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## Coping with Marital Violence: Whither Women in Ile-Ife?

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### **Abstract:**

*Coping with of marital violence could involve but not limited to sharing their experience with their friends rather than their family members or relatives. However, previous researches conducted viewed this from a quantitative perspective but this research aims at using a qualitative approach. This research aimed at narrating the coping strategies of women survivors of marital violence in their own voice. To locate appropriate participants, a purposive sampling method which is a non- probability method was employed in choosing 2 communities in Ife municipality. The sample size comprised of 12 participants within the age of 15-49 years. In-depth interview and case study was adopted as research instruments for primary data collection because it is exploratory, descriptive, detailed and complete. Findings revealed that in order for the women to stay alive or survive marital violence also known as intimate partner violence, they had to share their ordeal with friends and colleagues, religious leaders, keeping to themselves, avoiding the perpetrator, drinking alcohol, indiscriminate use of drugs and smoking. In conclusion, this study observed that different people experience similar things differently and that credits women's ability to create novel strategies for coping with marital violence and acknowledges their efforts at seeking for help and support from formal and informal sources.*

**Keywords:** Coping strategy, domestic violence, marital violence, women, Ile-Ife, Nigeria

### **1. Introduction**

The CDC (Centre for Disease Control, 2006) explicitly defined domestic violence also known as Intimate partner violence as the form of abuse that happens between two matured individuals involved in a close relationship (such as dating, engaged, married and divorced) and also involves the use of violence to control, manipulate, intimidate or cause harm to one's partner. Examples of marital violence are punching, burning, slapping, hitting, beating, kicking and or use of other types of physical force. More so, other forms of marital abuse comprise of sexual abuse, verbal abuse, threat by use of weapons, gestures or words, psychological abuse/ emotional abuse, threatening a partner's sense of worth, possessions, stalking and or restriction of partner from visiting or engaging with family and friends (Centre for Disease Control, 2006). CDC (2006) went further to state that the various forms of marital violence/ abuse start from emotional abuse and slowly leads to physical and sexual abuse thereby making all the forms of abusive dependent one each other. (Rennission and Welchans, 2000) also posited that the inter-dependency of the various forms of marital violence results in the occurrence of these behaviors every 36 seconds and in 1998 accounted for over three deaths per day.

Research indicates that 90% of women who are addicted to use of substance had been victims of physical or sexual violence. The use of substance makes them feel better for a while, but it makes them worse at the long run after much dependency on it (Beijer, Scheffel, DeMartins and Klinteberg, 2015). A study done by Adair, Gultiano and Avila (1998) showed that victims of marital do not report their intimate partners to appropriate authorities, but would rather cope by keeping it to themselves. Some women survivors also cope with incidence of marital violence by sharing their experience with their friends rather than their family members or relatives (Rodriguez, 2011). Itimi et al (2014) stated that the coping strategies used by women victims of marital violence includes substance abuse but centres more on religion. Furthermore, counselling programs and shelter systems are seen as important resources for coping with marital violence by an intimate partner, though financial dependency, limited access to education and religion are seen as the barriers that hinder survivors from having access to external services thereby leading to the use of internal coping strategies.

More so, Itimi et al (2014) conducted a cross-sectional survey research design on intimate partner violence and associated coping strategies among women in a primary care clinic in Port Harcourt, Nigeria. Findings from the study showed that of the 384 participants, 161 (41.9%) were physical abused. IPV/DV was significantly common among women

below the age of 40 years, married couples (78.5%), un-employed and in Christians. Findings also indicated that the act of marital violence by an intimate partner was caused by argument with husband (19.25%) and financial demands (44.10%). Findings further showed that the highest method of coping strategy employed by the victims (women) was religion and the least was in substance abuse.

Opuh and Okanlawon (2015) conducted a study to ascertain factors associated with intimate partner violence against women and women's coping strategy and services in Ika, Delta State. Two hundred women of child-bearing age between 15-49 years were used for the study. Findings from the study revealed that majority of the victims sort help from their pastors, priests or religious leaders. Some of the victims went to their relatives to sort for comfort; some went to the relatives of their partners (perpetuators) for solace while some went to friends and neighbors.

Chimah et al (2015) conducted a comparative, cross-sectional survey with both quantitative and qualitative components on the impact of intimate partner violence and coping strategies adopted among women in military and civilian communities of Abuja, Nigeria. 260 married or co-habiting women in civilian and military communities of Abuja, Nigeria participated in the study. Findings revealed that IPV/DV has severe negative impact on the health of women. More so, study revealed that majority of the civilians about 46(42.6%) and military about 59 (45.4%) were victims of intimate partner violence sought help from informal sectors like families, friends and church. However, most of the civilian participants about 16(14.8%) indicated to have sought assistance because they were encouraged by family and friends while most of the military participants 36(27.7%) sought help because their ordeal was unbearable.

Ndie et al (2018) conducted a cross-sectional survey on the evaluation of nature of marital violence and coping strategies adopted by women suffering marital violence in Anambra State of Nigeria. 400 women were selected for the study using multi-stage sampling technique. Findings from the study revealed that sexual assault was 22.55% while physical assault was 13.24%. The most common type of coping strategy adopted was seeking for help from religious leaders (4.07%), followed by drinking and using of drugs to numb the pain at 3.98%, confiding in family members and friends at 3.96%, then reporting to agencies or authorities at 3.92%. Findings also showed that most of the women hoped that the situation will resolve by itself (3.83%), while others preferred not to talk to anyone about the violence (3.76%).

### *1.1. The Cycle of Violence and Traumatic Bonding*

The cycle of violence describes the patterns that the act of marital violence follows. Walker (1979) posited that the cycle of violence starts at the onset of marital-union when everything is still at the 'build-up phase'. However, as soon as a reality of life sets in, the tension between the couple begins to escalate. Tensions such as having a bad day, to sudden loss of jobs, huge financial loss can be a factor for violence. Hence, in an already established abusive relationship, the tension of the abuser tends to continually heighten and his need for control and power renders the victim powerless and a feeling that she is walking on brittle eggshells (Walker, 1979).

The continuous rise in tension lead to the 'explosion phase' in which anger takes place and resultant effect is battering. In this stage, the abuser is likely to hit, beat, punch, verbally assault, threaten and scream at the victim. Also at the stage, the perpetrator often times blames the victim for his irrational behavior regardless of how abnormal their violent behavior is (Walker, 1979).

In the 'loving the contrite phase', the perpetrator is likely to feel guilty, remorseful or sorry because of his sudden physiological release of tension and will try to make up for the abuse. Essentially, the perpetrator may start by buying gifts, attempting to romance and court her as it was in the beginning of their relationship (Walker, 1979). One continuous occurrence is that the perpetrator will continue to cast aspersions on the victim for having caused his erratic behavior and eventually led him to abuse her. At the later end of this phase, the loving and contrite feelings begin to dwindle once again as the battering starts afresh. The starting afresh of the tension leads to the vicious cycle of violence resuming again (Walker, 1979).

Walker (1979) stated that without swift intervention, this cycle does not get better it rather becomes worse and more frequent. She further stated that the act of violence spirals out of control as time goes by and the loving and contrite phase becomes less apologetic and shorter. Finally, this phase stops entirely and this is the point where the victim is in the greatest amount of danger and likely to have a more violent experience that can lead to her death.

For women of all cultures, developing a tolerance for their experience of abuse is very crucial to their survival (Gonzalez, 2010). Dutton (2010) posited that some women may not understand that the act of marital violence is against the law and may therefore develop fear that the law may blame them for their husband's abusive behavior. Gonzalez (2010) further stated that most Latino women who are migrants to America may lack the wherewithal necessary to survive in the country and may not equally have the required knowledge of protection services or the existence of shelters for battered women. The aforementioned barriers to seeking for help and justice against a perpetrator has resulted into why so many victims of violence fail to report abuse and resign to depending on their abusers. The effect of DV on a victim's relational attachment to her perpetrator has been termed 'traumatic bonding'. Traumatic bonding happens when the victim of intimate partner violence becomes isolated and starts to lose her sense of dignity, self-worth, self-esteem, self-reliance and self-efficacy (Gonzalez, 2010). The isolation of a DV victim leads to her continued dependence on the abuser, her increased need for social support and emotional support (Dutton, 1992). Traumatic bonding has been posited as the reason why most victims of intimate partner violence return to their abusers. In a research conducted by Sullivan et al(1992b), findings showed that 79% of a sample of women recruited from a Midwest home for battered women, had at some point returned to their abusers at least once and 19% reported leaving their abusive partners at least 10 times. Three assumptions can be made as regards the effect of traumatic bonding:

- The victim leaved the abusive relationship briefly with the intention of returning so as to make a statement signifying that she will no longer tolerate the abuse in future
- The victim leaves the abusive relationship with the intention of never coming back, but returns if she sees that the opportunities outside is not as she expected
- The victim has no other option or plan on mind than to return (anderson, 1997).
- This paper however intends to narrate the coping strategies of women survivors of marital violence in their own voice in other to provide a much explicit understanding of their lived experiences.

## 2. Theoretical Framework

This part of the study explored existing theoretical explanations about survivors' responses to marital violence. The theories include survival theory, theory of learned helplessness and theory of patriarchy. These above adopted lenses helped in the understanding of the narrated experiences of the women.

### 2.1. Survival Theory

Theoretical perspectives on coping mechanisms changed in the late 1970s when Lazarus et al moved from the earlier view of coping as classified into harmful and un-harmful coping forms. This move led to the second stream of theorizing coping in terms of a process that change over time. The survival theory assumes that abused women's coping strategies changed with a shift in the experienced severity of violence (Gondolf and Fisher, 1988). The theory also suggests that survivors' likelihood of relying on emotion-focused coping mechanism decreased with lengthy exposure to increasing abuse severity. Survivor theory further stated that survivors would resort to internal resources at the initial stage of violence and progress to support seeking with severity of violence. It also acknowledges women on their ability to create novel strategies of coping and recognizes the efforts of the survivors in seeking help from formal and informal sources. Lazarus (1993) was of the view that this form of coping was associated with personality traits. The increased severity of violence is said to push survivors into problem-focused coping strategies (Gondolf and Fisher, 1988; Gondolf et al., 1990). Problem-focused strategies focus on changing the stressful situation through seeking support from external sources or exiting an abuse relationship (Lazarus, 1993). However, some researchers suggest that survivors who engage in problem-focused coping decisions may first employ emotion-focused strategies prior to making proactive support seeking decisions (Folkman & Lazarus, 1985; O'Brien & DeLongis, 1996). This is in tandem with the assumptions of the Survivor theory, which suggest that survivors would resort to internal resources at the initial stage of violence and progress to support seeking with severity of violence.

### 2.2. Theory of Learned Helplessness

This theory looks at the reasons why victims of marital violence often decide to stay back in a volatile intimate relationship. It was originally proposed to explain the loss of will that accompanies repeated barriers to escaping from an adverse situation (Seligman, 1975). Constant beatings or other forms of abuse may make a woman become passive and resign to fate because she feels that nothing she does will result in a positive outcome.

### 2.3. Theory of Patriarchy

The theory of Patriarchy is referred to as the 'power of the fathers' (Kesselman, McNair, & Schiedewind, 2008, p. 10). Patriarchy can be said to be 'a grand narrative that powers us all, often invisibly' (Dickerson, 2013, p. 102). However, the historically tenacious patriarchal social structure has been presented as the primary explanation of intimate partner violence (IPV) (Stark & Flitcraft, 1996). An important feature of patriarchy is the ongoing gendered power imbalance. Gendered power imbalances influence perpetration and survivors' interaction with support systems, including the justice system and other anti-violence agencies. In overt patriarchal settings, men are considered as authoritarian figures in women's lives. Violence is as a result of learned behaviours rooted in gender inequality that dictates men to exert power and control and women to accept and normalized violence. In most cases, violence is still too often viewed as 'keeping a woman in line' thereby perpetuating repression and suppression (Omvedt, 1986). Gendered power inequalities within intimate relationships fed by cultural sentiments foster feelings of shame and self-blame in some survivors (Archer, 2006). Patriarchy submits that women bring violence upon themselves by being disobedient. As a consequence, some women experience emotional and physical punishment as a justifiable response for disobeying traditional patriarchal expectations. In this context, women might feel it necessary to apologize to the perpetrator. For such groups of women, the likelihood of reporting violence or seeking external support is further reduced (Doerner & Lab, 2005). While power imbalance related to shame and self-blame are likely to have the same effect on women experiencing intimate partner violence in western cultures.

## 3. Research Method

In order to locate appropriate participants, a purposive sampling method which is a non- probability method was deployed in choosing 2 communities in Ife municipality. The sample size consisted of 12 participants within the age of 15-49 years. In-depth interview and case study was adopted as research instruments for primary data collection because it is exploratory, descriptive, detailed and complete. The data derived was analysed using thematic content analysis.

#### 4. Findings

Findings from this research revealed that in order for the women to cope with marital violence also known as intimate partner violence, they had to share their ordeal with friends and colleagues, telling religious leaders and praying, keeping to themselves, avoiding the perpetrator, drinking alcohol, indiscriminate use of drugs and smoking. Overwhelming, a majority (12) of the women survivors stated that sharing their experience with their friends and colleagues was the major form of coping strategy they employed. Others stated that religion and spiritual strategies (7), Keeping the abuse to themselves (6), avoiding the perpetrator (3), indulging in Alcohol (2), eating disorders (2), indiscriminate use of drugs (1) and smoking (1) were used as means to cope with the abuse.

The experiences of the survivors that x-rayed the various coping mechanisms adopted by women to ensure survival are seen below.

##### 4.1. Involving Family Members

Dayo a 44 years old woman of abuse had this to say:

*'Initially, when the abuse was still at the minimal stage, I was able to endure with the hope that he will change. I prayed for him a lot and i fasted. But it seemed that things were getting out of hands, so I had to call on our family friends to intervene.'*

These findings can be seen to be in-tune with theory of learned helplessness which elucidated that constant beatings or other forms of abuse may make a woman become passive and resign to fate because she feels that nothing she does will result in a positive outcome (Seligman M., 1975). Secondly, these findings are in tandem with the survival theory which illustrated that survivors' likelihood of relying on emotion-focused coping mechanism decreased with lengthy exposure to increasing abuse severity. Survivor theory further stated that survivors would resort to internal resources at the initial stage of violence and progress to support seeking with severity of violence. It also acknowledges women on their ability to create novel strategies of coping and recognizes the efforts of the survivors in seeking assistance from formal and informal sources.

##### 4.2. Confiding in Close Friends and Colleagues

Similarly, Nike a woman survivor aged 28 years recounted that she couldn't tell her family members or in-laws because they would not believe her; they saw her husband as a saint and equally he was the financial back up of her family: *'I pretend as if all is well before our families so that he will not deal with me in the house. I usually do things to make him happy so that he will not descend on me. But I couldn't take it anymore, I was going mad. I had to confide in my close friends for my sanity sake. They all donated money for me and my two children and helped me escape from him. My friends told my parents the truth and I was saved. My self-esteem is back and I have survived.'*

The findings here is supported by survivor theory, which stated further stated that individuals would resort to internal means at the initial stage of violence and progress to support seeking with severity of violence. It also acknowledges women on their ability to create novel strategies of coping and recognizes the efforts of the survivors in seeking assistance from formal and informal sources. Lazarus (1993) was of the view that this form of coping was associated with personality traits. The increased severity of violence is said to push survivors into problem-focused coping strategies (Gondolf and Fisher, 1988; Gondolf et al., 1990). Problem-focused strategies focus on changing the stressful situation through seeking support from external sources or exiting an abuse relationship (Lazarus, 1993). However, some researchers suggest that survivors who engage in problem-focused coping decisions may first employ emotion-focused strategies prior to making proactive support seeking decisions (Folkman & Lazarus, 1985; O'Brien & DeLongis, 1996).

##### 4.3. Informing Religious Leaders and Praying

Another woman survivor aged 46 years (Kemi) said:

*'Where will I go to? If I leave, my husband's family will collect my children from me. I don't want my children to suffer and my parents are not rich, my husband does not want me to work. I am just a house wife. I just make sure that I go to church every day to pray and pray. My pastor said I should keep praying for him that maybe he is possessed.'*

The findings here reinforce the explanation of two different theories which includes theory of patriarchy and theory of learned helplessness. First, the theory of patriarchy which is referred to as the 'power of the fathers' by Kesselman, McNair, & Schiedewind (2008, p. 10) which is equally seen as a grand narrative that influences everyone, often invisibly. It elucidates that gendered power inequality which encourages perpetration and survivors' interaction with support systems, including the justice system and other anti-violence agencies is an important feature of patriarchy. In overt patriarchal settings, men are considered as authoritarian figures in women's lives. Gendered power inequalities within an intimate relationship fed by cultural sentiments foster feelings of shame and self-blame in some survivors (Archer, 2006). Patriarchy submits that women bring violence upon themselves by being disobedient. As a consequence, some women experience emotional and physical punishment as a justifiable response for disobeying traditional patriarchal expectations.

Secondly, the findings here can be seen to be in tune with the theory of learned helplessness which looks at the reasons why victims of marital violence often decide to stay back in a volatile intimate relationship. Originally, this theory was proposed to illuminate the loss of will that accompanies repeated barriers to escaping from an adverse situation (Seligman, 1975). Constant beatings or other forms of abuse may make a woman become passive and resign to fate because she feels that nothing she does will result in a positive outcome.

#### 4.4. Avoiding the Perpetuator and Keeping to Themselves

To survive, Monica aged 45 years said thus:

*'Okay, look at me, I have entered menopause, who will marry me as we speak if I leave, I can't go back to my father's house and my life is not safe in my husband's house. All I do is to avoid him and his wahala (trouble) and keep the whole thing to myself.'*

These findings align with the theory of learned helplessness which succinctly explains the reasons why individuals who find themselves in marital violence often decide to stay back in a volatile intimate relationship. Originally, this theory was proposed to illuminate the loss of will that accompanies repeated barriers to escaping from an adverse situation (Seligman, 1975). Constant beatings or other forms of abuse may make a woman become passive and resign to fate because she feels that nothing she does will result in a positive outcome. More so, the findings affirm the explanations of survival theory which credits women on their ability to create novel strategies of coping and acknowledges the efforts of the survivors in seeking help from formal and informal sources. Lazarus (1993) was of the view that this form of coping was associated with personality traits. The increased severity of violence is said to push survivors into problem-focused coping strategies (Gondolf and Fisher, 1988; Gondolf et al., 1990).

#### 4.5. Indiscriminate Use of Drugs

A woman aged 35 years recounted on how she started taking drugs to calm herself down:

*'When the pain became too much for me, I had to start taking Anti-depressant and sleeping tablet so that I can be numb from all that is happening around me. I have gotten used to it.'*

These findings are in tandem with survivor theory. This illustrated that survivors would resort to internal resources at the initial stage of violence and progress to support seeking with severity of violence. The increased severity of violence is said to push survivors into problem-focused coping strategies (Gondolf and Fisher, 1988; Gondolf et al., 1990). Problem-focused strategies focus on changing the stressful situation through seeking support from external sources or exiting an abuse relationship (Lazarus, 1993). However, some scholars suggest that survivors who engage in problem-focused coping decisions may first employ emotion-focused strategies prior to making proactive support seeking decisions (Folkman & Lazarus, 1985; O'Brien & DeLongis, 1996).

#### 4.6. Drinking and Smoking

Another woman aged 25 years by the name Fumi had this to say:

*'I am no longer in his house, but I get scared of men every day. I must drink and smoke..... sometimes to forget my sorrow (she nods her head with resignation). I am trying to stop but it is not easy. God will help me.'*

These findings are in-line with survivor theory. Just like the previous participant, this illustrated that survivors would resort to internal resources at the initial stage of violence and progress to support seeking with severity of violence. The increased severity of violence is said to push survivors into problem-focused coping strategies (Gondolf and Fisher, 1988; Gondolf et al., 1990). Problem-focused strategies focus on changing the stressful situation through seeking support from external sources or exiting an abuse relationship (Lazarus, 1993).

### 5. Discussion

Findings from this study as regards the coping mechanism also revealed that most of the women survivors shared their experienced with their friends and work place colleagues rather than their family members and in-laws. This is in line with the findings of Rodriguez (2011) who deduced that some women survivors preferred to share their experience with their friends instead of their family members. Some of the women survivors reported that they would rather keep what they are passing through to themselves than expose it to the public and necessary authorities. This finding is in line with the findings of Adair, Gultiano and Avila (1998) which showed that victims of marital violence do not report their spouses to appropriate authorities, but will prefer to keep it to themselves. Religion was also seen as a form of coping strategy by some of the women survivors in the study in the sense that they sort refuge in their spirituality as either Christians or Muslims in particular. According to some of the religious leaders who were Christians, some of their parishioners' who were victims of Marital violence attended numerous church programmes such as vigils, fasting, going to the mountain for prayers, involving themselves in other church activities so as to either redeem their erring spouses or avoid them. This finding is linked to the findings of Itimi et al (2014) who posited that the coping strategy of women survivors of marital violence centers on religion. Furthermore, few of the women that were interviewed reported that they (women survivors) indulged in alcohol, binge eating and indiscriminate drug use as a means of coping mechanism. This is closely related to the findings of the U.S. Department of Health and Human Services (2017) that stated that many women victims of Marital violence cope with trauma such as smoking, over-eating, alcohol abuse and substance abuse because it makes them feel better for a short while, but it makes them worse after been dependent on it for a long time. Also, the finding from this study is in line with the theory of helplessness that looks at the reasons why abused women often decide to stay back in a volatile relationship and passivity. Furthermore, this finding supports the survival theory which credits women on their ability to create novel strategies of coping and acknowledges the efforts made by survivors of IPV to seek for help and support from formal and informal sources.

### 6. Conclusion

The study succinctly revealed the coping strategies of women survivors of marital violence. Interestingly, quite a number of Marital violence related cases perpetuated against women were not reported to the law enforcement agencies and welfare because it was perceived as a family affair which needed no intervention and most of the women did not see

reporting as a way of unravelling the problem rather it increased the problem. The accounts of the women survivors of marital violence gave valuable discernments into the experience of marital violence which are crucial in planning, structuring and implementation of intervention programmes for women survivors of marital violence.

## 7. Recommendations

In view of the findings from this study, the following recommendations are suggested:

- Government should establish laws and policies that will compel organizations and parastatals to report cases of marital violence so as to protect the growing population as it practiced in developed countries.
- Increased awareness and sensitization on better strategies for stamping out marital violence by encouraging clergy men and women to enroll for courses that will broaden their thoughts on ways to help members of their congregation on issues of marital violence.
- Promoting and sponsoring programmes targeted at revealing the dangers of abusing drugs in marital violence related cases.

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