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# Chapter Eleven

## **PERCEIVED EXPOSURE TO FAMILY VIOLENCE AS FACTOR INFLUENCING PSYCHOLOGICAL AND SOCIAL HEALTH OF ADOLESCENTS IN OYO STATE**

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### **ABSTRACT**

Domestic Violence is the intentional and persistent abuse of anyone in the home in a way that causes pain, distress or injury. It includes any abusive treatment of one family member by another, hence violation of law of basic human rights. Incidents of domestic violence include honor battery, beating, torture, acid baths and even death through honor killing battering of intimate partner and others, sexual abuse of children, marital rape and traditional practices that are harmful to women such as female genital mutilation. This study examined the perceived influence of exposure to family violence on the psychological and social health of adolescents in Oyo State Nigeria. A total of 496 senior secondary school adolescents (*Mean age* =15.3; male 202, female 294) were purposively selected and responded to Child Expose to Domestic Violence scale (CEDV), Mental Health Continuum-Short Form (MHC-SF) and General Health Questionnaire (GHQ-12). Descriptive and inferential statistics were used for data analysis. Prevalence of exposure to family violence was 29.6%, of which 10.2% were pathological; prevalence of mental distress was 43.5%, with 12.7% being pathological and requiring clinical intervention. Significant positive correlation exists between family violence and psychological distress. Significant negative correlation was observed between exposure to family violence and Emotional Wellbeing (EWB), Social Wellbeing (SWB), Psychological Wellbeing (PWB) and psychosocial wellbeing. Statistically significant gender influence

was observed on psychosocial wellbeing of participants. Family type does not significantly influence psychosocial wellbeing. No significant family type influence was observed on psychological distress.

**Keywords:** Family violence, psychosocial health, adolescents.

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## INTRODUCTION

Violence penetrated into the society a long time ago. Violence is seen as a social act and it has been one way or the other influenced by some factors which include psychological factors, cultural factors, and political factors. Violence constitutes behavior for which the abuser is responsible for the negative acts committed to the moral accountable to the moral community. Another version of definition defines violence as an outcome of aggressive nature that is inevitable, or a result or behavior that people expect normally due to mental illness, and therefore can be excusable. However, these traditional definitions are still alive and used to explain violence (Friedman, 2006; Hoff et al., 2009). Making use of physical force and also trying to be in control of another person, injuring an individual, disempowering an individual is what violence comprise of. However, there are implications of violent abuse for the physical and mental health, most times, it is not a medical occurrence or fault except in some few cases where by a person is found to be "insane" (VandeCreek, & Knapp, 2001).

Domestic violence is defined as a behavioral pattern of repeated abuse by a perpetrator to maintain a form of control over the victim through the means of using physical, sexual, verbal, financial, and emotional abuse; also it occurs in families or intimate relationships where people are living together or separately (Collins, 2000). It is a range of behavior that starts from the least level down to the peak such as from verbal abuse, physical, sexual assault, rape and even to homicide. Most times, the perpetrators of these series of violence are the men and they commit these acts against women and their children (Department of Health [DoH] 2000). Domestic violence creates different loops in the life of children such as children who witness

their father beating up their mother may end up having psycho-social instability. It is logical to say that a young boy who has witnessed his father batter his mother will think it's a normal thing to beat up a girl and will develop a behavior towards his female peers either in school or his resident.

In Nigeria, domestic violence has not gotten too many people's attention it is not seen as a major problem to the society (Imtione, Aluede, & Oboite, 2008), and that is why most families still melt out physical violence on the children. Generally children who usually witness domestic violence or are victims of domestic violence suffer emotional wound leading to psychological and psycho-social injury. Reflection of the dynamic relationship between social processes and psychological processes is termed Psychosocial. The processes of psychology are internal because they are not physical and they include feelings, understanding, thoughts, perceptions, and emotions. While the social processes are external; they include community, family, environment, and social networks. It is important to remember that what happens in one of these areas will affect aspects of the others.

Domestic violence ranges with various experiences for a child witnessing directing violence; hearing abusive words from their parents and beholding the consequence of domestic violence on their parent on the following day (Helmer – Desjarlais, 2010). In school, after witnessing or being a victim of domestic violence at home, most especially for the boys, they may become hyper active, wanting to take revenge on other children by exploiting them, or they become hostile which will make their classmates detest them. Various studies have also suggested that the impact of domestic violence on boys and girls vary differently. Researchers suggested that boys exhibits externalizing behaviors such as depression, aggression, and lack of self- control (Fantuzzo & Perlman, 2007; Sternberg, Baradaran, Abbott, Lamb, Gutterman, & Abbott, 2006).

The psychosocial perspective provides an environment enhances positive change for people and communities after a disturbing event so as to heal on time. This can only be done successfully by addressing all areas of well-being. Understanding psycho-social

wellbeing can be explained further with this example “As a result of an emergency, a family is lacking in food and shelter and this means that they are likely to be distressed and look for somewhere secure and safe so that they can stay for the night as well as also trying to get food. The children may not be able to go to school because without food in their stomachs they can't concentrate, and the family may be separated from their community when they go in search of food and shelter. Prolonged exposure to the elements – because of the lack of shelter – and increasing periods without access to food will lead to malnutrition. That's a clear explanation to show how the psycho-social well-being of a family is being tampered with due to the crises they have.

Taking the issue of domestic violence and the psycho-social well-being of people shows that domestic violence can tamper with the mental state and also change a lot in the way the victim behaves in his/her environment. It is necessary to know that domestic violence has a great negative effect on the society because if every child or youth is a victim of domestic violence today, the future of the nation is at stake. There is a knowledge gap on the influence of family violence on the psychological distress and social health of the Nigerian adolescent.

### **Prevalence of Domestic Violence**

Domestic violence is not a new phenomenon in the society and research has shown that it is a very common problem all over the world. Though prevalence rates found are not the same, they vary from one study to another. WHO (World Health Organization) conducted their study in ten different countries and they found out that 15 % to 71 % of the women who had ever anything to do with a relationship had experienced either physical or sexual violence at least once by their intimate partners (Ellsberg et al., 2008). Desmarais, Reeves, Nicholls, Telford & Fiebert (2012) had a systematic review and they analyzed 249 articles containing prevalence rates for physical abuse among six English speaking countries. The results to their analysis established that 36 % of women and 22 % of men had experienced physical domestic violence at least once in their lives.

In Nigeria, most people do not see domestic violence to be a major problem but instead, it is seen as a normal phenomenon in the society. The society has painted a picture of the men being in the position to discipline their wives who are known as subordinates with no one asking serious questions on why is that (Oyedokun, 2008). There is less investigation on psychological abuse and it is now even more difficult to define physical or sexual abuse, but recently in the past years, light has been shed towards psychological abuse and research towards the interest of psychological aspects of domestic violence has increased. The mean lifetime prevalence rates of psychological abuse vary from between 10 % to 50 % between different continents according to Alhabib et al. (2012). Another review by Carney (2012) states, in turn, that the overall prevalence rates for psychological abuse in industrialized, English speaking countries might average as high as 80%.

GrahamKevan, (2007) has also stated in his research work that men and woman have similarities in the overall prevalence of psychological abuse but some gender differences might exist when abuse subtypes comes into the picture. There are quite a number of similarities on the rates of verbal abuse in their intimate relationships, but social and economic control by their partners are significantly likely to be experienced by the women. It is not just the adult relationships that domestic violence related to because it is also very frequent with children experiencing domestic violence also.

According to research studies, literature says that approximately greater numbers of persons during their childhood have experienced psychological abuse and the children who have experienced physical abuse by their parents or other family relatives are 82 %. Talking about the childhood sexual abuse case, the statistics does not include just only the family members, it includes all perpetrators and it yields to 82 % as prevalence rates (Clemmons et al 2007). The Central Union of Child Welfare has shown more recent statistic which shows that the rate of the approval of violent punishment methods has steadily been decreasing. Although, in the process of trying to answered series of unanswered questions, trying to know the difference between the various forms of domestic violence has led into many important findings, according to the different studies

conducted on the subject also shown that there is a relationship between the different types of abuse for they are far from being separate as physical, psychological physical and also sexual abuse tend to co-occur in the case of both child and adulthood domestic violence (Carney 2012).

### **Family Background and Violence**

The term domestic violence and family usually refers to abuse that occurs between intimate partners, however family violence is like a big umbrella that encompasses both domestic violence and family and also the abuse of children with other family members. Family and domestic violence can be seen as a gendered crime and females take about 95 percent of being the victims of family and domestic violence, and the males took 90 percent of being perpetrators (Bagshaw, 2000).

Gender is a critical aspect for understanding the etiology and experience of violence as well as the social and cultural factors that influence its wide spread in the society. As described above, family and domestic refers to a very specific pattern of behavior that includes systematic and intentional use of violent and abusive tactics to build fear and to acquire power and control. Behaviors like this are the ones that the background paper of the Department's family and domestic violence policy and case practice guidelines refer to. Nevertheless, there is a recognition that intimate or familial relationships still have a lot more types of unhealthy and at times violent behaviors. Due to the recognition of this, different 'typologies' in the family and domestic violence field were developed. Typologies call for the precise description different kinds of unhealthy or violent behavior that might occur in an intimate or familial context.

Understanding of 'Family and domestic violence' have variables which are consistent with its definitions as described below and they are 'Coercive controlling violence' and 'violence. Useful descriptors for violent or abusive behaviors within intimate or familial context that do not occur within a broader context of power and control have been provided by situational violence and separation instigated violence. Knowing fully well the concept of the various typologies

will help with guiding an assessment process to determine the most appropriate response to families.

*Coercive controlling violence* is a constant negative behavioral pattern that focuses on creating fear in other to dominate a person and have power over them. Coercive controlling violence takes its ground with the use of threat, force, emotional abuse and other coercive means. It focuses mainly on having to control people, and does not always involve physical harm.

*Violent resistance* occurs when a partner brings in self-defense in other to protect oneself from the abuse by a partner. It is an immediate response or reflex to an assault and is primarily intended to protect oneself or others from injury.

*Situational couple violence* is partner violence that does not drag on having a permanent control like the coercive controlling violence. This is a violence that occurs based on arguments from the partners that at the end escalates into physical violence.

*Separation instigated violence* is violence instigated by the separation where there was no history of violence in the relationship or in other circumstances (Kelly & Johnson, 2008).

### **Impact of Family Violence on Children**

Children developing in homes where domestic violence is present tend to experience constant and persistent fear, they tend to worry a lot, confusion sets in their minds, taking blame responsibilities on their head and exposure to a lot of insidious forms of violence and abuse.

This has a lot of devastating impact on the children, it succeeds in affecting all areas of health and well-being from their birth through to adulthood. It includes doubtful attachment to the primary care-giver, high rates of emotional distress, presence of trauma symptoms, psychological disorders, social and behavioral issues (Perry, 2007). Research has shown that the difference in the outcome (emotional, social, and behavioral) between the children who have been exposed to family and domestic violence and children who have been physically abused is not measurable (Kitzmann et. al., 2003).

Children who live and grow up where family and domestic violence is present in their homes are also going to be very much exposed to other forms of child abuse including physical abuse, sexual abuse and neglect.

**Physical abuse:** According to Moloney et. al,(2007), just about 60 percent of physical abuse arises in homes where domestic and family violence is present. It also involves children who in the process of an assault against the non-abusive adult victim, they are harmed or really injured. Example is if the child is being held as the assault goes on or tries to intervene in the violence and making the children scape goats by intentional harming them just to punish the adult victim.

**Child sexual abuse:** Family and domestic violence correlates with child sexual abuse at a very high level and at this level, the perpetrators use of violence against the non-abusive adult victim contributes to their ability to conceal the child sexual abuse (Brown, Fredrico, Hewitt, & Sheehan, 1998).

**Neglect:** Child mortality has occurred over time, the analyses of child mortality in WA has made us to know that 80 percent of the cases reviewed showed that family and domestic contributed significantly to their death (Francis, Hutchins, Saggars, & Gray, 2008). There are number of reasons why neglect is commonly associated with family and domestic violence Neglect is commonly associated with family and domestic violence and they include: Financial abuse – because the perpetrator wants to be in full control, they control the household funds and it might lead to limitation of access to adequate food and medical needs.

Control and isolation – perpetrator may limit access to supportive friends or family and/or support services; and

Jealousy – when there is family and domestic violence perpetrators may tend to see their children as 'competition' for their partner's time. This can lead to faulty parenting style of the adult victim such as actively stopping them from giving their children the adequate care that they need through violence and intimidation.

According to Carrington (2003), pregnancy has suffered from the escalation of family and domestic violence which can cause complications, miscarriage, low birth weight and injuries and/or

trauma symptoms in-uterus and after the child birth.

Family violence has tremendous impacts on the child. Age of onset, frequency and severity of violence and the level of support outside of the family are examples that can influence the impact of the violence on the child.

Researchers show that abused children and those exposed to family violence often have language delays, have difficulty maintaining positive self-esteem and were often socially isolated (Bolger & Patterson, 2001; DePaul & Arruabar-rena, 1995). They are depressed, withdrawn, passive and apathetic in their approach to life, expecting to fail in what they did and often giving up trying to succeed; and more often than not have trouble understanding complex messages as their communication skills are poor (Mueller & Silverman, 1989). Experiences of neglectful and violent family relationships leads a child to expect harsh treatments in their relationships outside the family. These expectations are likely to be met as they have no experience in conducting healthy and sustaining relationships. Victim of neglect end to be impulsive, lack persistence and have trouble delaying gratification (Gotterfredson&Hirschi, 1990).

Family violence occurs in all cultural ethnic groups, occupational and socio-economic groups. Children may be experience family violence as a result of poverty, broken homes due to marital conflicts, large family size, teenage pregnancy or child marriage, and parents with mental or health challenge, loss of parent or caregivers and so on. Children from polygamous home experienced significant family violence (abuse and neglect) than their counterpart from monogamous homes. Neglect has negative effects on adolescent across the lifespan (WHO, 2010).

### **Objectives**

1. Find out the prevalence of exposure to family violence and psychological and social health of adolescents in selected secondary schools in Oyo state.
2. Observe the relationship between family violence and psychological distress
3. Observer the correlation between psychosocial wellbeing

and psychological wellbeing

4. Determine the influence of gender on psychological distress among the sample
5. Look for the family size and family type difference on psychological distress

### **Research Question**

1. What is the prevalence of exposure to family violence and psychological and social health of adolescents in Ibadan Oyo state?
2. Is family violence positively related to psychological distress of adolescents in Ibadan Oyo state?
3. What is the relationship between family violence and psycho social wellbeing of adolescents in Ibadan Oyo state?
4. Does gender significantly influence psychological distress among adolescents in Ibadan Oyo state?
5. Does family size and family type influence on psychological distress of adolescents in Ibadan Oyo state?

### **Hypotheses**

1. Exposure to family violence will positively and significantly relate to psychological distress among Senior Secondary School (SSS) adolescents in Ibadan metropolis.
2. Exposure to family violence will negatively and significantly relate psycho-social health of SSS adolescents in Ibadan metropolis.
3. Gender will significantly influence psychological distress among the sample
4. Gender will significantly influence psychosocial wellbeing among SSS adolescents in Ibadan metropolis.
5. Family size will significantly influence psychological distress among SSS adolescents in Ibadan metropolis.
6. Family type will significantly influence psychological distress among SSS adolescents in Ibadan metropolis.

## METHOD

### Participants

A cross sectional survey design was employed in the study. The population used in this study consists of public and private Senior Secondary Schools (SSS) adolescents in selected communities within Ibadan metropolis, Oyo state Nigeria.

### Sampling Size and Technique

A purposive sampling technique was adopted in selecting both the school location and the respondents for this study. A total number of 496 respondents were selected from four senior secondary schools comprising of 125 from each school.

### Measures

A battery of three instruments was adapted and used as tools for data collection. These are: Child Expose to Domestic Violence scale (CEDV) by Jeffery Edleson (2007). A 26 item questionnaire with Coronbach Alpha coefficient of 0.85.

Mental Health Continuum (MHS-SF) Keyes (2005). It is a 14 item instrument measuring emotional well-being with 3 sub-scales. It has an internal consistency Cronbach Alpha of .80. World Health Organization General Health questionnaire (GHQ-12) by Matthew.....

## RESULTS

**Table 1: Demographic Distribution of Respondents**

Variables	N		X̄		S		D
Gender	Male	20	2	44.0	17.1		4
				0			
Family Type	Female	29	4	47.0	15.2		4
				0			
Family size	Monogamous	41	2	10.6	0	3.9	5
	Polygamous	8	4	9.7	5	4.6	2
	1 - 3members	4	0	38.0	49.8		1
			8				
	4 - 6members	31	7	44.	7	48.1	
				9			6
	7 membersand above	13	9	41.5	47.6		1.
				6			

N= Number of Respondents

X̄= Mean

SD= Standard Deviation

From the Table 4.1, the gender distribution shows that 202 of the respondents are male, 294 of them are female, and they have an average 44.00 and 47.00 respectively on their psychological distress and psychosocial wellbeing scores with a standard deviation of 17.14 and 15.24 respectively.

The family size distribution shows that 40 of the respondents are from family with 1 to 3 members, 317 of the respondents were from families with 4 to 6 members while 139 were from families with 7 members and above. The family size averages were 38.80; 44.79 and 41.56 respectively on their psychological distress score with standard deviations of 49.81; 48.16 and 47.61 respectively.

Their family type distribution shows that 412 of the respondents were from monogamous families while 84 of the respondents are from polygamous family. They have an average of 10.60 and 9.75 respectively on their psychological distress and psychosocial wellbeing scores with a standard deviation of 3.95 and 4.62 respectively.

**Table 2: Frequency Distribution Table of Care givers**

Caregivers	Frequency	Percentage
Both parent	39	4 79.4 %
Father	1	9 3.8 %
Mother	4	2 8.5 %
Relation	4	0 8.1 %
Guardian	1	0.2 %
Total	49	6 100 %

Of the 496 respondents 394 representing 79.4% of care giver are both parents, 19 respondents representing 3.8% of care giver are fathers, 42 respondents representing 8.5% of care giver are mothers, 40 respondents representing 8.1% of care giver are relations, 1 respondent representing 0.2% of care giver are guardian. This table indicates that majority of the respondents have both parents as their caregivers.

**Table 3: Patterns of Exposure to Family Violence (EFV) and Psychological Distress.**

	Patterns of Peer Victimization		
	Mild(%)	Moderate (%)	Severe (%)
EFV levels	29.6	64.8	10.2
Mental Distress	43.5	18.2	12.7

Prevalence of exposure to family violence among the samples was 29.6%, of which 10.2% were pathological; prevalence of psychological distress was 43.5%, with 12.7% being pathological and requiring clinical intervention.

### Test of Hypotheses

**Table 4: Descriptive statistics and correlation matrix of Exposure to Family Violence (EFV) on Psychological distress and psychosocial health**

Variables	S	D	1	2	3	4	5	6	
1 EFV	7.3	1	8.3	0	1				
2 Psy. Distress	25.76	8.7	2	.204**	1				
3 EWB	10.46	4.0	8	-.238**	-.00	2	1		
4 SWB	14.21	7.2	3	-.123**	.05	5	.497**	1	
5 PWB	21.45	7.5	3	-.102*	.093*	.590**	.576**	1	
6 Psychosocial	45.78	16.09		-.174**	.065	.742**	.840**	.845**	1

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

A Pearson Moment Correlation Analysis was carried out to test the relationship between exposure to domestic violence, psychological distress and psychosocial health of adolescent in SSS in Ibadan metropolis Oyo state Nigeria.

The matrix show a statistically significant positive correlation between Exposure to Family Violence and psychological distress [ $r_{xy}, (496) = .204, P < 0.05$ ]. it also show statistically significant negative correlation between Exposure to Family Violence (EFV) and the domains if psychosocial wellbeing: Emotional Wellbeing (EWB) [ $r_{xy}, (496) = -.238, P < 0.05$ ]; Social Wellbeing (SWB) [ $r_{xy}, (496) = -.123, P < 0.05$ ]; Psychological Wellbeing (PWB) [ $r_{xy}, (496) = -.102, P < 0.05$ ]; as well as overall Psychosocial Wellbeing [ $r_{xy}, (496) = -.174, P < 0.05$ ].

It can be therefore concluded that EFV has statistically significant influence on psychological distress and psychosocial wellbeing of SSS adolescents. This result indicates that the more the exposure to family violence the more the psychological distress experienced by SSS adolescents in Oyo state. Also the less the exposure to family violence the more the emotional wellbeing, social wellbeing, psychological wellbeing and overall psychosocial wellbeing of the SSS adolescents in Ibadan Oyo state.

**Table 5: Independent sample T-test of gender difference on psychosocial health and psychological distress.**

Variables	Gender	N	SD	t	P
Psychosocial Health	Male	202	44.01	-2.05	.041
	Female	294	47.00		
Psychological Distress	Male	202	26.30	1.15	.251
	Female	294	25.39		

The t-test scores showed that there were 202 male adolescents and 294 female adolescents surveyed, while the mean psychosocial health scores were 44.01 and 47.00 respectively. The Significant 2-tailed P value associated with this test was .000. The t-test succeeded in revealing a statistically significantly reliable difference between

the mean of the psychological health scores that the male adolescents have ( $M = 44.01$ ,  $SD = 17.14$ ) and that of the female adolescents ( $M = 47.00$ ,  $SD = 15.23$ ),  $t(496) = -2.05$ ,  $p = .041$ ,  $\alpha = .05$ . It can be therefore concluded that the psychological health levels of the male adolescents is significantly higher than that of the female adolescents in Senior Secondary Schools (SSS) in Ibadan metropolis Oyo State, Nigeria.

The second segment of the tables revealed the mean psychological distress scores of 26.30 for male and 25.39 for female SSS adolescents. The Significant 2-tailed P value associated with this test was .000. The t-Test succeeded in revealing no statistically significantly reliable difference between the mean of the psychological distress scores that the male adolescents have ( $M = 26.30$ ,  $SD = 8.50$ ) and that of the female adolescents ( $M = 25.39$ ,  $SD = 8.85$ ),  $t(496) = 1.15$ ,  $p = .251$ ,  $\alpha = .05$ . It can be therefore concluded that the psychological distress levels of the male adolescents is similar to that of the female adolescents in Senior Secondary Schools (SSS) in Ibadan metropolis Oyo State, Nigeria.

### **One way ANOVA test on family size influence on psychological distress of SSS adolescent**

A one-way between subjects ANOVA was conducted to compare the psychological distress of the adolescents in senior secondary schools in Ibadan Metropolis Oyo State Nigeria, based on their family size. Their family size were classified in three levels labeled 1-3 family members, 4-6 family members, 7 family members and above. The independent variable represented the three different family sizes, while the dependent variable was the psychological distress scores. See Table 6 for the means and standard deviations for each of the four groups of age levels.

**Table 6**

*Mean and Standard Deviations of psychological distress Scores*

<i>METHO</i>	<i>D</i>	<i>n</i>	<i>S</i>	<i>D</i>
1 - 3 family members	3	5	25.0	9 8.8
4 - 6 family members	32	4	25.6	5 8.8
7 family members and above	13	5	26.3	4 8.2
<b>TOTAL</b>	49	5	25.7	3 8.7

An alpha level.05 was used for all analyses. Table 7 shows the analysis of variance for the psychological distress scores of the secondary school students based on their family size at the  $p < .05$  level for the three family size levels.

**Table 7** One way ANOVA of family size and psychological distress

Analysis of Variance For	psychological distress				Score s			
	E S	S D	F M	S	F	P		
Between	346.6	5	4	86.6	6			
Within	37099.6	9	49	0	75.7	1	1.1	4 .33
Total	37446.3	3	49	4				

The result of the analysis revealed no significant difference in the psychological distress scores of the adolescents of the selected secondary schools in Ibadan, based on their family size at the  $p < .05$  level for the three family size levels [ $F(4,495) = 1.14, p = 0.335$ ]. Taken together, these results show that family size is not a significant factor in the psychological distress of adolescents of the selected secondary schools in Ibadan metropolis Oyo State, Nigeria

**Table 8:** Independent sample t-Test of family type difference on psychosocial health and psychological distress.

Variables	Family Type	N	SD	t	P
Psychological distress	Monogamous	412	25.52	-1.35	.178
	Polygamous	84	26.93		
Psychosocial Health	Monogamous	412	26.21	1.15	.186
	Polygamous	84	26.71		

The t-Test scores showed that there were 412 participants were from monogamous families and 84 were for polygamous family background. The mean of psychological distress scores were 25.52 and 26.93 respectively. The Significant 2-tailed P value associated with this test was .178. The t-Test revealed no statistically significantly reliable difference between the mean of the psychological distress scores that the adolescents from monogamous families have and that of the adolescents from polygamous families ( $t(496) = -1.35, p = .178, \alpha = .05$ ). This result shows no statistically significant family type influence on psychological distress among SSS adolescents in Ibadan metropolis. It is noteworthy that this result could be as affected by the skewedness of the variables.

## DISCUSSION

In line with most literatures this study returns a high prevalence of exposure to family violence among the adolescents in senior secondary schools in Ibadan metropolis of Oyo state Nigeria. The findings reveal a 29.6% prevalence of exposure to family violence, of which 10.2% were at a sever level. The finding is in agreement with Desmarais, Reeves, Nicholls, Telford & Fiebert (2012) in their systematic review where they analyzed 249 articles containing prevalence rates for physical abuse among six English speaking countries. The results to their analysis established that 36 % of women and 22 % of men had experienced physical domestic violence at least once in their lives. Nearly 70 % of child mortalities were attributed to combination of neglect and another maltreatment type (Child Welfare Information Gateway, 2014).

Previous empirical studies on Nigerian sample reveal a high prevalence of exposure to family violence and abuse (Ebigbo, 1990; Madubuko 1989; Akpunne, 2015). Some parents put their own needs as priorities before those of their children (Ebigbo, 1989). According to Danesy & Busari (2005), being raised by foster parents often result in devastating effects such as harsh treatment, neglect, battering and hawking. United Nations Children Emergency Fund (UNICEF, 2003) report on child abuse revealed that in Nigeria, child mortality rates by age one is 109 out of 1000 live births, while 217 die before the age of five. Ebigbo (2003) added that over six million children are not in school; fifteen million children are working, out of which two

million works for up to fifteen hours or more per day.

The study also returned a high prevalence of psychological distress among SSS adolescents in Ibadan Oyo state. The reported prevalence rate was 43.5% out of which with 12.7% were at a pathological level. This findings support previous research on the high rate of mental health disorder globally. The WHO (2008) estimates that about 154 million people suffer from depression, and 25 million people suffer from schizophrenia. On a global level, it is estimated that approximately 20 per cent of youth (well over one billion youth), experience a mental-health condition each year (Patel, Flisher et al, 2007; United Nations Children's Fund, 2012). Empirical studies also reveal a high prevalence of mental illness among Nigerians (Abiodun, 2006; WHO, 2007; Owoyemi, 2013, Akpunne, 2015). Nearly half the world's population is affected by mental illness with an impact on their self-esteem, relationships and ability to function in everyday life (Storrie, Ahern & Tuckett, 2010). 154 million people suffer from depression and 25 million people from schizophrenia; 91 million people are affected by alcohol use disorders and 15 million by drug use disorders (WHO 2008). As many as 50 million people suffer from epilepsy and 24 million from Alzheimer and other dementias (WHO 2006). Hundreds of thousands of people die by suicide every year (WHO 2003). In a related study Kelleher (2004) and WHO (2005, 2008) affirmed that approximately one in five children suffers from a mental disorder. According to Kessler et al, (2005), adolescents are at the greatest risk of a range of mental-health conditions during their transition from childhood to adulthood due to the host of physical, psychological and emotional changes which occur during this stage of life.

A statistically significant positive correlation between Exposure to Family Violence (EFV) and psychological distress was also returned in this study indication that the more the EFV the more the psychological distress experienced by SSS adolescents in Ibadan Oyo state. Children who witness domestic violence have been found to exhibit higher levels of anxiety and depression and psychological distress than those children who have not witnessed violence (Edleson, 1999; Stiles, 2002, Akpunne & Akinawo, 2017). Feelings of fear, anger, grief, shame, distrust, and powerlessness are among the host of emotional

reactions that child witnesses may suffer (Bernard, 2003). Children who are exposed to domestic violence have a higher risk of suicide (Bernard, 2003). Some research has found that adolescent witnesses “are more likely to have a fatalistic view of the future resulting in an increased rate of risk taking and antisocial behavior, such as school truancy, early sexual activity, substance abuse, and delinquency” (Stiles, 2002, p. 12). Child abuse and exposure to domestic violence results in some forms of psychiatric disorders and suicidal behavior among children (Wolfe, 1999; NCANDS, 2012; Child Welfare Information Gateway, 2014). Related researches indicate association between maltreatment and health problems in children and adolescents (Flalorty, et al., 2006, 2009; Akpunne, 2015). Child maltreatment is associated with 8 of 10 adolescent health risk and that trauma caused by experiences of child neglect can have serious effects on the developing brain, increasing the risk of psychological problems (Hussey, Chang & Kotch, 2006). A strong relationship exists between child exposure to violence, abuse and post-traumatic stress disorder (PTSD), learning difficulties, poor academic achievement, behaviour problems in childhood and adolescent. Maltreated children manifest psychiatric illnesses such as anxiety disorders and sleep disorders (Fergusson, et al, 1996; Wolfe, 1999; Trowell et al, 1999; Child Welfare Information Gateway, 2014).

Witnessing, experiencing abuse or living in an environment where someone is being physically abused can be psychologically devastating for a child, makes such a child susceptible to depression and leaving people around him and his immediate environment unsafe. Children who are exposed to domestic violence during their upbringing will suffer in their developmental and psychological wellbeing (Dodd, 2009; Lazenbatt, & Thompson-Cree, 2009). Exposure to family violence generally impacts how the child develops emotionally, socially, behaviorally as well as cognitively (Sadeler, 1994; Lazenbatt, & Thompson-Cree, 2009). Exposure to family violence can result in aggressiveness, anxiety, and changes in how a child socializes with friends, family, and authorities (Sadeler, 1994, Dodd, 2009). Depression, as well as self-esteem issues, can follow due to traumatic experiences. Problems with attitude and cognition in schools can start developing, along with a lack of skills such as problem-solving (Dodd 2009). Violent punishments could

also lead to delinquency in adolescents and subsequently involvement in violent criminal activities.

Research has established a correlation between the experience of abuse and neglect in childhood and perpetrating domestic violence and sexual abuse in adulthood (Sadeler, 1994; Damant, Lapierre, Lebossã, Thibault, Lessard, Hamelin-Brabant, Lavergne, & Fortin, 2011). Purposely abuse of mother or father in front of the child to cause a ripple effect, hurting two victims simultaneously (Damant, et.al. 2011). Lehmann, (1995) found that children who witness mother-assault are more likely to exhibit symptoms of Post-Traumatic Stress Disorder (PTSD), and are likely to be more severe if their assaulted mother develops Post-Traumatic Stress Disorder (PTSD) and does not seek treatment due to her difficulty in assisting her child with processing his or her own experience of witnessing the domestic violence (Schechter, Willheim, McCaw , Turner, Myers, & Zeanah, 2011). As a result of their exposure to Domestic Violence (DV) children and adolescents are often prone to having low self-esteem, difficulties in trusting others, and affective disorders. Other consequences of being a victim or exposures to domestic violence especially among children and teenagers include harmful health behavior such as excessive smoking, alcohol abuse, use of drugs and engaging in risky sexual activity and other delinquent behaviors. Witnessing or being a victim of domestic violence can have some traumatizing effects on the social and emotional wellbeing of an individual especially children and teenagers. If this is not properly managed may have negative influence on world view and social behavior of individuals.

The study revealed a statistically significant gender influence on psychosocial wellbeing with male students having a higher psychosocial health than the female adolescents in Senior Secondary Schools (SSS) in Ibadan metropolis of Oyo State, Nigeria. Furthermore no gender difference was recorded on the level of psychological distress of Senior Secondary Schools (SSS) in Ibadan metropolis Oyo State, Nigeria. Related researches show that women experience more negative impact than men as a result of abuse, including emotional/psychological consequences such as fear, anger, insult, stress, depression, anxiety attacks, shame, lowered

self-esteem, sleeping problems, psychosomatic symptoms and post-traumatic stress symptoms, loss of time from work, and a need to take extra security precautions (Mirrlees-Black 1999, Bunge & Locke 2000, Tjaden&Thoennes 2000a, Saunders 2002, Walby& Allen 2004). In an study carried out among correctional institutional inmates in USA, Light, et al., (2013) found that 49% of female SPCR prisoners were assessed as suffering from anxiety **and** depression, compared with 23% of male prisoners. Gender differences occur in the rates of common mental disorders such as depression, anxiety and somatic complaints with females being predominantly affected (WHO, 2004, 2013). In a previous study, Butler &Allnut (2003) found that female correctional care inmates / prisoners were more likely than male inmates to suffer from psychiatric disorders. Unipolar depression, predicted to be the second leading cause of global disability burden by 2020, is twice as common in women. Depression is not only the most common women's mental health problem but may be more persistent in women than men (WHO, 2004, 2013). Depressive disorders account for close to 41.9% of the disability from neuropsychiatric disorders among women compared to 29.3% among men. Leading mental health problems of the older adults (majority of which are women) are depression, organic brain syndromes and dementias (WHO, 2013).

Finally family size was not found to be a significant factor in the psychological distress of adolescents of the selected senior secondary schools in Ibadan metropolis Oyo State, Nigeria. This is in line with a similar study carried out on institutionalized adolescents in Lagos Nigeria, Akpunne & Akinnawo (2017) which revealed no significant family size influence on psychological distress of remanded children. Risk of psychiatric admission was higher amongst those from families of three or more, but, compared with only children, those with two or three siblings had a lower risk of self-harm (Riordad, Morris, Hattie & Stark, 2012).

## **CONCLUSION**

There is a high prevalence of exposure to domestic violence which engenders psychological distress among the secondary school adolescents in Ibadan, Oyo state. Family violence is positively correlated with some psychological distress but negatively

correlated with psychosocial health of the Nigerian adolescents. Male and female adolescents have similar psychological distress however male SSS adolescents were observed to have better psychosocial health than their female counterparts. Finally family size is not a significant factor in psychological distress among SSS adolescents in Ibadan metropolis Nigeria.

### Recommendations

Based on the findings individual assessments of the adolescents should be carried out to identify those who are exposed to family violence so as to organize relevant family therapies such as anger management and other clinical interventions. Also group psychotherapies should be conducted for the secondary school adolescents. Finally further studies on dysfunctional family activities and psychological health of adolescents are recommended.

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