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Trauma Symptoms of Female Victims of Domestic Violence in Rivers State, Nigeria

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Abstract

Domestic violence is a debilitating public health threat that can traumatize the survivors. This study investigated trauma symptoms of female victims of domestic violence in Rivers State. The cross-sectional survey research design was employed with a population consisting of 15,023. A sample size of 825 was selected using a multi-stage sampling procedure. The instrument for data collection was a structured questionnaire with a reliability index of 0.89. The data collected were analyzed with the aid of the statistical package for social sciences (SPSS) version 23.0 using mean, standard deviation and ANOVA. The result revealed that the trauma symptoms experienced by female victims of domestic accident were fatigue ($\bar{X}$ = 2.69), followed by feeling of hopelessness and painful intercourse ($\bar{X}$ = 2.67), sweating profusely and difficulty reaching orgasm during sex ($\bar{X}$ = 2.66), nightmares ($\bar{X}$ = 2.65), anxiety ($\bar{X}$ = 2.64), increased heart-beat and headache ($\bar{X}$ = 2.62), depression ($\bar{X}$ = 2.61), sadness ($\bar{X}$ = 2.60), hyper vigilance ($\bar{X}$ = 2.59), shame ($\bar{X}$ = 2.57), and confusion ($\bar{X}$ = 2.55). Trauma symptoms were experienced more among those aged 25-29 years ($\bar{X}$ = 2.67±1.27), had higher educational and socio-economic status. The tested hypotheses showed statistically significant difference in Trauma symptoms based on educational status [F(3, 816) = 4.11; p = 0.01]. It was concluded that, female victims of domestic violence in Rivers State are vulnerable to trauma symptoms. It was recommended among others that, the Nigerian Social Welfare Agency should help to reduce trauma symptoms of domestic violence victims through counselling and rehabilitation programmes.

Keywords: *Domestic Violence, Demography, Female Victims, Trauma, Rivers State.*

Introduction

In a patriarchal nation like Nigeria, the culture of silence regarding domestic abuse against women makes the trauma worse. This means that these women need to learn important life skills to protect themselves from domestic violence. This is especially true now that the Corona-virus outbreak has caused many people to lose money, which has made them less happy and more angry. The World Health Organization's (2021) research said that nearly 1 in 3 (30%) women over the world have been victims of violence that hurt them physically, mentally, and socially. Benebo et al. (2018) found that roughly one in four women aged 15 to 49 in Nigeria have been victims of intimate partner abuse. Alokan (2015) asserted that the diverse manifestations of violence against women encompass spousal abuse, suppression of self-expression, female child labor, child marriage, female genital mutilation, violence perpetrated by in-laws, violence arising from sexual relationships, hostility due to the sex of a newborn child, exploitation, violence inflicted by law enforcement officials, detrimental cultural attitudes, and humiliating traditional practices, such as widowhood rites and the obstruction of female education. A significant number of victims who continue to cohabitate with their perpetrators frequently report elevated levels of stress, worry, and anxiety. Victims can feel guilty for "provoking" the abuse and are often the target of harsh criticism, which can lead to depression.

These violent events do not leave the victim unscathed or without trauma. The American Psychological Association

(APA, 2020) says that trauma is an emotional reaction to something that is physically or emotionally dangerous or destructive. Trauma can cause emotional symptoms like denial, anger, fear, sadness, shame, confusion, anxiety, depression, numbness, guilt, hopelessness, irritability, and trouble concentrating. It can also cause physical symptoms like headaches, fatigue, a faster heartbeat, sweating, digestive problems, and feeling jumpy (Leonard, 2020). These symptoms may also manifest in female victims of domestic violence. But if women use their life skills, they might be able to stop domestic violence or make it less likely to happen.

A survey by Adebayo (2015) in Nigeria revealed that more than 65 percent of educated women and 55 percent of low-income women experience domestic violence. Moreover, nearly all the women who endured violent assaults display indications of severe depression and associated health issues, including chronic pain, substance abuse, and other connected conditions (WHO, 2015; Stanley, 2015). Domestic violence against women is an increasing global health issue.

In Nigeria, the problem of violence against women is primarily rooted in the traditional patriarchal structure of the society (Kullima et al., 2015). In an effort to reduce the prevalence of domestic violence, the Nigeria Stability and Reconciliation Programme (NSRP), along with other groups, supported the establishment of virtual safe spaces in the form of observatories as a repository of information on violence against females in eight states mostly affected by violent conflict, including Rivers State, yet, females still suffer the trauma symptoms of domestic violence which in most cases go unreported (Fund for Peace, 2016). In Rivers State, Ker et al. (2018) noted that, domestic violence was the most commonly reported type of violence against women (33.5%). However, despite the recognition and efforts made to prevent domestic violence in many developing countries, there are inadequate services to cater adequately for the victims.

Numerous characteristics have been identified as correlated with the trauma symptoms exhibited by female victims of domestic violence. Alokan (2015) stated that substance misuse, hazardous sexual practices, and depression are the elements linked to traumatic histories in Africa. Some Nigerian researchers (Abubakar, 2016; Adimula & Ijere, 2018) have observed that victims cohabiting with their attackers frequently experience elevated levels of tension, worry, and anxiety. Common symptoms include trouble concentrating, being easily annoyed and angry, having intrusive thoughts, having nightmares, and being overly aware of things. These symptoms seem to affect Nigerian women in the same way as they do other African women since they have similar cultural risk factors. However, it has been shown that exposure to interpersonal traumatic events is more likely to elicit the emergence of trauma symptoms than exposure to natural disaster-related traumatic events (Alokan, 2015). This study's emphasis on trauma symptoms is crucial as it may facilitate the identification of victims and the provision of necessary assistance to preserve their lives, given that the study will illuminate such signs. Abubakar (2016) said that trauma is a really hard or bad thing that happens to someone that usually causes them to have mental or emotional problems for a long period. Trauma is now seen as one of the main causes of death. It was also said that substance misuse, hazardous sexual practices, and depression are all linked to traumatic backgrounds among Africans (Alokan, 2015).

When women are exposed to domestic abuse, the effects are huge (Neumann, 2015). The report by Lanctôt and Guay (2015) identified seven categories of consequences: physical, psychological, emotional, occupational functioning, patient relationships/quality of treatment, social/general, and financial. Psychological (e.g., posttraumatic stress, depression) and emotional (e.g., rage, terror) ramifications and their influence on occupational functioning (e.g., sick leave, job satisfaction). Vasil (2015) asserted that domestic violence can result in traumatic events that induce horror, a sense of helplessness, and serious or perceived threats of physical or psychological injury and/or death for individuals who directly experience the event. Furthermore, the repercussions of traumatic events extend beyond the primary victims to include witnesses, rescue workers, and the friends and relatives of the primary victims. Conversely, trauma symptoms and life skill requirements may vary across specific socio-demographic contexts, including age, educational attainment, and socio-economic status. For example, younger women may not be brave enough to talk about what happened to them, which could make their trauma worse. Additionally, individuals with elevated socio-economic status may have greater access to advanced educational opportunities, positioning them to acquire knowledge and develop life skills that could mitigate the likelihood of experiencing trauma symptoms. Additionally, drawing from social cognition theory, individuals with elevated socio-economic and educational status may possess self-efficacy, behavioral competence, and strategies for behavior modification, including observational learning and reinforcement.

Statement of the Problem

Women in a patriarchal society like Nigeria, are treated with gender subordination which subjects them to experiencing indelible traumas. The Social Cognitive theory take to consideration such fact when it purported that, one major determinant of behaviour is environment

(social and physical). The social environmental factors could include among other things the socio-economic status of an individual including education. The socio-economic status of a woman especially when it is low could increase her vulnerability to traumatic experiences such as sexual abuse, deprivation, and hardship; which could be worse for younger women who may not have the maturity to endure or prevent such traumatic experiences thereby, increasing their vulnerability to such experiences. Low socio-economic status could also deter the furtherance of her education which challenges her acquisition of life skill needs to prevent her from traumatic experiences. Trauma, itself is one major cause of morbidity and mortality. As such, domestic violence has been identified as one of its sources amidst this corona virus pandemic season. Thus, the researcher deemed it necessary to carry out a study on trauma symptoms of female victims of domestic violence in Rivers State.

The study provided answers to the following research questions:

1. What are the trauma symptoms of the female victims of domestic violence in Rivers State?
2. What is the difference in extent of trauma symptoms experienced by the female victims of domestic violence based on age?
3. What is the difference in the extent of trauma symptoms experienced by the female victims of domestic violence based on educational status?
4. What is the difference in the extent of trauma symptoms experienced by the female victims of domestic violence based on socio-economic status?
5. What is the difference in the extent of trauma symptoms experienced by the female victims of domestic violence based on occupation?

Hypotheses

The following null hypotheses were tested at 0.05 alpha level:

1. There is no significant difference in the extent of trauma symptoms experienced by female victims of domestic violence in Rivers State based on age.
2. There is no significant difference in the extent of trauma symptoms experienced by female victims of domestic violence in Rivers State based on educational status.
3. There is no significant difference in the extent of trauma symptoms experienced by female victims of domestic violence in Rivers State based on socio-economic status.
4. There is no significant difference in the extent of trauma symptoms experienced by female victims of domestic violence in Rivers State based on occupation.

Methodology

The research design employed for this study is a cross-sectional survey design. The population for the study consisted of 15,023 women, within 2021 to 2023 female victims of domestic violence in Rivers State (FIDA, 2022; Rivers State chapter). The sample size for this study was 825 which is 5% of the population. Five per cent sample size was 750 but, 5% attrition rate (that is, 75) was added during the administration of the instrument to ensure that the response rate does not reduce below the minimum sample size. A simple random sampling technique was used to select the respondents for the study.

The instrument for data collection in this study was a researcher structured questionnaire. The instrument was titled, "Questionnaire on Trauma Symptoms and Life Skills (QTSLS)". The instrument consisted of two Sections A, and B. Section A focused on the socio-demographic characteristics of the respondents with a multiple response format, while Section B focused on the trauma symptoms which was developed by the researcher following a literature search on the variables, the section was arranged on a four point modified Likert scale of very low extent (1), low extent (2), high extent (3) and very high extent (4). The instrument was validated by one experts from Health and Safety Studies, and two experts in gender studies. The reliability index of the instrument was 0.89. The data collected were analyzed using the statistical package for social sciences (SPSS) version 23.0; using mean, standard deviation and one-way analysis of variance (ANOVA) at 0.05 alpha level

Results

The results of the study are shown below;

Table 4.1: Weighted mean and standard deviation on trauma symptoms of female victims of domestic violence N = 819

SN	Traumatic symptoms	$\bar{X}$	Std Dev.	Decision
1	Feeling of denial	2.33	1.36	LE
2	Feeling of Anger	2.39	1.32	LE
3	Feeling of Fear	2.39	1.29	LE
4	Feeling of Sadness	2.60	1.27	HE
5	Feeling of Shame	2.57	1.23	HE
6	Having Confusion	2.55	1.15	HE
7	Feeling of Anxiety	2.64	1.11	HE

8	Feeling of Depression	2.61	1.19	HE
9	Feeling of guilt	2.48	1.18	LE
10	Feeling of hopelessness	2.67	1.21	HE
11	Hyper vigilance	2.59	1.25	HE
12	Nightmares	2.65	1.17	HE
13	Difficulty concentrating	2.62	1.17	HE
14	Headaches	2.62	1.19	HE
15	Increased heart-beat	2.62	1.22	HE
16	Sweating profusely	2.66	1.21	HE
17	Fatigue	2.69	1.19	HE
18	Experienced dryness of the vagina during sex	2.63	1.22	HE
19	Poor vaginal lubrication during sex	2.65	1.21	HE
20	Difficulty reaching orgasm during sex	2.66	1.22	HE
21	Experienced painful intercourse	2.67	1.22	HE
	Grand mean	**2.59**	**1.21**	**HE**

Criterion mean = 2.50. Decision Guide: 0 - 1.49 = very low extent (VLE); 1.50 - 2.49 = low extent (LE); 2.50 – 3.49 = high extent (HE); 3.50 – 4.00 = very high extent (VHE)

Table 1 revealed that the grand mean of 2.59 is greater than the criterion mean indicating a high extent of trauma symptoms among female victims of domestic violence. The result revealed that the top in the list of trauma symptoms was fatigue ($\bar{X}$ = 2.69), followed by feeling of hopelessness and painful intercourse ($\bar{X}$ = 2.67 each), sweating profusely and difficulty reaching orgasm during sex ($\bar{X}$ = 2.66 each), nightmares ($\bar{X}$ = 2.65), anxiety ($\bar{X}$ = 2.64), increased heart-beat and headache ($\bar{X}$ = 2.62 each), depression ($\bar{X}$ = 2.61), sadness ($\bar{X}$ = 2.60), hyper vigilance ($\bar{X}$ = 2.59), shame ($\bar{X}$ = 2.57), and confusion ($\bar{X}$ = 2.55). Thus, the trauma symptoms of the female victims of domestic violence in Rivers State were fatigue, hopelessness, nightmares, anxiety, depression, sadness, hyper vigilance, shame and confusion.

Table 2: Mean and standard deviation on Age and Trauma symptoms experienced by the female victims of domestic violence

SN	**Traumatic symptoms**	**Age**							
		15-19yrs (N = 58)		**20-24yrs (N = 413)**		**25-29yrs (N = 338)**		**30-34yrs (N = 10)**	
		$\bar{X}$	**SD**	**$\bar{X}$**	**SD**	**$\bar{X}$**	**SD**	**$\bar{X}$**	**SD**
1	Feeling of denial	2.01	1.40	2.22	1.34	2.51	1.35	2.50	1.58
2	Feeling of Anger	2.10	1.37	2.29	1.31	2.57	1.31	2.50	1.58
3	Feeling of Fear	2.15	1.34	2.33	1.27	2.51	1.29	2.50	1.58
4	Feeling of Sadness	2.68	1.36	2.59	1.25	2.60	1.29	2.70	1.41
5	Feeling of Shame	2.36	1.31	2.55	1.20	2.61	1.26	3.00	1.05
6	Having Confusion	2.48	1.21	2.53	1.14	2.57	1.15	2.80	0.91
7	Feeling of Anxiety	2.65	1.13	2.60	1.13	2.68	1.08	2.80	0.91
8	Feeling of Depression	2.53	1.24	2.53	1.21	2.71	1.15	3.00	1.24
9	Feeling of guilt	2.56	1.24	2.57	1.20	2.85	1.13	2.70	1.15
10	Feeling of hopelessness	2.60	1.24	2.56	1.24	2.81	1.17	2.50	1.35
11	Hyper vigilance	2.50	1.30	2.49	1.27	2.74	1.20	2.30	1.33
12	Nightmares	2.60	1.18	2.54	1.19	2.78	1.14	2.50	1.17
13	Difficulty concentrating	2.63	1.20	2.55	1.20	2.71	1.13	2.70	1.15
14	Headaches	2.68	1.23	2.57	1.21	2.68	1.15	2.50	1.35
15	Increased heart-beat	2.70	1.24	2.63	1.22	2.60	1.21	2.70	1.15
16	Sweating profusely	2.70	1.25	2.65	1.23	2.67	1.19	2.50	1.35
17	Fatigue	2.74	1.22	2.66	1.21		2.71	1.15	2.70
18	Experienced dryness of the vagina during sex	2.74	1.23	2.59	1.24	2.68	1.19	2.30	1.33
19	Poor vaginal lubrication during sex	2.75	1.21	2.60	1.23	2.71	1.17	2.50	1.35
20	Difficulty reaching orgasm during sex	2.79	1.21	2.61	1.23	2.72	1.19	2.10	1.44
21	Experienced painful intercourse	2.82	1.17	2.62	1.23	2.73	1.21	2.10	1.44
	Grand mean	**2.56**	**1.25**	**2.53**	**1.22**	**2.67**	**1.27**	**2.49**	**1.35**

Criterion mean = 2.50. Decision Guide: 0 - 1.49 = very low extent (VLE); 1.50 - 2.49 = low extent (LE); 2.50 – 3.49 = high extent (HE); 3.50 – 4.00 = very high extent (VHE)

Table 2 revealed that based on the age of respondents, trauma symptoms were experienced more among those aged 25-29 years ($\bar{X}$ = 2.67±1.27), followed by those aged 15-19 years ($\bar{X}$ = 2.56±1.25), 20-24 years ($\bar{X}$ = 2.53±1.22), and those aged 30-34 years ($\bar{X}$ = 2.49±1.35). Thus based on age, trauma symptoms were experienced more among younger female victims of domestic violence in Rivers State.

Table 3: Mean and standard deviation on Educational Status and Trauma symptoms experienced by the female victims of domestic violence

SN	Traumatic symptoms	Educational Status							
		None (N = 170)		Primary (N = 97)		Secondary (N = 222)		Tertiary (N = 328)	
		$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD
1	Feeling of denial	2.21	1.38	2.08	1.35	2.59	1.34	2.30	1.34
2	Feeling of Anger	2.30	1.35	2.13	1.31	2.65	1.29	2.36	1.32
3	Feeling of Fear	2.31	1.29	2.20	1.27	2.57	1.30	2.37	1.28
4	Feeling of Sadness	2.68	1.25	2.36	1.25	2.71	1.30	2.55	1.27
5	Feeling of Shame	2.53	1.28	2.40	1.21	2.77	1.21	2.50	1.21
6	Having Confusion	2.41	1.21	2.42	1.09	2.71	1.15	2.55	1.12
7	Feeling of Anxiety	2.52	1.16	2.56	1.03	2.85	1.11	2.58	1.09
8	Feeling of Depression	2.45	1.26	2.40	1.18	2.87	1.09	2.58	1.19
9	Feeling of guilt	2.47	1.25	2.34	1.18	2.96	1.06	2.71	1.18
10	Feeling of hopelessness	2.56	1.22	2.29	1.20	2.90	1.14	2.67	1.23
11	Hyper vigilance	2.47	1.28	2.30	1.21	2.82	1.20	2.59	1.25
12	Nightmares	2.53	1.22	2.47	1.12	2.84	1.13	2.63	1.17
13	Difficulty concentrating	2.48	1.21	2.50	1.10	2.85	1.13	2.58	1.19
14	Headaches	2.51	1.21	2.48	1.14	2.79	1.18	2.62	1.19
15	Increased heart-beat	2.54	1.23	2.48	1.19	2.78	1.20	2.60	1.23
16	Sweating profusely	2.58	1.21	2.48	1.21	2.84	1.19	2.64	1.22
17	Fatigue	2.64	1.17	2.56	1.18	2.86	1.17	2.65	1.21
18	Experienced dryness of the vagina during sex	2.60	1.25	2.45	1.21	2.79	1.19	2.61	1.22
19	Poor vaginal lubrication during sex	2.62	1.22	2.48	1.20	2.78	1.20	2.64	1.19
20	Difficulty reaching orgasm during sex	2.62	1.24	2.48	1.21	2.77	1.22	2.67	1.20
21	Experienced painful intercourse	2.64	1.23	2.51	1.21	2.81	1.23	2.65	1.21
	Grand mean	**2.51**	**1.24**	**2.39**	**1.19**	**2.78**	**1.19**	**2.57**	**1.21**

Criterion mean = 2.50.

Table 3 revealed that based on the educational status of respondents, trauma symptoms were experienced more among those who had secondary education ($\bar{X}$ = 2.78±1.19), followed by those who had tertiary education ($\bar{X}$ = 2.57±1.21), no formal education ($\bar{X}$ = 2.51±1.24), and those who had primary education ($\bar{X}$ = 2.39±1.19). Thus based on educational status, trauma symptoms were experienced more among female victims of domestic violence in Rivers State who had higher educational status.

Table 4: Mean and standard deviation on socio-economic status and Trauma symptoms experienced by the female victims of domestic violence

SN	Traumatic symptoms	Socio-economic Status					
		Low (N = 750)		Moderate (N = 65)		High (N = 4)	
		$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD
1	Feeling of denial	2.75	1.25	2.36	1.36	1.98	1.35
2	Feeling of Anger	2.75	1.25	2.43	1.32	1.95	1.31
3	Feeling of Fear	2.75	1.25	2.41	1.29	2.09	1.27
4	Feeling of Sadness	3.50	1.57	2.60	1.28	2.47	1.25
5	Feeling of Shame	3.00	1.81	2.59	1.23	2.32	1.21

6	Having Confusion	3.50	1.15	2.57	1.15	2.32	1.09
7	Feeling of Anxiety	2.50	1.11	2.52	1.16	2.56	1.03
8	Feeling of Depression	1.75	1.09	2.65	1.26	2.35	1.18
9	Feeling of guilt	2.75	1.06	2.64	1.25	2.49	1.18
10	Feeling of hopelessness	2.75	1.14	2.71	1.22	2.47	1.20
11	Hyper vigilance	2.75	1.20	2.68	1.28	2.40	1.21
12	Nightmares	2.25	1.13	2.61	1.22	2.50	1.12
13	Difficulty concentrating	2.25	1.13	2.66	1.21	2.60	1.10
14	Headaches	1.75	1.18	2.63	1.21	2.61	1.14
15	Increased heart-beat	2.75	1.20	2.63	1.23	2.60	1.19
16	Sweating profusely	2.75	1.25	2.63	1.21	2.56	1.21
17	Fatigue	3.25	1.50	2.66	1.17	2.55	1.18
18	Experienced dryness of the vagina during sex	3.25	1.25	2.70	1.25	2.50	1.21
19	Poor vaginal lubrication during sex	3.25	1.25	2.64	1.22	2.53	1.20
20	Difficulty reaching orgasm during sex	3.25	1.50	2.66	1.24	2.58	1.21
21	Experienced painful intercourse	3.25	1.50	2.67	1.23	2.63	1.21
	Grand mean	**2.79**	**1.27**	**2.60**	**1.23**	**2.43**	**1.19**

Criterion mean = 2.50.

Table 4 revealed that based on the socio-economic status of respondents, trauma symptoms were experienced more among those who had low socio-economic status ($\bar{X}$ = 2.79±1.27), followed by those who had moderate status ($\bar{X}$ = 2.60±1.23), and those who had high socio-economic status ($\bar{X}$ = 2.43±1.19). Thus based on socio-economic status, trauma symptoms were experienced more among female victims of domestic violence in Rivers State who had higher low socio-economic status.

Table 5: Mean and standard deviation on occupation and Trauma symptoms experienced by the female victims of domestic violence

SN	**Traumatic symptoms**	**Occupation**					
		Business (N = 225)		**Civil/public serv. (N = 443)**		**Housewife (N = 151)**	
		$\bar{X}$	**SD**	**$\bar{X}$**	**SD**	**$\bar{X}$**	**SD**
1	Feeling of denial	2.43	1.36	2.32	1.25	2.19	1.35
2	Feeling of Anger	2.51	1.32	2.37	1.25	2.29	1.31
3	Feeling of Fear	2.44	1.29	2.40	1.25	2.28	1.27
4	Feeling of Sadness	2.58	1.28	2.68	1.57	2.38	1.25
5	Feeling of Shame	2.55	1.23	2.62	1.81	2.46	1.21
6	Having Confusion	2.57	1.15	2.58	1.15	2.42	1.09
7	Feeling of Anxiety	2.72	1.16	2.63	1.11	2.55	1.03
8	Feeling of Depression	2.72	1.26	2.58	1.09	2.54	1.18
9	Feeling of guilt	2.77	1.25	2.68	1.06	2.57	1.18
10	Feeling of hopelessness	2.75	1.22	2.66	1.14	2.56	1.20
11	Hyper vigilance	2.64	1.28	2.61	1.20	2.49	1.21
12	Nightmares	2.68	1.22	2.66	1.13	2.55	1.12
13	Difficulty concentrating	2.66	1.21	2.62	1.13	2.56	1.10
14	Headaches	2.64	1.21	2.65	1.18	2.53	1.14
15	Increased heart-beat	2.64	1.23	2.62	1.20	2.59	1.19
16	Sweating profusely	2.73	1.21	2.67	1.25	2.48	1.21
17	Fatigue	2.72	1.17	2.73	1.50	2.50	1.18
18	Experienced dryness of the vagina during sex	2.69	1.25	2.68	1.25	2.38	1.21
19	Poor vaginal lubrication during sex	2.67	1.22	2.71	1.25	2.45	1.20
20	Difficulty reaching orgasm during sex	2.70	1.24	2.72	1.50	2.43	1.21
21	Experienced painful intercourse	2.71	1.23	2.74	1.50	2.40	1.21
	Grand mean	**2.64**	**1.23**	**2.61**	**1.27**	**2.45**	**1.19**

Criterion mean = 2.50.

Table 5 revealed that based on the socio-economic status of respondents, trauma symptoms were experienced more among those who were self-employed ($\bar{X}$ = 2.64±1.23), followed by those who were civil/public servants ($\bar{X}$ = 2.61±1.27), and those who had house wives ($\bar{X}$ = 2.45±1.19). Thus based on occupation, trauma symptoms were experienced more among female victims of domestic violence in Rivers State who were self-employed.

Table 6: Analysis of Variance (ANOVA) showing significant difference in the extent of trauma symptoms experienced by female victims of domestic violence based on age of the respondents

Sources of variance	Sum of squares	df	Mean sum of squares	F-value	p-value	Decision
Between group	3.552	3	1.18	1.12	0.33*	H_o Not
Within group	856.767	816	1.05			Rejected
Total	860.320	819				

*Not Significant. p>0.05

Table 6 shows the One-Way ANOVA of significant difference in the extent of trauma symptoms experienced by female victims of domestic violence based on age. The findings of the study shows that there was no significant difference in the extent of trauma symptoms experienced based on age [F(3, 816) = 1.12; p = 0.33] as the p>0.05. Therefore, the null hypothesis which stated that there is no significant difference in the extent of trauma symptoms experienced by female victims of domestic violence in Rivers State based on age of the respondents was not rejected.

Table 7: Analysis of Variance (ANOVA) showing significant difference in the extent of trauma symptoms experienced by female victims of domestic violence based on educational status of the respondents

Sources of variance	Sum of squares	df	Mean sum of squares	F-value	p-value	Decision
Between group	12.830	3	4.27	4.11	0.01*	H_o
Within group	847.490	816	1.04			Rejected
Total	860.320	819				

*Significant. p<0.05

Table 7 shows the One-Way ANOVA of significant difference in the extent of trauma symptoms experienced by female victims of domestic violence based on educational status. The findings of the study shows that there was a significant difference in the extent of trauma symptoms experienced based on educational status [F(3, 816) = 4.11; p = 0.01] as the p<0.05. Therefore, the null hypothesis which stated that there is no significant difference in the extent of trauma symptoms experienced by female victims of domestic violence in Rivers State based on educational status of the respondents was rejected.

Table 8: Analysis of Variance (ANOVA) showing significant difference in the extent of trauma symptoms experienced by female victims of domestic violence based on socio-economic status of the respondents

Sources of variance	Sum of squares	Df	Mean sum of squares	F-value	p-value	Decision
Between group	1.928	2	0.964	0.92	0.40*	H_o Not
Within group	858.392	817	1.052			Rejected
Total	860.320	819				

*Not Significant. p>0.05

Table 8 shows the One-Way ANOVA of significant difference in the extent of trauma symptoms experienced by female victims of domestic violence based on socio-economic status. The findings of the study shows that there was no significant difference in the extent of trauma symptoms experienced based on socio-economic status [F(2, 817) = 0.92; p = 0.40] as the p>0.05. Therefore, the null hypothesis which stated that there is no significant difference in the extent of trauma symptoms experienced by female victims of domestic violence in Rivers State based on socio-economic status of the respondents was not rejected.

Table 9: Analysis of Variance (ANOVA) showing significant difference in the extent of trauma symptoms experienced by female victims of domestic violence based on occupation of the respondents

Sources of variance	Sum of squares	Df	Mean sum of squares	F-value	p-value	Decision
Between group	3.578	2	1.78	1.70	0.18*	

Within group	856.742	817	1.05			H_o Not
Total	860.320	819				Rejected

*Not Significant. p>0.05

Table 9 shows the One-Way ANOVA of significant difference in the extent of trauma symptoms experienced by female victims of domestic violence based on occupation. The findings of the study shows that there was no significant difference in the extent of trauma symptoms experienced based on occupation [F(2, 817) = 1.90; p = 0.18] as the p>0.05. Therefore, the null hypothesis which stated that there is no significant difference in the extent of trauma symptoms experienced by female victims of domestic violence in Rivers State based on occupation of the respondents was not rejected.

Table 10: Analysis of Variance (ANOVA) showing significant difference in the life skills need of female victims of domestic violence based on age of the respondents

Sources of variance	Sum of squares	df	Mean sum of squares	F-value	p-value	Decision
Between group	.781	3	0.26	3.54	0.01*	H_o
Within group	59.84	816	0.07			Rejected
Total	60.62	819				

*Significant. p<0.05

Table 10 shows the One-Way ANOVA of significant difference in the life skills need of female victims of domestic violence based on age. The findings of the study shows that there was no significant difference in life skill needs based on age [F(3, 816) = 3.54; p = 0.01] as the p<0.05. Therefore, the null hypothesis which stated that there is no significant difference in the life skills need of female victims of domestic violence in Rivers State based on age of the respondents was rejected.

Discussion of findings

The result revealed that the top in the list of trauma symptoms was fatigue, feeling of hopelessness and painful intercourse, sweating profusely and difficulty reaching orgasm during sex, nightmares, anxiety, increased heart-beat and headache, depression, sadness, hyper vigilance, shame, and confusion. Thus, the trauma symptoms of the female victims of domestic violence in Rivers State were fatigue, hopelessness, night mares, anxiety, depression, sadness, hyper vigilance, shame and confusion. This finding is not surprising because trauma itself is expressed in such ways and based on the issue of stigma, some may not open up but continue to suffer the trauma symptoms of domestic violence. The findings of this study is in line with that of Adebayo (2015) whose related study in Nigeria showed that victims of domestic violence had trauma symptoms which included: depression and related health problems such as chronic pain, depression, and confusion. The finding of this study is also similar to that of Ker et al. (2018) whose study among women in Rivers State which showed that victims of domestic violence suffered trauma symptoms such as sadness, increased heart beat and headache. The finding of this study is in consonance with that of the United Nations Children Fund (2015) which reported from an investigation on the impact of domestic violence against females globally revealed that trauma symptoms from domestic accident includes physical, sexual and mental consequences. The finding of this study is also in keeping with that of Alokan (2015) whose study on domestic violence against women in Portugal showed experiences of domestic accident caused trauma symptoms as anxiety, fear, depression and fear which were common among the victims of domestic violence. The finding of this study is akin to that of Babatunde et al. (2015) whose study among young people in family setting from Omu-Aran, Kwara State, Nigeria revealed evidence of trauma symptoms of domestic accident among respondents. The finding of this study also corroborates that of Lagdon et al. (2015) whose study on outcome of domestic accident among females using online survey revealed that females suffered trauma symptoms of domestic accident such as depression, sadness, and anxiety.

Table 2 revealed that based on the age of respondents, trauma symptoms were experienced more among those aged 25-29 years and among the younger female victims of domestic violence. This finding could be explained by the fact that the young victims of domestic violence majority of which were in their adolescence, lack the will power or maturity to handles such violence cases and may have been taken advantage of by the perpetrators so they suffer more the trauma symptoms. The finding of this study is in tandem with that of Nathanson et al. (2015) whose study in a community sample of female victims of intimate partner violence in Southeastern region of the United States revealed that trauma symptoms were experienced more among younger victims of intimate partner violence. The similarity between the present study and the previous studies could be due to the homogeneity of the study population as both studies focused on women.

Table 3 revealed that based on the educational status of respondents, trauma symptoms were experienced more

among those who had secondary education, and trauma symptoms were experienced more among female victims of domestic violence who had higher educational status. This finding was not expected because it was anticipated that those with higher educational status may be more defensive against domestic violence thereby, averting its trauma symptoms. The finding of this study is in tandem with that of Nathanson et al. (2015) whose study in a community sample of female victims of intimate partner violence in Southeastern region of the United States revealed that trauma symptoms were experienced more among victims of intimate partner violence with higher educational status. The similarity between the present study and the previous ones could be due to the homogeneity of the study respondents which were all women.

Table 4 revealed that based on the socio-economic status of respondents, trauma symptoms were experienced more among those who had low socio-economic status, followed by those who had moderate status, and those who had high socio-economic status. Thus based on socio-economic status, trauma symptoms were experienced more among female victims of domestic violence in Rivers State who had higher low socio-economic status. This finding was not expected because it was anticipated that those with higher socio-economic status may be more defensive against domestic violence thereby, averting its trauma symptoms. The finding of this study is in tandem with that of Nathanson et al. (2015) whose study in a community sample of female victims of intimate partner violence in Southeastern region of the United States revealed that trauma symptoms were experienced more among victims of intimate partner violence with higher socio-economic status. The similarity between the present study and the previous ones could be due to the homogeneity of the study respondents which were all women.

Table 6 revealed that based on the occupation of respondents, trauma symptoms were experienced more among those who were self-employed, followed by those who were civil/public servants and those who had house wives. Thus based on occupation, trauma symptoms were experienced more among female victims of domestic violence in Rivers State who were self-employed. This finding is expected thus not surprising because women who are self-employed might be easily accessible for such domestic violence perpetration which presents to them the trauma symptoms whereas those that are working may be out of sight from home most times thereby, averting the perpetration of domestic accident on them. The finding of this study is in tandem with that of Nathanson et al. (2015) whose study in a community sample of female victims of intimate partner violence in Southeastern region of the United States revealed that trauma symptoms were experienced more among victims of intimate partner violence with who were employed at the time of the study. The similarity between the present study and the previous ones could be due to the homogeneity of the study respondents which were all women.

Conclusion

Based on the finding of the study, it was concluded that, female victims of domestic violence in Rivers State were vulnerable to trauma symptoms. Also, apart from experiencing the regular trauma symptoms, female victims of domestic violence in Rivers State in addition experience shame and confusion which can possibly be linked to stigma and timidity arising from lack of exposure.

Recommendations

Based on the conclusion of the study, the following recommendations were made:

1. Women should make effort to search for opportunities of acquiring life skills through different media available to them, to reduce their chances of becoming victims of domestic violence.
2. Men should love their wives, because if there is love, there will be no domestic violence leading to trauma in the home or in the life of the woman.
3. Scholars or researchers should carry out similar studies among men to ascertain their part of the story, this will give a better direction to design intervention to help alleviate the traumatic symptoms of domestic violence.
4. FIDA should help enhance the life skills of domestic violence victims by taking time to teach them about these skills whenever they visit so it can be sustained among women.
5. Community stakeholders should highly prohibit early or teenage marriage as they are more vulnerable to trauma symptoms.

References

1. Abubakar S. (2016). Traumatic experiences of Nigerian women: an archetypal representation in adichie purple hibiscus. *International Journal of Management & Social Sciences, 4*(3), 602-611.
2. Adebayo, A. A. (2015). Sociological implications of domestic violence on children's development in Nigeria. *Journal of African Studies and Development, 6*(1), 8-13.
3. Adimula, R. A., & Ijere, I. N. (2018). *Psycho-social traumatic events among women in Nigeria*. Madridge publishers.
4. Alokan, F. B. (2015). Domestic violence against women: a family menace. *First Annula*

International Interdisciplinary Conference, 24-26 April, Azores, Portugal.

5. American Psychological Association (2020). *Trauma.* American Psychological Association.

6. Babatunde, E. B., Durowaiye, B. E., & Modupe, A. B. (2015). Effects of Domestic Violence on Young People in Family Setting: Evidence from Omu-Aran, Kwara State, Nigeria. *Scientific Research Journal*, *3*(1), 55-64.

7. Benebo, F. O., Schumann, B., & Vaezghasemi, M. (20158). Intimate partner violence against women in Nigeria: a multilevel study investigating the effect of women's status and community norms. *BioMedical Central of Women's Health*, https://doi.org/ /10.1186/s12905-018-0628-7.

8. Fund for Peace (2016). *Nigeria stability and reconciliation programme*, *Rivers State*. Medical Women's Association of Nigeria.

9. Ker, E. G., Rolegherig, A.V., Obelebra, A., & Ogu, R. N. (2018). Adolescents as our future and the pattern of violence against women and girls: experiences of the rivers state observatory. *Obstetrics and Gynecology International Journal*, *9*(3), 184 – 188.

10. Kullima, A. A, Kawuwa, M. B., & Audu, B. M. (2015). Sexual assault against female Nigerian students. *African Journal of Reproductive Health, 14*(3), 189–193.

11. Lagdon, S., Armour, C., & Stringer, M. (2015). Adult experience of mental health outcomes as a result of intimate partner violence victimisation: a systematic review. *European Journal Psychotraumatology*, https://www.tandfonline.com/doi/full/10.3402/ejpt.

12. Leonard, J. (2020). *What is trauma? What to know*. Medical news today.

13. Nathanson, A. M., Shorey, R. C., Tirone, V., & Rhatigan, D. L. (2015). The prevalence of mental health disorders in a community sample of female victims of intimate partner violence. *Partner Abuse*, *3*(1), 59-75.

14. Neumann A, Ojong T. N, Yanes P. K, Tumiel-Berhalter L, Daigler G. E, Blondell R. D. (2015). Differences between adolescents who complete and fail to complete residential substance abuse treatment. *Journal of Addictive Diseases, 29*, 427–435.

15. Stanley, N. (2015). *Children experiencing domestic violence: A research review*. Dartington Hall.

16. UNICEF (2015). D*ivision of Data. A statistical snapshot of violence against adolescent's girls*. United Nations Children's Fund.

17. Vasile, C. (2015). An analysis of psychological trauma interventions. *Journal of Social and Behavioral Science, 127*, 781-785.

18. WHO (2021). *Violence against women.* WHO

19. World Health Organization (2015). *Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence.* WHO.