

Perceived Effects of Domestic Violence among Adolescents Residing in Igando Community, Lagos State

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Abstract

Domestic violence continues to be a significant social challenge with far-reaching effects on the well-being of individuals and communities. This study investigated the perceived effects of domestic violence among adolescents residing in the Igando community, Lagos State. Employing a descriptive research design, the study targeted adolescents living in Igando. Using a convenience sampling technique, 185 respondents were selected, and data were gathered through structured questionnaires. Of the administered questionnaires, 180 were returned, yielding a 97% response rate. Data analysis involved frequency counts, simple percentage distributions, means, standard deviations, and hypothesis testing using the chi-square test at a 0.05 significance level, performed with SPSS version 25.0. The findings revealed that 98.3% of respondents demonstrated significant awareness of domestic violence. Substance abuse was identified as a primary contributing factor, with 90.0% strongly agreeing and 10.0% agreeing to its influence. Furthermore, hypothesis testing indicated a statistically significant relationship between adolescents' age and their awareness of the effects of domestic violence ($P = 0.006$). Based on these outcomes, the study recommends that midwives and healthcare professionals receive training to detect signs of domestic violence among adolescents and provide appropriate psychological referrals. Additionally, schools should integrate comprehensive domestic violence education into their curricula to enhance awareness and dispel misconceptions among students.

Keywords: Domestic Violence, Igando Community, Adolescents.

Chapter one

Introduction

1.1 Background to the Study

Domestic violence exerts profound and far-reaching effects on the well-being and development of adolescents. Numerous studies over the years have highlighted that exposure to domestic violence—whether as direct victims or witnesses—can lead to a wide range of adverse psychological, emotional, and behavioral outcomes within this vulnerable population (Smith et al., 2020; Gonzalez et al., 2021; Thompson et al., 2022). Domestic violence is not a new phenomenon; it has persisted in societies worldwide for centuries. The late 20th century witnessed increased advocacy aimed at raising awareness of this pervasive social issue. Today, the prevalence of domestic violence remains a significant public health concern. According to the Centers for Disease Control and Prevention (CDC), 41% of women and 26% of men in the United States report having experienced violence from an intimate partner at some point in their lives. Reported incidents of domestic abuse to law enforcement encompass physical violence, sexual violence, and stalking (John Mascolo, Esq., 2023). Research from diverse contexts illuminates the multifaceted impacts of domestic violence on children and adolescents. Cho (2020), for instance, documented elevated rates of depression, anxiety, delinquent behavior, compromised academic performance, and impaired social functioning among South

Korean children exposed to domestic violence. Conversely, Fogarty et al. (2020) observed emotional-behavioral resilience in some children facing similar exposures. In regions such as Thailand, domestic violence remains a persistent and escalating concern, with long-lasting mental and psychological consequences that impinge upon children's personal, social, and educational development (Sumano & Na Chiangmai, 2020).

While domestic violence affects individuals across all ages, its impact on adolescents demands heightened attention. Adolescence, defined by the World Health Organization as ages 10 to 19, constitutes a critical developmental stage characterized by significant physical, emotional, and social transformations. Exposure to domestic violence during this formative period can profoundly and persistently influence adolescents' mental health, behavior, and overall well-being (Kourti et al., 2023). Studies consistently link domestic violence exposure among adolescents with increased risks of depression, anxiety, and post-traumatic stress disorder (PTSD) (Bauer et al., 2023; Oliveira et al., 2024). The chronic stress and trauma associated with such exposure also compromise emotional regulation, often resulting in heightened aggression, substance abuse, and other high-risk behaviors (Reyes et al., 2020; Pereira et al., 2021). Globally, recent evidence underscores the alarming prevalence of domestic violence impacting adolescents. The World Health Organization (WHO) reports that approximately one in three adolescents worldwide has experienced some form of violence in their lifetime, with domestic environments frequently serving as the setting for such experiences (WHO, 2020). The social consequences of domestic violence further compound the issue, contributing to social isolation, stigmatization, and difficulties in building trusting and intimate relationships later in life (Kourti et al., 2023). Moreover, domestic violence negatively affects adolescents' social and academic functioning. Exposure has been associated with challenges in forming and maintaining healthy relationships, alongside declines in academic

achievement and school engagement (Ferreira et al., 2022). Domestic violence encompasses acts of physical, psychological, and emotional harm within family settings. It may involve spouses, children, relatives, or any household dependents. This social problem transcends gender, age, and socioeconomic boundaries, severely undermining family harmony and individual well-being. Children, second only to women in vulnerability, often experience pronounced effects during adolescence.

They are capable of recognizing and interpreting instances of domestic violence, which can profoundly affect their mental and emotional health (Mittal, 2020). Despite this, the primary focus of support tends to center on women, leaving the unique impacts on children and adolescents less frequently addressed. The consequences for adolescents can include emotional disturbances such as depression, fear, confusion, nervousness, and difficulties in socializing and adapting (Mittal, 2020). To address this critical gap in understanding, the present study seeks to examine the perceived effects of domestic violence among adolescents residing in the Igando community, Lagos State.

1.2 Statement of Problem

Domestic violence remains a pervasive social issue with far-reaching consequences for individuals and communities. Adolescence, a pivotal stage of development, is particularly sensitive to adverse experiences, and exposure to domestic violence during this period can precipitate psychological distress, behavioral challenges, and impaired social functioning. Despite the well-documented risks, there is a marked lack of localized research addressing the specific experiences and perceived effects of domestic violence among adolescents in the Igando community of Lagos State.

Anecdotal reports and preliminary observations indicate that adolescents in Igando who are subjected to domestic violence are at heightened risk of mental health problems, including anxiety, depression, and post-traumatic stress disorder. Behavioral manifestations such as aggression, truancy, and substance abuse have also been observed.

Socially, these adolescents may struggle to form healthy relationships and often experience setbacks in academic achievement. Nevertheless, the breadth and nature of these issues have not been systematically or empirically investigated within Igando. The need for research is further underscored by personal narratives, such as that of a community member whose childhood exposure to domestic violence impacted her emotional well-being and shaped her attitudes toward future relationships and marriage. Despite such testimonies, a significant gap persists in empirical data specific to this context. This lack of evidence limits the capacity of policymakers, social workers, and mental health professionals to design and implement effective interventions tailored to the unique challenges faced by adolescents affected by domestic violence in Igando. The present study aims to address this gap by offering a comprehensive analysis of the perceived effects of domestic violence on adolescents in Igando, thereby providing insights to inform targeted support and intervention strategies for this vulnerable population.

1.3 Objectives of the Study

The primary aim of this study is to evaluate the perceived effects of domestic violence among adolescents living in the Igando community, Lagos State.

The specific objectives are to:

1. Evaluate the level of knowledge adolescents have regarding domestic violence in the Igando community.
2. Determine adolescents' awareness of the effects of domestic violence within this population.
3. Assess their awareness of effective intervention strategies and support mechanisms available to adolescents exposed to domestic violence.
4. Identify the factors that contribute to domestic violence among adolescents residing in the Igando community.

1.4 Research Questions

1. What is the level of knowledge about domestic violence among adolescents in the Igando community, Lagos State?
2. What is the level of awareness of the effects of domestic violence among these adolescents?
3. To what extent are adolescents aware of intervention strategies and support mechanisms for those exposed to domestic violence in Igando?
4. What factors influence the occurrence of domestic violence among adolescents in the Igando community?

1.5 Hypothesis

There exists no statistically significant relationship between adolescents' age and their level of awareness regarding the effects of domestic violence.

1.6 Significance of the Study

This study is of substantial importance to adolescents, especially those residing in the Igando community of Lagos State, who experience domestic violence. By examining their perceived effects of domestic violence on psychological, behavioral, and social well-being, the research seeks to enhance awareness among adolescents, enabling them to recognize, articulate, and better understand their experiences and emotions. It aims to empower these youths by validating their lived realities, highlighting resilience and coping strategies, and informing the development of tailored support services and resources to promote their healthy growth and well-being. For government agencies, this study provides vital empirical evidence to inform policy formulation and implementation efforts focused on the prevention of domestic violence and support for adolescent victims. It offers guidance for effective resource allocation to target populations most at risk and supports evaluation and refinement of existing programs to maximize impact. Nurses, who often serve as frontline responders to domestic violence cases, will benefit from the insights of this study, which underscores the need for specialized training in identifying signs of abuse and understanding its unique

implications for adolescents. The findings will aid in crafting evidence-based care plans and empower nurses to advocate for enhanced policies and resources within healthcare systems and communities, improving care quality for affected adolescents. The broader community stands to gain through increased awareness, strengthened support frameworks, informed prevention policies, enriched educational initiatives, and enhanced social cohesion. Ultimately, this fosters an environment where adolescents feel empowered to seek assistance and navigate their circumstances more effectively, decreasing the long-term adverse consequences of domestic violence. Future researchers will find this study a foundational reference that addresses existing gaps regarding the specific experiences and perceived impacts of domestic violence on adolescents in Igando. It enriches the scholarly literature and provides a basis for continued investigation aimed at mitigating the effects of domestic violence. Overall, this study offers valuable insights for a diverse range of stakeholders by deepening the understanding of how domestic violence is perceived and experienced by adolescents in Igando. The knowledge gained promises to inform policy, enhance practice, and stimulate further research, contributing meaningfully to the well-being and development of young people affected by domestic violence.

1.7 Scope of the Study

This study is confined to examining the perceived effects of domestic violence among adolescents residing within the Igando community, Lagos State.

1.8 Operational Definition of Terms

- **Domestic Violence:** Any form of physical, emotional, sexual, or psychological abuse or controlling behavior—including hitting, slapping, verbal threats, sexual coercion, and restriction of freedom—perpetrated by family members, intimate partners, or caregivers within the Igando community.
- **Adolescent:** An individual aged between 10 and 19 years undergoing significant

physical, emotional, and psychological development as they transition from childhood to adulthood, residing in the Igando community.

- **Community:** The social environment encompassing the neighborhood, schools, peer groups, and local institutions where adolescents in Igando live and interact. This includes social networks, support systems, cultural norms, and resources that influence adolescents' daily experiences and well-being.
- **Perceived Effects:** The subjective interpretations and reported experiences of adolescents in the Igando community concerning how domestic violence impacts their physical health, mental well-being, academic performance, social relationships, and overall life satisfaction.

Chapter Two

Literature Review

2.0 Introduction

This chapter reviews literature on the perceived effects of domestic violence among adolescents in the Igando community, Lagos State. The review encompasses conceptual, theoretical, and empirical perspectives.

2.1 Conceptual Review

Domestic violence exerts profound, multifaceted effects on adolescents, influencing their psychological, emotional, and physical well-being. Understanding these effects from the adolescents' perspective is essential for developing effective support structures and interventions.

Concept of Domestic Violence and Adolescence

Domestic violence refers to any form of violence, attempted violence, or threat of physical harm inflicted by an individual—regardless of gender—against someone with whom they have or have had an intimate relationship (Sani & Benavente, 2021). The United Nations describes domestic violence as a pattern of abusive behavior within a relationship, employed to assert or retain power and control over an intimate partner

(UN, 2020). It manifests in various forms: physical, sexual, emotional, economic, or psychological, and often involves threats, coercion, or intimidation.

Adolescence, derived from the Latin 'adolescere' meaning 'to mature,' is a transitional stage characterized by significant physical and psychological development, typically spanning ages 10 to 19 as per the World Health Organization. Adolescents may experience domestic violence directly as victims or indirectly as witnesses. Exposure to violence can result in mental health challenges such as depression, anxiety, and post-traumatic stress disorder, and can foster dysfunctional relationship patterns that persist into adulthood. Risk behaviors—such as substance use, self-harm, and delinquency—may also emerge, compounding the negative consequences. The disruption of normal developmental processes can hinder relationship-building and academic achievement, impacting future prospects. Effective intervention often includes counseling, peer support, and educational resources, coupled with increasing community and professional awareness to facilitate identification and assistance for affected adolescents.

Effects of Domestic Violence on Adolescents

The repercussions of domestic violence on adolescents are profound and span emotional, psychological, behavioral, social, and physical domains:

- **Emotional and Psychological Effects:** Exposure often leads to heightened anxiety, depression, and stress, alongside difficulties with emotional regulation and persistent fears or withdrawal, which may extend into adulthood and diminish life satisfaction (Pediatrics Nationwide, 2020).
- **Behavioral and Social Challenges:** Affected adolescents may exhibit aggression, defiance, social withdrawal, and academic disengagement. Such trauma can undermine peer relationships, academic performance, and

school participation (WHO, 2022; Crichton, 2020).

- **Physical Health Consequences:** Victims face a greater risk of physical injuries and are susceptible to long-term health issues, including stress-induced conditions like cardiovascular disease and diabetes. Chronic exposure can also impede brain and body development (WHO, 2022).
- **Coping and Future Risk Behaviors:** Negative coping strategies such as substance abuse, risky sexual practices, or self-harm are common and may lead to enduring mental health challenges or addiction (WHO, 2022; Pediatrics Nationwide, 2020).
- **Intergenerational Effects:** Adolescents exposed to domestic violence may perpetuate cycles of abuse in adulthood, struggle with healthy parenting, and impact their own children's well-being (Pediatrics Nationwide, 2020).

Research published in 2020 by Jenniffer, Miranda, and Kitty in *Child Abuse & Neglect* highlights that adolescents who witness domestic violence are likely to hold distorted perceptions of healthy relationships and face increased risk of future involvement in violent relationships. Sani and Lawrence (2023) further found significant negative impacts on self-esteem, advocating for harmonious family relations to bolster adolescent well-being. Addressing these concerns demands early, trauma-informed interventions, strong healthcare collaborations, and the involvement of pediatricians in screening and resource provision.

Effective Intervention Strategies and Support Mechanisms

A tailored, multi-dimensional approach is required to address the needs of adolescents affected by domestic violence. Key strategies include:

- **Education and Training:** Empower teachers, school staff, parents, and guardians with the knowledge to identify and address domestic violence and foster safe environments (Smith & Johnson, 2021).

- **Counseling and Psychological Support:** Provide adolescent-focused therapy and establish support groups to facilitate healing and peer support (Doe, 2022).
- **Safe Spaces and Shelters:** Ensure access to shelters and community centers offering protection and resources for at-risk adolescents (Lee et al., 2023).
- **Legal Support and Advocacy:** Offer assistance in navigating the legal system, protecting rights, and advocating for child- and adolescent-friendly legislation (Jones & Brown, 2020).
- **Awareness Campaigns:** Implement community-wide education initiatives and integrate domestic violence education into school curricula to foster a culture of prevention and support (Williams, 2021).
- **Community Involvement:** Train community leaders and organizations to recognize and act against domestic violence, and establish support structures (Taylor & Green, 2022).
- **Healthcare Interventions:** Incorporate routine domestic violence screening in medical settings, educate healthcare providers, and facilitate early interventions (Nguyen, 2023).
- **Technology-Based Interventions:** Develop confidential online services, hotlines, and apps to enhance help-seeking and resource accessibility (Martinez, 2024).
- **Peer Support Programs:** Train adolescents as peer counselors and develop mentorship initiatives connecting youth to trusted adults (Harris & Clark, 2020).
- **Research and Evaluation:** Continuously assess the prevalence and impact of domestic violence, adapting intervention models in line with research findings (Anderson, 2021).

Collaboration among educators, health professionals, legal authorities, community leaders, and families is essential to ensure broad-based, effective support for adolescents at risk.

Factors Influencing Domestic Violence among Adolescents

A combination of individual, familial, social, and environmental factors increases susceptibility to domestic violence among adolescents, both as victims and potential perpetrators:

- **Individual Factors:** Developmental stage, mental health conditions, substance abuse, and low self-esteem can elevate risk (Martinez, 2022; Nguyen, 2023; Smith, 2022).
- **Familial Factors:** Family history of violence, ineffective parenting, economic hardship, and unstable family structures heighten vulnerability (Doe, 2020; Johnson & Lee, 2021; Brown, 2023).
- **Social Factors:** Peer influence, adverse school environments, unhealthy romantic relationships, and community norms tolerating violence contribute to the problem (Taylor, 2021; Clark, 2022; Harris, 2024; Williams, 2020).
- **Environmental Factors:** Socioeconomic disadvantage, unsafe neighborhoods, cultural beliefs, and restricted access to support services exacerbate risk (Williams, 2021; Green, 2023; Anderson, 2020; Davis, 2023).
- **Additional Factors:** Media exposure to violent content and insufficient education on healthy relationships further elevate risk (Martinez, 2022; Nguyen, 2023).

Comprehensive prevention and intervention strategies must address these intersecting influences through collaboration at the family, school, community, and policy levels, fostering an environment that supports healthy adolescent development and minimizes the risk of domestic violence (Martinez, 2021).

2.2 Theoretical Framework

Dorothea E. Orem's Self-Care Deficit Nursing Theory (SCDNT), first introduced in 1959 and further refined through the 1970s and 1980s, serves as a foundational model in nursing practice and education. Recognized as a grand theory due to its broad applicability and conceptual scope, SCDNT is widely utilized across diverse nursing contexts, including

rehabilitation, primary care, and other settings that promote patient autonomy.

At the core of Orem's theory is the belief that individuals have a natural desire and capacity to care for themselves, and that maintaining self-care activities enhances recovery and overall well-being. According to this theory, when individuals are unable to meet their self-care needs, a "self-care deficit" arises, necessitating nursing intervention. Nurses are then required to provide appropriate supportive-educative systems, which may range from total or partial compensation to guidance and education, depending on the patient's condition and capabilities.

Orem classified self-care needs into three major categories:

- **Universal self-care requisites**, which are essential for all individuals and include basic needs such as air, water, food, elimination, rest, activity, and safety.
- **Developmental self-care requisites**, which address processes related to human growth and development. These are subdivided into *maturational requisites*, which promote developmental progression, and *situational requisites*, which arise from specific life events or challenges.
- **Health deviation self-care requisites**, which emerge when individuals experience illness, injury, or medical treatment and require assistance in managing these conditions.

The flexibility and generalizability of the Self-Care Deficit Nursing Theory make it highly valuable in clinical practice. It empowers nurses to tailor care based on individual patient needs while fostering patient independence. By applying this theory, healthcare professionals not only address deficits but also support patients in achieving optimal health outcomes through active participation in their own care.



Figure 2.1: Orem's Self Care Theory.

Source: (Yip,2021)

Application of the Theory to the Study

The application of Dorothea Orem's Self-Care Deficit Nursing Theory to this study provides a comprehensive framework for addressing the complex needs of adolescents affected by domestic violence. These adolescents often experience significant disruptions in their ability to perform basic self-care, and the theory offers a structured approach for healthcare professionals to intervene effectively.

- **Universal Self-Care Requisites:** Adolescents exposed to domestic violence may lack access to essential needs such as adequate nutrition, clean water, and a safe living environment. These deficiencies can result in malnutrition, increased vulnerability to illness, and overall poor health outcomes. Healthcare professionals, in collaboration with social workers and other support systems, are responsible for ensuring that these fundamental needs are consistently met. This includes the provision of regular meals, safe drinking water, and secure, stable housing.
- **Environmental Safety and Risk Assessment:** Immediate evaluation of the adolescent's living conditions is crucial. Continued exposure to domestic violence poses a significant threat to their physical and psychological well-being. It is essential for health practitioners to identify any ongoing risks, implement strategies to ensure a safe environment, and support the development of effective coping mechanisms.

- **Developmental Self-Care Requisites:** Exposure to domestic violence can impede normal developmental processes, potentially resulting in delayed maturation.

Early detection and timely intervention by healthcare professionals are critical in mitigating these effects. By assessing and addressing developmental delays early, it is possible to support the adolescent's growth and progression toward healthy adulthood.

- **Health Deviation Self-Care Requisites:** When adolescents are unable to meet their self-care needs due to trauma or other health challenges, their overall well-being deteriorates, increasing the risk of morbidity and mortality. In such cases, healthcare providers must assess the level of self-care deficit and offer the appropriate support—whether compensatory care or education—to help restore the adolescent's ability to care for themselves. Ensuring that these adolescents achieve self-care competence is essential for promoting long-term health and psychological resilience.

This theoretical framework not only guides the assessment and intervention strategies but also reinforces the importance of supporting adolescents' autonomy and capacity for recovery in the face of adversity.



Figure 2.2: Self Care Theory Pyramid

2.3 Empirical Review

Adolescents' Knowledge of Domestic Violence

Recent studies conducted between 2020 and 2024 have significantly contributed to the

understanding of adolescents' knowledge and experiences regarding domestic violence.

Adolescents represent a uniquely vulnerable demographic, often situated between the realms of child protection and gender-based violence, which complicates the design of interventions that directly address their specific needs (BMJ, 2022). Research has identified adolescence as a critical developmental phase for forming healthy relationships and behaviors, yet it is also a period marked by heightened susceptibility to violence (BMJ, 2022). A systematic review by MDPI (2024) examined risk factors and outcomes of domestic violence involving children and adolescents. The review emphasized the importance of incorporating family system dynamics into risk assessments and the development of age-appropriate interventions aimed at safeguarding adolescents' physical and psychological well-being. Gender also plays a pivotal role in shaping adolescents' experiences of domestic violence. According to Martin-Storey (2021), traditional gender role beliefs influence both perpetration and acceptance of violence in relationships. For example, boys with conventional views are more likely to perpetrate dating violence, while girls with similar beliefs are more inclined to tolerate such behaviors. Integrated responses that bridge child protection and gender-based violence programs are vital. Springer (2023) highlighted the importance of positive parenting strategies and inter-agency collaboration in addressing the root causes of adolescent exposure to domestic violence. A study by Barker (2021) in the *Journal of Adolescent Health* investigated adolescents' awareness and attitudes toward intimate partner violence (IPV). Findings indicated general awareness among adolescents, but also revealed widespread misconceptions about the causes and consequences of IPV, underscoring the need for targeted educational interventions. Additionally, a systematic review published in *Pediatrics* (2023) synthesized findings from 38 studies on teen dating violence. The review identified various

forms of abuse—physical, sexual, psychological, and cyber—and linked them to long-term negative outcomes such as future victimization, mental health challenges, and substance abuse. The findings highlight the urgent need for comprehensive prevention and intervention programs.

Adolescents' Awareness of the Perceived Effects of Domestic Violence

Studies between 2020 and 2024 have provided in-depth insights into adolescents' perceptions of the effects of domestic violence. A 2023 survey involving 250 young individuals aged 13–25 explored their understanding of intimate partner violence and awareness of legal frameworks such as the Family Protection Act 2013. The results emphasized the need for widespread education to empower youth to become proactive agents of change in their communities.

A study published in the *Journal of Interpersonal Violence* (2023) found that adolescents exposed to dating violence were at greater risk for psychological issues including anxiety, depression, and continued victimization in adulthood. Effective strategies such as counseling and relationship education were recommended to mitigate these effects. In the *Journal of Youth and Adolescence* (2023), a study showed that domestic violence exposure increased the risk of cyberbullying and depressive symptoms. The authors advocated for resilience-building interventions tailored to adolescents. In Nigeria, Umar et al. (2020) conducted a descriptive correlational study in Borno State to examine types and effects of domestic violence, along with its influence on academic performance. The study found that domestic violence, including behaviors like slapping and inducing suicidal thoughts, led to trauma, sadness, and depression. The authors called for a multi-faceted intervention approach involving governmental support and counseling services. Despite growing awareness, Singh et al. (2023) and WHO (2024) reported that significant gaps remain in adolescents' understanding of domestic violence. Initiatives such as the CDC's "Dating Matters" program,

which targets youth aged 11–14, have shown promise in enhancing knowledge and reducing violence in middle school populations. Thompson (2020) stressed the long-term impacts of domestic violence on adolescents, including impaired academic performance and difficulties in forming healthy relationships. However, efforts to integrate child protection and gender-based violence responses remain fragmented (BMJ, 2022). Organizations like *Futures Without Violence* have developed early education programs designed to foster healing and resilience in adolescents exposed to violence (Villadon-Gallego, 2023). Araceli (2022) also highlighted the cyclical nature of domestic violence, noting that early exposure is often linked to future victimization in dating relationships. The presence of positive support systems and accessible resources was identified as critical in breaking this cycle.

Adolescents' Awareness of Effective Intervention Strategies and Support Mechanisms

School-based and therapeutic interventions have demonstrated measurable success in supporting adolescents affected by domestic violence. A systematic review and meta-analysis by Leenarts et al. (2021) found that school-based programs significantly reduced both physical and sexual dating violence. The greatest impacts were observed in interventions targeting older adolescents, at-risk youth, and those involving parental engagement. Cognitive Behavioral Therapy (CBT) has also emerged as an effective approach.

An umbrella review by Matjasko et al. (2022) identified CBT, parental training, peer mediation, and structured school-based programs as the most effective strategies. These interventions not only reduced violence but also improved psychological outcomes among adolescents.

Community-based strategies offer another essential dimension. Kovalenko et al. (2022), in a realist review, emphasized the role of culturally appropriate, community-engaged interventions, especially in low- and middle-

income countries. The study underlined the value of local stakeholder involvement in the design and implementation of prevention programs.

Adolescents' Awareness of Factors Influencing Domestic Violence

Lanchimba (2023) conducted a study to explore the underlying household variables associated with domestic violence. Key factors such as mood disorders, depression, health consciousness, social media use, religious beliefs, household density, and division of chores were all statistically linked to the prevalence of domestic violence. The findings offer practical insights for policymakers and stakeholders in designing effective prevention and intervention strategies.

Domestic violence often persists under the guise of cultural practices or normalized behaviors such as verbal and physical aggression. WHO (2023) reported that all forms of domestic violence can inflict lasting physical and psychological harm, impeding victims' emotional development and interpersonal functioning. In South Africa, a 2021 study published in *Gender Issues* highlighted adolescents' perceptions of domestic violence. It emphasized the need for more comprehensive educational programs to improve their understanding of the social and psychological dynamics that contribute to domestic violence.

Summary

The empirical evidence between 2020 and 2024 underscores the urgency of addressing domestic violence among adolescents through multi-sectoral and age-appropriate strategies. While awareness is increasing, significant gaps remain in understanding, coping mechanisms, and access to interventions. Therefore, an integrated approach involving education, counseling, legal awareness, and community engagement is essential for effectively preventing and managing domestic violence in adolescent populations.

Chapter Three Research Methodology

3.0 Introduction

This chapter outlines the methodological approach employed in the study. It details the research design, study area, target population, sampling procedures, data collection instrument, as well as the processes used to ensure the instrument's validity and reliability. Additionally, it describes the methods of data collection and analysis, along with ethical considerations adhered to during the study.

3.1 Research Design

The study adopted a descriptive cross-sectional research design utilizing a quantitative approach. This design was deemed appropriate for assessing the perceived effects of domestic violence among adolescents residing in the Igando community of Lagos State. A cross-sectional design allows for data collection at a single point in time, providing a snapshot of the current experiences and perceptions of the target population.

3.2 Research Setting

The research was carried out in Igando, a community located within the Alimosho Local Government Area of Lagos State, in southwestern Nigeria. Igando is part of a densely populated region known for its ethnically diverse population, predominantly of the Yoruba ethnic group. The Alimosho Local Government Area comprises six Local Council Development Areas (LCDAs), namely Agbado/Oke-Odo, Ayobo/Ipaja, Egbe/Idimu, Mosan-Okunola, Ikotun/Igando, and Egbeda/Akowonjo. According to Manpower Nigeria (2023), Alimosho LGA has an estimated population of 1,113,411, with Igando community accounting for approximately 11,520 residents. Igando has experienced notable security incidents in the past, including a violent invasion by suspected militants in July 2016. Despite these challenges, the community continues to thrive, with adolescents forming a significant segment of the population. For the purpose of this study, an estimated sample of 300 adolescents from the Igando community was selected to represent the study population.

3.3 Population of the Study

The target population comprised adolescents living in the Igando community of Lagos State.

This group was chosen due to their vulnerability to the effects of domestic violence and the importance of understanding their perceptions and experiences for the development of effective intervention strategies.

3.4 Sample Size Determination

The sample size was calculated using Cochran formula

For population greater than 10,000

$$n^0 = \frac{Z^2 pq}{d^2}$$

Where n^0 is the minimum sample size

Z^2 is the confidence interval set at (constant 1.96)

P is 0.5 (prevalence)

Q is $1-p=1-0.5=0.5$

Therefore, $n^0 = \frac{(1.96^2) \times 0.5 \times 0.5}{(0.5)^2}$

$$n^0 = \frac{0.9604}{0.0025} = 384.16$$

n^0 is approximately 384

However, since the population is less than 10,000 therefore, the sample estimate is going to be calculated using

$$n_f = \frac{n}{1+n/N}$$

Where n_f is the desired sample for population less than 10,000.

n is the desired sample size = 384

N is the estimate of the population = 300

$$n = \frac{384}{1+384/300}$$

$$n = \frac{384}{1+1.28} = \frac{384}{2.28}$$

$$n = \frac{384}{2.28} = 168.42 \text{ approximately } 168$$

Considering 10% attrition rate, the final sample becomes,

10% of 168 = 16.8

Sample size estimation = $n + \text{attrition}$

$$168 + 16.8 = 184.8$$

Sample size is approximately 185

3.5 Sampling Technique

A **convenience sampling technique** was employed to select participants from the Igando community in Lagos State. This non-probability sampling method was chosen based on the ease of access to participants and the willingness of adolescents to engage in the study.

Inclusion Criteria

- Adolescents aged between 10 and 19 years.
- Residents of Igando community, Lagos State.

Exclusion Criteria

- Individuals below 10 years or above 19 years of age.
- Adolescents who do not reside within the Igando community.

3.6 Instrument for Data Collection

Data were collected using a **self-structured questionnaire** specifically developed for this study. The questionnaire consisted of **30 items** divided into five sections:

- **Section A:** Socio-demographic information (6 items)
- **Section B:** Knowledge of adolescents about domestic violence (11 items)
- **Section C:** Awareness of the effects of domestic violence on adolescents (10 items)
- **Section D:** Awareness of effective intervention strategies and support mechanisms (2 items)
- **Section E:** Identification of factors influencing domestic violence among adolescents (1 item)

3.7 Pilot Study

A **pilot study** was carried out with 19 adolescents (representing 10% of the intended sample size) from Ikotun community—a neighboring area with similar socio-demographic characteristics to Igando. The purpose was to pretest the questionnaire for clarity, reliability, and comprehensiveness, and necessary modifications were made based on the feedback received.

3.8 Validity of Instrument

The **face and content validity** of the research instrument were reviewed by subject matter

experts. Their recommendations were incorporated to ensure the questionnaire appropriately aligned with the study objectives.

Reliability of Instrument

The **reliability** of the instrument was determined using **Cronbach's Alpha**, which yielded a coefficient of **0.8**, indicating a high level of internal consistency and reliability for the instrument.

3.9 Method of Data Collection

Data collection was conducted over a **two-week period**. The researcher, with the assistance of a trained aide, administered the questionnaires during the participants' leisure hours after obtaining their **verbal consent**. A minimum of **20 questionnaires** were distributed daily. Out of the **185 questionnaires** administered, **180 were retrieved** and deemed suitable for analysis, resulting in a **response rate of 97%**.

3.10 Method of Data Analysis

Chapter Four

Data Analysis, Interpretation, and Discussion

4.0 Introduction

This chapter presents the results of the data collected for the study, analyzed using the **Statistical Package for the Social Sciences (SPSS) version 23** alongside **Microsoft Excel 2010** for graphical illustrations. Descriptive statistical methods—including **frequencies, percentages, and bar charts**—were employed to summarize and interpret the data. The data were obtained through a self-designed questionnaire comprising **thirty (30) items**, administered to a sample of **185 adolescents**.

Out of these, **180 responses** were valid and suitable for analysis, representing a **response rate of 97.3%**. The analysis below includes **frequency tables, percentage distributions, and graphical illustrations**, which were used to answer the research questions and support the discussion of findings.

The data were analyzed using the **Statistical Package for the Social Sciences (SPSS), version 23**. Descriptive statistics such as **frequencies and percentages** were used to summarize the data. In addition, **Pearson's Chi-square test** was applied to test the hypotheses at a **0.05 level of significance**.

3.11 Ethical Considerations

Ethical approval was obtained from the **Health Research Ethics Committee (HREC)** of **Lagos State University Teaching Hospital (LASUTH)**. An introductory letter from the researcher's institution was submitted to the Igando community for local approval.

Participants were informed that their involvement was **voluntary**, and they could **decline or withdraw** at any stage without any consequences. The study's objectives were clearly explained, and participants were assured of **anonymity and confidentiality** throughout the research process. All data sources were properly acknowledged in accordance with ethical research practices.

4.1 Presentation and Analysis of Data

Table 1: Respondents' Socio demographic data

Parameter	Classification	Frequency	Percentage
Gender	Male	52	28.9
	Female	128	71.1
	total	180	100.0
Age	9-13 Years	6	3.3
	15-19 Years	107	59.4
	Above 20 Years	67	37.2
	Total	180	100.0
Ethnicity	Yoruba	132	73.3
	Hausa	52	8.3
	Igbo	33	18.3
	Total	180	100.0
Marital status	Single	180	100.0
Educational Level	JSS	72	40.0
	SSS	108	60.0
	Total	180	100.0
Religion	Christian	126	70.0
	Islam	54	30.0
	Total	180	100.0

Source: Field Survey, 2025

The socio-demographic profile of the respondents offers essential insights into the composition and diversity of the study population. The analysis reveals a predominance of **female participants (71.1%)**, compared to **28.9% male respondents**, indicating a gender imbalance that may influence perspectives within the findings. In terms of age distribution, the majority of participants (**59.4%**) fall within the **15–19 years** age bracket, followed by **37.2%** who are **above 20 years**, and a smaller proportion (**3.3%**) aged **9–13 years**. This suggests that the study primarily engaged adolescents and young adults—an age group that may offer more nuanced views on domestic violence due to their developmental stage and social exposure. The **ethnic composition** shows a significant representation of the **Yoruba ethnic group (73.3%)**, which is expected given the study's

location in a predominantly Yoruba-speaking area. The **Igbo (18.3%)** and **Hausa (8.3%)** groups are also represented, reflecting a degree of ethnic diversity within the community. All respondents reported being **single (100%)**, consistent with their age and educational status, as most are likely still in school. Regarding educational attainment, **60.0%** of the adolescents have reached the **Senior Secondary School (SSS)** level, while **40.0%** have completed **Junior Secondary School (JSS)**. This indicates a relatively high literacy level among participants, which may have positively influenced their understanding and responses to the questionnaire.

Religious affiliation shows that **Christianity** is the most practiced faith among respondents (**70.0%**), followed by **Islam (30.0%)**. This aligns with the general religious landscape of the study area, where Christianity tends to be more prevalent.

Table 2: Adolescents' knowledge of domestic violence

Variable	Yes F(%)	No F(%)	Mean	Std Deviation
Are you aware of the use of domestic violence?	177(98.3)	3(1.7)	1.0167	.12838
If yes, from where do you learn about it?				

News TV and Radio	117(65.0)	63(35)	1.350	0.4783
Schools	174(96.7)	6(3.3)	1.0333	0.1800
Friends and Family	146(81.1)	34(18.9)	1.1889	0.3925
Internet and social media	169(93.9)	11(6.1)	1.0611	0.2402
Domestic violence is any form of Physical abuse, Emotional abuse or Verbal abuse	172(95.6)	8(4.4)	1.0444	0.2066
Domestic violence only occurs to adolescents?	47(26.1)	133(73.9)	1.9111	0.2853
Domestic violence involves only physical excluding emotional and verbal	47(26.1)	133(73.9)	1.7389	0.4404
Domestic violence is an expression of love to spouse and children	6(3.3)	174(96.7)	2.0000	0.0500
Domestic violence is a major problem in the community/family	169(93.9)	11(6.1%)	1.0778	0.2685
Domestic violence can happen to anyone regardless of age or gender	177(98.3)	3(1.7)	1.0167	0.1283
It is okay to stay in a relationship where there is violence	6(3.3)	174(96.7)	1.9667	0.1800
Domestic violence is a situation that can be prevented	176(97.8)	4(2.2)	1.0222	0.1478
Victims of domestic violence regardless of the age needs all necessary supports	180(100.0)	0	1.0000	00

Source: Field Survey, 2025

The data presented in Table 2 offer valuable insights into the level of awareness and understanding adolescents have regarding domestic violence. An overwhelming **98.3%** of respondents reported being aware of domestic violence, indicating that it is a highly recognized issue among this age group.

Respondents cited various sources of information, with **schools (96.7%)** emerging as the most common, followed closely by the **internet and social media (93.9%)**, **friends and family (81.1%)**, and **news media such as television and radio (65.0%)**. These findings highlight the significant role of educational institutions in promoting awareness of social issues, while also reflecting the growing influence of digital platforms in shaping young people's perceptions and understanding. A large proportion of respondents (**95.6%**) correctly identified domestic violence as encompassing **physical, emotional, and verbal abuse**, indicating a

solid foundational knowledge. However, some misconceptions persist: **26.1%** believed that domestic violence occurs only during adolescence, and another **26.1%** viewed it exclusively as physical abuse, overlooking emotional and verbal forms. Encouragingly, **96.7%** of respondents rejected the notion that domestic violence is an expression of love toward a spouse or child, indicating a widespread rejection of harmful rationalizations. Additionally, **93.9%** acknowledged domestic violence as a serious issue within families and communities, and **98.3%** recognized that it can affect anyone, regardless of **age or gender**. A significant **96.7%** disagreed with the idea of remaining in a violent relationship, showing a high level of awareness about the risks and consequences of abuse. Moreover, **97.8%** of adolescents believed that domestic violence is preventable, reflecting both hope and belief in the effectiveness of intervention and education. Notably, **100.0%** of respondents

agreed that victims—irrespective of age—should receive full support. This unanimous response demonstrates a strong sense of empathy and collective understanding among adolescents regarding the need to protect and assist survivors of domestic violence.

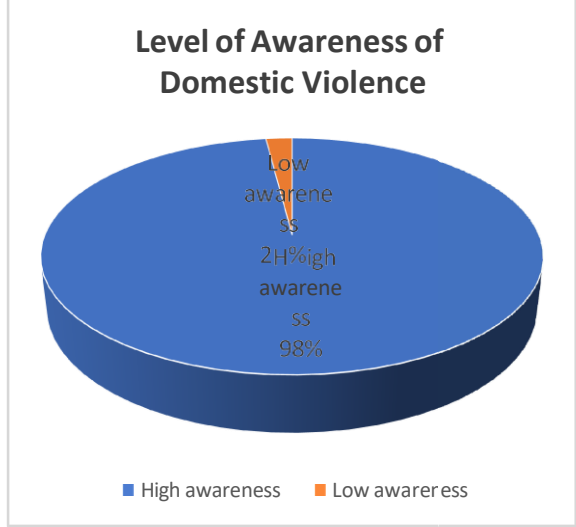


Figure 1: Overall Level of awareness of domestic violence among adolescents

Figure 1 showed the Overall Level of awareness of domestic violence among adolescents. It showed that majority of the respondents is aware of domestic violence, indicating high level of awareness.

Table 3: Awareness of the effects of domestic violence on adolescents

PARAMETERS	SA(%)	A(%)	SD(%)	SD(%)	Mean	Std Deviation
Witnessing domestic violence as a child affect adolescent?	166(92.2)	3(1.7)	11(6.1)	0	1.1389	0.4931
Adolescents exposed to domestic violence show symptoms of post-traumatic stress disorder (PTSD)	120(66.7)	57(31.7)	3(1.7)	0	1.3500	0.5121
Adolescents who witness domestic violence can become more socially isolated	91(50.6)	89(49.4)	0	0	1.4944	0.5013
Adolescents who witness domestic violence are more likely to engage in substance abuse	61(33.9)	113(62.8)	6(3.3)	0	1.6944	0.5295
Emotional impact such as anxiety and depression is common among adolescents who witness domestic violence	82(45.6)	82(45.6)	16(8.9)	0	1.6333	0.6421
Ongoing stress from domestic violence can negatively impact academic performance and concentration.	126(70.0)	53(29.4)	0	0	1.2961	0.4578
Constant exposure to violence can make adolescents feel worthless or insecure.	131(72.8)	49(27.2)	0	0	1.2722	0.4463
Adolescents develop a strong	55(30.6)	91(50.6)	19(10.6)		1.9667	0.8645

sense of self-reliance and independence due to growing up in a chaotic environment.				15(8.3)		
The adversity they face can motivate some adolescents to pursue education or a career to escape the cycle of violence.	46(25.6)	75(41.7)	0	0	2.1222	0.8499
Living in a violent home environment may force adolescents to mature quickly and assume adult responsibilities early.	70(38.9)	70(38.9)	28(15.6)	12(6.7)	1.900	0.8975

Source: Field Survey, 2025

The analysis presented in Table 3 highlights adolescents' high level of awareness regarding the multifaceted effects of domestic violence on their emotional well-being, social behavior, and academic performance. A significant majority (**92.2%**) strongly agreed that witnessing domestic violence during childhood has a lasting impact on adolescents, while only **6.1%** strongly disagreed. The mean score of **1.14** with a standard deviation of **0.49** reflects a strong consensus on this point. Similarly, a combined **98.4%** (66.7% strongly agreed, 31.7% agreed) acknowledged that adolescents exposed to domestic violence are likely to exhibit symptoms of post-traumatic stress disorder (PTSD), supported by a mean score of **1.35** and a standard deviation of **0.51**, indicating minimal variability in responses. In terms of social impact, **50.6%** of respondents strongly agreed and **49.4%** agreed that exposure to domestic violence leads to social withdrawal and isolation, with a mean of **1.49** and standard deviation of **0.50**, reflecting consistent perceptions. Moreover, **96.7%** of participants (33.9% strongly agreed, 62.8% agreed) believed that affected adolescents are at higher risk of substance abuse, as indicated by a mean of **1.69** and standard deviation of **0.53**. Emotionally, **91.2%** of respondents reported that witnessing domestic violence contributes to anxiety and depression, though **8.9%** strongly disagreed. This was reflected in a mean score of **1.63** and a slightly higher standard deviation of **0.64**, suggesting some divergence in views. Regarding academic performance, **70%** strongly agreed and **29.4%** agreed that ongoing stress from domestic violence impairs concentration and learning.

The corresponding mean of **1.30** and standard deviation of **0.46** indicate strong agreement with limited variability. Similarly, **100%** of respondents agreed (72.8% strongly agreed, 27.2% agreed) that persistent exposure to violence fosters feelings of worthlessness and insecurity, evidenced by a mean of **1.27** and standard deviation of **0.45**. The study also explored perceptions of potential resilience in adolescents facing domestic violence.

While **81.2%** (30.6% strongly agreed, 50.6% agreed) believed these adolescents may develop self-reliance and independence, **18.9%** expressed disagreement (10.6% strongly disagreed, 8.3% disagreed), resulting in a higher mean of **1.97** and standard deviation of **0.86**, pointing to varied perceptions. When asked whether adversity could motivate adolescents to pursue education or careers as a means of escape, **67.3%** agreed (25.6% strongly agreed, 41.7% agreed), while the remaining responses reflected skepticism, yielding a mean of **2.12** and standard deviation of **0.85**.

Additionally, **77.8%** of respondents (38.9% strongly agreed, 38.9% agreed) believed that adolescents in violent households may mature early and take on adult roles prematurely, while **22.3%** disagreed to varying degrees. This diversity is captured by a mean of **1.90** and standard deviation of **0.90**, indicating a wider range of views on adaptive behavior in the context of domestic violence. Overall, the findings suggest a strong awareness among adolescents about the adverse effects of domestic violence, while also acknowledging mixed perceptions regarding resilience and adaptive responses to such experiences.

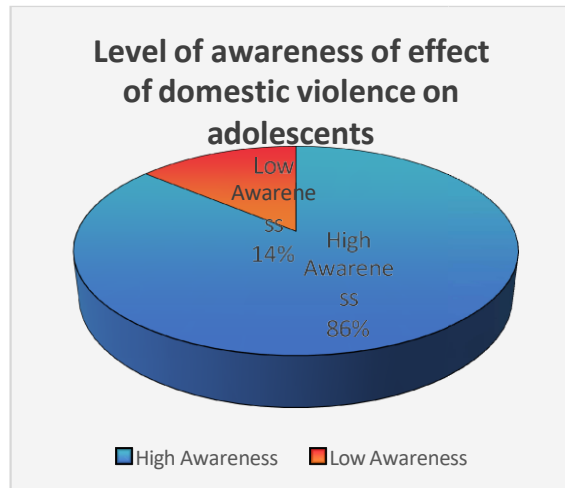


Figure 2 above showed the overall level of awareness of effects of domestic violence on adolescents. It indicated that there is high level of awareness of effect of domestic violence among the respondents.

Table 4: Awareness of effective intervention strategies and support mechanisms for adolescents exposed to domestic violence

Parameter	HE	E	N	NE	Mean	StdDeviaton
The following measures are intervention strategies for adolescents						
Counseling and Therapy	139(77.2)	41(22.8)	0	0	1.2278	0.4205
Legal protection	83(46.1)	81(45.0)	0	0	1.6278	0.6432
Support Groups	75(41.7)	102(56.7)	0	0	1.6000	0.5242
Leaving the abuser immediately	94(52.2)	46(25.6)	36(20.0)	4(2.2)	1.7222	0.8591
Community shelters	47(26.1)	77(42.8)	40(22.2)	16(8.9)	2.1389	0.9078
Conflict Resolution and Anger Management Training	53(29.4)	71(39.4)	40(22.2)	16(8.9)	2.1056	.93053
Parental Support Programs	85(47.2)	68(37.8)	27(15.0)		1.6778	0.7220
Community Awareness Campaigns	87(48.3)	71(39.4)	14(7.8)	8(4.4)	1.6833	0.8013
Educational Support	83(46.1)	43(23.9)	38(21.1)	16(8.9)	1.9278	1.0140
Adolescents can support a friend who confides in them about experiencing domestic violence by believing and validating their friend's experiences	51(28.3)	67(37.2)	18(10.0)	44(24.4)	2.3056	1.1290

Source: Field Survey, 2025

The data presented in Table 4 highlights adolescents' awareness of various intervention strategies and support mechanisms aimed at addressing domestic violence and assisting its victims.

Counseling and therapy were identified as the most effective intervention method, with **77.2%** of respondents rating it as *highly effective* and **22.8%** as *effective*, resulting in a

mean score of **1.23** and a standard deviation of **0.42**. This overwhelming consensus reflects adolescents' recognition of the importance of psychological support in helping victims cope with the emotional and mental trauma of domestic violence.

Legal protection measures and **support groups** also received strong endorsement. Legal protection was rated highly effective by **46.1%** and effective by **45.0%**, with a mean

score of **1.63**, while support groups were considered highly effective by **41.7%** and effective by **56.7%**, yielding a mean of **1.60**. These results suggest that adolescents view both legal and emotional support structures as critical tools for ensuring safety and recovery for victims. Regarding **immediate separation from the abuser**, **52.2%** rated it as highly effective, **25.6%** as effective, while **20.0%** were neutral. The mean score of **1.72** and a higher standard deviation of **0.86** indicate a mix of agreement and hesitation, possibly due to awareness of the practical challenges victims face—such as fear, economic dependence, or lack of safe alternatives. **Community shelters** and **anger management/conflict resolution programs** garnered more varied responses. Only **26.1%** and **29.4%**, respectively, rated them as highly effective, while a considerable percentage were either neutral or saw them as less effective. The mean scores of **2.14** and **2.11**, respectively, with standard deviations around **0.85**, reflect a moderate level of acceptance but also suggest limited awareness or confidence in their availability and impact. Interventions involving **parental support programs** and **community awareness campaigns** were rated positively, with **47.2%** and **48.3%** of respondents identifying them as highly effective, and additional **37.8%** and **39.4%** as effective. Their respective mean scores of **1.68** and **1.68** reinforce the perceived importance of family

and community involvement in tackling domestic violence. In contrast, **educational support initiatives**—while recognized by **46.1%** as highly effective—received lower overall ratings, with **23.9%** rating them as effective, **21.1%** as neutral, and **8.9%** as not effective. The mean score of **1.93** and relatively high standard deviation of **1.01** suggest mixed perceptions about the role of education in directly addressing or mitigating domestic violence. Finally, the study explored adolescents' perspectives on **peer support**—specifically, the act of believing and validating a friend who has experienced domestic violence. While **28.3%** rated this as highly effective and **37.2%** as effective, a notable **10.0%** remained neutral and **24.4%** disagreed on its effectiveness. The resulting mean score of **2.31** and standard deviation of **1.13** highlight a knowledge gap or lack of confidence among adolescents in offering peer-based emotional support. Overall, the findings indicate that while adolescents generally recognize the value of structured interventions such as therapy, legal action, and family involvement, there is less clarity or certainty around community-based resources, education-focused efforts, and peer support roles.

This points to the need for increased awareness, training, and access to diverse support mechanisms to empower adolescents as both recipients and providers of help in cases of domestic violence.

Table 5: Factors Influencing Domestic Violence among Adolescents

Parameters	SA	A	SD	D	Mean	StdDeviation
Substance abuse	162(90.0)	18(10.0)	0	0	1.1000	0.3008
Societal norms and cultural beliefs	59(32.8)	104(57.8)	17(9.4)	0	1.8611	0.8307
Exposure to violent content on social media	84(46.7)	77(42.8)	16(8.9)	3(1.7)	1.6556	0.7116
peer pressure	68(37.8)	95(52.8)	3(1.7)	14(7.8)	1.7944	0.8167
Low economic status of parent	53(29.4)	95(52.8)	14(7.8)	18(10.0)	1.9833	0.8810
Mental Health Issues	118(65.6)	54(30.0)	8(4.4)	0	1.3889	0.5730
Relationship Conflicts	79(43.9)	93(51.7)	8(4.4)	0	1.6056	0.5740
Abusive Parenting Style	127(70.6)	45(25.0)	8(4.4)	0	1.3389	0.5609
Jealousy and Insecurity	46(25.6)	126(70.0)	8(4.4)	0	1.7889	0.5068

Low Self-Esteem	89(49.4)	80(44.4)	11(6.1)	0	1.5667	0.6081
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Source: Field Survey, 2025

The data presented in Table 5 underscores adolescents' recognition of various risk factors and underlying contributors to domestic violence. **Substance abuse** emerged as the most strongly identified risk factor, with a vast majority of respondents (90.0%) *strongly agreeing* and 10.0% *agreeing*, resulting in a mean score of 1.10. This reflects near-unanimous acknowledgment of the link between substance use and domestic violence. Likewise, **mental health disorders** were widely recognized, with 65.6% of respondents *strongly agreeing* and 30.0% *agreeing*, yielding a mean score of 1.39. Similarly, **abusive parenting styles** were acknowledged by 70.6% (*strongly agree*) and 25.0% (*agree*), with a mean of 1.34. These results suggest broad awareness among adolescents of how psychological instability and negative familial behaviors contribute to domestic violence.

Societal norms and cultural beliefs were also seen as contributing factors, with 32.8% of respondents *strongly agreeing* and 57.8% *agreeing*, producing a mean score of 1.86 and a relatively high standard deviation of 0.83. This indicates moderate agreement but greater variability in perception, likely influenced by personal, regional, or cultural contexts. **Exposure to violent content on social media** was another commonly identified risk factor, with 46.7% *strongly agreeing* and 42.8% *agreeing*, leading to a mean score of 1.66. This finding suggests that adolescents are increasingly aware of the potential influence of digital platforms in

shaping aggressive behaviors and normalizing violence. The role of **low parental socioeconomic status** was acknowledged with slightly less intensity: 29.4% *strongly agreed* and 52.8% *agreed*, yielding a mean of 1.98. While many respondents recognized financial hardship as a stressor contributing to domestic tension, the level of consensus was relatively lower compared to other factors.

Relationship conflicts (43.9% SA, 51.7% A) and **low self-esteem** (49.4% SA, 44.4% A) were also prominently noted as contributing elements, with mean scores of 1.61 and 1.57, respectively. These results reflect adolescents' understanding of how personal and relational insecurities can escalate into violent behaviors. **Jealousy and insecurity** were acknowledged by 25.6% *strongly agreeing* and 70.0% *agreeing*, with a mean score of 1.79, highlighting the perceived role of emotional instability in domestic violence. Similarly, **peer pressure** was identified by 37.8% (SA) and 52.8% (A), resulting in a mean of 1.79 and a standard deviation of 0.82. This reflects general agreement with some divergence in views, possibly due to different experiences regarding peer influence.

4.2 Hypothesis Testing

Null Hypothesis (H₀): There is no significant relationship between the age of adolescents and their awareness of the effects of domestic violence.

This hypothesis will be tested statistically to determine whether age influences adolescents' understanding of domestic violence and its implications.

Table 4.6 Age * Are you aware of domestic violence? Cross tabulation				
Count				
		Are you aware of domestic violence?		Total
		Yes	No	
Age	9-13	3	3	6
	15-19	107	0	107
	Above 20	67	0	67
Total		177	3	180

Table 4.7: Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	21.347 ^a	8	.006
Likelihood Ratio	23.090	8	.003
Linear-by-Linear Association	4.094	1	.043
N of Valid Cases	180		

a. 10 cells (66.7%) have expected count less than or equal to 5. The minimum expected count is .50.

When the asymptotic significance value ($p = 0.006$) is less than the chosen alpha level (0.05), the null hypothesis (H_0) is rejected in favor of the alternative hypothesis (H_1). Based on the results presented in Table 4.7, and using the Chi-square test at a 0.05 significance level, the null hypothesis is rejected, and the alternative hypothesis is accepted. Therefore, the study concludes that there is a **statistically significant relationship between adolescents' age and their awareness of the effects of domestic violence** ($p = 0.006$).

4.3 Addressing the Research Questions

Research Question 1: What is the level of knowledge of adolescents on domestic violence in Igando Community, Lagos State?

Data presented in Table 2 demonstrates a high level of awareness of domestic violence among adolescents in the study area. A significant proportion of respondents (98.3%) reported being aware of domestic violence. Major sources of information included schools (96.7%), the internet and social media (93.9%), friends and family (81.1%), and traditional media (TV/radio) at 65.0%. Notably, 95.6% correctly identified domestic violence as encompassing physical, emotional, and verbal abuse. The majority of respondents rejected the misconception that domestic violence is an expression of love (96.7%) and recognized it as a serious societal issue (93.9%). Moreover, 98.3% understood that domestic violence can affect individuals regardless of their age or gender.

However, some misconceptions persist—26.1% believed domestic violence occurs only during adolescence, while an equal percentage

Research Question 2: What is the level of awareness of the effects of domestic violence among adolescents in Igando Community, Lagos State?

Findings from Table 3 indicate that adolescents demonstrate strong awareness of the consequences of domestic violence. A substantial 92.2% strongly agreed that witnessing domestic violence during childhood affects adolescents. Additionally, 66.7% recognized the association between exposure to domestic violence and symptoms of post-traumatic stress disorder (PTSD).

More than half (50.6%) strongly agreed that adolescents exposed to such violence often become socially withdrawn, while 33.9% linked it to increased likelihood of substance abuse. Moreover, 45.6% strongly agreed that exposure to domestic violence can lead to anxiety and depression. A significant proportion (70.0%) identified academic decline due to chronic stress, and 72.8% acknowledged that continuous exposure can result in feelings of worthlessness and insecurity among adolescents.

Research Question 3: What is the level of awareness of intervention strategies and support mechanisms for adolescents exposed to domestic violence in Igando Community, Lagos State?

The study revealed varying levels of awareness regarding intervention strategies:

- **Counseling and therapy** were the most recognized, with 77.2% rating them as highly effective.
- **Legal protection** (46.1%) and **support groups** (41.7%) were also perceived as crucial responses.

- **Immediate separation from the abuser** was rated highly effective by 52.2% of respondents.
- **Parental support programs** (47.2%) and **community awareness campaigns** (48.3%) received strong endorsements.

Interventions such as **community shelters** and **conflict resolution/anger management training** elicited mixed reactions, suggesting variability in perceived accessibility or awareness. Similarly, **educational support** received comparatively lower ratings. A notable insight was that although many adolescents acknowledged the importance of peer support, a significant number appeared unsure or disagreed about how to emotionally validate and support peers experiencing domestic violence. This was reflected in the mixed responses to the effectiveness of believing and validating a friend's experience.

Research Question 4: What are the factors influencing domestic violence among adolescents in Igando Community?

The analysis highlighted several key factors contributing to domestic violence:

- **Substance abuse** was overwhelmingly identified as a leading factor, with 90.0% strongly agreeing.
- **Mental health challenges** (65.6%) and **abusive parenting practices** (70.6%) were widely acknowledged.
- **Societal norms and cultural beliefs** were also noted, though with more variability in responses.
- **Exposure to violent content via social media** was recognized as a notable contributing factor.
- **Low socioeconomic status of parents** received a moderate level of agreement.

Other influencing factors such as **relationship conflicts**, **low self-esteem**, **jealousy and insecurity**, and **peer pressure** were also identified by a majority of the respondents as playing significant roles in the prevalence of domestic violence among adolescents in the community.

Chapter Five

5.0 Introduction

This chapter presents a summary of the key findings, the conclusions drawn from the results, and recommendations for policy and practice. It also outlines areas for further research based on the outcomes of the study.

5.1 Discussion of Findings

Socio-Demographic Characteristics of Respondents

Data presented in Table 1 outlines the socio-demographic profile of the study participants. The findings show a greater representation of females (71.1%) compared to males (28.9%). Most respondents (59.4%) were within the 15–19-year age group, while 37.2% were over 20 years, and 3.3% were between 9–13 years. This age distribution suggests that the study largely involved adolescents and young adults, whose developmental stage may influence their perceptions and experiences of domestic violence. Ethnic distribution revealed that the Yoruba ethnic group constituted the majority (73.3%), followed by Igbo (18.3%) and Hausa (8.3%). This reflects the demographic composition of the study area, which is predominantly Yoruba-speaking, while also suggesting a degree of ethnic diversity within the community. All respondents (100%) were single, which corresponds with their age bracket, as most were still in school. In terms of education, 60.0% had completed Senior Secondary School (SSS), and 40.0% had completed Junior Secondary School (JSS), indicating a relatively high literacy level among participants. This suggests a good capacity to comprehend and respond to questions related to domestic violence. Christianity was the dominant religion (70.0%), followed by Islam (30.0%), reflecting the religious landscape of the study location.

Knowledge of Adolescents on Domestic Violence in Igando Community, Lagos State

Findings from Table 2 indicate that adolescents demonstrated a high level of knowledge about domestic violence. Major

sources of information included schools, social media, family, and news media. Most respondents correctly identified domestic violence as comprising physical, emotional, and verbal abuse. Notably, the majority rejected the notion that domestic violence is an expression of love, signalling increasing awareness and rejection of harmful cultural narratives.

These results are consistent with prior research (e.g., Iordaahterumbur, 2021), which highlights the role of formal education and digital media in shaping adolescents' understanding of societal issues such as domestic violence. The findings reinforce the importance of school-based education and responsible use of digital platforms in promoting accurate knowledge of domestic abuse.

Awareness of the Effects of Domestic Violence on Adolescents

The data in Table 3 reflects a strong awareness among adolescents regarding the psychological, social, and academic impacts of domestic violence. A majority of respondents agreed that exposure to domestic violence could lead to post-traumatic stress disorder (PTSD), anxiety, depression, feelings of worthlessness, social withdrawal, and substance abuse. Many also acknowledged the negative impact on academic performance, particularly in terms of reduced concentration and learning challenges. These findings are in alignment with studies by Johnson and Lee (2021) and Williams et al. (2022), who similarly reported that domestic violence is strongly associated with PTSD and academic underperformance among adolescents.

Awareness of Intervention Strategies and Support Mechanisms

According to findings presented in Table 4, adolescents in Igando community demonstrated an appreciable level of awareness of various intervention and support strategies for victims of domestic violence. Counseling and therapy emerged as the most widely endorsed intervention, followed by legal protection, support groups, and parental

support initiatives. These findings align with those of Henderson and Clark (2020), who emphasized the effectiveness of counseling in assisting victims of domestic abuse. Nonetheless, some variation in perception was observed regarding the effectiveness of community shelters and conflict resolution programs, likely due to inconsistencies in their availability or perceived efficacy within local contexts.

Factors Influencing Domestic Violence among Adolescents

As indicated in Table 5, key contributing factors to domestic violence identified by respondents include substance abuse, mental health disorders, and abusive parenting practices. Other factors acknowledged were economic instability, cultural norms, relationship conflicts, low self-esteem, peer pressure, and exposure to violent media content. These findings are consistent with the results of Nguyen and Patel (2020), who also identified relationship conflict and substance abuse as major contributors to domestic violence among adolescents. Furthermore, results from hypothesis testing using the Chi-square test at a 0.05 significance level revealed a statistically significant relationship between the age of adolescents and their awareness of the effects of domestic violence ($P = 0.006$). This suggests that age may influence the depth of understanding adolescents have regarding the consequences of domestic abuse.

5.2 Implications for Midwifery Practice

The findings of this study emphasize the essential role of midwives in addressing domestic violence among adolescents through education, early identification, and advocacy. Since adolescents primarily gain information about domestic violence through schools and social media, midwives—particularly those involved in school health programs—should actively participate in health education efforts. By integrating domestic violence education into school-based health services, midwives can help dispel misconceptions and promote a holistic understanding of abuse, including its emotional, psychological, and verbal forms

alongside physical violence. Additionally, the study highlights the far-reaching psychological, social, and academic effects of domestic violence on adolescents. These outcomes necessitate proactive midwifery involvement in both clinical and community settings. Midwives should be trained to identify signs of post-traumatic stress disorder (PTSD), anxiety, depression, and social withdrawal. Routine screening for exposure to domestic violence during healthcare visits can facilitate early detection and prompt intervention. In school environments, collaboration between school nurses, educators, and counselors can help provide targeted academic and emotional support for affected students—echoing the findings of Williams et al. (2022), who noted the detrimental impact of domestic violence on adolescent academic performance. Furthermore, the study's findings on preferred intervention strategies—including counseling, legal support, and peer group assistance—reinforce the need for a multidisciplinary approach in midwifery and nursing practice. Midwives should be equipped with skills to deliver trauma-informed care and refer affected adolescents to relevant support services, such as mental health counseling, legal aid, and community-based resources. Henderson and Clark (2020) emphasized the effectiveness of therapeutic interventions for domestic violence survivors, underscoring the importance of integrating these practices into routine nursing care. Midwives can also serve as advocates for stronger policies that improve access to such support systems and enhance victim protection. Finally, the identification of key contributing factors—such as substance abuse, mental illness, economic hardship, and harmful cultural norms—calls for preventive and holistic nursing strategies. Community health nurses and midwives should actively participate in public health initiatives, educating families on the consequences of domestic violence and promoting healthy parenting practices. In collaboration with policymakers, nurses can work to address structural determinants of

violence, including poverty and cultural practices that perpetuate abuse. The research of Nguyen and Patel (2020) supports this comprehensive approach, highlighting the critical need for interventions targeting substance abuse and relationship conflict as part of domestic violence prevention efforts.

5.3 Limitations of the Study

This study encountered a few limitations that may have influenced the research process and findings. Some respondents were non-responsive, which may have introduced response bias. Additionally, frequent power outages disrupted the timely completion of data collection and analysis. Financial and time constraints also limited the study's scope, preventing expansion to other geographic areas or inclusion of a larger sample size. These limitations suggest the need for further studies with broader reach and more resources.

5.4 Summary of the Study

This study explored the **perceived effects of domestic violence among adolescents residing in Igando community, Lagos State**. Four specific objectives guided the research:

1. To assess the knowledge of adolescents about domestic violence;
2. To determine their level of awareness regarding the effects of domestic violence;
3. To examine their awareness of effective intervention strategies and support systems; and
4. To identify the factors contributing to domestic violence among adolescents in the community.

A descriptive research design was employed. The study targeted adolescents living in Igando community, and a convenience sampling technique was used to select 185 participants. Data were collected through structured questionnaires, of which 180 were returned, yielding a 97% response rate. The data were analyzed using frequency counts and percentages, with further descriptive statistics (mean and standard deviation) and hypothesis testing conducted using Chi-square

analysis at a 0.05 level of significance via SPSS version 25.0.

5.5 Conclusion

This study has demonstrated that adolescents possess a significant level of awareness regarding domestic violence, its various manifestations—including physical, emotional, and verbal abuse—and its adverse effects on psychological, social, and academic well-being. The findings emphasize the pivotal influence of educational institutions, social media, and familial environments in shaping adolescents' understanding and perceptions of domestic violence.

Although the majority of respondents displayed accurate knowledge, the persistence of certain misconceptions highlights the ongoing need for comprehensive education and awareness campaigns. The study further underscores the importance of multifaceted intervention strategies, such as psychological counseling, legal protection, and family support systems, which were widely recognized by adolescents as vital to addressing domestic violence. Notably, the research identified key contributing factors to domestic violence, including substance abuse, mental health challenges, and cultural beliefs, reinforcing its complex and multidimensional nature. Moreover, based on hypothesis testing at the 0.05 significance level, the study established a statistically significant relationship between adolescents' age and their level of awareness regarding the effects of domestic violence ($P = 0.006$).

5.6 Recommendations

For Midwives and Healthcare Professionals

- Midwives and other healthcare providers should be adequately trained to detect early signs of domestic violence in adolescents and refer affected individuals for appropriate psychological support and care.
- Routine screening for domestic violence exposure should be incorporated into adolescent health assessments, with a provision for confidential counseling services.

- Interdisciplinary collaboration among nurses, social workers, and counselors should be enhanced to ensure integrated and holistic care for adolescents affected by domestic violence.

For Government Health Agencies

- National policies should be developed or strengthened to support the prevention and management of domestic violence in both healthcare and educational settings.
- Increased government funding should be directed toward expanding access to mental health services, domestic violence shelters, and victim support centers.
- Nationwide public health campaigns should be implemented to raise awareness, challenge societal norms that perpetuate abuse, and promote healthy, respectful relationships.
- Partnerships with community leaders, law enforcement, and health professionals should be encouraged to improve reporting systems, accountability, and protective measures for victims.

For School Management

- Schools should incorporate structured domestic violence education into the curriculum, helping students to recognize and understand all forms of abuse and how to respond.
- Guidance counselors should receive specialized training to support students exposed to domestic violence and facilitate access to necessary services.
- The establishment of anti-violence clubs and peer support groups should be encouraged within schools to provide a safe, supportive environment for affected adolescents.

5.7 Suggestions for Further Research

Future studies should explore the long-term psychological and social consequences of domestic violence exposure during adolescence, particularly in relation to adult relationships and mental health trajectories. Comparative research could also be conducted to evaluate the effectiveness of different intervention models—such as counseling, legal aid, and community-based programs—in

alleviating the impact of domestic violence on young individuals. In addition, further research should investigate the role of digital media and social networking platforms in influencing adolescents' perceptions and responses to domestic violence. Examining how cultural beliefs and socio-economic factors shape the prevalence and societal acceptance of domestic violence would provide valuable insights for designing more targeted and culturally sensitive prevention strategies.

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