

Intimate Partner Violence and Age as the Major Predictor of Psychological Well-Being of Women in Nsukka Urban, Nigeria

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ABSTRACT

The study investigated intimate-partner violence the major predictor of psychological well-being among sample of women in Nsukka Urban. Two hundred and fifty (250) participants comprising 79 married women and one hundred and seventy one (171) unmarried women, two hundred and twenty nine (229) were Igbo's while twenty one (21) were Yoruba's, with age range of 18-49years; mean age is 30.9. It hypothesized that Intimate partner violence and age will not significantly predict psychological well-being among women in Nsukka urban. The results shows that there was a negative and

significant correlation between intimate partner violence and psychological well-being ($r=-.24$, $p <.001$). The correlation between age and psychological well-being was not significant. Discussion highlighted that as intimate partner violence increases, psychological well-being decreases; also research has shown that younger women generally had an intimate partner violence than older women.

Keywords: Intimate-partner; violence; age; Psychological well-being; women.

1. INTRODUCTION

As in other African countries, domestic violence is a major issue in Nigeria. Any action taken by an intimate partner in a relationship that harms the other person physically, emotionally, or sexually is referred to as IPV (WHO, 2018). Most often, men abuse their partners violently, which is acceptable in society as a way to punish or discipline women. Intimate partner violence (IPV) is a global public health and human rights issue that affects millions of women and girls Wado, Mutua, & Mohiddin, *et al.*(2021) Women's physical, reproductive, and emotional health are all significantly impacted by intimate partner violence (IPV), which is now recognized as a serious public health issue (Benebo, Schumann, & Vaezghasemi, 2018).

Psychological wellbeing of women in Nigeria is a very important factor to research on. According to Ryff (1995) there are six dimensions of psychological well-being which includes: Self-Acceptance (Positive evaluations of oneself and one's past life), Personal Growth (a sense of continued growth and development as a person), Purpose in Life (the belief that one's life is purposeful and meaningful), Positive Relations With Others (the possession of quality relations with others), Environmental

Mastery (the capacity to manage effectively one's life and surrounding world), and Autonomy (a sense of self-determination).

Similoluwa (2018) stated that the Lagos state domestic and sexual violence Response team during ministerial briefing delivered by the attorney General stated that the team received 138 cases of domestic violence against men from march 2017-2018. This indicates that men are not left out in the game of domestic violence, but for the want of this study the researcher focused on women. The statistics presented in Nigeria by This Day (2018) newspaper are daunting. About 50% of women have been battered by their husbands. Shockingly, more educated women (65%) are in this terrible situation as compared with their low income counterparts (55%). Many endure, believing they have nowhere to go while others fear that the law will not protect them. Staggering 97.2% of them are not prepared to report to the Nigeria Police, also for fear of injustice.

Luca, Shulamit & Piera (2019) explains that Domestic Violence (DV) has a significant impact on the abused and also on family members, friends, and on the people within the social networks of the victim. Intimate partner violence against women has been acknowledged as a public health issue

which affects the physical, reproductive, and emotional health of women (Benabo, Schuman, Vaezghasem, 2018). Numerous research have been done on the causes of sexual, mental, and physical abuse of women (Tesfaw & Muluneh, 2022), also some research have been done on the causes of sexual, mental, and physical abuse of women (Tesfaw & Muluneh, 2022). However, not much attention has been given on the Intimate violence and age as predictors of Psychological well-being against women in Nigeria. Thus, this study aimed to assess the Intimate violence and age as predictors of Psychological well-being amongst Nigerian women.

Purpose of study

Having considered the changing environment, marital and family relationship especially in a collectivist society like Nigeria, it is important to study the factors that affect psychological well-being of women as it affects the home front. The study will investigate whether:

1. Intimate partner violence will significantly predict psychological well-being among women.
2. Age will significantly predict psychological well-being among women.

2. LITERATURE REVIEW

2.1 THEORETICAL REVIEW

Frustration-Aggression theory and Social learning theory

There are many theories on the root causes on intimate partner violence, but in this study we shall explain frustration-aggression theory and Social learning theory. Berkowitz (1989) explains frustration-aggression theory as the result of previous frustration and he indicates that all frustration leads to aggression. Berkowitz (1989) argue that this theory stresses the fact that there are certain frustrating situations, such as an unsupportable drug addiction, domestic violence, etc that produces aggressive behavior. He went further to propose an assumption that perpetrators of domestic violence against women in marital relationship is as a result of frustrations due to lack of intimacy, economic hardship or work family conflict. For the want of this study this theory explains that when the husband became frustrated, it may lead him to become aggressive thereby becomes violent to the wife.

Social learning theory by Albert Bandura (1977) posits that violence is a learned behavior and can be triggered by stress, alcohol abuse and poverty. Human beings learn from early stage of life by means of

observation, especially in their environment through parents and guardians. Bandura suggests that both observer and victims can be affected. This actually explains why children who witness violence in their homes, often grow up to practice violence or acquire violent modes of behavior (Murrell, Christoff and Henning., 2007). The implication of this theory is that boys who grew up in a domestic violent home is likely going to be violent to their wives and girls who grew in same type environment may have difficulty establishing healthy relationships.

2.2 EMPIRICAL REVIEW

Intimate partner violence and Psychological wellbeing

Tesfaw and Muluneh's (2022) analysis of the relationship between the frequency of sexual, emotional, and physical violence against women. An investigation into married women who invest in mutual funds between the ages of 15 and 49 used the 2018 Nigeria Health and Demographic Survey. Totaling the 8061 women in the survey, it was found that assaults on them were experienced by 3022 (37.59%), 4216 (52.3%), and 1186 (14.71%) of them, respectively. The estimated odds of the interactions between emotional and physical violence ($e^{1.9281} = 6.876$) and physical and sexual violence

($e^{2.0529} = 0.128$) were both significantly different from 1.0 with p-values of 0:0001 and 0.0201, respectively. Instances of men killing and hurting their wives have been covered by the media. Additionally, Nigeria has seen high incidence of domestic violence (British Council, 2012).

Bogolyubova, Tikhonov, Ivanov, Panicheva, and Ledovaya (2017) used Facebook to assess violence exposure, PTSD, and subjective well-being in a sample of Russian people. Violence has been found to have a negative impact on one's mental health and well-being. The goal of this Facebook-based study was to report the frequency of exposure to violence in a sample of Russian people and to examine the effects of these encounters on psychological distress associated with victimization and subjective well-being. Nonconsensual sexual encounters, physical assault by a known individual to the victim, and physical assault by a stranger were all investigated. Data was provided by 6,724 Russian-speaking Facebook users. Participants in the study had a high level of lifetime victimization. Furthermore, 56.9%, 64.2%, and 54.1% of respondents reported having experienced sexual assault, physical attack by a stranger, or both in their lifetime. Multiple kinds of violence were related with more severe traumatic stress symptoms (rs

=.257, $p < .001$). Participants who had been exposed to violence had significantly lower well-being scores ($t = 8.37$, $p < .001$, $d = 0.31$). The study found that exposure to violence is connected with worse well-being among Russian people.

Renner and Hartley (2021) assessed Psychological well-being of women who experience IPV and receive civil legal services. They used panel study design and data from 85 women who experienced IPV and sought civil legal services to examine women's psychological well-being over a one-year period of time. Approximately two thirds of the women received assistance from Iowa Legal Aid (ILA) for a civil protective order ($n = 56$) and the rest were represented in a family law matter. They also used measures of mental health (depression, posttraumatic stress disorder [PTSD]) and well-being (social support, resilience, goal directed thinking, empowerment). Their hypotheses that women would experience a decrease in mental health symptoms and an increase in well-being were partially supported. Women reported a decrease in depressive and PTSD symptoms over one year, which indicates that women receiving formal assistance demonstrated positive changes in psychological well-being

Cynthia, Chukwudum, Chukwuma, Arinze, and Chukwukelu (2018) investigated the link between psychological well-being and domestic abuse in Onitsha North and South Local Government Areas of Anambra State. In this co-relational study, teenagers from four different schools, both primary and secondary, were interviewed using standard psychological well-being measures and a domestic violence questionnaire. The results of the co-relational and independent sample T-tests revealed a significant relationship between psychological wellbeing and domestic violence among adolescent home caregivers and non-adolescent home caregivers (mean=184.1, standard deviation=9.26, and $r = 0.000$), as well as a significant difference in the level of psychological wellbeing and domestic violence between adolescent home caregivers and non-home caregivers ($f = 7.74$, $T = 22.6$, d). Domestic violence and psychological well-being were found to be two sides of the same coin that have devastating effects on teenagers during the formative years.

Age and Psychological Wellbeing

Tsegaw, Mulat, and Shitu (2022) examined the frequency of intimate partner violence over the past 12 months and associated

factors among reproductive-aged women in Liberia, ranging in age from 15 to 49. The Liberia Demographic Health Survey (LDHS), a substantial community-based cross-sectional survey conducted in Liberia from October 16, 2019, to February 12, 2020, served as the foundation for this study. The stratified two-stage cluster architecture used in the 2019–20 LDHS. To understand particular cases of intimate partner violence among Liberian women of reproductive age and to manage factors, multivariable logistic regression was utilized. In the final model, statistical significance was evaluated using the adjusted odds ratio and confidence interval (CI). Statistics were applied to variables

Adebowale (2018) examined the linkages between spousal age differences and IPV in Nigeria. The couples recode data section of the 2013 Nigeria Demographic Health and Survey was used ($n = 6765$). Intimate partner violence was measured using 13-item questions. Data were analyzed using the logistic regression model ($\alpha = .05$). Results indicate that mean spousal age difference was 8.20 ± 5.0 years. About 23.5, 18.0, 13.5 and 4.7% of couples surveyed had experienced some form of IPV, emotional, physical and sexual violence respectively. Also, IPV prevalence was 27.0, 23.7, 22.0 and 18.7%

among couples with age differences of 0–4, 5–9, 10–14 and ≥ 15 years respectively; this pattern was exhibited across all domains of IPV. Among women who experienced physical violence, 20.5% had only bruises, 8.0% had at least one case of eye injuries, sprains and/or dislocations, and 3.7% had either one or more cases of wounds, broken bones or broken teeth. The identified predictors of IPV were: family size, ethnicity, household wealth, education, number of marital unions and husband drinks alcohol. The unadjusted likelihood of IPV was 1.60 ($C.I = 1.30-1.98, p < 0.001$) and 1.35 ($C.I = 1.10-1.64, p < 0.01$) higher in households where the spousal age difference was 0–4 and 5–9 years respectively, than the likelihoods among those with a spousal age difference ≥ 15 years, but the strength of the association weakens when other variables were included in the model.

Lasong, Zhang, Muyayalo, and colleagues (2020) conducted a study in Zimbabwe to investigate trends and factors related with domestic violence among married women of reproductive age. This was a cross-sectional study that employed secondary data from the Zimbabwe Demographic and Health Surveys in 2005/06, 2010/11, and 2015, (ZDHS). Respondents varied in age from 15 to 49 years old and were either married or living

with a partner. The factors linked with domestic violence were investigated using multiple logistic regression analysis. Working women had a higher risk of domestic violence than jobless women, according to the findings [AOR = 1.35; p 0.047]. Women who drink alcohol are much more likely to experience domestic violence than their non-drinking counterparts; women whose husbands drink alcohol are likewise more likely to experience domestic abuse [AOR = 1.35; p 0.001]. Domestic violence was more common among women whose husbands had witnessed their dads beating their mothers, and it was more prevalent among women whose husbands had more than one wife (polygamy) [AOR = 1.35; p 0.001]. High parity (5 or more children) was similarly associated with an increased incidence of domestic violence in the study population [AOR = 1.35; p 0.038]

3. METHOD

Participants

The researcher sampled 250 participants which comprised of 79 married women and 171 unmarried women. 230 were Christians while 20 were Muslims. However, 229 were Igbo's while 21 were Yoruba's.

Their age ranges from 18-49 years; mean age is 30.9. The participants were drawn from Nsukka Urban. Volunteers were sought from among female Local Government staff, business women, and female civil servants and female students. Participants were those that had at least secondary school education. The sampling of participants was based on convenient sampling which is based on participants' availability, and willingness to participate in the study, that is, those who volunteered to fill the questionnaire forms participated in the study.

Instruments

Three instruments were used in the study, namely: Domestic Violence Questionnaire (Abolmaali, Saberi & Saber, 2014), Personal Assessment of Intimacy in Relationships (PAIR) and The Psychological Well-being scale (Ryff, 1989).

Domestic Violence Questionnaire (Abolmaali, Saberi & Saber, 2014)

Domestic violence questionnaire is a 42 item standardized self report scale that was designed to measure the experience of domestic violence in marital and dating relationships. In The questionnaire response of each option is scored on a Likert scale: Not at all true of my spouse (0); slightly true of my spouse (1); moderately true of my spouse (2); very true of my spouse (3), and extremely

true of my spouse (4). The highest score of this questionnaire shows the highest level of violence in this study. The reliability test and each of the factors by Cronbach's alpha and test-retest were reported by Abolmaali, Saberi & Saber (2014) were 0.92. The reliability of the first factor (psycho-physical violence) with 28 questions equals 0.91, and the second factor reliability (control violence) with 14 questions is 0.79 as a suitable degree as reported by (Abolmaali, Saberi & Saber, 2014). However, in the present study, the present researcher employed the use of the first factor (psycho-physical violence) with 28 questions to measure an aspect of domestic violence experienced in marital and dating relationships with the cronbach alpha 0.91. The present researcher conducted a pilot study with seventy participants drawn from University of Nigeria, Nsukka employees which shows a cronbach alpha of 0.90.

Psychological Well-being scale (Ryff, 1989)

Ryff created the tool, an 18-item self-report scale intended to gauge psychological well-being (1989). There are six subscales in the instrument, each with three items: Autonomy, environmental mastery, personal progress, satisfying connections with others, sense of purpose in life, and self-acceptance are just a few of the factors. The autonomy

component evaluates independence, self-determination, and internal locus of control. The ability to manipulate and control complicated settings is measured by the environmental mastery dimension. The need to actualize and realize one's potential is measured by the personal growth dimension. The ability to love, trust, and develop close relationships with others is measured by the positive relationships with other's dimension. Measuring one's sense of direction.

Procedure

The questionnaires were distributed to the participants individually to fill at their various convenient locations. Some of the participants were Local Government staff, business women, female civil servants and female students. Some of them felt that their responses may be used against their marital affair but the researcher assured them that every responses will be treated with utmost confidentiality. Immediately after completion, each participant placed his/her completed forms in a cellophane bag designed for the purpose, this was to assure participants of anonymity of their responses. However, a total of 300 questionnaires were distributed, but a total of 250 questionnaires were adequately filled while the total of 50 questionnaires was discarded because the

items were not properly. The questionnaire that was properly filled were scored and coded for analysis.

Design/Statistics

The design of the study is a cross-sectional design and a multiple regression analysis will be employed for data analysis in this study.

4. RESULTS

Means, standard deviations, and correlations among the study variables are presented in Table 1. The results of hierarchical multiple regression appear in Table 2.

Table 1

Means, Standard Deviations, and Correlations among the Study Variables

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5
1 Marital status	—	—	—				
2 Religion	—	—	.09	—			
3 Ethnic group	—	—	.10	.97***	—		
4 IPV	44.21	16.22	-.09	.03	.03	—	
5 Age	30.90	6.77	-.43***	-.13*	-.10	.33***	—
6 PWB	64.40	7.99	-.07	-.09	-.08	-.24***	-.10

Note: $N = 250$, * = $p < .05$ (two-tailed), ** = $p < .01$ (two-tailed), *** = $p \leq .001$ (two-tailed). IPV = intimate partner violence, PWB = psychological wellbeing. Marital status was coded 1 = single, 2 = married; religion: 1 = Christianity, 2 = Islam; ethnic group: 1 = Igbo, 2 = Yoruba. Age was coded in years, such that higher scores represent older age.

The results of the correlations in Table 1 indicated that marital status, religion, and ethnic group were not significantly correlated with psychological wellbeing. However, there was a negative and significant correlation between intimate partner violence and psychological wellbeing ($r = -.24$, $p < .001$). The correlation between age and psychological wellbeing was negative but not significant.

Table 2

Hierarchical Multiple Regression for Predictors of Psychological Wellbeing

Variable	Step 1	Step 2	Step 3
	B	B	B
<i>Controls</i>			
Marital status	-.06	-.08	-.13
Religion	-.26	-.28	-.34
Ethnic group	.18	.21	.26
<i>Predictors</i>			
Intimate partner violence		-.24***	-.21***
Age			-.10
Adjusted R^2	.002	.057	.061
ΔR^2	.014	.059	.007
ΔF	1.130	15.481	1.944

Note: * = $p < .05$, ** = $p < .01$, *** = $p \leq .001$.

The results of the hierarchical multiple regression in Table 2 in which psychological wellbeing was the criterion variable indicated that the demographic variables (i.e., marital status, religion, and ethnic group) entered as controls, in Step 1 of the equation, collectively accounted for only 0.2% variance in psychological wellbeing. None of them made any unique and significant contribution to the prediction of psychological wellbeing. When intimate partner violence was entered in Step 2 of the equation as predictor, it accounted for additional 5.9% variance in psychological wellbeing over and above that of the control variables. Intimate partner violence

was also a significant negative predictor of psychological wellbeing ($\beta = -.24, p < .001$), thus H_1 was not confirmed. Finally, when age was entered in Step 3 of the equation as a predictor, it accounted for additional 0.7% variance in psychological wellbeing below that of intimate partner violence but comparable to that of the control variables. Age did not also significantly predict psychological wellbeing, thus H_2 was confirmed.

5. DISCUSSION

The study investigated on intimate partner violence and Age as predictors of psychological wellbeing among women in Nsukka urban. The result of the study show that intimate partner violence was significant negative predictors of psychological wellbeing among women. This means that as intimate partner violence increases, as psychological wellbeing decreases. Thus, the first hypothesis was not confirmed. This result is in line with the study of Cynthia et al. (2018), which indicates that there is a substantial association between psychological wellness and intimate partner violence among adolescent's home caregivers and non-home adolescent's caregivers. These findings are also in line with the findings Renner and Hartley (2021) who assessed the psychological well-being of women who experience IPV and receive civil legal services. They used panel study design and

data from 85 women who experienced IPV and sought civil legal services to examined women's psychological well-being over a one-year period of time. Approximately two thirds of the women received assistance from Iowa Legal Aid (ILA) for a civil protective order ($n = 56$) and the rest were represented in a family law matter. Their hypotheses that women would experience a decrease in mental health symptoms and an increase in well-being were partially supported. Women reported a decrease in depressive and PTSD symptoms over one year, which indicates that women receiving formal assistance demonstrated positive changes in psychological well-being

The result of the study also shows that age did not also significantly predict psychological wellbeing, thus H_2 was confirmed. This result implies that intimate partner violence could occur in a relationship despite the age of the intimate partners. Although, research has shown that younger women generally had higher rates of intimate partner violence than older women.

6. IMPLICATION OF THE STUDY

This study has highlighted the critical necessity to address women when discussing psychological health and domestic violence, which is one of its ramifications. The correlation between intimate partner violence and the occurrence of psychiatric symptoms implies that intimate partner violence can be hazardous to women's health. These calls for a joint effort by Government, health practitioners, psychologists and social workers to create awareness on the influence of domestic violence on the wellbeing of women. Similarly, the findings of this study may be used as recommendations for establishing health protocols with an aim of early detection of victims of intimate partner violence and the prevention of its consequences.

Suggestion for further studies

Further researchers are encouraged to extend this research beyond the present population which is Nsukka urban. They should also include other geographical areas in order to boost general ability of the findings. Also, further studies can investigate the relationship of other related variables such as religious belief and social intelligence. Self report and interview should be used if possible to get concrete response

because lack of understanding the questionnaire could affect the result. Further researchers should ensure they use the two factors of domestic violence measurement used in this study to understand its impact on psychological wellbeing of women.

7. RECOMENDATION

According to WHO (2011), women should receive urgent support if they disclose any type of abuse by an intimate partner (or other family member) or sexual assault by any offender. When women disclose violence, health care professionals and Psychologists should at the very least offer initial support. In particular, this entails: a ensuring that consultations take place in private - ensuring confidentiality while also educating women about its boundaries (e.g. when there is mandatory reporting)

-showing the lady practical care and support that addresses her worries without interfering; o demonstrating non-judgmental acceptance of what she is expressing; and

- enquiring about her history of violence, paying close attention, and without putting any pressure on her to speak (care should be taken during sensitive topics when interpreters are involved)

- offering or mobilizing social support

- assisting her to increase safety for herself and her children as needed o assisting her in accessing information about resources, including legal and other services that she might find useful.

If health-care providers are unable to provide first-line support, they should ensure that someone else (within their health-care setting or another that is easily accessible) is immediately available to do so.

8. SUMMARY AND CONCLUSION

This study investigated on intimate partner violence and age as predictors of psychological wellbeing among women in Nsukka urban. Theoretical framework of the study was built on conservation of resource model. The researcher sampled 250 participants which comprised of 79 married women and 171 unmarried women. 230 were

Christians while 20 were Muslims. However, 229 were Igbo's while 21 were Yoruba's. Their age ranges from 18-49 years; mean age is 30.9. The participants were drawn from Nsukka Urban. Three instruments were used in the study, namely: Domestic Violence Questionnaire (Abolmaali, Saberi & Saber, 2014), Personal Assessment of Intimacy in Relationships (PAIR) and The Psychological Well-being scale (Ryff, 1989). The result indicates that intimate partner violence was also a significant negative predictor of psychological wellbeing of women ($\beta = -.21$, $p = .001$) while the result of the study also shows that age did not also significantly predict psychological wellbeing of women. The researcher concludes that women's health is vital because they are the nation builders.

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