

## The Manace of Sexual and Psychological Violence on Women and the Girl-child in Nigerian Homes

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### Abstract

*Gender-based sexual and psychological violence, often targeted against women and the girl-child, remains a global problem that has, in recent times, assumed an alarming proportion and dimension. Violence against women is defined as any act of gender-based violence – that is, violence directed against a woman because she is a woman or that affects women disproportionately – that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (UN, 1994). The consequences of this form of violence are legion – it takes a devastating toll on women, the girl-child, families and nations. Researchers have shown increasing links between sexual and psychological violence and the high vulnerability of women to human immunodeficiency virus (HIV)/ acquired immunodeficiency syndrome (AIDS). This article focuses on sexual and psychological violence against women and the girl-child in Nigeria. It identifies and examines the causes and consequences of violence. It proffers solutions which will stem this growing tide of violence often targeted. It proffers solutions which will stem this growing tide of violence often targeted against women and girl-child in Nigerian homes by reviewing emerging strategies for the prevention of violence and making recommendations which will serve as a way forward.*

**Key Words:** Sexual, psychological, Violence, Gender, Woman, Girl-Child

### Introduction

Violence against woman and the girl-child is increasingly becoming a global problem. Violence against women in and out of the home is generally regarded as belonging to the private sphere and is shielded from outside scrutiny. A culture of silence reinforces the stigma that attaches to the victim rather than the perpetrator of such crimes (Keith, Pcbcr and Achim, 2008). As a matter of fact, such violence is all too frequently excused and tolerated in communities where women are assigned an inferior role, subordinate to the male head of the family and effectively the property of their husbands. Husbands, partners and fathers are responsible for most of the violence against women. Violence persists because discriminatory laws condone and even legalize certain forms of violence against women. Moreover, dismissive attitudes within the police and an inaccessible justice system compound the failures of the state to protect women's right on a daily basis women are beaten and "punished" for supposed transgressions, raped and even murdered by members of their families. In some cases, vicious acid attacks leave them with horrific disfigurements. Girls and young women are forced into early marriage by parents and relatives. In many communities, the traditional practice of female genital mutilation continues to traumatize young girls and leave women with lifelong pain and damage to their health.

Statistics reveal that large numbers of women are regularly subjected to sexual and psychological violence in the family. Husbands, partners and fathers are responsible for most of this violence. However, both male and female members of the extended families are involved, even as

employers of women domestic workers in the household. Countless women and girls in Nigeria are subjected to violence by some members of their families and within their communities, as in many countries throughout the world. Women of all ages and from all socio-economic groups, living in rural and urban communities, are affected. The lack of official statistics makes assessing the extent of the violence an almost impossible task, though studies suggest levels of violence that are shockingly high. More than a third and in some groups nearly two-thirds of women in Nigeria are believed to have experienced physical, sexual or psychological violence in the family LEDAP (2003).

An overview of statistics on reported cases of Gender Based Violence generated from 18 states of the federation and covering the six geo-political zones in 2010 reveal that out of 479 reported cases, 21.08 percent of sexual violations, 37.25 per cent of physical violations, 18.37 percent of domestic violence, 18.48 of harmful traditional practices (HTP) and 4.92 percent of economic violation were reported. The statistics shows that sexual violence ranks second among all the violation and this definitely is the pattern on the national scale. Rape had taken the top position in recent times and was frequently targeted at female victims of various ages CEDAW (1994). Population-level surveys based on reports from victims estimate that between 0.3-11.5% of women reported experiencing sexual violence (Fabiano, et al, 2003). Physical violence is estimated to occur in 4 to 6 million intimate relationships each year (Wolfe et al. 2009).

Children are also victims of violence. Child maltreatment is endemic in Nigeria. Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, commercial or other exploitation, acts which result in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment (Prinz, 2009).

Child maltreatment is a global problem with serious lifelong consequences. There are no reliable global estimates for the prevalence of child maltreatment. Data from many countries, especially low- and middle-income countries, are lacking. Current estimates vary widely depending on the country and the method of research used. Approximately 20% of women and 55—10% of men report being sexually abused as children, while 25—50% of all children were reported of being physically abused (Olds, Sadler & Kitzma, 2007).

There has been an increase in acknowledgment that children who are exposed to domestic abuse during their upbringing will suffer in their developmental and psychological welfare (WHO, 2011) and emotional, social, behavioural as well as native development (Foshee, et al 2005). Generally, the consequences of child maltreatment include impaired lifelong physical and mental health as well as social and occupational functioning (eg. school, job, and relationship difficulties). These can ultimately slow down a country's economic and social development. For the purpose of this paper, the conceptual clarifications of sexual and psychological violence will be discussed.

## **CONCEPTUAL CLARIFICATIONS**

### **Violence**

The World Health Organization defines violence as the intentional use of physical force or power, threat or assault, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation (WHO, 2008) Violence is a social and health problem for all who experience and witness it. Violence takes many forms, including:

- \* Family violence, often referred to as domestic abuse, child abuse, child maltreatment, spouse abuse, and wife battering

- \* Peer group violence, which includes workplace violence, school violence, gang violence, and bullying
- \* Sexual violence, which includes rape date rape, marital rape, intimate partner abuse, and child sexual abuse
- \* Abuse of power, which includes mistreatment of children, students, elders, people with disabilities, and others who are smaller or less powerful than the abuser
- \* Community violence, which includes assaults, fights, shootings, homicides, and most forms of peer violence
- \* Population-level surveys based on reports from victims provide the most accurate estimates of the prevalence of intimate partner violence and sexual violence in non-conflict settings. The WHO multi-country study on women's health and domestic violence against women in 10 mainly developing countries found that, among women aged 15 to 49 years:
  - \* Between 15% of women in Japan and 70% of women in Ethiopia and Peru reported physical and/or sexual violence by an intimate partner;
  - \* Between 0.3-11.5% of women reported experiencing sexual violence by a non-partner
  - \* The first sexual experience for many women was reported as forced - 24% in rural areas. Peru, 28% in Tanzania, 30% in rural Bangladesh, and 40% in South Africa.
- \* The 1993 UN Declaration on the Elimination of Violence against women, states that violence against women shall be understood to encompass, but not be limited to the following:
  - \* Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
  - \* Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Similarly, The African Charter on the Rights and Welfare of the Child, ratified by Nigeria on 23 June 2001, requires states to prohibit child marriage and the betrothal of girls and to "take all appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child ", including, in particular, customs and practices prejudicial to children's health or lives and discriminatory on the grounds of sex or other status (Article 21). States have a duty to take protective measures against child abuse, including "effective procedures for the establishment of special monitoring units to provide necessary support for the child and for those who have the care of the child, as well as other forms of prevent/on and for identification, reporting referral invest/cat/on, treatment, and follow-up of instances of child abuse and neglect "(Article 16) and to protect children from all forms of sexual exploitation and sexual abuse (Article 27). The charter states that "Any custom, tradition, cultural or religious practice that is inconsistent with the rights, duties and obligations contained in the present Charter shall to the extent of such inconsistency be discouraged (Article 1(3)). (89)

### **Sexual Violence**

Sexual violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or otherwise directed against a person's sexuality using coercion, by any person regardless

of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object (Schechter and Ganley, 1994). Sexual violence has serious short and long term consequences on the physical, mental, sexual and reproductive health of victims and children. If perpetrated during childhood, sexual violence can lead to increased smoking, drug and alcohol misuse, and risky sexual behaviours in later life. It is also associated with perpetration of violence (for males) and being a victim of violence (for females) [Michael, 1993].

### **Psychological Violence**

Psychological violence on the other hand, is an action or set of actions that directly impair the victim's psychological integrity (Walker, 1994). Someone is intimidating you if they use violence or threats to force you to do something you are not legally obliged to do, or to prevent you from doing something you have the right to do. This may also involve the use of harassment or the use of threats. Threats are words or actions by which someone expresses, or has someone else express for them, a desire to hurt you (Klein, 1997). Moreover, a common understanding of the causes of sexual and psychological violence can help communities develop more effective responses to the violence. Such an understanding helps avoid conflicting responses that could undermine efforts to protect victims and hold batterers accountable.

### **Theories of Violence**

When the battered women's movement in the United States, began in the early 1970s, the prevailing theory of why men batter was based on psychopathology. According to this theory, men who abused their wives were mentally ill and could be cured through medication or psychiatric treatment. Researchers found, however, that the behaviour of perpetrators of domestic violence did not correspond to profiles of individuals who were mentally ill. Batterers attack only their intimate partners. People who suffer from mental illnesses such as schizophrenia do not limit their violence to their intimate partners.

Initial studies also characterized battered women as mentally ill. The results of these first studies, however, were distorted because the studies examined women who were in mental hospitals; their batterers, who were calm and credible in contrast to their wives, were asked about the cause of their partners' condition and thus given an opportunity to minimize and deny their partners' account of the abuse. In reality, however, battered women are not mentally ill, and many of those who were institutionalized were misdiagnosed because of a failure to recognize or understand the sexual and psychological effects of violence. Researchers next theorized that violence was learned (Fabiano et al. 2003). They argued that men battered because (they had learned violence in their families as children and women sought out abusive men because they saw their mothers being abused. This was the learned behaviour theory of violence.

Another theory worth mentioning is the "loss of control" theory. This is contradicted by the reality that batterers' violence is carefully targeted towards certain people at certain times and places. For example, batterers choose not to hit their bosses or police officers, no matter how angry or out of control (Klein et al 1997). Abusers also follow their own internal rules and regulations about abusive behaviours. They often choose to abuse their partners only in private, or may take steps to ensure that they do not leave visible evidence of the abuse. Batterers also choose their tactics carefully - some destroy property, some rely on threats of abuse, and some threaten children. Through these decisions, perpetrators are making choices about what they will or will not do to the victim, even when they are claiming they lost it or were out of control. Such decision-making indicates that they are actually in control of their abusive behaviours (Anne, Ganley & Susan, 1995). A study reported by the Family

Violence Prevention Fund indicated that many batterers become more controlled and calm as their aggressiveness increases.

What was missing from all of the theories was recognition of batterers' intent to gain control over their partners' actions, thoughts and feelings. The current understanding of abuse, represented by the "Power and Control Wheel," evolved out of many discussions with battered women and batterers through the Domestic Abuse Intervention Project (DAIP) in Duluth. The Power and Control Wheel describes the different tactics an abuser uses to maintain power and control over his partner. In an abusive relationship, the batterer uses the pattern of tactics described in the Power and Control Wheel to reinforce his use of physical violence; violent incidents are not isolated instances of a loss of control, or even cyclical expressions of anger and frustration. Rather, each instance is part of a larger pattern of behaviour designed to exert and maintain power and control over the victim.

The Power and Control Wheel is based on the assumption that the purpose of the violence is to exert power and control over the woman. The elements that formed the basis of earlier theories - a boy witnessing abuse as a child, or substance abuse may be contributing factors, but are not the 'cause' of the violence. Rather, the batterer consciously uses these tactics to ensure the submissiveness of his partner to ensure that he gets his way. As Schecter and Ganley (1992) explain, perpetrators of domestic violence bring into their intimate relationships certain expectations of who is in charge and what the acceptable mechanisms are for enforcing that dominance. Those attitudes and beliefs, rather than the victim's behaviour, determine whether or not perpetrators are domestically violent. The exercise of male violence, through which women's subordinate role and unequal power are enforced and maintained, is, in turn, tolerated and reinforced by political and cultural institutions as well as economic arrangements.

Over time, however, DAIP began to realize that even this theory - that batterers use violence in order to gain control and power did not sufficiently capture the phenomenon of violence. While the Power and Control Wheel (coercive behaviours that establish power and control) did describe women's experiences, batterers in batterer's treatment groups did not articulate a desire for power and control when they talked about their use of these behaviours.

Consequently, DAIP began to conceptualize violence within the larger context of society. Under this theory, violence is a logical outcome of relationships of dominance and inequality relationships shaped not simply by the personal choices or desires of some men to dominate their wives but by how we, as a society, construct social and economic relationships between men and women and within marriage (or intimate domestic relationships and families).

### **Causes of Violence**

Research indicates that violent behaviour may have many different causes, some of which are inborn but most of which are learned from experiencing or witnessing violent behaviour by others; particularly those who are role models. Biological and personal factors that influence how individuals behave and increase their likelihood of, becoming victims or perpetrators of violence include demographic characteristics (age, education, and income), personality disorders, substance abuse, and a history of experiencing, witnessing, or engaging in violent behaviour. Drinking and drugs often play a role in violence. For some, these substances interfere with otherwise good judgment or behaviour. Some people try to use alcohol or drugs to treat their feelings of anger or depression, but instead feel worse. Close relationships, such as those with family and friends is another source of violence. In youth violence, for example, having friends who engage in or encourage violence can increase a young person's risk of being a victim or perpetrator of violence. For intimate partner violence, a consistent marker at this level of the model is marital conflict or

discord in the relationship. In elder abuse, important factors are stress due to the nature of the past relationship between the abused person and the care giver (Bruce, 2002; Fabiano et al., 2003).

The community context - schools, workplaces, and neighborhoods provide important role models and the dangers of negative role models should not be underestimated. Children learn by observation and by imitation. Children who observe their home, school, or media role models behaving in violent ways may come to believe that turning angry feelings into angry actions is acceptable behaviour, or even the most effective way to solve problems. Such children may never learn peaceful behaviours or cooperative ways to solve problems. Parents who model abusive behaviour at home can create a cycle of violence, teaching children to grow up to be abusive adults (Bruce, 2002).

Additionally, broad societal factors that help to create a climate in which violence is encouraged or inhibited include the responsiveness of the criminal justice system, social and cultural norms regarding gender roles or parent-child relationships, income inequality, the strength of the social welfare system, the social acceptability of violence, the availability of firearms, the exposure to violence in mass media, and political instability. Constantly viewing violence at home, in communities, or on television can lead people to believe that violence is a normal part of life. People who are surrounded by violence may reach a point where they no longer notice violent events or remember that peaceful behaviour is a possibility. People who resign themselves to the belief that violence is an inevitable part of their lives may give up trying to avoid or escape violence. They may become passive and unable to create safety for themselves or their families. Battered wives who remain at home with battering husbands, for example, may believe that trying to escape violence is hopeless (Pabiano et al., 2003).

### **Impact of Sexual and Psychological Violence**

Violence often has lifelong consequences for victims' physical and mental health and social functioning and can slow economic and social development. Research has revealed that globally violence takes the lives of more than 1.5 million people annually: just over 12% due to suicide, some 35% due to homicide, and just over 12% as a direct result of war or some other form of conflict. For each single death due to violence, there are dozens of hospitalizations, hundreds of emergency department visits, and thousands of doctors' appointments (World Bank, 2006). Sexual violence has serious short and long-term consequences on the physical, mental, sex & and reproductive health of victims and of their children. If perpetrated during childhood, sexual violence can lead to increased smoking, drug and alcohol misuse, and risky sexual behaviours in later life. It is also associated with perpetration of violence (for males) and being a victim of violence (for females). (Kim, Watts & Hargreaves 2007).

### **Health Impact of Sexual and Psychological Violence Consequences**

Beyond deaths and injuries, highly prevalent forms of violence (such as child maltreatment and intimate partner violence) have serious lifelong non-injury health consequences. Victims may engage in high-risk behaviours such as alcohol and substance misuse, smoking, and safe sex, which in turn can contribute to cardiovascular disorders, cancers, depression, diabetes and HIV/AIDS, resulting in premature death (Alison et al., 1998). Intimate partner and sexual violence have serious short and long-term physical, mental, sexual and reproductive health problems for victims and for their children, and lead to high social and economic costs.

- \* Health effects can include headaches, back pain, abdominal pain, fibromyalgia, gastrointestinal disorders, limited mobility and poor overall health. In some cases, both fatal and non-fatal injuries can result.

- \* Intimate partner violence and sexual violence can lead to unintended pregnancies, gynecological problems, induced abortions and sexually transmitted infections, including HIV. Intimate partner violence in pregnancy also increase the likelihood of miscarriage, stillbirth, pre-term delivery and low birth weight.
- \* These forms of violence can lead to depression, post-traumatic stress disorder, sleep difficulties, eating disorders, and emotional distress and suicide attempts.
- \* Children who grow up in families where there is intimate partner violence may suffer a range of behavioural and emotional disturbances that can be associated with the perpetration of violence later in life.
- \* Intimate partner violence has also been associated with higher rates of infant and child mortality and morbidity (e.g. diarrhea disease, malnutrition).

### **Social and Economic Costs**

The social and economic costs are enormous and have ripple effects throughout the society. Women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities and limited ability to care of themselves and their children. In countries with high levels of violence, economic growth can be slowed down, personal and collective security eroded, and social development impeded. Families edging out of poverty and investing in schooling for their sons and daughters can be ruined through the violent death or severe disability of the main breadwinner. Communities can be caught in poverty traps where pervasive violence and deprivation form a vicious circle that stifles economic growth. For societies, meeting the direct costs of health, criminal justice, and social welfare responses to violence diverts many billions of dollars from more constructive societal spending. The much larger indirect costs of violence due to lost in productivity and investment in education work together to slow economic development, increase socioeconomic inequality, and erode human and social capital (Pronyk et al., 2006).

### **Other Consequences of Sexual and Psychological Violence**

Some emotional and behavioural problems that can also result due to sexual and psychological violence include increased aggressiveness, anxiety, depression, as well as self-esteem issues which can follow due to traumatic experiences (Foshee et al., 1998). Problems with attitude and cognition in schools can start developing, along with lack of skills such as problem-solving skills (Schechter & Ganley, 1995). Correlation has been found between the experience of abuse and neglect in childhood and perpetrating domestic violence and sexual abuse in adulthood (WHO, 2009).

Depression is also common, as victims are made to feel guilty for provoking the abuse and are frequently subjected to intense criticism. It is reported that 60% of victims meet the diagnostic criteria for depression, either during or after termination of the relationship, and have a greatly increased risk of suicidality. In addition to depression, victims of domestic violence also commonly experience long-term anxiety and panic, and are likely to meet the diagnostic criteria for Generalized Anxiety Disorder and Panic Disorder. The most commonly referenced psychological effect of domestic violence is Post-Traumatic Stress Disorder (PTSD). PTSD (as experienced by victims) is characterized by flash backs, intrusive images, exaggerated startle response, nightmares, and avoidance of triggers that are associated with the abuse. These symptoms are generally experienced for a long span of time after the victim has left the dangerous situation. Many researchers state that PTSD is possibly the best diagnosis for those suffering from psychological effects of domestic violence, as it accounts for the variety of symptoms commonly experienced by victims of trauma.

## **Way Forward**

A careful review of the prevalence, causes and effects of sexual and psychological violence among women and the girl-child in Nigeria divulges the fact that prevention is the most potent remedy for this social menace. A rigorous review of the literature on the effectiveness of strategies to prevent violence identified the seven strategies below as being supported by either strong or emerging evidence for effectiveness. According to WHO (2009) report, these strategies include:

1. Developing safe, stable and nurturing relationships between children and their parents and caregivers: There is emerging evidence that such programmes reduce violent acts in adolescence and early adulthood, and probably help to decrease intimate partner violence and self-directed violence in later life (Caldera et al. 1997, 2007).
2. Developing life skills in children and adolescents: Evidence shows that the life- skills acquired in social development programmes can reduce involvement in violence, improve social skills, boost educational achievement and improve job prospects. Life skills refer to social, emotional, and behavioural competencies which help children and adolescents effectively deal with the challenges of everyday life.
3. Reducing the availability and harmful use of alcohol; violence may be prevented by reducing the availability of alcohol, brief interventions and longer-term treatment for problem drinkers, as well as improving the management of environments where alcohol is served.
4. Reducing access to guns: Limiting access to firearms can prevent homicides and injuries and reduce the costs of these forms of violence to society.
5. Promoting gender equality and challenging gender norms and roles to prevent violence against women: Evaluation studies are beginning to support community interventions that aim to prevent violence against women by promoting gender equality. For instance, evidence suggests that programmes that combine microfinance with gender equity training can reduce intimate partner violence (Pronyk et al, 2006; Kim, Watts, Hargreaves et al., 2007). School based programmes such as Safe Dates programme in the United States of America (Foshee et al, 1998, 2005) and the Youth Relationship Project in Canada (Wolfe et al. 2009) have been found to be effective for reducing dating violence.
6. Changing cultural and social norms that support violence: Rules or expectations of behaviour and norms within a cultural or social group can encourage violence. Interventions that challenge cultural and social norms supportive of violence can prevent acts of violence and have been widely used, but the evidence base for their effectiveness is currently weak. The effectiveness of interventions addressing dating violence and sexual abuse among teenagers and young adults by challenging social and cultural norms related to gender is supported by some evidence (Bruce, 2002; Fabiano et al, 2003).
7. Victim identification, care and support programmes: Interventions to identify victims of violence and provide effective care and support are critical for protecting health and breaking cycles of violence from one generation to the next. Examples for which evidence of effectiveness is emerging includes: screening tools to identify victims of intimate partner violence and refer them to appropriate services (Olive, 2007); psychosocial interventions- such as trauma-focused cognitive behavioural therapy -to reduce mental health problems associated with violence, including post-traumatic stress disorder (Roberts, 1997); and protection orders,

which prohibit a perpetrator from contacting the victim (HoIt, 2003; McFarlane, 2004) and to reduce repeat victimization among victims of intimate partner violence.

### **Conclusion**

In conclusion, the need to increase awareness on the consequences of violence will help to reduce violence at all levels. Violence, however, is preventable. Evidence shows strong relationships between levels of violence and potentially modifiable factors such as concentrated poverty, income and gender inequality, the harmful use of alcohol, and the absence of safe, stable, and nurturing relationships between children and parents. Scientific research shows that strategies addressing the underlying causes of violence can be effective in preventing violence. Consequently, the following recommendations are made:

### **Recommendations**

1. Government should make concerted efforts to put in place the necessary machineries for the prevention of sexual and psychological violence among women and the girl-child in Nigeria.
2. The government should ensure that women and the girl-child have access to justice by implementing laws and encouraging women to turn to the justice system when necessary.
2. An all-inclusive set of services should be provided for women and the girl-child to guarantee their safety before serious violence occurs.
4. An effective human rights education for all citizens with particular focus on women and the girl-child should be instituted.
5. Parents need proper re-orientation that concerned bodies for the protection of child's right and agencies against child molestation can harness to the advantage of the girl child.
6. In the case of violation in participation area, the victim should be encouraged to seek a new environment for the avoidance of the stigma associated with it.
7. Non-governmental organization can play pivotal roles in curbing the ugly trend. They should seek avenues for re-orientation of parents who prefer work and career over the concern that ought to be paid to the girl-child.
8. Commensurate legal actions should be taken against perpetrations of this heinous act by parents, government and other bodies against girl-child and women violation
9. Laws that impose heavy penalty should thus be enacted to reduce the extent of violation.
10. The social media can be a veritable means through which mass sensitization about this form of violence can be checked.
11. Religious bodies also have an onerous duty to not only sensitize their adherents, but also join forces with relevant bodies to stop this violation of women and the girl-child
12. Communities and their traditional rulers should do away with some traditional practices that are harmful to the girl-child and women.

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