the overall population.

3.5 Research Instrument

The data collection tool employed was a questionnaire, chosen for its efficiency in reaching a larger number of respondents within a shorter timeframe. A structured questionnaire was utilized to expedite the process, provide guidance to respondents, and minimize ambiguity.

3.6. Validity and Reliability of the Research Instrument

To establish the validity of this instrument in the research, Content Validity was employed. Experts and individuals with pertinent knowledge in the area of interest were involved in ensuring content validity. In this study, both the Research Supervisor and other professionals in the field contributed to validating the content. Additionally, to assess the reliability of the instrument, a Test-retest Reliability approach was applied.

3.7. Method of Data Collection

This research utilized the questionnaire as the primary method of data collection. The questionnaires were personally distributed to the respondents, with the researcher providing guidance on the completion process. To prevent any potential alteration, the completed questionnaires were promptly collected. Respondents were assured that their responses would be handled with the utmost confidentiality.

3.8. Method of Data Analysis

The analysis of the collected data involved the utilization of basic percentages, which were then presented in tables displaying frequency distribution.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.1 Introduction

This chapter presents the research findings of the data collected from the respondents using the survey instrument on the role of social workers in addressing domestic violence in Benin City, Edo state. The findings were presented in relation to the research objectives stated in the study.

4.1.1 Section A: Demographics of the Respondents

Table 1.1: Sex of Respondents

Variable	Frequency	Percentage
Male	47	39.2
Female	73	60.8
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, 47(39.2%) are males while 73(60.8%) are females. This shows that there are more female respondents than males.

Table 1.2: Age

Variable	Frequency	Percentage
20-25	13	10.8

26-30	41	34.2
31-35	41	34.2
36 and above	25	20.8
Total	120	100.0

Source: *Field Survey, 2025* From the table above, 13(10.8%) of respondents are age 20-25, 41(34.2%) is 26-30, 41(34.2%) are age 31-35 while 25(20.8%) are 36 and above. This shows that majority of the respondents are age 26-30 and 31-35.

Table 1.3: Education

Variable	Frequency	Percent
Basic education	18	15.0
SSCE	48	40.0
ND/NCE	38	31.7
BSC/HND	13	10.8
Others	3	2.5
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, 18(15.0%) respondents had basic education, 48(40.0%) SSCE, ND/NCE is 38(31.7%), BSC/HND 13 (10.8%) while others are 3(2.5%). This therefore shows that most of the respondents' educational level is SSCE.

Table 1.4: Religion

Variable	Frequency	Percent
Christianity	97	80.8
Islam	3	2.5
ATR	20	16.7

Total	120	100.0
-------	-----	-------

Source: *Field Survey, 2025*

From the table above, Christianity is 97 (80.8%), Islam 3(2.5%) while ATR is 20(16.7%).

This shows that majority of respondents are Christians.

Table 1.5: Marital Status

Variable	Frequency	Percent
Single	27	22.5
Married	37	30.8
Divorced	44	36.7
Widowed	12	10.0
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, single is 27(22.5%), married 37(30.8%), divorced 44(36.7%) while widowed is 12(10.0%). This shows that most of the respondents are widowed.

Table 1.6: Domestic violence is caused by some factors

Variable	Frequency	Percent
Yes	109	90.8
No	11	9.2
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, 109(90.8%) replied with a Yes while No is 11(9.2%).This shows that domestic violence is caused by some factors.

Table 1.7: The need for power and control is a cause of domestic violence

Variable	Frequency	Percent
Yes	106	88.3
No	14	11.7
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, 106(88.3%) replied with a Yes while No is 14(11.7%).This shows that the need for power and control is a cause of domestic violence.

Table 1.8: Substance abuse causes domestic violence

Variable	Frequency	Percent
Yes	105	87.5
No	15	12.5
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, 105(87.5%) replied with a Yes while No is 15(12.5%).This therefore shows that substance abuse causes domestic violence.

Table 1.9: Economic stress and mental health issues causes' domestic violence

Variable	Frequency	Percent
Yes	107	89.2
No	13	10.8
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, Yes is 107(89.2%) while No is 13(10.8%).This shows that economic stress and mental health issues causes domestic violence.

Table 1.10: There are different types of domestic violence

Variable	Frequency	Percent
Yes	106	88.3
No	14	11.7
Total	120	100.0

Source: Field Survey, 2025

From the table above, Yes 106 (88.3%) while No is 14 (11.7%).This shows that there are different types of domestic violence.

Table 1.11: Sexual abuse is a type of domestic violence

Variable	Frequency	Percent
Yes	107	89.2
No	13	10.8
Total	120	100.0

Source: Field Survey, 2025

From the table above, 107(89.2%) replied with a Yes while No is 13(10.8%). This shows that sexual abuse is a type of domestic abuse.

Table 1.12: Physical abuse Sexual abuse is a type of domestic violence.

Variable	Frequency	Percent
Yes	104	86.7

No	16	13.3
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, 104(86.7%) replied with a Yes while No is 16 (13.3%). This shows that Physical abuse Sexual abuse is a type of domestic violence.

Table 1.13: Financial abuse is a type of domestic violence.

Variable	Frequency	Percent
Yes	107	89.2
No	13	10.8
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, 107(89.2%) replied with a Yes while No is 13(10.8%). This shows that financial abuse is a type of domestic violence.

Table 1.14: Psychological and emotional abuse is types of domestic violence.

Variable	Frequency	Percent
Yes	105	87.5
No	15	12.5
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, 105(87.5%) replied with a Yes while No is 15(12.5%). This shows that psychological and emotional abuse is a type of domestic violence.

Table 1.15: Physical health issues are one outcome of domestic violence.

Variable	Frequency	Percent
Yes	107	89.2
No	13	10.8
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, 107(89.5%) replied with a Yes while No is 13(10.8%). This shows that physical health issues are one outcome of domestic violence.

Table 1.16: Emotional and psychological issues is one outcome of domestic violence

Variable	Frequency	Percent
Yes	105	87.5
No	15	12.5
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, 105(87.5%) replied with a Yes while No is 15(12.5%). This shows that emotional and psychological issues is one outcome of domestic violence

Table 1.17: Domestic violence has economic consequences

Variable	Frequency	Percent
Yes	108	90.0
No	12	10.0
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, 105(87.5%) replied with a Yes while No is 15(12.5%). This shows that emotional and psychological issues is one outcome of domestic violence

Table 1.18: Domestic violence negatively affects children

Variable	Frequency	Percent
Yes	110	91.7
No	10	8.3
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, 110(91.7%) replied with a Yes while No is 10(8.3%). This shows that domestic violence negatively affects children

Table 1.19: Social workers educate and create awareness against domestic violence

Variable	Frequency	Percent
Yes	107	89.2
No	13	10.8
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, 110(91.7%) replied with a Yes while No is 10(8.3%). This shows that Social workers educate and create awareness against domestic violence

Table 1.20: Social workers counsel and support victims of domestic abuse

Variable	Frequency	Percent
Yes	107	89.2

No	13	10.8
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, 107(89.2%) replied with a Yes while No is 13(10.8%). This shows that Social workers counsel and support victims of domestic abuse.

Table 1.21: Social workers advocate for victims of domestic abuse

Variable	Frequency	Percent
Yes	107	89.2
No	13	10.8
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, 107(89.2%) replied with a Yes while No is 13(10.8%). This shows that Social workers advocate for victims of domestic abuse.

Table 1.22: Social workers carry out crisis intervention for victims of domestic abuse

Variable	Frequency	Percent
Yes	111	92.5
No	9	7.5
Total	120	100.0

Source: *Field Survey, 2025*

From the table above, 111(92.5%) replied with a Yes while No is 9(7.5%). This shows that Social workers carry out crisis intervention for victims of domestic abuse

4.2 Discussion of Findings

The findings showed that domestic violence is caused by individual factors such as substance abuse etc., and this agrees with spencer et al., (2019) who stated that domestic violence is a complex issue that can be attributed to various factors such as individual factors which include mental health issues, substance abuse, trauma, personality traits, relationship dynamics, societal factors, and systemic factors

Secondly, the findings showed that the types of domestic violence include physical, psychological, emotional, sexual and financial abuse. This is in agreement with Tur-Prats (2019) who posited that there are types of domestic violence which includes physical, psychological, emotional, sexual, financial abuse and coercive control.

Thirdly, the findings showed that the effect of domestic violence could be physical, mental, social and economic. This is in agreement with Oluku and Abasiokong (2024) who posited that domestic violence has a profound impact on individuals physical health, mental health, social effect, economic effect and community impacts.

Finally, the findings showed that social workers play roles such as advocacy, crisis intervention and provision of support, to victims of domestic violence and this is in agreement with Sullivan (2018) which opined that Social work interventions play a crucial role in supporting victims of domestic violence as domestic violence encompasses physical, emotional, psychological, and sexual abuse. Similarly, it agrees with Atkins (2023) who stated that social workers provide immediate support during crisis, offering a

calm presence and guidance on accessing emergency services as they facilitate access to shelters and safe houses, allowing victims to escape abusive environments and find temporary refuge.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

Domestic violence is a global issue that affects people of all ages and includes physical, emotional, psychological, and financial abuse in the home. It has serious effects for victims' well-being and affects both men and women, with women sometimes paying a greater weight. Poverty, high stress levels, restricted access to school and employment prospects, and mental health issues all have an impact on the situation. Physical violence, verbal threats, emotional manipulation, and financial control are examples of abuse. Poverty, poor access to education, and mental health issues all contribute to the occurrence of domestic violence. Poverty, poor educational opportunities, and offenders' mental health difficulties all have an impact on the severity of domestic violence.

The study reveals that domestic violence is a complex issue influenced by individual factors such as substance abuse, which are attributed to mental health issues, trauma, personality traits, relationship dynamics, societal factors, and systemic factors. The types of domestic violence include physical, psychological, emotional, sexual, and financial abuse, as well as coercive control. The effects of domestic violence can be physical, mental, social, and economical as Social workers play a crucial role in supporting victims of domestic violence, providing advocacy, crisis intervention, and

support. The study emphasizes the importance of social workers in providing immediate support during crises, offering a calm presence, and facilitating access to emergency services. Social workers also facilitate access to shelters and safe houses, allowing victims to escape abusive environments and find temporary refuge.

5.2 Conclusion

Domestic violence is a multifaceted issue influenced by mental health issues, substance abuse, trauma, personality traits, relationship dynamics, societal factors, and systemic factors. Mental health issues like depression, anxiety, and personality disorders increase the risk of aggression and violence. Substance abuse, trauma, and personality traits contribute to abusive behavior. Relationship factors include power imbalances, control, jealousy, conflict resolution skills, intimacy issues, and societal norms that reinforce traditional gender roles. Cultural acceptance of violence can also contribute to violence in intimate relationships. Social isolation can make it harder for victims to seek help and increase the abuser's control. Economic factors like financial stress, unemployment, and poverty increase tension and conflict in relationships, making violence more likely. Systemic factors include inadequate law enforcement response, slow judicial processes, and social stigma. There are various types of domestic violence, each with unique characteristics. Physical abuse involves physical force to harm or intimidate a partner, while emotional abuse undermines self-worth and well-being. Sexual abuse involves non-consensual sexual acts or behaviors, while financial abuse involves controlling a partner's financial resources. Technology has become a new tool

for abusers to control and harass their partners, leading to anxiety, depression, fear, and loss of privacy. Understanding these nuances is crucial for recognizing and addressing domestic violence and working towards a more harmonious and healthy relationship.

5.3 Recommendations

Due to the findings of this study, the following recommendations are made:

1. Specialized training should be developed for social workers focused on domestic violence dynamics, trauma-informed care, and cultural sensitivity. This will equip them with the necessary skills to handle complex cases effectively.
2. Stake holders should advocate for increased funding from government and non-governmental organizations to provide social workers with the resources they need, such as shelters, legal aid, and mental health services.
3. There should be collaborations between social workers, law enforcement, healthcare providers, and local NGOs. This multi-agency approach can create a more comprehensive support system for survivors.

REFERENCES

- Ablaza, C., Kuskoff, E., Perales, F., & Parsell, C. (2023). Responding to Domestic and Family Violence: The Role of Non-Specialist Services and Implications for Social Work. *The British Journal of Social Work*, 53(1), 81-99.
- Ahinkorah, B. O., Dickson, K. S., & Seidu, A. A. (2018). Women decision-making capacity and intimate partner violence among women in sub-Saharan Africa. *Archives of Public Health*, 76, 1-10.
- Airaoje, O. K., Uchendu, C. E., Akin-Odukoya, O. O., Aondoover, E. M., & Obada, A. A. (2025). Gender-Based Violence as a Public Health Crisis: Consequences for Nigerian Women and Society. *Britain International of Humanities and Social Sciences (BIOHS) Journal*, 7(1), 75-92.
- Atkins, B. (2023). *Keeping Safe and Working Effectively For Social Workers and Health Professionals*. Critical Publishing.
- Balcom, D. (2015). Shame and violence: Considerations in couples' treatment. In *Family systems application to social work* (pp. 165-181). Routledge.
- Berg-Weger, M. (2019). *Social work and social welfare: An invitation*. Routledge.
- Brearley, C. P. (2023). *Risk and social work*. Taylor & Francis.
- Butt, B. (2023). The Impact of Violent Crime on Individuals and Communities: A Multifaceted Exploration. *Social Science Review Archives*, 1(1), 18-23.
- Cayir, E., Spencer, M., Billings, D., Hilfinger Messias, D. K., Robillard, A., & Cunningham, T. (2021). "The only way we'll be successful": Organizational factors that influence psychosocial well-being and self-care among advocates working to address gender-based violence. *Journal of interpersonal violence*, 36(23-24), 11327-11355.
- Christy, K., Welter, T., Dundon, K., Valandra, & Bruce, A. (2022). Economic abuse: A subtle but common form of power and control. *Journal of Interpersonal Violence*, 37(1-2), NP473-NP499.
- Cramer, C. (2010). *Unemployment and participation in violence* (p. 24). Washington, DC: World Bank.

- Cunha, A., Gonçalves, M., & Matos, M. (2024). Understanding the Dynamics of Domestic Violence During the First Year of the Pandemic: An Integrative Review. *Trauma, Violence, & Abuse*, 15248380241277788.
- Danso, R. (2018). Cultural competence and cultural humility: A critical reflection on key cultural diversity concepts. *Journal of Social Work*, 18(4), 410-430.
- Domenech del Rio, I., & Sirvent Garcia del Valle, E. (2019). Influence of intimate partner violence severity on the help-seeking strategies of female victims and the influence of social reactions to violence disclosure on the process of leaving a violent relationship. *Journal of interpersonal violence*, 34(21-22), 4550-4571.
- Dunaiski, M., Abdelgelil, C., Filip, A. M., Ivanova, N., Rausis, D., Yee, S., & Me, A. (2024). Global and Regional Estimates of Female Intimate Partner and Family-Related Homicide. *Journal of Contemporary Criminal Justice*, 40(2), 352-363.
- Fawole, O. I., Okedare, O. O., & Reed, E. (2021). Home was not a safe haven: women's experiences of intimate partner violence during the COVID-19 lockdown in Nigeria. *BMC women's health*, 21, 1-7.
- First, J. M., First, N. L., & Houston, J. B. (2017). Intimate partner violence and disasters: A framework for empowering women experiencing violence in disaster settings. *Affilia*, 32(3), 390-403.
- Flora, K., & Argyroudi, A. (2019). Factors affecting counseling services in social service structures providing support to women who are victims of violence: A qualitative research in Greece. *Journal of interpersonal violence*, 34(21-22), 4741-4755.
- Freed, D., Palmer, J., Minchala, D., Levy, K., Ristenpart, T., & Dell, N. (2018, April). "a stalker's paradise" how intimate partner abusers exploit technology. In *Proceedings of the 2018 CHI conference on human factors in computing systems* (pp. 1-13).
- Globokar, J. L., Erez, E., & Gregory, C. R. (2019). Beyond advocacy: Mapping the contours of victim work. *Journal of interpersonal violence*, 34(6), 1198-1223.
- Glowacz, F., Goblet, M., & Courtain, A. (2018). Sexual coercion in adolescence: From non-consensual sexuality to sexuality under constraint. *Sexologies*, 27(2), e33-e37.

- Gudde, C. B., Olsø, T. M., Whittington, R., & Vatne, S. (2015). Service users' experiences and views of aggressive situations in mental health care: a systematic review and thematic synthesis of qualitative studies. *Journal of Multidisciplinary Healthcare*, 449-462.
- Hassan, J. T., Ibrahim, Z. A., Abdulumuni, A., & Amos, V. (2024). Towards Creating Effective Strategies for Communicating with Victims of Trauma in Nigeria. *Tasambo Journal of Language, Literature, and Culture*, 3(1), 62-76.
- Hewitt, L. A. (2023). *Male Victims of Domestic Abuse or Intimate Partner Violence: The Causation Surrounding Why Men Have Low Rates of Reporting-from a Societal Perspective* (Doctoral dissertation, Saint Leo University).
- Howell, K. H., Barnes, S. E., Miller, L. E., & Graham-Bermann, S. A. (2016). Developmental variations in the impact of intimate partner violence exposure during childhood. *Journal of injury and violence research*, 8(1), 43.
- Idowu, A. P., Augustine, O. D., Musa, H. A., & Sherifat, A. B. (2023). Human personality dynamics as bane of domestic violence among couples in Nigeria: the counselling perspective. *Ife Psychologia*, 31(2), 75-84.
- Ife, J., Soldatić, K., & Briskman, L. (2022). *Human rights and social work*. Cambridge University Press.
- Johnson, L., & Stylianou, A. M. (2022). Coordinated community responses to domestic violence: A systematic review of the literature. *Trauma, Violence, & Abuse*, 23(2), 506-522.
- Kanno, H., & Giddings, M. M. (2017). Hidden trauma victims: Understanding and preventing traumatic stress in mental health professionals. *Social Work in Mental Health*, 15(3), 331-353.
- Knoll, J. L., White, S. G., & Meloy, J. R. (2022). Envy and extreme violence. *International Journal of Applied Psychoanalytic Studies*, 19(4), 462-482.
- Kohtala, S., Jaffe, P. G., Chiodo, D., Dawson, M., & Straatman, A. L. (2023). Barriers to Safety Planning for Female Victims of Domestic Violence in Canadian Rural, Remote, and Northern Communities. *Journal of Family Violence*, 1-11.

- Lanchimba, C., Díaz-Sánchez, J. P., & Velasco, F. (2023). Exploring factors influencing domestic violence: a comprehensive study on intrafamily dynamics. *Frontiers in psychiatry, 14*, 1243558.
- Mahapatro, M., & Mahapatro, M. (2018). Understanding Domestic Violence. *Domestic Violence and Health Care in India: Policy and Practice*, 1-46.
- Mandara, M., Wendt, S., McLaren, H., Jones, M., Dunk-West, P., & Seymour, K. (2023). First contact social work: Responding to domestic and family violence. *Australian Social Work, 76*(4), 589-602.
- Marsiglia, F. F., Kulis, S. S., & Lechuga-Peña, S. (2021). *Diversity, oppression, and change: Culturally grounded social work*. Oxford University Press, USA.
- McLaughlin, H., Robbins, R., Bellamy, C., Banks, C., & Thackray, D. (2018). Adult social work and high-risk domestic violence cases. *Journal of social work, 18*(3), 288-306.
- Musso, M. G., Proietti, M., & Reynolds, R. R. (2020). Towards an integrated approach to violence against women: persistence, specificity and complexity. *International Review of Sociology, 30*(2), 249-278.
- Myhill, A. (2017). Measuring domestic violence: Context is everything. *Journal of gender-based violence, 1*(1), 33-44.
- Notko, M., Husso, M., Piippo, S., Fagerlund, M., & Houtsonen, J. (2022). Intervening in domestic violence: interprofessional collaboration among social and health care professionals and the police. *Journal of interprofessional care, 36*(1), 15-23.
- Ogboghodo, E. O., & Omuemu, V. O. (2016). Prevalence, pattern and determinants of domestic violence among ante-natal clinic attendees in a secondary health facility in Benin City, Edo State. *Journal of Community Medicine and Primary Health Care, 28*(1), 65-75.
- Ogbonnaya, I. N., Fawole, O. I., & Rizo, C. F. (2021). Domestic violence and sexual assault service providers' perspectives on Nigerian immigrants' domestic violence experiences. *Violence against women, 27*(12-13), 2255-2272.

- Ogunleye, A. J., Olonisakin, T. T., & Adebayo, S. O. (2015). On bridging the gap in the sexual behavior of the sexes: The mediating role of culture/environment. *Humanities and Social Sciences*, 3(2), 88-95.
- Oluku, O., & Abasiokong, E. (2024). The Influence of Cultural Values on Intimate Partner Violence Against Women in Nigeria: Evidence from the Literature. *Social Facts: FUOTUOKE Journal of Sociology and Anthology*, 4(1), 45-60.
- Pino, E. C., Fontin, F., & Dugan, E. (2021). Violence intervention advocacy program and community interventions. *Pediatric Firearm Injuries and Fatalities: The Clinician's Guide to Policies and Approaches to Firearm Harm Prevention*, 157-177.
- Postmus, J. L., Hoge, G. L., Breckenridge, J., Sharp-Jeffs, N., & Chung, D. (2020). Economic abuse as an invisible form of domestic violence: A multicountry review. *Trauma, Violence, & Abuse*, 21(2), 261-283.
- Reamer, F. (2018). *Social work values and ethics*. Columbia University Press.
- Rodelli, M., Koutra, K., Thorvaldsdottir, K. B., Bilgin, H., Ratsika, N., Testoni, I., & Saint Arnault, D. M. (2022). Conceptual development and content validation of a multicultural instrument to assess the normalization of gender-based violence against women. *Sexuality & Culture*, 26(1), 26-47.
- Sabri, B., Nnawulezi, N., Njie-Carr, V. P., Messing, J., Ward-Lasher, A., Alvarez, C., & Campbell, J. C. (2018). Multilevel risk and protective factors for intimate partner violence among African, Asian, and Latina immigrant and refugee women: Perceptions of effective safety planning interventions. *Race and Social Problems*, 10, 348-365.
- Sampath, S., Renzu, M., Clark, P., Kelly, J., & Disandro, D. (2024). Sexually transmitted disease rates are surging: A matter of life and death. In *Contemporary Issues in Clinical Bioethics-Medical, Ethical and Legal Perspectives*. IntechOpen.
- Spencer, C., Mallory, A. B., Cafferky, B. M., Kimmes, J. G., Beck, A. R., & Stith, S. M. (2019). Mental health factors and intimate partner violence perpetration and victimization: A meta-analysis. *Psychology of violence*, 9(1), 1.

- Stinson, J. D., Quinn, M. A., & Levenson, J. S. (2016). The impact of trauma on the onset of mental health symptoms, aggression, and criminal behavior in an inpatient psychiatric sample. *Child Abuse & Neglect*, *61*, 13-22.
- Stubbs, A., & Szoeki, C. (2022). The effect of intimate partner violence on the physical health and health-related behaviors of women: A systematic review of the literature. *Trauma, violence, & abuse*, *23*(4), 1157-1172.
- Su, Z., McDonnell, D., Roth, S., Li, Q., Šegalo, S., Shi, F., & Wagers, S. (2021). Mental health solutions for domestic violence victims amid COVID-19: a review of the literature. *Globalization and health*, *17*(1), 67.
- Sullivan, C. M. (2018). Understanding how domestic violence support services promote survivor well-being: A conceptual model. *Journal of family violence*, *33*(2), 123-131.
- Sutton, A., & Carlson, C. (2019). Advocating for self-determination, arriving at safety: How social workers can address ethical dilemmas in intimate partner violence. In *The Routledge Handbook of Social Work Ethics and Values* (pp. 125-134). Routledge.
- Tesfaw, L. M., & Muluneh, E. K. (2022). Assessing the prevalence and association between physical, emotional, and sexual of intimate partner violence against women in Nigeria. *Reproductive health*, *19*(1), 146.
- Tur-Prats, A. (2019). Family types and intimate partner violence: A historical perspective. *Review of Economics and Statistics*, *101*(5), 878-891.
- Webb, N. B. (2019). *Social work practice with children*. Guilford Publications.
- Witt, L., & Diaz, C. (2019). Social workers' attitudes towards female victims of domestic violence: A study in one English local authority. *Child & Family Social Work*, *24*(2), 209-217.
- World Health Organization. (2021). *Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women*. World Health Organization.

Young, F. P. (2024). Pastoral Care for Intimate Partner Violence: An Examination of Attitudes and Behaviors.

APPENDIX
DEPARTMENT OF SOCIAL WORK
FACULTY OF SOCIAL SCIENCES
UNIVERSITY OF BENIN
BENIN CITY
QUESTIONNAIRE

Dear Respondent,

My name is **Chigozie Gloria CHUKWUNEKE**, and I am currently a graduate student in the Department of Social Work at the University of Benin, Benin City, Edo State. As part of the requirement for the award of a B.Sc. in Social Work, I am required by the University of Benin to develop and conduct a research project under the supervision of **Dr. Yesufu Sumaina**. This consent form is the first step in fulfilling this requirement. I will greatly appreciate your participation in the study.

I have read and understand the above consent requirement, and it is the desire of my free will to participate in this study. As your consensual position, please tick the box of your choice.

Thanks for your co-operation.

Please tick where necessary [/]

This questionnaire is made up of two sections, A and B.

SECTION A

This section requires the demographic characteristics of the respondents

Instruction: Please tick (√) the appropriate box

1. Sex of respondent: Male () Female ()
2. Age of respondent: 20-25() 26-30 () 31-35 () 36 and above
3. Education: Basic education () SSCE () ND () Bsc/HND () Others
4. Religious Belief of Respondent: Christianity (), Islam (), ATR (), others ()
5. Marital status of parents: Single () Married () Divorced () Widowed ()

SECTION B: Causes of domestic violence in Benin City.

- 6. Domestic violence is caused by some factors. Yes () No ()
- 7. The need for power and control is a cause of domestic violence. Yes () No ()
- 8. Substance abuse causes domestic violence. Yes () No ()
- 9. Economic stress and mental health issues causes' domestic violence. Yes () No ()

Types of domestic violence

- 10. There are different types of domestic violence. Yes () No ()
- 11. Sexual abuse is a type of domestic violence. Yes () No ()
- 12. Physical abuse Sexual abuse is a type of domestic violence. Yes () No ()
- 13. Financial abuse is a type of domestic violence. Yes () No ()
- 14. Psychological and emotional abuse is types of domestic violence. Yes () No ()

Effects of domestic violence on victims

- 15. Physical health issues are one outcome of domestic violence. Yes () No ()
- 16. Emotional and psychological issues is one outcome of domestic violence. Yes () No ()
()
- 17. Domestic violence has economic consequences. Yes () No ()
- 18. Domestic violence negatively affects children. Yes () No ()

Roles of Social Workers in curbing domestic violence

19. Social workers educate and create awareness against domestic violence. Yes () No

()

20. Social workers counsel and support victims of domestic abuse. Yes () No ()

21. Social workers advocate for victims of domestic abuse. Yes () No ()

22. Social workers carry out crisis intervention for victims of domestic abuse. Yes () No

()