



Domestic Violence in Our Society: Possible Counselling Interventions

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Abstract

The study examined domestic violence and possible counselling interventions in our society. Four research questions guided the study. The study adopted a descriptive survey research design. The study population comprises 689 domestic violence cases reported in the Ministry of Social Development and Gender Issues, (MSDGI) Edo State between 2020 and 2024 (5 years). Four hundred (400) domestic violence victims were randomly selected for the study. Data were analyzed using means $X > 2.5$ is accepted and percentages. The findings from the study reveals that the victims and staff of the Ministry are aware of counselling interventions to be applied on victims' who has suffered domestic violence. Also, counselling helps survivors recover from trauma, reduce emotional pain, and regain a sense of control. For victims suffering from anxiety, depression, or post-traumatic stress, through therapy, they gain tools to process these emotions and begin to heal. Furthermore, practicing relaxation and meditation techniques is among what will help victim of domestic violence. The study concludes that the majority of respondents are well aware of counselling interventions available for domestic violence, underscoring a positive level of public consciousness around support mechanisms. Furthermore, there is a strong consensus that counseling plays a critical role in helping survivors recover from trauma, reduce emotional distress, and regain a sense of personal agency and control. Interestingly, a large majority of participants disagreed with assertions that counselling services are discriminatory or inadequate for minority groups, indicating a general perception of these services as inclusive, respectful, and accessible. Additionally, respondents recognized a range of effective coping strategies for victims, such as avoiding abusive environments, seeking support from trusted family members, engaging in self-reflection, and practicing relaxation or meditation techniques. Collectively, these insights emphasize the importance of continued public awareness, culturally sensitive counselling practices, and survivor centered coping

approaches in addressing the complex dynamics of domestic violence. The study recommended among other that counsellors should ensure continuous intergradation of counselling intervention in their counselling services, as reported cases to the ministry is on the increases by the day and the dangers of domestic violence is negatively affecting the society at large.

Keywords: Counselling, Interventions, Domestic Violence, Victims, Abuser

I. Introduction

Domestic violence remains a pervasive and deeply rooted issue in Edo State, Nigeria, mirroring broader national and global trends. It encompasses physical, emotional, sexual, psychological, and economic abuse, typically occurring within intimate relationships or familial settings. Despite growing awareness, many cases go unreported due to cultural norms, fear of stigma, economic dependence, and weak institutional support systems. (Effah-Chukwuma 2013) stressed that women and children are the most affected, although men and the elderly are also victims in some cases.

In Edo State, domestic violence is exacerbated by factors such as poverty, limited access to education, harmful traditional beliefs, and inadequate enforcement of protective laws. The violence against persons prohibition act (VAPP Act), although passed in some Nigerian states, has only recently gained traction in Edo, and enforcement mechanisms remain weak or inconsistent. Survivors often face difficulties in accessing justice, shelter, healthcare, and emotional support, which further entrenches the cycle of abuse (Oyadeji, 2014).

Christaki, Orovou, Dagla, Sarantaki, Moriati, Kirkou, et al (2023) agree that the psychological effects of domestic violence are profound, leading to depression, anxiety, post-traumatic stress disorder (PTSD), substance abuse, and even suicide. Yet, counselling and mental health services in the state are grossly inadequate. There is a significant gap in the availability of trained



counsellors, public awareness about the role of counselling, and the integration of psychosocial interventions into the broader response to domestic violence.

Minimising the occurrence of domestic violence marital counselling can be used to help couples navigate challenges, strengthen their relationship and build a foundation for long-term marital satisfaction (Adam & Erhus 2022). Marital counselling is a professional service that involves providing guidance, support and assistance to couple who are dealing with personal, emotional, psychological or relational issues. (Abdullahi, Cusairi & Abdullah 2017) added that it typically involves a confidential and non-judgmental relationship between a trained counsellor and the couple with the aim of helping them to explore their thought, feelings, behaviours and gain insight into their challenges and develop strategies for coping and problem solving. In the union counselling addresses a wide range of concerns, which include but not limited to mental health issues, relationship difficulties, life transitions, stress management and personal growth (Ashimi & Amole 2015).

Domestic violence can affect anyone of any age and gender whether it is physical or psychological. Physical abuse is one of the most common types of domestic violence; however emotional abuse, financial abuse, isolation and stalking are forms of domestic violence that abuser use to gain control over their victims (Carman & Kay-Lambkin 2022). It happens to women of any ethnic group, race or religion, gay or straight, rich or poor, teen, adult or elderly. In 2020, the prevalence of physical, sexual or emotional violence by a partner was reported to be at 69%. Domestic violence causes serious short and long term physical, mental and reproductive health problems for women.

Efosa-Ehioghien, (2024) advocated that counselling interventions will help victims in identifying underlying issues contributing to marital discord such as unresolved conflicts, unmet needs or differing values; it promotes empathy and understanding between partners to foster a deeper connection and emotional intimacy, collaborating with couples to set realistic goals for their relationship and develop strategies to achieve them, providing techniques and exercises to enhance emotional intimacy and strengthen the bond between partners supporting each partner in addressing their individual needs, aspirations and personal growth within the context of the relationship

Given this context, there is an urgent need to explore and implement culturally appropriate and sustainable counselling interventions in Edo State.

These could include individual and group therapy sessions, community based trauma recovery programs, school counselling units, and public awareness campaigns designed to reduce stigma and encourage help seeking behavior. Strengthening partnerships among government agencies, NGOs, religious institutions, and local communities is essential for providing holistic and accessible support to survivors. Against this backdrop the study examines domestic violence in our society: counselling interventions in mitigating its impact and breaking the cycle of abuse in Nigeria.

II. Objectives of the study

The main objective of the study is to examine domestic violence in our society: counselling interventions specifically :

- i. To examine the counselling interventions on domestic violence cases in the Ministry of Social Development and Gender Issues, (MSDGI) Edo State.
- ii. To assess the benefits of counselling interventions on domestic violence cases in the Ministry of Social Development and Gender Issues, (MSDGI) Edo State.
- iii. To examine the extend to which counsellors are adopting inclusive counselling intervention on domestic violence cases in the Ministry of Social Development and Gender Issues, (MSDGI) Edo State.
- iv. To determine the coping strategies for victims of domestic violence cases in the Ministry of Social Development and Gender Issues, (MSDGI) Edo State.

III. Research Questions

1. What are the counselling Interventions on domestic violence cases in the Ministry of Social Development and Gender Issues, (MSDGI) Edo State?
2. What are the benefits of counselling interventions on domestic violence cases in the Ministry of Social Development and Gender Issues, (MSDGI) Edo State?
3. To what extend are the counsellors adopting inclusive counselling intervention on domestic violence cases in the Ministry of Social Development and Gender Issues, (MSDGI) Edo State
4. What are the coping strategies for victims of domestic violence cases in the Ministry of Social Development and Gender Issues, (MSDGI) Edo State?



IV. Literature review

Domestic Violence

Domestic violence refers to a pattern of abusive behavior in a relationship that is used by one partner to gain or maintain power and control over another (Kehinde 2016). It typically occurs within the home or domestic setting, involving individuals who are intimate partners (such as spouses, dating partners, or former partners) or family members. (Oluremi 2015) added that domestic violence as a concept goes beyond individual acts of abuse it is a social, cultural, legal, and political issue deeply tied to power, control, and inequality. To understand it conceptually means exploring not only what it is, but why it happens, how it's sustained, and what broader systems contribute to or combat it (Itimi, Dienne Gbeneol 2014).

Causes of Domestic Violence

So many factors are responsible for domestic abuse. In Nigeria, some of these factors include economic status/survivors ignorance, silence due to further attack by the perpetrators and their enablers, stigmatization, and social, psychological, cultural and religious factors (Slabbert 2016).

Economic Factor - loss of job by partner may bring undue financial pressure on the family. This may result to lack of understanding which might lead to domestic abuse. Also poverty which hinders partners from living up to their responsibilities might trigger family violence in form of neglect, disrespect and abandonment. A lot of individuals/families fall victims due to hardship (Tanimu, Yohanna, & Omeiza 2016).

Cultural/religious barriers Factors - in Nigeria some culture, values and beliefs are found to support or reinforce domestic violence. In some part of Nigeria, wife battering is usually regarded as a form of discipline for stubborn wives. In Igbo land precisely wives are bound to obey their husband's instruction whether the instruction is reasonable or not. Also this belief that men have a right to control women is a strong factor. The belief that women are inferior while men are superior, contributes a lot to domestic violence.

Social Factor - According to Albert Bandura the proponent of the social learning theory, he explained that behaviour can be learnt and also it can be unlearned. This means that one can learn to practice domestic violence from neighbours, friends and co-workers by observation. He also predicts that those raised in aggressive families should grow in aggressive ways. Exposure to domestic violence reinforces it on an individual. For example a child who observes his or her parents maltreating each other will grow to live

like her parents if he/she eventually marries (Omogbe, Obetoh, & Odion, 2010).

Power and Control - This is a situation where one partner controls the other partner. This situation usually attracts domestic violence. Other things that bring about domestic violence under social factors are social stress, anger and lack of self-control, alcoholism, jealousy among others.

Biological Factors - Domestic violence could be genetically acquired from abusive parents. Brain dysfunctioning could also lead to domestic violence.

Psychological Factors - It affects the self-esteem and self-worth, they shrink in and withdrawn from fear of being hurt or molested again.

Environment Factors - environment where and how an individual is raised, contribute to violence include violent and permissive families, unstable neighbourhood and delinquent peers groups. Most violent behaviour is learned behaviour. Early exposure to violence in the family may involve witnessing either violence or physical abuse.

Harmful Effects of Domestic Violence on the Abuser

Domestic violence hurts victims as well as their families; people who suffer from abuse can be badly hurt. They are also likely to have long lasting (chronic) health problems such as depression, headache and post-traumatic stress disorder. Victims of violence suffer physical and mental harm. The effects of domestic violence have dangerous impacts on individuals, families, and communities. Victims often undergo physical injuries, bruises, broken bones, lacerations, health complications and in some cases death. This is because of the repeated injuries and stress from living with abuse. There has been an increase in acknowledgement that a child who is exposed to domestic abuse during his or her upbringing will suffer developmental and psychological damage. During the mid-1990s the adverse childhood experience study (ACE) found that children who were exposed to domestic violence and other forms of abuse had a higher risk of developing mental and physical health problems (Wagwala, Ofem, Ukanwoke, Chelsea, Afi, Nwigena & Essien 2024).

Abusers suffer from physical injuries such as bruises, broken bones, head injuries, internal bleeding, lacerations, miscarriage and sometimes death as a result of domestic violence. Other chronic health conditions that have been linked to victims of domestic violence are arthritis, irritable bowel syndrome, chronic pain, pelvic pain, ulcers and migraines. Also pregnant victims may experience



labour and injury to or death of the fetus (Oluremi 2015)

Counselling coping Strategies for the Victims

Counselling provides a critical support system for victims of domestic violence, helping them process trauma, rebuild self-esteem, and regain control over their lives. Effective coping strategies developed through counselling are essential for emotional recovery and long-term healing. These strategies include:

- a) Confide on any family members who is supportive
- b) Family counselling or family therapy is necessary
- c) Assertiveness training is necessary for the victim to be free in expressing themselves
- d) Be occupy with productive activities
- e) Self-filled with positive talk
- f) Practice relaxation techniques
- g) Practice meditation techniques
- h) Use of affirmation-exposing the information
- i) Use group dynamics therapy
- j) Behaviour modification
- k) Be reasonable in your demands
- l) Reading the word of God
- m) Prayer therapy
- n) Self-control
- o) Avoid the abusive environment.

Counselling Interventionsfor Domestic Violence

Counselling interventions for domestic violence are typically tailored to address the complex dynamics and impacts of abuse within relationships (Wagwula, et al, 2024). The common approaches used by counsellors and therapists are:

1. **Trauma-Informed Therapy:** This approach acknowledges the trauma experienced by victims of domestic violence and focuses on creating a safe environment for healing. It emphasizes understanding how trauma affects the individual's thoughts, emotions, and behaviors.
2. **Cognitive Behavioral Therapy (CBT):** CBT helps individuals identify and change negative thought patterns and behaviors associated with domestic violence. It can help survivors recognize triggers, develop coping strategies, and build skills to manage their emotions and reactions.
3. **Dialectical Behavior Therapy (DBT):** DBT combines cognitive behavioral techniques with mindfulness practices. It aims to help individuals regulate emotions, improve interpersonal skills, and develop a sense of self-worth.
4. **Narrative Therapy:** This approach separates individuals from their problems and

encourages them to reframe their experiences. It helps survivors of domestic violence understand how their experiences have shaped their identities and find alternative narratives that empower them.

5. **Solution Focused Therapy:** This brief therapy approach focuses on identifying solutions rather than dwelling on problems. It encourages survivors to set goals and develop strategies to achieve them, emphasizing their strengths and resources.

6. **Psychoeducation:** Providing information about the dynamics of domestic violence, its impact on individuals and families, and available resources can empower survivors to make informed decisions about their safety and well-being.

7. **Family Therapy:** In cases where both partners wish to reconcile or co-parent after domestic violence, family therapy can help improve communication, address power imbalances, and establish boundaries in a safe environment.

8. **Support Groups:** Group therapy or support groups can provide survivors with a sense of community, validation, and support from others who have had similar experiences. It can reduce isolation and help individuals build healthy relationships.

9. **Safety Planning:** This is not a traditional counselling approach but is essential in domestic violence situations. Counsellors work with survivors to create personalized safety plans that include steps to stay safe, access resources, and prepare for emergencies.

Empirical review

Coumarelos,& Australia's National Research Organisation for Women's Safety (ANROWS). (2023). Study involved over 19,000 Australians aged 16 and above, aiming to assess community attitudes and understanding regarding domestic violence against women. The findings are that 91% of respondents agreed that violence against women is a problem in Australia. While 41% of respondents indicated they would not know where to access help for someone experiencing domestic violence. These findings highlight a significant gap between general awareness of domestic violence issues and specific knowledge of available support services. While the majority recognizes the problem, a substantial portion lacks information on how to assist those affected.

(Carman & Kay-Lambkin 2022) study the Long-Term Recovery from Intimate Partner Violence by conducting a survey with a population of 1,116 Australian women who had experienced intimate partner violence. The study was a national online survey assessed self-rated recovery progress,



hope, and other demographic variables using visual analog scales. The findings reveal that while 14% of participants rated themselves as completely recovered, a majority (81%) viewed recovery as an ongoing healing process. The study highlighted the importance of counselling interventions in facilitating long-term recovery and instilling hope among survivors.

(Paz, Hidalgo-Andrade & Salgado 2023). Conducted a study on *evaluation of integrative community therapy with domestic violence survivors in Quito, Ecuador*, the population was 87 women survivors of domestic violence in Quito, Ecuador. The methodology used was a mixed-methods study employing a quasi-experimental design. Participants were divided into an intervention group, which received Integrative Community Therapy (ICT), and a comparison group. Pre- and post-intervention assessments measured variables such as health, social support, and self-esteem. The findings showed that the intervention group has significant improvements in health ($F(1,46) = 32.94, p < 0.001$), social support ($F(1,47) = 27.74, p < 0.001$), and self-esteem ($F(1,48) = 17.46, p < 0.001$) compared to the comparison group. These results suggest that counseling intervention is an effective, inclusive, and culturally sensitive counseling approach for diverse survivors of domestic violence.

(Shah, Catalano, Bhatia, Gupta, Daruwalla, Osrin & Nadkarni 2024). Study coping Strategies and Help-Seeking Behaviors among Survivors of Intimate Partner Violence in India, the population was 35 women survivors of intimate partner violence, specifically spouses of men with heavy drinking habits. The methodology employed was a qualitative design, conducting semi-structured, in-depth interviews with participants. The aim was to explore the coping strategies these women used and the barriers and facilitators they encountered when seeking support from informal and formal networks. The findings from the study identified several coping strategies among the participants: avoidance of abusive environments: Some women attempted to physically distance themselves from their abusive partners when possible, seeking support from family members: confiding in and receiving support from family members was a common strategy, Self-reflection and personal coping mechanisms: Engaging in self-percussion (interpreted as self-reflection or personal coping techniques) helped some women manage their situations. Relaxation and meditation techniques: practicing relaxation methods and meditation provided emotional relief and a sense of control.

The study concluded that these coping strategies were influenced by various factors, including the availability of support networks and cultural norms. It emphasized the need for interventions that consider these personal and contextual factors to effectively support from counseling intervention survivors

V. Methodology

Research Design

This study adopted a descriptive survey research design. The study population comprises 689 domestic violence cases reported in the Ministry of Social Development and Gender Issues, (MSDGI) Edo State between 2020 and 2024 (5 years). Four hundred (400) domestic violence victims were randomly selected for the study. The instrument for this study was self-designed. The instrument was constructed on a 4-point rating scale thus (4) Strongly Agree (SA) (3) Agree (A), (2) Disagree (A), and (1) Strongly Disagree (SD). The research was carried out with the help of five (5) research assistants by administering 80 numbers per year of the instruments. The instrument after construction was given to two (2) experts in the field of guidance and counselling in the department of Education University of Benin and Benson Idahosa University to critique. Their various suggestions were thus incorporated into the final draft of the questionnaire. The researchers administered the instrument with the help of four research assistants. The researchers and the research assistants ensured proper completion of the instrument after which they were collected immediately to avoid loss or interference. The reliability of the instrument was determined through test-retest reliability of 0.76 reliability coefficient indicates that the consistency of the instrument (questionnaire) over time was measured, and the resulting reliability coefficient was 0.76. The value aligns with commonly accepted thresholds in the literature, which typically cite 0.70–0.80 as acceptable for early-stage research tools. Data were analyzed using means and percentages and $X > 2.5$ is accepted.

VI. Results

Data analysis was done on a total of 400 questionnaires that were properly filled and accounted for and used for this study. Descriptive and inferential statistics were employed in analysing the collected data. The demographic data of the respondents were done using simple percentage distribution



Demographic Data

This section presents the results of data obtained on the respondents in frequency counts and percentages.

Table 1: Percentage of Distribution of Respondents Based on Age.

AGE	Frequency	Percentage (%)
28-37	164	41.0
38-47	89	22.25
48-52	75	18.75
53-67	72	18.0
TOTAL	400	100.0

Researcher Data: 2025

Table 1 indicated that 164 respondents, corresponding to 41.0%, are within the age range 28-37, 89 respondents corresponding to 22.25%, are within the age range of 38-47, 75 respondents corresponding to 18.75%, are within the age range of 48-52, while 72 respondents corresponding to 18.0% are within the age range of 53-67, making a total of 260 respondents, corresponding to 100%. This imply that the four groups were represented in the distribution having the highest age bracket of

28-37(41.0%) followed by 38-47 (22.25%), 48-52(18.75%) and 53-67 (18.0%) respectively.

Table 2: Percentage Distribution of Respondents Based on Educational Qualification

Qualification	Frequency	Percentage (%)
B.sc	140	35
M.Ed	43	10.75
PhD	16	4
Others	201	50.25
TOTAL	400	100.0

Researcher Data: 2025

Table 2 show that 140 respondents, corresponding 35%, acquired B.sc qualification, 43respondents, corresponding to 10.75%, are M.Ed, 16respondents, corresponding to 4%, are PhD, while those that acquired other qualifications or no qualifications, 201corresponding to 50.25%, making a total of 400respondents corresponding to 100%. The implication is that domestic violence occurs highly in those that acquired other qualifications or no qualifications which may have contributed to the violence.

Research QuestionI: What is the counselling intervention on domestic violence in the society?

Table I Counselling intervention on Domestic Violence

S/NO	Items	N	SA	A	D	SD	X	SD	Remark
1	The safety planning help the victim develop a personalized plan for staying safe and overcome the trauma experienced by victims of domestic violence and focuses on creating a safe environment for healing.	400	206 (51.5%)	92 (23.0%)	56 (14.0%)	46 (11.5%)	3.14	0.01	Agree
2	Regardless of the limitations identify, crisis intervention provide immediate emotional support during or after a violent incident and it can change negative thought patterns.	400	190 (47.5%)	130 (32.5%)	60 (15.0%)	20 (5.0%)	3.22	0.01	Agree
3	Psychoeducation does not educate the victim on the cycle of abuse and common abuse tactics	400	32 (8.0%)	42 (10.5%)	211 (52.25%)	115 (28.75%)	1.97	0.01	Disagree

Researcher Data: 2025, $\alpha > 2.25$ is accepted

The result in Table I indicates that there were three among the counselling interventions on domestic violence, and respondents were asked to choose the one that best suited their needs. According to the

findings, 75% (3.14) of respondents believed that the safety planning help the victim develop a personalized plan for staying safe and overcome the trauma experienced by victims of domestic violence



and focuses on creating a safe environment for healing, also, 80% (3.22) feels that regardless of the limitations identifying crisis intervention provide immediate emotional support during or after a violent incident and it can change negative thought patterns while 81% (1.97) disagree that psychoeducation does

educate the victim on the cycle of abuse and common abuse tactics, regardless of the severity of the consequence. This suggests that the victims and staff of the Ministry are aware of counselling interventions to be applied on victims' who has suffered domestic violence.

Research Question 2: What are the benefits of counselling interventions on domestic violence in the society?

Table 2 Benefits of Counselling Interventions on Domestic Violence

S/NO	Items	N	SA	A	D	SD	X	SD	Remark
1	Emotional healing helps victims process and release traumatic experiences	400	280 (54.0%)	80 (31.0%)	30 (12.0%)	10 (4.0%)	3.57	0.01	Agree
2	Play an invaluable role in helping individuals decide to leave a relationship	400	180 (45.0%)	139 (34.75%)	45 (11.25%)	36 (9.0%)	3.15	0.01	Agree
3	Improved mental health alleviates symptoms of depression, anxiety, and helps regulate emotions and improve coping strategies.	400	222 (55.5%)	95 (23.75%)	31 (7.75%)	52 (13.0%)	3.21	0.01	Agree
4	Knowledge on domestic violence can be life-saving for victims who may not know where to turn for help	400	220 (55.0%)	120 (30.0%)	40 (10.0%)	20 (5.0%)	3.35	0.01	

Researcher Data: 2025, $x > 2.25$ is accepted

Table 2 results showed that 85.0% (3.57) of respondents agreed that emotional healing helps victims process and release traumatic experiences, 79.75% (3.15) believe that it play an invaluable role in helping individuals victim decide when to leave a toxic relationship, 79.25% (3.21) says that improved mental health alleviates symptoms of depression, anxiety, and helps regulate emotions and improve coping strategies, while 80% (3.35) is of the opinion

that knowledge on domestic violence can be life-saving for victims who may not know where to turn for help such as hotlines, shelters. This implies that counselling helps survivors recover from trauma, reduce emotional pain, and regain a sense of control. For victims suffering from anxiety, depression, or post-traumatic stress, through therapy, they gain tools to process these emotions and begin to heal.

Research Question 3: To what extent are the counsellors adopting inclusive counselling intervention in the society

Table 3 Extent of Counsellors' Adopting Inclusive Counselling interventions

S/NO	Items	N	SA	A	D	SD	X	SD	Remark
1	Marginalization of certain victims from minority groups (people with disabilities, ethnic or religious minorities) may feel excluded or misunderstood.	400	30 (7.5%)	40 (10.0%)	80 (20.0%)	250 (62.5%)	1.62	0.01	Disagree



2	Misinterpretation of needs cultural, gender based, or personal contexts may not be overlooked, leading to wrong conclusions or ineffective support.	400	36 (9.0%)	45 (11.5%)	133 (33.25%)	186 (46.5%)	1.82	0.01	Disagree
3	Breach of trust and safety victims may not feel judged, dismissed, or unsafe, especially if they sense the counsellor holds discriminatory beliefs.	400	42 (16.0%)	22 (8.0%)	85 (33.0%)	111 (43.0%)	1.28	0.45	Disagree
4	Failing to recognize barriers language, literacy, cultural stigma, and disability means some survivors access or benefit from counselling.	400	20 (5.0%)	40 (10.0%)	200 (50.0%)	120 (30.0%)	1.80	0.10	Disagree

Researcher Data: 2025, $\alpha > 2.25$ is accepted

Results in Table 3 showed that the survey results show that a large majority of respondents disagree with statements highlighting potential shortcomings or discriminatory issues in counselling services for domestic violence survivors from minority groups 82.5% (mean = 1.62) disagreed that marginalized victims (e.g., people with disabilities, ethnic or religious minorities) may feel excluded or misunderstood in counselling. 79.75% (mean = 1.82) disagreed that misinterpretation of survivors'

cultural, gender-based, or personal contexts leads to ineffective support. 77% (mean = 1.28) disagreed that victims experience a breach of trust or safety due to perceived judgment or discrimination by counselors. 80% (mean = 1.80) disagreed that barriers like language, literacy, stigma, or disability prevent some survivors from accessing or benefiting from counselling.

Research Question 4 What is the coping strategies for domestic violence Victims in Nigeria?

TABLE 4; Coping Strategies for Domestic Violence Victims in Nigeria

S/NO	Items	N	SA	A	D	SD	X	SD	Remark
1	Avoid abusive environment and develop a personalized escape plan for emergencies by identifying safe places to go (shelters, friends, family).	400	158 (39.5%)	145 (36.25%)	52 (13.0%)	45 (11.25%)	3.04	0.00	Agree
2	Acknowledge the abuse by recognizing it is the first step to healing and Use affirmations and positive self-talk	400	210 (52.5%)	90 (22.5%)	60 (15.0%)	40 (10.0%)	3.17	0.01	Agree
3	Access therapy or counselling with professionals trained in trauma and abuse recovery	400	193 (48.25%)	140 (35.0%)	31 (7.75%)	36 (9.0%)	3.22	0.01	Agree
4	Practice relaxation techniques and meditation techniques	400	188 (47.0%)	96 (24.0%)	63 (15.75%)	53 (13.25%)	3.04	0.00	Agree

Researcher Data: 2025, $\alpha > 2.25$ is accepted

Results in table 4 revealed that 75.75% (X 3.04) of respondents agree that the coping strategies for domestic violence victims is avoiding abusive environment and develop a personalized escape plan for emergencies by identifying safe places to go

(shelters, friends, family), 75.0% (X 3.17) of respondents agree that it is good to acknowledge the abuse by recognizing it is the first step to healing and use affirmations and positive self-talk, 83.25% (X 3.22) says that access therapy or counselling with



professionals trained in trauma and abuse recovery and 71% (X 3.04) believes that practicing relaxation and meditation techniques is among what will help victim of domestic violence.

VII. Discussion of Findings

Arising from the analysis and the results obtained, from the first research question, majority of the respondents are aware of counselling interventions. This suggests that the victims and staff of the ministry are aware of counselling interventions to be applied on victims' who has suffered domestic violence. Signifying that domestic violence are among issues and complain reported daily at the ministry for review, consideration, resolution, judgment, and recovery of justice for victim. The implication is that people are more likely to seek help if they are aware of the available counselling services. Reasoning being that awareness is the first step toward utilization. If awareness is high, programs may see greater participation. The study collaborates the findings of Coumarelos, et al. (2023) that 91% of respondents agreed that violence against women is a problem in Australia. While 41% of respondents indicated they would not know where to access help for someone experiencing domestic violence.

The results of the second research question showed that most respondents agreed that counselling interventions on domestic violence is of great benefits in that counselling helps survivors recover from trauma, reduce emotional pain, and regain a sense of control. For victims suffering from anxiety, depression, or post-traumatic stress, through therapy, they gain tools to process these emotions and begin to heal. This finding agrees with that of (Carman & Kay-Lambkin 2022) whose findings reveal that 14% of participants rated themselves as completely recovered, a majority (81%) viewed recovery as an ongoing healing process as counselling interventions is important in facilitating long-term recovery and instilling hope among survivors.

The results in question three large majority of respondents disagree with statements highlighting potential shortcomings or discriminatory issues in counselling services for domestic violence survivors from minority groups

The implication of these findings suggest that respondents generally perceive counselling services as inclusive, respectful, and accessible to diverse groups of domestic violence survivors. They appear confident that counsellors are culturally competent and sensitive to diversity survivors from minority or vulnerable groups do not typically face exclusion, misinterpretation, or discrimination in counselling

settings and structural or personal barriers to accessing counselling (e.g., language, stigma, disability) are largely being addressed or are not significant in their context.

However, while this reflects positively on current counselling practices, it also raises the risk of overconfidence. If practitioners or institutions underestimate these issues due to popular perception, real gaps affecting minority survivors could be overlooked. Therefore, continuous training, feedback mechanisms, and culturally informed practices remain essential to ensure that inclusivity is not just perceived, but actively practiced

This finding is in consonant with that of (Paz, et al. 2023). Who's findings showed that the intervention group has significant improvements in health ($F(1,46) = 32.94, p < 0.001$), social support ($F(1,47) = 27.74, p < 0.001$), and self-esteem ($F(1,48) = 17.46, p < 0.001$) compared to the comparison group. These results suggest that counselling intervention is an effective, inclusive, and culturally sensitive counselling approach for diverse survivors of domestic violence.

Results from question four reveals that there are a number of coping strategies for domestic violence victims which range from avoiding abusive environment, confiding on any family members who is supportive, take to self-percussion, practicing relaxation and meditation techniques. The finding is in consonant with the study of (Shah et al., 2024) who found that there are several coping strategies among the participants: avoidance of abusive environments: Some women attempted to physically distance themselves from their abusive partners when possible, seeking support from family members: confiding in and receiving support from family members was a common strategy, Self-reflection and personal coping mechanisms: Engaging in self-percussion (interpreted as self-reflection or personal coping techniques) helped some women manage their situations. Relaxation and meditation techniques: practicing relaxation methods and meditation provided emotional relief and a sense of control.

VIII. Conclusion

The findings reveal that the majority of respondents are well aware of counseling interventions available for domestic violence, underscoring a positive level of public consciousness around support mechanisms. Furthermore, there is a strong consensus that counselling plays a critical role in helping survivors recover from trauma, reduce emotional distress, and regain a sense of personal agency and control. Interestingly, a large majority of



participants disagreed with assertions that counselling services are discriminatory or inadequate for minority groups, indicating a general perception of these services as inclusive, respectful, and accessible. Additionally, respondents recognized a range of effective coping strategies for victims, such as avoiding abusive environments, seeking support from trusted family members, engaging in self-reflection, and practicing relaxation or meditation techniques. Collectively, these insights emphasize the importance of continued public awareness, culturally sensitive counselling practices, and survivor centered coping approaches in addressing the complex dynamics of domestic violence.

IX. Recommendations

The study's conclusions led to the following recommendations being made:

- i. Counsellors should ensure continuous intergradation of counselling intervention in their counselling services, as reported cases to the ministry is on the increase by the day and the dangers of domestic violence is negatively affecting the society at large.
- ii. Enhance public awareness campaigns by building on the existing high level of awareness, targeted awareness campaigns should continue to promote the availability, benefits, and accessibility of counseling services, especially in underserved or rural areas.
- iii. Strengthen culturally inclusive counselling practices, although most respondents did not perceive discrimination, it remains essential to train counselors in cultural competence to ensure that services remain inclusive, respectful, and sensitive to the diverse needs of survivors from minority or marginalized communities.
- iv. Expand access to counselling services, Government agencies, NGOs, and community health systems should increase access to trauma-informed counseling services through community centers, schools, and mobile outreach units to reach victims in remote or high-risk areas, and promote survivor centered coping support counselling programs should integrate and validate survivors' personal coping strategies such as meditation, avoidance of harmful environments, and supportive family engagement into recovery plans to enhance their effectiveness and relevance.

Reference

- [1]. Adam, V, & Erhus, E. (2022) One-year prevalence of domestic violence against women during the COVID-19 pandemic in an urban community in Southern Nigeria. *J Community Med Prim Health Care*. 34(1):117–30.
- [2]. Abdullahi, U, Cusairi, R, & Abdullah, S. (2017) The influence of culture in domestic violence against women in Nigeria. *J Islam Soc Econ Dev*. 2017;2:273–86.
- [3]. Ashimi, A. O., & Amole, T.G. (2015) Prevalence and predictors for domestic violence among pregnant women in a rural community Northwest, Nigeria. *Niger Med J Niger Med Assoc*. 56(2):118–21.
- [4]. Carman, A & Kay-Lambkin, E. (2022) Long-Term Recovery from Intimate Partner Violence. [Verywell Mind+4PMC+4SciELO Public Health+4](https://www.verywellmind.com/long-term-recovery-from-intimate-partner-violence-4PMc4SciELOPublicHealth4)
- [5]. Christaki, C., Orovou, O., Dagla, D., Sarantaki, S., Moriati, M., Kirkou, K., et al (2023). Domestic Violence During Women's Life in Developing Countries. *Mater Socio-Medica*. 35(1):58–64.
- [6]. Coumarelos, C., & Australia's National Research Organisation for Women's Safety (ANROWS). (2023). *Attitudes matter: The 2021 National Community Attitudes towards Violence against Women Survey (NCAS)*, Retrieved from <https://ncas.au/ncas-2021-NationalLibraryofAustralia4NationalLibraryofAustralia4NationalLibraryofAustralia4ncas.au>
- [7]. Dutton, D.G., & White, K.R. (2013) Male victims of domestic violence. *New Male Stud Int J*;2(1):5–17.
- [8]. Effah-Chukwuma, J. (2013). Domestic violence: Its assuming epidemic proportion. Retrieved Dec. 2017 from <http://www.vanguardnigeria.com>.
- [9]. Efosa-Ehioghien, A. I. (2024) Effect of Violence on Nigerian Adolescents' and Academic Performance: Implication for Counselling. *International Journal of Research and Innovation in Social Science (Ijriiss)*
- [10]. Itimi, K, Dienne P.O., & Gbeneol P. K. (2014) Intimate Partner Violence and Associated Coping Strategies among Women in a Primary Care Clinic in Port Harcourt, Nigeria. *J Fam Med Prim Care*. 3(3):193–8.
- [11]. Kehinde, O. M. (2016) Assessing Domestic Violence in Nigeria. *Texila International Journal of Academic Research*. 3, (2), 1-8
- [12]. National Coalition against Domestic Violence (NCADV) (2017). What is domestic violence. Retrieved from ncadv.org/learnmore/whatisdomesticviolence.



- [13]. Oluremi, D.F.(2015) Domestic Violence against Women in Nigeria. *European Journal of Psychological Research*, 2(1), 24-33
- [14]. Omoregbe, S.K., Obetoh, G. O. & Odion, W. E. (2010). Causes and management of domestic violence among couples: The Esan case. *Journal of Social Sciences* 24(1): 57-63.
- [15]. Oyadeji, I.E. (2014). Impact of domestic violence on family wellbeing. In Adeyoke, A.A. and Oyaziwo, A. (Ed.). *perspective in Guidance and Counselling*
- [16]. Paz, C., Hidalgo-Andrade, P., & Salgado, R. M. (2023). *Evaluation of Integrative Community Therapy with domestic violence survivors in Quito, Ecuador*. *International Journal of Environmental Research and Public Health*, 20(8), 5492. <https://doi.org/10.3390/ijerph20085492>
- [17]. Tanimu, T.S., Yohanna, S., & Omeiza, S.Y. (2016) The pattern and correlates of intimate partner violence among women in Kano, Nigeria. *Afr J Prim Health Care Fam Med.*;8(1):e1–6.
- [18]. Slabbert, I. (2016) Domestic Violence and Poverty: Some Women's Experiences. *Res Soc Work Pract.* 8;27..
- [19]. Shah, A. H., Catalano, A., Bhatia, U., Gupta, D., Daruwalla, N., Osrin, D., & Nadkarni, A. (2024). Coping Strategies and Help-Seeking Behaviors among Survivors of Intimate Partner Violence: A Qualitative Study of Spouses of Men with Heavy Drinking in India. *Health & Social Care in the Community*. [ResearchGate](https://www.researchgate.net/publication/381111111)
- [20]. Wagwula, M. P., Ofem, C. A., Ukanwoke C. Chelsea, U.K., Afi, O. E., Nwigene, C., & Essien, A. E. (2024) Strengthening Domestic Violence Prevention in Nigeria: A Call to Action. *Cross River Journal of Medicine*, 3,(1), 12-14.