

## Gender pattern of family violence occurrence: A Study of family units in selected communities of Ondo state

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### Abstract

**Background:** Violence in families is a global public health issue requiring inquiries for appropriate intervention. The study assessed the prevalence, forms, and gender dimensions of family violence in the study setting.

**Methods:** The study adopted the cross-sectional design, conducted in three Local Government areas in Ondo State among one hundred and twenty family units consisting of 3 members (a male husband, a female wife, and a child). The data for the study was collected using structured questionnaires. Institutional review board approval was also obtained for the study.

**Results:** Findings showed that the prevalence of family violence reported by the wife (35.8%) was similar to that of the husband (36.7%). Children, however, reported a higher prevalence of 62.5 % which was far higher than that of their parents. The wives seemed to be mostly the victims of family violence from the children's perspective. Expatriating this further, showed that more wives were victims of physical battery (63.8%) economic violence (65.0%), and not participating in decision making (59.8%). The gender dimension showed that wives perpetrate isolation (59.0%) and forced their spouses to act involuntarily (63.3%). While more husbands perpetrate sexual violence (67.2%), intimidation (64.0%), economic violence (62.0%), and do not allow their spouse to participate in decision making (58.2%) more than their wives.

**Conclusion:** The study concluded that many families experienced family violence with either of the spouses as the perpetrator or victim, although the forms perpetrated may differ by gender. Hence, intervention should be targeted at the family as a whole rather than the victim in the family.

**Keywords:** Family violence, children experiences, couples, gender dimension.

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### Introduction

Emerging evidence points to the daily occurrence of family violence across social settings and spaces (Rakovec-Felser, 2014). In these settings, individuals and social categories are vulnerable differently to the various forms of family violence depending on their network of relations and expectations governing these interactions. Violence can occur in relationships that are governed by familial roles and responsibilities, including those built around piety values and standards. Managing the possible occurrence of family violence and the attendant consequences requires the actions and efforts of a diverse group of stakeholders. Nurses, among other key stakeholders within and outside the health care system in any given social setting, are in the form of searching for explanations, predictors, vulnerability, and possible ways to address the growing cases of family violence. Within the home front, family violence is of various types, and the efforts aimed at addressing these forms of violence have maintained diversity.

Family violence is multidimensional in occurrence and the possible impacts on victims and the perpetrators. The complexities and variations in impacts are sometimes traceable to the typology involved and the frequency of occurrence. The dominant typologies of family violence within the home

setting include physical, sexual emotional (psychological), controlling behaviors, and economic (World Health Organization, 2012). The various acts of family violence have been associated with interconnected factors that mirror levels of interactions. First is the individual phase, followed by family relationships, and the community or societal phase (Heise, 1998). Thus, a focus on any phase or level of occurrence would likely yield unique insights into the root causes of family violence and possible approaches to address the consequences on victims and perpetrators in any given social setting or society.

The analytical focus of this study was on the family phase, which appears robust in improving the existing body of knowledge for policy and practice, especially for public and community health nursing. Practitioners in these broad fields occupy critical positions in diagnosing victims of family violence, advocating measures that can minimize the occurrence, and providing prompt care to reduce the consequences of family violence on victims. A focus on the family unit is also useful in diagnosing the early warning signs of family violence and how the most vulnerable can be protected, including changing the behaviors of perpetrators. Within the home front, the common position is that men are the perpetrators, and children and women as victims (Silva et al., 2015; Miller et al., 2013). Whether such women and children are from homes where the couples involved are married or cohabiting, victims sometimes appear before healthcare providers with unfathomable symptoms that may be difficult to diagnose. Emotional violence often induces stress-related conditions that may lead to chronic health problems among victims (Karakurt et al., 2014). These complexities call for more sensitive dispositions and focus on the early warning signs of family violence, especially in low-resource settings where the risk factors for perpetrating and becoming a victim are high. The literature from low and poor resource settings shows a high prevalence of family violence. In sub-Saharan Africa, a figure that is higher than that of the global prevalence was found (McCloskey & Hunter, 2016; Cools & Kotsadam, 2017; Wandera et al., 2018). The growth in Africa is further worsened by the patriarchal system that exists in most communities.

However, considering several studies on family violence, a controversial topic with much debate is a gender difference in forms, perpetration, and victimization (Caldwell et al., 2012; Lee et al., 2014). The perpetrator and victim can switch per time in a heterosexual relationship. Although, the traditional belief is that males are the perpetrators of family violence in heterosexual relationships (Chuemchit & Perngporn, 2014; Machado et al., 2014). The gender symmetry perspective with the fundamental assumption that there is an overall equal use of violence in an intimate relationship irrespective of gender (Dutton, 2006). This is relevant in the context of this study as perceived by the authors that women, as men are also perpetrators of violence in intimate relationships. A preliminary qualitative study conducted by the authors in a similar setting in Nigeria showed that women perpetrate more verbal abuse than men and men are mostly guilty of physical violence (Ogunlade et al., 2019). A man's ego makes it difficult to openly disclose their experiences of violence from female partners, making it difficult to identify male victims of family violence (Campbell-Hawkins, 2019). Nevertheless, women are more likely than men to experience severe physical and sexual victimization, resulting in either being injured or killed (World Health Organization, 2012; Khalifeh et al., 2013). Variability in prevalence rates exists based on different cultures and societies (World Health Organization, 2013), probably explained by cultural differences because of the acceptability of violent behaviors in some societies while others have developed a standard framework for family violence prevention and management.

In recent times in Nigeria, the media (print, electronic and social) reported cases of homicides against men and women by their spouses. This is an emerging issue that justifies further study into the pattern of family violence in the Nigerian context. Thus, there exists a dearth of empirical data about

the gender dimensions with consideration to simultaneous perpetration and victimization of family violence as experienced by couples and witnessed by the children. The additional data from the children's point of view was sought to assess children's experiences and for their parents' data verification. The knowledge of gender perpetration of the different forms of violence should be a concern to researchers, policymakers, and other relevant stakeholders to shape public health responses and policy decisions guiding necessary interventions to address family violence. Hence, this study assessed the patterns (prevalence, forms, and gender dimensions) of family violence within the family. This is to generate data for possible focused intervention development for the family.

## **Methods**

### **Design and Participants**

This is a cross-sectional descriptive study, targeted at nuclear family members from Ifedore, Owo, and Ileoluji/Okeigbo Local Government Areas (LGAs) of Ondo State. The selected areas are located in the North, Central, and Southern parts of the state. These sites were Igbaraoke in Ifedore LGA, Owo in Owo LGA and Okeigbo in Ileoluji/Okeigbo LGA. These sites are located in Ondo State, the southwest region of Nigeria predominantly inhabited by the Yoruba ethnic group. The local economy is largely agrarian with men and women playing active roles. Although there is a presence of some corporate organizations in these communities, women's involvement in the informal sector is common in the three sites. Multistage sampling was used to select the study settings. The first step randomly selected an LGA, each from the three senatorial districts through balloting (balloting is a procedure of selection that gives all the LGAs the chance to be selected).

The names of all the LGAs were written on white sheets made into balls by senatorial districts, then an LGA was picked randomly from each of the three senatorial districts making three selected LGAs. Then, two communities were selected randomly from each LGA, while households were systematically selected. A consenting nuclear family unit was selected per household. The consenting couples were male husbands and female wives with a minimum age of 18 years, either married or cohabiting with a child or children and living together. A child not less than eight years of age available was selected per family. Single parents commuted families, and families with children less than eight years were excluded. Using the Cochran's, (1963) sample size formula for large populations; a 28.5% Nigerian DHS prevalence of women experiencing any form of violence in Ondo State, 95% confidence interval, and  $\pm 5\%$  precision 360 sample size was generated with the consideration of 10% non-response rate and selection of three respondents per family.

Therefore, 120 nuclear family units (a male father, female mother, and a child not less than eight years of age irrespective of gender) made a total of three hundred and sixty individuals participate in the study. The sample size was distributed by the number of LGAs (Three), 40 family units per LGA, and 20 family units per community. This is with the focus of identifying the patterns (prevalence, forms, and gender dimension) of family violence in the study setting.

### **Data Collection**

Data were collected with paper-based structured questionnaires for couples and a paper-based semi-structured child-friendly questionnaire for the children. The structured questionnaire for couples had two sections, used to collect data from the husband and wife separately. The first section assessed the demographic characteristics of the couple as individuals. The second section assessed the prevalence and forms of family violence perpetrated or experienced by each of the couples separately. This questionnaire was developed from an extensive literature review while using the adapted forms

of violence as highlighted on the power and control wheel. The questionnaire was slightly modified for it to be fit for administration to both males and females.

A semi-structured child-friendly questionnaire that gathered data from children in the selected families was adapted from the children screening tool developed by the Children’s Aid Society Domestic Violence and Child Welfare Initiative. These questions were modified to accommodate the forms of violence as deduced from literature except sexual violence because children may not be able to identify if sexual violence is occurring in their parents’ relationship. The questions were also framed for children to understand and be able to answer. The children’s questionnaire consisted of questions relating to demographics and the occurrence of family violence as observed by the children. The questions inquired about the forms of violence they witnessed, and who the perpetrators or victims were. The questionnaires were given to experts in the field of nursing and sociology who have conducted research in this area for content validity, cultural suitability, and adaptability.

A pilot study was conducted for the feasibility of the study and pre-test the questionnaire among a selected population for reliability by using the internal consistency method. Following the pre-test, some items were modified to suit the Nigerian socio-cultural context. The questionnaires used in this study were translated into the Yoruba language and retranslated into English by official independent translators in both languages. The Cronbach alpha coefficients for the couple and children’s scales were 0.76 and 0.70 respectively. The data were collected from respondents in their households at different locations within the home through the interviewer facilitated method by the researcher and the assistants.

### Analysis

The data were properly processed by examining, categorization, and numbering questionnaires to identify any inappropriately completed questionnaires. Data collected were thoroughly cleaned, coded, and computed using Statistical Package for Service Solution (SPSS/IBM) software version 23. Descriptive analysis and the Chi-square goodness of fit test were used to determine gender differences in violence perpetrated and experienced.

### Results

120 family units that participated in this comprised of a male husband, a female wife, and a child (360 participants in all) across all the study sites. The socio-demographic profile of respondents that participated in the survey was presented in Table 1. Sixty-eight percent of the couples were middle-aged adults, with the mean age for wives (38.8±8) and husbands (45±11). The age of the children ranged from 8 to 28 years with a mean of 13±3.30. Their positions ranged from first to sixth in the family; about half were the first children of their families and more than half were females. The majority (85%) of the families had four children while 15% had five and more children. 60.8% were females and 39.2% were males, their educational status was the primary (25%), secondary (66.7%), tertiary (7.5%) and 0.8% had completed the tertiary level.

**Table 1: Socio-Demographics of the Parents**

Characteristics	Husband (N=120)	Wife (N=120)
<b>Age in Years</b>	<b>F (%)</b>	<b>F (%)</b>
18-35	21 (17.5%)	26 (21.7%)
36-55	85 (70.8%)	78 (65.0%)
≥ 56	14 (11.7%)	16 (13.3%)
<b>Marital status</b>		
Married	93 (77.5%)	93 (77.5%)
Cohabiting	27 (22.5%)	27 (22.5%)

<b>Duration of Relationship</b>		
1- 10 years	24 (20.0%)	24 (22.5%)
11-20 years	76 (63.3%)	76 (60.8%)
21 years and above	20 (16.7%)	20 (16.7%)
<b>Educational Status</b>		
No Formal Education	2 (1.7%)	1 (0.8%)
Primary	13 (10.8%)	17 (14.2%)
Secondary	40 (33.3%)	48 (40.0%)
Tertiary	65 (54.2%)	54 (45.0%)
<b>Occupation</b>		
Senior Civil Servant	34 (28.3%)	18 (15.0%)
Junior Civil Servant	22 (18.3%)	17 (14.2%)
Petty Trader	25 (20.8%)	49 (40.8%)
Artisan	19 (15.8%)	14 (11.7%)
Others	20 (16.7%)	22 (18.3%)
<b>Average monthly income</b>		
less than N30,000	32 (26.7%)	58 (48.3%)
N31,000 – N60,000	55 (45.8%)	52 (43.3%)
N61,000 – N90,000	23 (19.2%)	7 (5.8%)
N91,000 and above	10 (8.3%)	3 (2.5%)

### The pattern of Family Violence from Couples' Perspective

Family violence was seen as a common occurrence as found by the respondents. A greater proportion (62.5%) of the children had witnessed the occurrence of family violence by their parents in their families. There was a similarity in the perpetration prevalence of husbands (36.7%) and wives (35.8%) as against what was reported by the children witnesses which was 62.5% (**Figure 1**). The wives had the highest prevalence (58.3%) as victims in comparison with the husband (38.3%). This showed that the wives were frequently the victims of the violence in the homes. This was further confirmed by **Figure 2** which showed that Wives were victims of most forms of violence. The figure further showed that men perpetrated more physical battery (52.0%), sexual violence (67.2%), intimidation (64.0%) and not allowing wife participation in decision making (58.2%) while women perpetrated more verbal insult (54.2%), isolating spouse (59.0%) and monitoring their movement (51.2%). **Figure 3** also showed that women mostly were victims of physical battery (63.8%), denied access to work or education (65.0%) non participation in family decision making (59.8%) while men mostly are victims of restricted access to financial resources (51.0%), isolation (49.2%) and forced to act involuntarily. The age group of the couples about the prevalence of violence showed statistical significance among the husband-and-wife age groups respectively ( $\chi^2 = 8.80, p = 0.01$ ) ( $\chi^2 = 9.70, p = 0.00$ ).

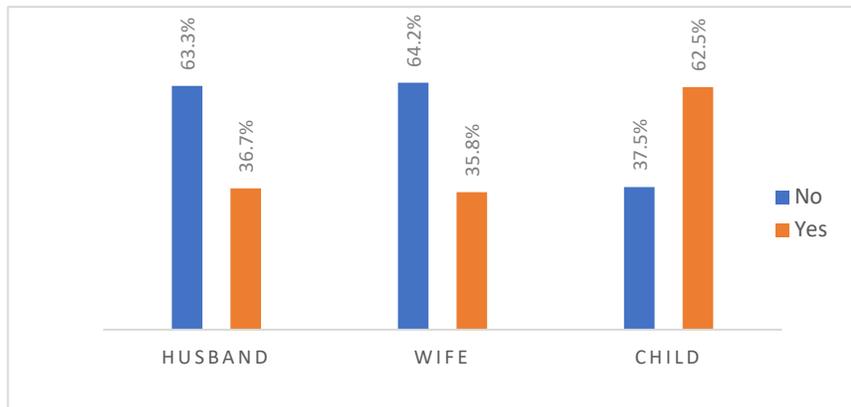


Figure 1:  
Prevalence of

Family Violence as indicated by Family Members

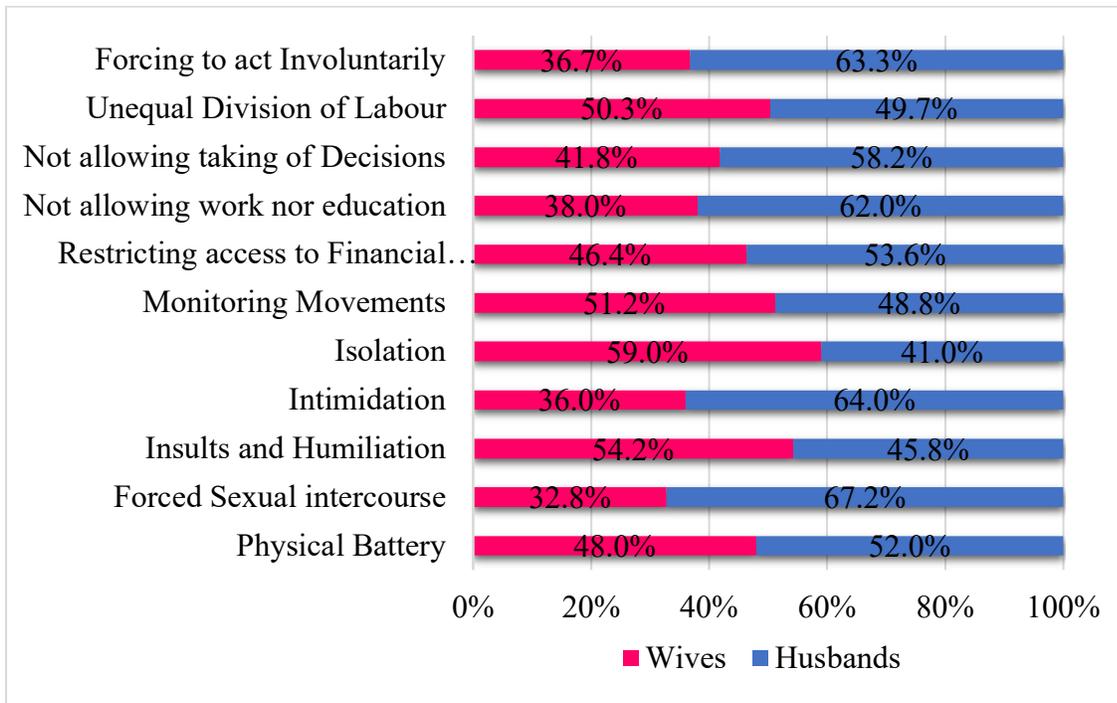
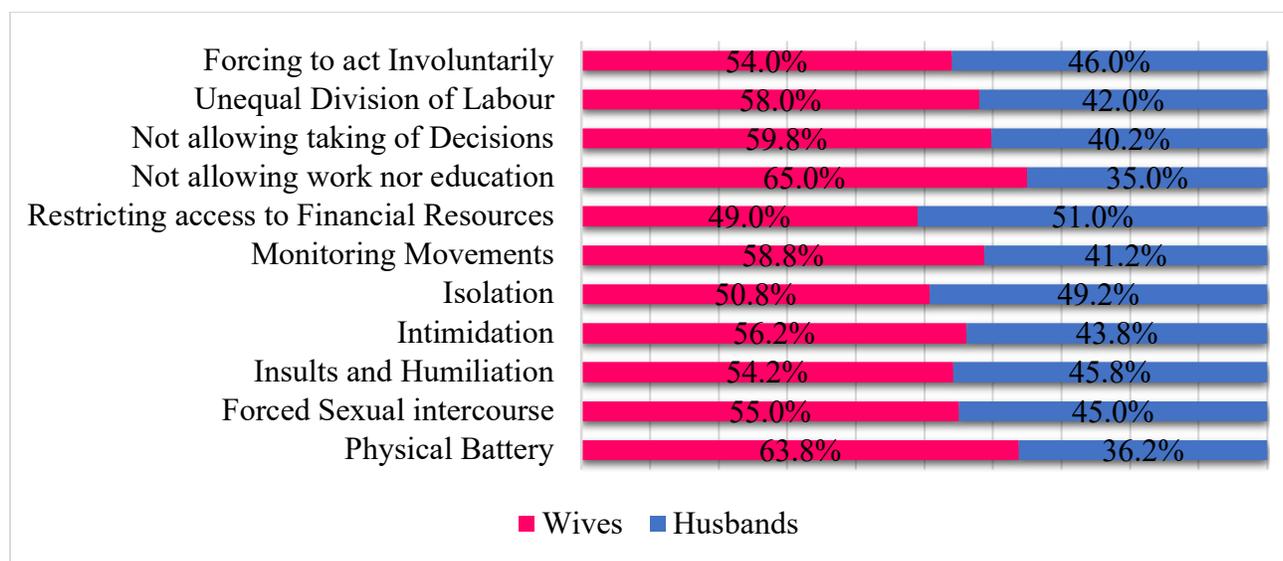


Figure 2: Perpetration by Forms and Gender of Family Violence



**Figure 3: Experience by Forms and Gender of Family Violence**

**Table 2** provides the findings of the Chi-Square for Goodness of Fit test of violent actions as perpetrated by couples. There are statistically significant gender differences in the perpetration of forced sexual intercourse ( $\chi^2 = 14.70, p = 0.00$ ) intimidation ( $\chi^2 = 9.63, p = 0.00$ ), not allowing work nor education ( $\chi^2 = 6.53, p = 0.01$ ) men as perpetrators and forced to act involuntarily ( $\chi^2 = 8.53, p = 0.00$ ) with men as major perpetrators, while women were major perpetrators of isolation ( $\chi^2 = 4.03, p = 0.04$ ), violent actions by couples. The result showed that men perpetrate these violent actions in family relationships more than women.

**Table 2: Gender Differences by Forms of Violence Perpetrated**

Forms of family violence Perpetrated	Gender		$\chi^2$	Df	P-value
	Wife	Husband			
Physical Battery	58 (48.0%)	62 (52.0%)	0.13	1	0.71
Forced Sexual Intercourse	39 (32.8%)	81(67.2%)	14.70	1	0.00*
Insults and Humiliation	65 (54.2%)	55 (45.8%)	0.83	1	0.36
Intimidation	43 (36.0%)	77 (64.0%)	9.63	1	0.00*
Isolation	71 (59.0%)	49 (41.0%)	4.03	1	0.04*
Monitoring Movements	59 (51.2%)	61 (48.8%)	0.03	1	0.86
Restricting Financial Resources	56 (46.4%)	64 (53.6%)	0.53	1	0.46
Not Allowing Work or education	46 (38.0%)	74 (62.0%)	6.53	1	0.01*
Not Allowing taking of decisions	50 (41.8%)	70 (58.2%)	3.33	1	0.06
Unequal division of Labour	61 (50.3%)	59 (49.7%)	0.03	1	0.86

Force to act Involuntarily	76 (63.3%)	44 (36.7%)	8.53	1	0.00*
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\* Significant at  $P < 0.05$

**Table 3** shows the actual result of the Chi-Square for Goodness of Fit test of experienced violent actions as victims. There are statistically significant gender differences in being the victim of physical battery ( $\chi^2 = 9.63$ ,  $p = 0.00$ ), monitoring of movements ( $\chi^2 = 4.03$ ,  $p = 0.04$ ), not allowing work nor education ( $\chi^2 = 10.80$ ,  $p = 0.00$ ) not allowing participation in decision making ( $\chi^2 = 4.80$ ,  $p = 0.02$ ) with more women as victims. The result showed that more women were victims of violent actions than men.

**Table 3: Gender Differences by Forms of Violence Experienced**

Forms of family violence	Gender		$\chi^2$	Df	P-value
	Wife	Husband			
Physical Battery	77(63.8%)	43 (36.2%)	9.63	1	0.00*
Forced Sexual Intercourse	66 (55.0%)	54 (45.0%)	1.20	1	0.27
Insults and Humiliation	65 (54.2%)	55 (45.8%)	0.83	1	0.36
Intimidation	67 (56.2%)	53(43.8%)	1.63	1	0.20
Isolation	61(50.8%)	59 (49.2%)	0.03	1	0.85
Monitoring Movements	71(58.8%)	49 (41.2%)	4.03	1	0.04*
Restricting Financial Resources	59 (49.0%)	61 (51.0%)	0.03	1	0.85
Not Allowing Work or education	78 (65.0%)	42 (35.0%)	10.80	1	0.00*
Not Allowing taking of Decisions	72 (59.8%)	48 (40.2%)	4.80	1	0.02*
Unequal division of Labour	70 (58.0%)	50 (42.0%)	3.33	1	0.06
Force to act Involuntarily	65 (54.0%)	55 (46.0%)	0.83	1	0.36

\* Significant at  $P < 0.05$

### Family Violence Occurrence from the Children's Perspective

The findings from the children's perspectives as witnesses, revealed that victims are either the mothers or the children, while perpetrators are the men, most of the time. The children saw men as the main perpetrator of physical battery (33.3%), intimidation (60%), not allowing mothers to participate in decision making (78.6%), not allowing mothers to work (83.3%) and unequal division of labor (86.7%) i.e., mothers are mostly involved in the house chores and keeping the home running. Children saw their mothers as victims of all these acts of violence and claimed to rarely see their mothers as perpetrators. The authors recognize the fact that it may be pretty difficult for the children to recognize the antecedents to some of these violent acts in the family. They only reported the violent acts they could see occurring. Insults claimed to be perpetrated by women were not reported by any of the children. However, that does not rule out the fact that they may occur in a subtle way that is not obvious to the children. The children's point of view still supported the general belief that males are perpetrators of violence.

### Discussion

This study assessed the pattern of family violence with the prevalence and gender dimensions of forms of family violence experienced by the participants. Findings from the research showed that family violence occurrence was prevalent in the study setting with either husband or wife as perpetrator or victim. Forms of family violence perpetrated may differ by husband or wife. The study further showed that children confirmed violence occurrence in the families and reported men as perpetrators and women as victims.

The prevalence of perpetration was lower than findings from some African countries; Zambia, Ethiopia, and Uganda. The perpetration prevalence of the wives and husbands was lower than findings reported in Northern (Ibrahim et al., 2014) and Southwestern (Adejimi et al., 2014) parts of Nigeria among samples that were not couples. However, the children reported a higher prevalence which nearly doubles the prevalence reported by their parents. This may imply that some couples still keep the occurrence of violence secret, confirming the cultural silence around violence in marital relationships in the study settings (Choi, 2016).

This study also revealed that both genders perpetrated violence, but perpetration was more among the male spouses. This is contrary to the stereotyped belief that only men are perpetrators of violence in heterosexual relationships but supports the claim that men could also be victims of family violence (Ibrahim, Idris, Umar, Bashir, & Gobir, 2014). as their wives could be the perpetrators. The similarity in the prevalence of some forms of violence found between couples in this study may probably suggest that either of the couple's perpetuation of family violence was in the context of retaliation or self-defense (Gesinde, 2019; Leisring & Grigorian, 2016). This implies that either of the couples might have perpetrated violence as a reaction (self-defense or retaliation) to violent acts by their spouse (Machado et al., 2014; Ibrahim et al., 2014; Gesinde, 2019; Leisring & Grigorian, 2016). Even though the females also perpetrated violence in this study, a critical review of the result showed that the males were major perpetrators of violence. The prevalence of intimate partner violence as recorded by W.H.O was from the victims' perspectives (W.H.O., 2013). This study found that the victims' prevalence was higher in women than men which are similar to previous findings (Chuemchit & Perngparn, 2014; Leisring & Grigorian, 2016), where women had a higher victimization prevalence than men.

Gender has been revealed to be associated with forms of family violence perpetrated or experienced as victims. The female gender has been associated with emotional violence (Swan, Gambone, Jennifer, Caldwell & Sullivan, 2008) more often expressed by the wives as verbal insults and humiliation towards the husbands. Most times, the verbal abuse by the women often goes unnoticed by immediate family members and this type of abuse makes family members suffer in silence with consequences of psychological trauma manifesting as fear, anxiety, depression, and in extreme cases suicide (Scarduzio et al., 2017). However, the findings from this study also showed women as victims of emotional violence. The immediate family members, such as the children, may recognize the occurrence of emotional violence against the women as confirmed by this study. This is because women display their emotions with their facial expressions, crying, or displaced aggression indicating psychological stress from the emotional violence (Lee et al., 2014).

Isolation is being perpetrated at almost the same rate by both men and women. Being too possessive on the part of the men is a precursor for isolating the spouse from family and friends (Adejimi et al., 2014) and by extension not allowing the spouse to accept work away from the house. Women on the other hand perpetrate isolation by monitoring the movements of their spouses and shielding them away from friends perceived to negatively influence the men and their marriage. Women of the older age also isolate or neglect their men to care for grandchildren, most especially

the newborns and their mothers as part of the socio-cultural roles expected of older women in the study setting. However, the current result showed that men are mostly the victim of isolation.

Men on the other hand isolate their spouses by not allowing them to work or get an education as shown by the findings of this study. Thus, the women may not be economically empowered (economic violence) to care for themselves and support the family. Sometimes, the economic burden of coping with the demands of the family may bring about frustrations on the part of the man leading to family dysfunction and the accumulation of stressors (Razera et al., 2016; Oh et al., 2019). This study nevertheless showed that economic violence was perpetrated by either of the spouses. The perpetuation of economic violence may be influenced by who has the higher socioeconomic status at any point in the relationship (Harris, Kruger & Scott, 2020) although perpetuation of economic violence is higher among men than women.

From the results of this study, the gender dimensions of the perpetration of some forms of violence, such as physical, sexual, psychological, and economic violence, demonstrated that physical and sexual violence alongside intimidation, restricting access to financial resources, not allowing participation in decision making and forcing the spouse to act involuntarily is perpetrated more by men than women. This may be consequential to the patriarchal culture (Allanana, 2013), wife ownership norm (Boateng, 2017), and stereotyped gender roles (Reichel, 2017).

Sexual violence (forced sexual intercourse) from the findings of this study showed the wives as the main victims. Conversely, sexual violence in a marital relationship or a cohabiting relationship may not be termed as such in Nigeria because the law of the land does not recognize it (Omidoyin, 2018; Ochem & Emejuru, 2015). The cultural belief of the husband possessing the wife as a property embedded in the custom of bride price could support forced sex in a marital relationship. Nevertheless, this does not justify such an undue act. So, there is a need for community re-orientation of myths and beliefs around gender norms that often fuel the occurrence of violence in a family relationship.

Unequal division of labor is perpetrated at almost the same rate by the wives and husbands from the findings of this study, probably because of stereotypic gender roles of house chores culturally attributable to the female gender and the provider role to the husband (Tekkas, Kerman & Betrus, 2019). So, either party sees themselves as a victim of doing more, performing one role more than the other. There is a need to promote a sense of support for each other between spouses as the need arises.

This study has been able to ascertain the occurrence of family violence as a phenomenon without boundaries, either a male or female may perpetuate some particular forms of family violence in a heterosexual relationship and the possibility of children witnessing family violence occurring in a family relationship was affirmed. Considering the impact of violence whether male-perpetrated or female-perpetrated on the health and functioning of the family and the society at large, this study recommended that family-focused intervention that fosters a positive relationship that would guarantee physical, psychological, sexual, and economic safety of the family members be promoted across the society.

Hence, interventions for control and prevention should target every member of the family including the children who often witness it. Family violence experience in childhood may provide a behavioral model that influences the decisions and choices made in adulthood about peaceful co-existence free of violent acts. Also, including the children in such intervention could help avert the occurrence of such in the future relationships of the children and other associated consequences of violence. In addition to the above and from the children's submissions, the males require additional support and intervention to reduce the occurrence of family violence in society.

Furthermore, the need for gender mainstreaming into all interventions designed to address violence in intimate relationships cannot be overemphasized. This could be done by dealing with issues that influence each gender to perpetuate one form of violence more than the other.

### **Limitations**

The data collected were specific to married couples and cohabiting couples with children in their current relationships. The study did not address family violence as it is related to same-sex relationships. Also, the study only focused on violence between intimate partners. The children's personal experiences of violence from parents were not captured in this study. The self-reported nature of the study was subjected to bias as each gender may want to respond in a way that favors them.

### **Conclusion**

The study concluded that violence was supported by the stereotyped gender norms prevalent in the study setting. Family violence occurrence was prevalent in the study setting with either husband or wife as perpetrator or victim. The study further showed that children were witnesses of the violence that occurred in the home. Family-focused intervention is required for each member of the family as perpetrator, victim, and witness.

### **Ethical Considerations**

Ethical approval with protocol number OSHREC/15/11/2018/071 for the research was obtained from the Research and Ethics Committee of the Ondo State Ministry of Health, Akure. Further permission was granted through the State Primary Health Care Development Board to access study sites. These were taken to identified gatekeepers and community leaders with the detailed information about the research given to them for the permission to access the people in the community in consideration of equity, justice, beneficence, and maleficence. Informed consent was obtained from the parents after a detailed discussion of the research aim and objectives in the local language before the survey.

Parents also gave consent to their children while the children gave their assent. Questions raised were patiently answered, with emphasis on voluntary participation and the opportunity to withdraw at any point without prejudice for the persons who refused to participate or participants that withdrew from the study. Participants' identities were not represented with names, only signatures were required on the consent form. A trained psychologist as part of the research team to address emotional issues that may likely occur during data collection. The information for availability of such care if required was also made known to participants but it was not utilized during this study.

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### **References**

- Adejimi, A. A., Fawole, O. I., Sekoni, O. O., & Kyriacou, D. N. (2014). Prevalence and Correlates of Intimate Partner Violence among Male Civil Servants in Ibadan, Nigeria. *African Journal of Medicine and Medical Sciences*, 43(Suppl 1), 51–60. <https://doi.org/10.14440/jbm.2015.54.A>
- Allanana, G. (2013). Patriarchy and Gender Inequality in Nigeria : the Way Forward. *European Scientific Journal*, 9(17), 115–144.

- Boateng, W. (2017). Family Stress Dynamics, Domestic Violence and Their Combined Impact on Perceived Health Status of Women in Ghana. *Gender & Behaviour*, 15(1), 8393–8405.
- Caldwell, J. E., Swan, S. C., & Woodbrown, V. D. (2012). Gender differences in intimate partner violence outcomes. *Psychology of Violence*, 2(1), 42–57. <https://doi.org/10.1037/a0026296>
- Campbell-Hawkins, M.Y., 2019. *Intimate Partner Violence (IPV) and Help-Seeking: The Experiences of African American Male Survivors* (Doctoral dissertation, Walden University).
- Choi, Y. J. (2016). Korean American Clergy Practices Regarding Intimate Partner Violence: Roadblock or Support for Battered Women. *Journal of Family Violence*, 30(January 2015), 293–302.
- Chuemchit, M., & Perngparn, U. (2014). Intimate Partner Violence: Thailand Situation and Intervention Programme. *International Journal of Social Science and Humanity*, 4(4), 275–278. <https://doi.org/10.7763/IJSSH.2014.V4.362>
- Cools, S., & Kotsadam, A. (2017). Resources and Intimate Partner Violence in Sub-Saharan Africa. *World Development*, 95, 211–230. <https://doi.org/10.1016/j.worlddev.2017.02.027>
- Gesinde, A. (2019). VICTIMIZATION OF MEN AND THE VERACITY OF WIFE-TO-HUSBAND ABUSE IN. *AJPSSI*, 22(2014), 83–96.
- Harris, J., Kruger, A.C. and Scott, E., 2020. “Sometimes I Wish I Was a Girl,’ Cause They Do Shit Like Cry”: An Exploration Into Black Boys’ Thinking About Emotions. *Urban Education*, p.0042085920933327.
- Heise, L. L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Women*, 4(3), 262–290. <https://doi.org/10.1177/1077801298004003002>
- Ibrahim, M., Idris, S., Umar, A., Bashir, S., & Gobir, A. (2014). Men’s perspectives on intimate partner abuse in an urban community in North-Western Nigeria. *Annals of Nigerian Medicine*, 8(1), 37. <https://doi.org/10.4103/0331-3131.141028>
- Karakurt, G., Smith, D., & Whiting, J. (2014). Impact of Intimate Partner Violence on Women’s Mental Health. *Journal of Family Violence*, 29(7), 693–702. <https://doi.org/10.1007/s10896-014-9633-2>
- Khalifeh, H., Hargreaves, J., Howard, L. M., & Birdthistle, I. (2013). Intimate partner violence and socioeconomic deprivation in England: Findings from a national cross-sectional survey. *American Journal of Public Health*, 103(3), 462–472. <https://doi.org/10.2105/AJPH.2012.300723>
- Lee, M., Stefani, K. M., & Park, E.-C. (2014). Gender-specific differences in risk for intimate partner violence in South Korea. *BMC Public Health*, 14(1), 415. <https://doi.org/10.1186/1471-2458-14-415>
- Machado, C., Martins, C., & Caridade, S. (2014). Violence in Intimate Relationships: A Comparison between Married and Dating Couples. *Journal of Criminology*, 2014, 1–9. <https://doi.org/10.1155/2014/897093>
- Mccloskey, L. A., & Hunter, T. (2016). *Determinants of Intimate Partner Violence in Sub-Saharan Africa : A Review of Prevention and Intervention Programs*. 7(3), 277–315.
- Miller, M. W., Wolf, E. J., Reardon, A. F., Harrington, K. M., Ryabchenko, K., Castillo, D., Freund, R., & Heyman, R. E. (2013). PTSD and conflict behavior between veterans and their intimate partners. *Journal of Anxiety Disorders*, 27(2), 240–251. <https://doi.org/10.1016/j.janxdis.2013.02.005>
- Ochem, C. E., & Emejuru, C. T. (2015). An Appraisal of the Jurisprudence of Spousal Rape in Nigeria. *Donnish Journals*, 1(1), 1–9. <http://www.donnishjournals.org/djlc> Copyright
- Ogunlade, O.B., Olowokere, A.E., Agunbiade, O.M., Olajubu, A.O., Oyelade, O.O., (2019), Meaning, Context and Indigenous Structures for the Management of Family Violence in a Yoruba sub-ethnic Community: A Qualitative Pilot Study, as part of the Ph.D. thesis, Obafemi Awolowo University, Ile-Ife.

- Oh, S. S., Kim, W., Jang, S. I., & Park, E. C. (2019). The association between intimate partner violence onset and gender-specific depression: A longitudinal study of a nationally representative sample. *Journal of Affective Disorders*, 250(January), 79–84. <https://doi.org/10.1016/j.jad.2019.02.065>
- Omidoyin, T. J. (2018). VIOLENCE AGAINST PERSONS (PROHIBITION) ACT 2015: A POSITIVE STEP TO THE ERADICATION OF DOMESTIC VIOLENCE IN NIGERIA. *Nnamdi Azikiwe University Journal of International Law and Jurisprudence*, 9(1), 39–41. [www.pmnewsnigeria.com](http://www.pmnewsnigeria.com)
- Rakovec-Felser, Z. (2014). Domestic violence and abuse in an intimate relationship from a public health perspective. *Health Psychology Research*, 2(3). <https://doi.org/10.4081/hpr.2014.1821>
- Razera, J., Mosmann, C. P., & Falcke, D. (2016). The interface between quality and violence in marital relationships. *Paideia*, 26(63), 71–79. <https://doi.org/10.1590/1982-43272663201609>
- Reichel, D. (2017). Determinants of Intimate Partner Violence in Europe: The Role of Socioeconomic Status, Inequality, and Partner Behavior. *Journal of Interpersonal Violence*, 32(12), 1853–1873. <https://doi.org/10.1177/0886260517698951>
- Scarduzio, J. A., Carlyle, K. E., Harris, K. L., & Savage, M. W. (2017). “Maybe She Was Provoked”: Exploring Gender Stereotypes About Male and Female Perpetrators of Intimate Partner Violence. *Violence Against Women*, 23(1), 89–113. <https://doi.org/10.1177/1077801216636240>
- Silva, A. A., Irabor, A., Olowookere, O. O., Owoaje, E., & Adebuseye, L. A. (2015). Health-related factors associated with intimate partner violence in women attending a primary care clinic in South-Western Nigeria. *South African Family Practice*, 57(2). <https://doi.org/10.1080/20786190.2014.976994>
- Suzanne C. Swan, Laura J. Gambone, Jennifer E. Caldwell, Tami P. Sullivan, and D. L. S. (2008). A Review of Research on Women’s Use of Violence With Male Intimate Partners. *Violence Vict*, 23(3), 301–314. <https://doi.org/10.1016/j.neuroimage.2013.08.045>
- Swan, S. C., Gambone, L. J., Caldwell, J. E., Sullivan, T. P., & Snow, D. L. (2008). A Review of Research on Women’s Use of Violence With Male Intimate Partners. *Violence and Victims*, 23(3), 301–314. <https://doi.org/10.1891/0886-6708.23.3.301>
- Tekkas Kerman, K., & Betrus, P. (2019). What makes a man a “real man”? Perspectives regarding masculinities and gender roles among young men in Turkey. *Asian Journal of Women’s Studies*, 25(4), 491–514. <https://doi.org/10.1080/12259276.2019.1682268>
- Wandera, S. O., Kwagala, B., & Odimegwu, C. (2018). Intimate partner violence and current modern contraceptive use among married women in Uganda: A cross-sectional study. *Pan African Medical Journal*, 30, 1–11. <https://doi.org/10.11604/pamj.2018.30.85.12722>
- World Health Organization. (2012). Intimate partner violence. *Understanding and Addressing Violence against Women*, 1–12. <https://doi.org/10.2307/1319341>
- World Health Organization. (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. 2013, 2014, 57. <https://doi.org/10.1007/s13398-014-0173-7.2>