OPEN ACCESS

Middle East Research Journal of Humanities and Social Sciences
ISSN 2789-7761 (Print) | ISSN 2958-2040 (Online)
Frequency: Bi-Monthly
DOI: https://doi.org/10.36348/merjhss.2025.v05i05.002

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Domestic Violence against Women: The Impact of Forced-Motherhood Choices on Children in Ondo State, Nigeria

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Abstract: The purpose of this study was to investigate the forms, prevalence, and effects of domestic violence on women and children in Ondo State, Nigeria, with emphasis on how forced-motherhood impacts children's psychological, emotional, and behavioral well-being. A descriptive survey design was employed, and the population comprised women who had experienced domestic violence. A sample of 200 respondents was selected using purposive and stratified random sampling techniques. Data were collected using a structured instrument titled *Domestic Violence and Forced-motherhood Questionnaire (DVFMQ)*. The instrument's validity was ensured through expert review, and its reliability was confirmed with a Cronbach's Alpha of 0.84. The questionnaire was administered with the help of trained assistants to ensure accurate responses. Data were analyzed using descriptive statistics such as frequency counts, mean scores, and standard deviations. The findings revealed that women in Ondo State experience multiple and overlapping forms of abuse verbal, physical, sexual, and economic with verbal and emotional abuse being most prevalent. Domestic violence was found to significantly undermine women's reproductive autonomy, and children born from such forced-motherhood situations showed signs of anxiety, depression, aggression, and social withdrawal. Most victims relied on informal coping strategies such as family support and spirituality, while formal reporting remained low. The study recommends integrated psychosocial support, stronger enforcement of protective laws, community sensitization, and improved institutional trust to better support affected women and children.

Keywords: Domestic Violence, Forced-Motherhood, Reproductive Autonomy, Psychological, Impact, Coping Strategies, Women, Children.

Research Paper

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How to cite this paper:
Luyi Edline Olawumi *et al* (2025). Domestic Violence against Women: The Impact of Forced-Motherhood Choices on Children in Ondo State, Nigeria. *Middle East Res J. Humanities Soc. Sci, 5*(5): 148-158.

Article History:
| Submit: 10.08.2025 |
| Accepted: 08.09.2025 |
| Published: 03.10.2025 |

INTRODUCTION

Domestic violence, particularly against women, is a global human rights crisis that transcends geographical, cultural, and socioeconomic boundaries. It is one of the most pervasive and underreported forms of gender-based violence. According to the World Health Organization (WHO, 2021), nearly 1 in 3 women worldwide (about 30%) have experienced physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime. This alarming statistic highlights the global scale of the problem and the need for coordinated action across countries and sectors. UN Women (2020) further underscores the severity of domestic violence, describing it as a "shadow pandemic," especially during emergencies such as COVID-19, where lockdowns and economic hardships intensified women's exposure to abusive partners. Domestic violence leads to severe physical injuries, psychological trauma, long-term health complications, and even death. It also undermines women's autonomy, restricts their participation in public life, and reinforces gender inequality.

In Nigeria, domestic violence remains a critical and deeply rooted issue. Cultural norms, traditional gender roles, and weak law enforcement continue to perpetuate violence within homes. Despite the enactment of laws such as the Violence against Persons (Prohibition) Act of 2015, enforcement remains inconsistent across states, and many women still lack access to justice, support services, or safe shelters. The Nigeria Demographic and Health Survey (NDHS, 2018) reports that approximately 31% of women aged 15–49 have experienced physical violence, and 9% have experienced sexual violence by their intimate partners. These figures are likely underestimates due to underreporting, fear of stigma, and societal silence around domestic abuse.

Domestic violence is a pattern of abusive behaviour used to exert control over an intimate partner. As defined by the Violence against Persons (Prohibition) Act (VAPP, 2015), it includes physical, emotional, verbal, economic, and sexual harm. According to the Nigeria Demographic and Health Survey (NDHS, 2018), over 31% of Nigerian women aged 15–49 have experienced physical violence. Sexual violence, often underreported due to cultural norms, remains widespread. Emotional abuse including humiliation and threats is frequently minimized despite its severe psychological consequences (Ogunsiji, 2015). Verbal and economic abuse further restrict women's self-worth and financial independence (Akinsulure-Smith *et al*., 2013). These forms of abuse rarely occur in isolation; instead, they tend to overlap, compounding victims' trauma. Reports by NAPTIP, Project Alert, and the Women Advocates Research and Documentation Centre (WARDC) document persistent patterns of normalized violence, institutional neglect, and weak access to justice and psychosocial support across Nigeria.

Ondo State, located in southwestern Nigeria, has a population exceeding 4 million and is rooted in deeply patriarchal Yoruba traditions that influence gender roles and reproductive expectations (National Population Commission, 2020). While the state fares relatively well in education and healthcare access, domestic violence remains underreported. NDHS (2018) reveals that 29% of ever-married women in the South-West reported experiencing physical violence, and 7% reported sexual violence. Reports by NGOs such as WOCON and Project Alert confirm high rates of intimate partner violence, largely driven by economic dependency, cultural pressure, and poor access to legal protection (Project Alert, 2021). Although state agencies have acknowledged the growing concern, there is a lack of empirical research specifically linking violence to coerced motherhood and adverse child outcomes. As highlighted by Omololu and Iyun (2020), cultural norms that pressure women to prove their worth through childbearing often override autonomy and reinforce reproductive coercion in abusive marriages.

Forced-motherhood occurs when women are coerced into pregnancy or denied the freedom to make independent reproductive choices. This may involve forced sex, contraceptive sabotage, or threats tied to pregnancy expectations (Miller *et al*., 2010; Silverman & Raj, 2014). In violent relationships, reproductive coercion functions as a means of control, often undermining a woman's health and agency. In the Nigerian context, especially in rural and patriarchal communities, men's dominance in reproductive decision-making is widely accepted (Okeke-Ihejirika & Salami, 2018). Akinyemi and Isiugo-Abanihe (2014) found that IPV correlates strongly with reduced contraceptive use and limited reproductive agency. In Yoruba communities such as Ondo State, sociocultural pressure mandates early and repeated childbearing, regardless of the woman's willingness (Omololu & Iyun, 2020). Consequently, children born under such coercion often experience strained maternal bonding, emotional neglect, and exposure to continued abuse (Chamberlain & Levenson, 2012; Eze, 2020).

Children raised in violent households, particularly where pregnancies were forced, endure severe psychological, emotional, and behavioural consequences. Domestic violence undermines a child's sense of safety and disrupts emotional development (Levendosky *et al*., 2011). Psychological effects include anxiety, depression, low self-esteem, and post-traumatic stress symptoms (Osofsky, 2003). Eze (2020) found that children in southwestern Nigeria including Ondo State suffer higher psychological distress in such settings. Emotionally, these children often exhibit fear, confusion, guilt, or emotional numbness, especially when born of unwanted pregnancies (Chamberlain & Levenson, 2012). Behavioural issues such as aggression, social withdrawal, and poor impulse control are also common, with some children mimicking abusive behaviours or normalizing victimhood (Margolin & Gordis, 2000). Uzoanya and Ijeoma (2019) confirmed that behavioural problems are significantly more prevalent among children in abusive households. Academically, chronic exposure to violence impairs concentration, performance, and brain development due to toxic stress (Shonkoff & Garner, 2012). Without timely intervention, these children face a heightened risk of becoming future victims or perpetrators of violence.

In coping with domestic violence and forced-motherhood, many women in Ondo State adopt survival strategies shaped by stigma, culture, and economic constraints. Silence and endurance are common, driven by fear of shame, religious pressure, or concern for children's well-being. In Yoruba communities, women are often urged by family and religious leaders to remain in abusive relationships, equating endurance with virtue (Okemgbo, Omideyi, & Odimegwu, 2002). Some women seek informal support from family or clergy, but these sources frequently prioritize reconciliation over safety (Izugbara, Ezeh, & Fotso, 2015). According to WOCON (2021), many women seek help only after enduring prolonged abuse. Escaping abuse is hindered by poverty, the fear of losing custody, and the absence of shelters or legal services (Project Alert, 2021). Children, too, adopt coping mechanisms—ranging from emotional withdrawal to aggressive behaviour (Uzoanya & Ijeoma, 2019). Older children may assume caregiver roles, especially when their mothers are overwhelmed. However, systemic gaps and cultural normalization of violence limit the effectiveness of these coping strategies.

In patriarchal regions like Ondo State, domestic violence is often normalized or justified under the guise of discipline, control, or marital obligation. Women's subordination in family and community life limits their

ability to resist abuse or make autonomous decisions, particularly regarding reproductive health. Despite increased advocacy, there is limited empirical data from Ondo State that examines the specific consequences of domestic violence on women's reproductive autonomy and the developmental outcomes of children raised in such hostile environments. Although studies such as Okemgbo, Omideyi, and Odimegwu (2002) and NDHS (2018) have examined intimate partner violence in Nigeria, they fall short of exploring how such violence influences reproductive decisions or the outcomes for children born into abuse. Most existing research treats domestic violence and reproductive health as distinct fields, overlooking their intersection. In Ondo State, this knowledge gap is even more significant. While NGO reports and case data highlight IPV's prevalence, there is a shortage of peer-reviewed, empirical studies examining forced-motherhood and child outcomes. This limitation prevents effective, evidence-based interventions. Therefore, this study seeks to fill the gap by investigating how domestic violence in Ondo State affects women's motherhood choices and children's psychological and behavioural well-being.

Statement of the Problem

Domestic violence remains a persistent challenge in many parts of Nigeria, affecting the safety, autonomy, and well-being of women and their children. In communities across Ondo State, many women face various forms of intimate partner abuse, including physical assault, emotional manipulation, sexual coercion, and economic control. While public discourse and policy efforts have increasingly acknowledged the prevalence of domestic violence, limited attention has been given to its influence on women's reproductive decisions and the developmental consequences for children born under such circumstances. One major concern is the issue of forced-motherhood, where women are compelled through violence, intimidation, or cultural expectations to become pregnant or continue pregnancies against their will. Within abusive households, a woman's ability to make autonomous choices regarding childbearing is often undermined, leading to unplanned and unwanted pregnancies. This loss of reproductive control not only affects the physical and emotional health of women but also shapes the conditions under which children are conceived and raised. Children born into such environments often experience unstable and traumatic upbringings. Exposure to parental conflict, emotional distress, and violence within the home can lead to a range of psychological and behavioural problems. These may include anxiety, aggression, depression, poor academic performance, and difficulties forming secure attachments. When a mother is emotionally unavailable or overwhelmed due to abuse and lack of support, the child's development is further compromised. In Ondo State, the absence of empirical studies exploring the link between domestic violence, coerced motherhood, and child outcomes presents a significant gap in knowledge. Without localized research, it becomes difficult for policymakers, social workers, health professionals, and educators to design and implement targeted interventions that adequately support women and protect children from the intergenerational effects of domestic abuse. This study seeks to address this gap by examining the forms and prevalence of domestic violence in Ondo State, exploring how it affects women's ability to make motherhood choices, and assessing the psychological, emotional, and behavioural impact on children born as a result. By generating evidence-based insights, the study aims to contribute to the development of more responsive policies and support systems for vulnerable families.

Purpose of the Study

The purpose of the study is to:

i. Examine the forms of domestic violence experienced by women in Ondo State, Nigeria.
ii. Examine the prevalence of domestic violence experienced by women in Ondo State, Nigeria.
iii. Investigate how domestic violence influences women's ability to make voluntary motherhood choices.
iv. Assess the psychological, emotional, and behavioural impacts of children born as a result of forced-motherhood in domestic violence settings.
v. Identify the coping strategies adopted by women and children affected by domestic violence and forced-motherhood.

Research Questions

i. What forms of domestic violence are experienced by women in Ondo State, Nigeria?
ii. How prevalent is domestic violence among women in Ondo State, Nigeria?
iii. In what ways does domestic violence influence women's ability to make voluntary motherhood choices?
iv. What are the psychological impacts on children born as a result of forced-motherhood in domestic violence contexts?
v. What are the emotional, impacts on children born as a result of forced-motherhood in domestic violence contexts?
vi. What are the behavioural impacts on children born as a result of forced-motherhood in domestic violence contexts?
vii. What coping strategies are adopted by women and children affected by domestic violence and forced-motherhood in Ondo State?

METHODOLOGY

This study adopts a descriptive survey research design within the quantitative research paradigm, suitable for systematically collecting, analyzing, and interpreting data from a defined population to describe the nature, prevalence, and impact of domestic violence particularly concerning forced-motherhood and child outcomes in Ondo State, Nigeria. The population

includes women of reproductive age (18–49 years) in Ondo State who have experienced domestic violence, especially those affected by forced-motherhood, as well as key informants such as social workers, healthcare providers, and child psychologists engaged in supporting victims of gender-based violence. A sample of 190 women and 10 key informants was drawn using a multistage sampling technique: three urban and semi-urban Local Government Areas (LGAs) were purposively selected based on the presence of gender-based violence response centers, and participants were purposively selected to ensure relevance to the study. The research instrument titled *Domestic Violence and Forced-motherhood Questionnaire (DVFMQ* was a researcher-developed questionnaire comprising closed-ended items on a 4-point Likert scale, covering demographic data, forms and prevalence of domestic violence, effects on reproductive autonomy and children, contributing factors, and coping strategies. Validity was ensured through content and face validation by experts in gender studies, psychology, and public health, who refined the instrument to align with research objectives. Reliability was established via a pilot test with 20 women from a similar community, yielding a Cronbach's Alpha of 0.80, indicating high internal consistency. The questionnaire was administered personally by the researcher and trained assistants, with informed consent obtained and provisions made for respondents with low literacy by reading questions aloud in English or Yoruba. Data confidentiality and voluntary participation were strictly maintained to encourage honest responses. The collected data were coded and analyzed using descriptive statistics, including frequencies, means, and standard deviations, to address the study's research questions.

RESULTS

Demographic Information

Table 1: Descriptive Analysis of Demographic Information of Respondent

S/N	Variable	Category	Frequency (f)	Percentage (%)
1	**Age**	18–25	42	21.0%
		26–35	78	39.0%
		36–45	52	26.0%
		46 and above	28	14.0%
2	**Marital Status**	Single	36	18.0%
		Married	112	56.0%
		Divorced	28	14.0%
		Widowed	24	12.0%
3	**Education Level**	No formal education	26	13.0%
		Primary	48	24.0%
		Secondary	72	36.0%
		Tertiary	54	27.0%
4	**Occupation**	Trader	60	30.0%
		Civil Servant	42	21.0%
		Artisan	32	16.0%
		Unemployed	36	18.0%
		Others	30	15.0%
5	**No. of Children**	None	18	9.0%
		1–2	64	32.0%
		3–4	74	37.0%
		5 and above	44	22.0%

The demographic analysis of the respondents reveals that the majority (39%) were between the ages of 26 and 35, followed by those aged 36–45 (26%). Most respondents were married (56%), with single women constituting 18%. Regarding education, 36% had secondary education, while 27% had tertiary education, and 13% had no formal education. Occupation-wise, traders formed the largest group (30%), followed by civil servants (21%). In terms of the number of children, 37% had 3–4 children, 32% had 1–2, and 9% had none. These findings suggest that the study captured responses from a diverse group of women, predominantly within their reproductive years and from various socio-economic backgrounds.

Forms of domestic violence experienced by women in Ondo State, Nigeria

Table 2: Descriptive Analysis of responses on the form of domestic violence

Statement	SA (f)	A (f)	D (f)	SD (f)	Mean	Std. Dev.	Remark
I have experienced physical abuse (e.g., hitting, slapping).	86	58	32	24	3.03	0.97	Agreed
I have experienced verbal abuse (e.g., insults, threats).	94	64	26	16	3.10	0.91	Strongly Agreed
I have experienced sexual abuse (e.g., forced sex).	72	56	44	28	2.86	1.05	Agreed
I have experienced economic abuse (e.g., denied money/resources).	80	70	30	20	3.05	0.95	Agreed
Domestic violence occurs regularly in my household.	66	60	40	34	2.82	1.08	Agreed

Cut-Off =2.50

The analysis of responses on the forms of domestic violence experienced by women in Ondo State reveals a high prevalence across different types. Verbal abuse recorded the highest level of agreement, with a mean score of 3.10 and a standard deviation of 0.91, indicating strong consensus among respondents. Physical abuse (mean = 3.03) and economic abuse (mean = 3.05) were also commonly reported, suggesting that many women face control and deprivation in intimate relationships. Sexual abuse was slightly less reported but still significant (mean = 2.86), while regular occurrence of domestic violence had the lowest mean (2.82), though still agreed upon. These results confirm that domestic violence in Ondo State is multidimensional, involving overlapping forms of abuse.

Prevalent of domestic violence among women in Ondo State, Nigeria

Table 3: Descriptive Analysis of responses on the prevalent of domestic violence among women

Statement	VO (f)	O (f)	S (f)	R (f)	N (f)	Mean	Std. Dev.	Remark
I have been physically assaulted (e.g., slapped, punched, pushed).	52	46	54	30	18	3.56	1.21	Prevalent
I have been verbally abused (e.g., insulted, shouted at).	64	58	40	26	12	3.74	1.13	Highly Prevalent
I have experienced sexual abuse (e.g., forced sex, unwanted touching).	48	44	58	28	22	3.45	1.25	Prevalent
I have been denied financial support or income access.	56	50	46	30	18	3.63	1.20	Prevalent
I have been emotionally abused (e.g., threatened, isolated).	60	52	48	24	16	3.68	1.16	Highly Prevalent
My partner uses threats to control my actions.	58	48	50	28	16	3.61	1.18	Prevalent
I have witnessed repeated violence in my household.	50	42	56	32	20	3.45	1.21	Prevalent
I feel unsafe or afraid in my home.	54	50	48	28	20	3.55	1.22	Prevalent
Domestic violence occurred in the past 12 months.	48	46	54	30	22	3.47	1.23	Prevalent
Domestic violence has occurred since the relationship began.	62	52	40	28	18	3.69	1.18	Highly Prevalent

Cut-off = 2.50

The data presented in Table 3 indicate that domestic violence is a prevalent and persistent issue among women in Ondo State. The most highly prevalent experiences include verbal abuse (mean = 3.74), emotional abuse (mean = 3.68), and lifetime exposure to domestic violence since the beginning of the relationship (mean = 3.69). Other forms such as physical assault (mean = 3.56), denial of financial access (mean = 3.63), and use of threats for control (mean = 3.61) are also marked as prevalent. Even more recent experiences like violence within the last 12 months (mean = 3.47) and feelings of being unsafe at home (mean = 3.55) further affirm the ongoing nature of abuse.

Influence of Domestic Violence on Women's Ability to Make Voluntary Motherhood Choices

Table 4: Descriptive Analysis of responses on way through which domestic violence influence women's ability to make voluntary motherhood choices

Statement	SA (f)	A (f)	D (f)	SD (f)	Mean	Std. Dev.	Remark
I was forced to have children against my will.	70	62	40	28	2.87	1.05	Agreed
I was not allowed to use family planning or contraception.	82	60	36	22	3.01	1.02	Agreed
My partner makes all decisions about reproduction without my input.	88	66	28	18	3.12	0.96	Strongly Agreed

Statement	SA (f)	A (f)	D (f)	SD (f)	Mean	Std. Dev.	Remark
Domestic violence affected my ability to plan my family.	76	58	42	24	2.93	1.03	Agreed

Cut-off=2.50

The results in Table 4 reveal that domestic violence significantly influences women's ability to make voluntary motherhood choices in Ondo State. Most respondents agreed that they were denied reproductive autonomy through various forms of control. The highest mean score (3.12) indicates that many women strongly agreed their partners made all reproductive decisions without their input. Similarly, many respondents affirmed being denied the use of family planning (mean = 3.01), being forced to have children against their will (mean = 2.87), and being unable to plan their families due to domestic violence (mean = 2.93). These findings highlight how abusive relationships undermine women's reproductive rights and autonomy.

Psychological Impacts of Domestic Violence on Children Born as a Result of Forced-Motherhood in

Table 5: Descriptive Analysis of responses on psychological impacts on children as a result of forced-motherhood in domestic violence

Statement	SA (f)	A (f)	D (f)	SD (f)	Mean	Std. Dev.	Remark
My child(ren) often appear anxious or fearful even in safe situations.	84	62	34	20	3.05	1.01	Agreed
My child(ren) experience frequent nightmares or sleep disturbances.	76	66	38	20	2.99	1.00	Agreed
My child(ren) show signs of depression (e.g., persistent sadness, low energy).	72	64	42	22	2.93	1.03	Agreed
My child(ren) exhibit withdrawal or avoid social interactions.	68	70	40	22	2.92	1.02	Agreed
My child(ren) have been diagnosed with or suspected of having anxiety or trauma disorders.	58	66	46	30	2.76	1.06	Moderately Agreed
My child(ren) frequently express feelings of being unwanted or unloved.	70	62	40	28	2.87	1.05	Agreed
My child(ren) display an unusual attachment to me (e.g., clinginess or fear of separation).	80	60	36	24	2.98	1.04	Agreed

Cut-off=2.50

The results presented in Table 5 demonstrate that children born as a result of forced-motherhood in domestic violence settings experience notable psychological impacts. Respondents generally agreed that their children often appeared anxious or fearful (mean = 3.05), had frequent nightmares or sleep disturbances (mean = 2.99), and exhibited signs of depression (mean = 2.93). Other significant effects included social withdrawal (mean = 2.92) and feelings of being unwanted (mean = 2.87). Although the mean score for anxiety or trauma diagnosis was slightly lower (mean = 2.76), it still indicates moderate agreement. Overall, the findings suggest that children in such environments face serious emotional and psychological challenges linked to their upbringing in abusive settings.

Emotional Impacts of Domestic Violence on Children Born as a Result of Forced-Motherhood

Table 6: Descriptive Analysis of responses on emotional **impacts on children as a result of forced-motherhood in domestic violence**

Statement	SA (f)	A (f)	D (f)	SD (f)	Mean	Std. Dev.	Remark
My child(ren) easily become upset or cry frequently.	82	66	34	18	3.06	0.98	Agreed
My child(ren) have difficulty expressing their feelings in a healthy way.	76	64	38	22	2.97	1.02	Agreed
My child(ren) often appear emotionally distant or numb.	68	70	40	22	2.92	1.01	Agreed
My child(ren) show frequent mood swings or emotional instability.	74	60	42	24	2.92	1.04	Agreed
My child(ren) express feelings of guilt, shame, or confusion about the family situation.	70	62	42	26	2.88	1.05	Agreed
My child(ren) often feel unloved, neglected, or rejected.	72	60	44	24	2.90	1.03	Agreed
My child(ren) become easily frightened or startled by arguments or shouting.	86	64	30	20	3.08	1.00	Agreed

Cut-off=2.50

The results in Table 6 reveal that children affected by forced-motherhood within domestic violence contexts experience significant emotional impacts. Respondents agreed that their children easily become upset or cry frequently (mean = 3.06) and are often frightened by arguments or shouting (mean = 3.08). Additional emotional difficulties reported include trouble expressing feelings (mean = 2.97), appearing emotionally distant (mean = 2.92), and showing mood swings (mean = 2.92). Children were also described as feeling guilt, shame, or confusion (mean = 2.88), and often feeling unloved or rejected (mean = 2.90). These findings highlight the deep emotional distress and instability these children face as a consequence of growing up in violent and coercive environments.

Behavioural Impacts of Domestic Violence on Children Born as a Result of Forced-Motherhood

Table 7: Descriptive Analysis of responses on behavioural impacts on children as a result of forced-motherhood in domestic violence

Statement	SA (f)	A (f)	D (f)	SD (f)	Mean	Std. Dev.	Remark
My child(ren) exhibit aggressive behaviour (e.g., hitting, yelling, breaking things).	78	66	36	20	3.01	1.01	Agreed
My child(ren) have frequent outbursts or temper tantrums.	72	68	38	22	2.95	1.02	Agreed
My child(ren) are overly withdrawn or avoid interacting with others.	70	62	42	26	2.88	1.04	Agreed
My child(ren) have shown signs of disobedience or refusal to follow rules at home/school.	76	60	40	24	2.94	1.04	Agreed
My child(ren) struggle with maintaining attention or concentration.	80	64	34	22	3.01	1.00	Agreed
My child(ren) mimic violent or abusive behaviour observed at home.	68	66	40	26	2.88	1.03	Agreed
My child(ren) engage in self-harming or risky behaviours.	58	60	48	34	2.71	1.09	Moderately Agreed

Cut-off=2.50

Table 7 reveals the behavioural impacts of forced-motherhood within violent domestic environments on children. Respondents agreed that their children commonly exhibit aggressive behaviour (mean = 3.01), have frequent temper tantrums (mean = 2.95), and struggle with attention and concentration (mean = 3.01). Other notable behaviours include disobedience or refusal to follow rules (mean = 2.94), social withdrawal (mean = 2.88), and mimicking abusive behaviours observed at home (mean = 2.88). While engagement in self-harming or risky behaviours was moderately agreed upon (mean = 2.71), the overall pattern indicates that children in such households are prone to significant behavioural challenges linked to their exposure to domestic violence and forced-motherhood.

Coping Strategies Adopted by Women and Children Affected by Domestic Violence and Forced-Motherhood in Ondo State

Table 8: Descriptive Analysis of responses on coping strategies adopted by women and children affected by domestic violence and forced-motherhood

Statement	SA (f)	A (f)	D (f)	SD (f)	Mean	Std. Dev.	Remark
I rely on family or community support to cope with domestic violence.	82	68	34	16	3.08	0.95	Agreed
I have reported the violence to authorities or support organizations.	56	54	50	40	2.63	1.13	Moderately Agreed
I avoid talking about the violence for fear of stigma or retaliation.	88	70	28	14	3.16	0.91	Agreed
I seek emotional or spiritual support (e.g., from religion or counseling).	76	72	30	22	3.01	1.01	Agreed

Cut-off=2.50

Table 8 presents the coping strategies adopted by women and children affected by domestic violence and forced-motherhood. The findings show that many respondents rely on family or community support (mean = 3.08), avoid discussing the violence due to fear of stigma or retaliation (mean = 3.16), and seek emotional or spiritual support through religion or counseling (mean = 3.01), all of which were agreed upon. However, reporting to authorities or support organizations was only moderately agreed upon (mean = 2.63), suggesting that formal help-seeking remains limited, likely due to fear, distrust, or inadequate institutional support. These results highlight the predominance of informal and personal coping mechanisms among victims.

DISCUSSION

The finding of the study shows that women in Ondo State experience multiple forms of domestic violence, with verbal, physical, economic, and sexual abuse being commonly reported and often occurring simultaneously. This aligns with the report by Akinsulure-Smith *et al*., (2013), which underscores the overlapping nature of abuse in intimate partner relationships, where verbal threats often accompany physical aggression and economic control. Similarly, Ogunsiji (2015) emphasized that emotional abuse often minimized is as psychologically damaging as physical violence. The convergence of these abuse types reflects a systemic pattern of control and domination, consistent with the theoretical framework of coercive control in domestic violence. Furthermore, the Violence Against Persons (Prohibition) Act (VAPP, 2015) recognizes the multifaceted forms of abuse, affirming the need for integrated interventions that address not just physical harm but also the economic, emotional, and sexual dimensions of domestic violence. This finding reveals the urgent need for holistic prevention and response strategies that consider the intersecting nature of abuse and its compounding effects on victims.

The finding of the study shows that domestic violence is highly prevalent among women in Ondo State, with verbal, emotional, and lifetime abuse showing the highest frequency of occurrence. This supports the Nigerian Demographic and Health Survey (NDHS, 2018), which reported that a significant percentage of women have experienced violence at some point in their lives, particularly from intimate partners. The high prevalence of verbal and emotional abuse reflects the often-overlooked psychological dimensions of domestic violence, which may not leave visible scars but cause deep mental trauma (Ogunsiji, 2015). The frequent occurrence of lifetime abuse, from the beginning of relationships, points to the normalization of violence in intimate unions, as noted by Okemgbo, Omideyi, & Odimegwu (2002). These patterns highlight the entrenched cultural and structural factors sustaining violence against women and emphasize the need for early intervention, continuous awareness campaigns, and strengthened legal frameworks to reduce its persistence.

The finding of the study revealed that domestic violence significantly undermines women's reproductive autonomy, as many are forced into childbearing without consent or denied access to family planning. This aligns with the findings of Miller *et al*., (2010) and Silverman & Raj (2014), who identified reproductive coercion—including forced sex, contraceptive sabotage, and coerced pregnancy as a control tactic used by abusive partners. In the Nigerian context, patriarchal norms and male-dominated reproductive decision-making further exacerbate this issue (Okeke-Ihejirika & Salami, 2018). The study supports Akinyemi and Isiugo-Abanihe's (2014) conclusion that intimate partner violence is linked to reduced contraceptive use, leaving women vulnerable to unwanted pregnancies and reinforcing cycles of dependency and abuse. These findings call for integrated reproductive health and GBV services, along with community-based advocacy to challenge harmful gender norms.

The finding of the study revealed that children born from forced-motherhood in abusive homes exhibit high levels of anxiety, depression, and emotional withdrawal, with some suspected of trauma-related disorders. This is consistent with research by Levendosky *et al*., (2011) and Osofsky (2003), who documented the adverse psychological effects of domestic violence exposure on children, including anxiety, depression, and trauma symptoms. The emotional withdrawal and social avoidance observed align with Chamberlain and Levenson's (2012) findings on the emotional impact of abusive environments on child development. These results highlight the urgent need for psychosocial interventions targeting children in violent households to mitigate long-term mental health consequences and break the intergenerational cycle of abuse.

The finding of the study revealed that exposure to domestic violence emotionally destabilizes children, leading to frequent crying, mood swings, emotional numbness, and feelings of rejection or shame. This is consistent with research by Margolin and Gordis (2000) and Shonkoff and Garner (2012), who noted that children exposed to domestic violence often experience emotional dysregulation, including mood instability and emotional detachment as coping mechanisms. The feelings of rejection and shame reported align with Evans et al.'s (2008) observations of the internalization of negative family dynamics and their impact on children's self-esteem and social functioning. These results underscore the urgent need for targeted emotional and psychological support for children in abusive homes to promote resilience and prevent long-term mental health challenges.

The finding of the study shows that children in violent homes often display aggressive or disobedient behaviour, attention difficulties, and in some cases, self-harming tendencies, mimicking patterns of abuse. This aligns with the work of Margolin and Gordis (2000), who found that exposure to domestic violence increases the likelihood of externalizing behaviours such as aggression, defiance, and conduct problems in children. Similarly, Wolfe *et al*., (2003) highlighted how children exposed to chronic domestic violence may model violent behaviour and develop poor impulse control and attention-related issues. The presence of self-harming behaviours is consistent with the findings of Turner *et al*., (2010), who linked childhood exposure to violence with increased emotional distress and risky behaviours. These findings emphasize the need for behavioural interventions and trauma-informed care to support

affected children and prevent the perpetuation of violence.

The finding of the study shows that most women and children rely on informal coping mechanisms like family support, silence, and spirituality, while formal reporting to authorities remains minimal. This is in line with the work of Nnadi (2012), who found that fear of stigma, cultural norms, and distrust in institutional support often prevent victims of domestic violence from seeking formal help. Similarly, Esere *et al*., (2009) emphasized that many Nigerian women turn to religious or community-based support as safer avenues for coping with abuse. The limited engagement with formal reporting structures highlights the need to strengthen institutional trust, improve victim protection policies, and launch public awareness campaigns that encourage survivors to seek legal and professional support without fear of retaliation or social exclusion.

CONCLUSION

The study revealed that domestic violence against women in Ondo State is not only widespread but also manifests in multiple interrelated forms; verbal, physical, economic, sexual, and emotional deeply impacting women's autonomy and the psychological well-being of their children. Findings showed that many women are subjected to reproductive coercion, including forced childbearing and denial of family planning, which significantly undermines their ability to make voluntary motherhood choices. Children born into such abusive contexts face severe psychological, emotional, and behavioural challenges, including anxiety, depression, emotional withdrawal, aggression, and attention difficulties. Most affected women and children rely heavily on informal coping mechanisms such as family support, silence, and spirituality, with minimal engagement with formal support systems due to fear, stigma, or lack of trust. These findings shows the urgent need for a holistic and multi-sectoral response one that includes strengthened legal protections, psychosocial support services, reproductive health education, community sensitization, and institutional reforms to effectively combat domestic violence and mitigate its long-term effects on women and children.

Recommendations

Based on the findings of the study, the following recommendations are made:

i. The government should intensify the enforcement of the *Violence Against Persons (Prohibition) Act* and other relevant laws. Public awareness campaigns should be launched to educate women and communities on their rights and legal protections against domestic violence.
ii. Health institutions and NGOs should integrate GBV screening and support with family planning and reproductive health services to address reproductive coercion and improve women's autonomy over their bodies.
iii. Government and NGOs should provide accessible counseling and mental health services for both women and children affected by domestic violence, with trauma-informed care and child-specific interventions.
iv. Community leaders, religious bodies, and civil society groups should be mobilized to challenge harmful norms, provide safe spaces, and foster supportive environments that discourage silence around abuse and encourage early intervention.
v. Confidential and victim-sensitive reporting channels should be strengthened, and shelters or safe homes should be established and adequately funded for victims fleeing abusive environments.
vi. Police officers, social workers, and healthcare providers should be regularly trained to recognize, respond to, and refer domestic violence cases with professionalism and empathy.
vii. Economic empowerment programs, including skill acquisition and micro-financing initiatives, should be promoted to reduce women's financial dependence on abusive partners and increase their ability to make independent decisions.
viii. Schools should include age-appropriate education on gender equality, healthy relationships, and emotional well-being to help break the intergenerational cycle of abuse.

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