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Research Article

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Remediation for Effects of Domestic Violence on Psychological well-being, Depression and Suicide among Women During COVID-19 Pandemic: A Cross-cultural Study of Nigeria and Spain

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ABSTRACT

Introduction: Domestic violence is violence or abuse in a domestic setting--such as in marriage or cohabitation-- which could result in depression, psychological ill-health and suicide. Unfortunately, neither the appropriateness and effectiveness of DV preventive interventions in deterring future DV nor the appropriate punishment for the aggressors is clear. Could there be remediation strategies for the victims of DV and coping mechanisms for the associated adversities such as increased depression, psychological trauma, suicide, deaths and other adverse effects? These major concerns motivated this study.

Objectives: The study seeks to investigate the remediation strategies for effects of DV on PWB, depression and suicide among Women at COVID-19 pandemic and beyond in Nigeria and Spain.

Methods: The design used for the study is descriptive survey. The population comprised females in South-Eastern Nigeria who were victims of DV during COVID-19 Pandemic. Using purposive and snowballing sampling technique, 284 females participated. Quantitative study supplemented by qualitative structured in-depth interviews and well-structured five clusters of questionnaires were used to collect data.

Results: revealed high prevalence of psychological/emotional violence of between 163 (57.4 %) and 191(68.2 %), impact of DV on their psychological well-being (PWB) 227 (79.9%) to 197 (69.4 %), severe depression 162 (57.0 %) to 236 (83.1%), high suicidal behaviours 226 (79.6%) to 242 (85.2) and coping mechanism/remediation of between 180 (63.4) to 232 (81.7).

Discussion: There was high prevalence of DV especially psychological/emotional violence resulting in poor psychological well-being, severe depression and high suicidal behaviours during the COVID-19 lockdown. In conclusion, it is imperative to study the DV detailed epidemiology in pandemics so that interventions which can be delivered during lockdown with the help of health-care and frontline workers could be devised to address this problem.

Key Words: Domestic Violence, Psychological Trauma, Anxiety, Depression, Suicidal behaviour

INTRODUCTION

Domestic violence (DV) against women has been recognized as a public health problem with far-reaching consequences for the physical, reproductive and mental health of women. It is a global concern with a significant public health impact. It includes battering of intimate partners and others, sexual abuse of children, marital rape and traditional practices that are harmful to women, female genital mutilation[1]. Most reported cases of DV are perpetrated by men towards women, although men can be victims of DV, this study focuses on women in Nigeria and Spain. DV may consist of one or more forms, including psychological (also called emotional, verbal or mental), physical, stalking, sexual, or economic/financial abuse and is defined as one person in an intimate relationship using any means to inhibit or otherwise control the other[2].

The focus of this study will be on the psychological/emotional, sexual and physical violence in Nigeria and Spain. In Nigeria for instance, national population commission estimated women's lifetime exposure to DV from their current husband

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or partner at 19% for emotional DV, 14% for physical DV, and 5% for sexual DV[3]. Previous studies from Nigeria show the prevalence of DV ranging from 31 to 61% for psychological/emotional violence, 20 to 31% for sexual violence, and 7 to 31% for physical violence. Furthermore, studies conducted in different regions in Nigeria have reported prevalence of DV ranging from 42%, 29%, 78.8%, 41% in the North, South West, South East and South respectively[3]. In Lagos State, Nigeria, between 2015 and 2016, there were 550 cases of DV and 1000 cases receiving treatment. In 2021, there, were a total of 10,007 reported cases of DV, including sexual abuse, perpetrated against adults and children between May 2019 and August 26, 2021. The breakdown of the cases shows 4150 DV, 177 rape, 255 attempts to commit rape/sexual assault, 246 sexual assaults by penetration/threat, 877 others, not taking responsibilities of children, neglect, custody of the child, non-GBV, among others, 436 child abuse/Physical assaults, 271 Defilement cases, 13 defilements by minor to minor, 454 child labour, abduction neglect/others, 148 sexual harassment/molestation cases[4]. In Spain, the number of victims of gender abuse showed a downtrend over the period of time under consideration, fluctuating from a peak in 2008 at 76 women killed by their partners and registering its lowest point in 2020 with 45 victims. The data shows a record of 1,130 reported cases of DV from 2013-2020[5].

However, emergency situations, including epidemics such as COVID-19 pandemic have been associated with an increase in DV due to the nature of control measures implementation. Studies have documented an upsurge in DV around the world during the COVID-19 pandemic lockdown (state of isolation or restricted access instituted as a security measure)[6]. For instance, the lockdown in China was associated with more than a threefold increase in cases of IPV. Another report documented a rise in IPV cases of 33%, 30% and 25% in Singapore, France and Cyprus, and Argentina respectively. In Brazil, Canada, Germany, Italy, Spain, UK, and the US, there was a substantiated soar in DV occurrence shelter during the COVID-19 lockdown. Also in Nigeria, DV increased significantly, up to 56% and in the first two weeks of lockdown, IPV cases rose from 346 (March, 2020) to 794 (early April, 2020)[6]. In Spain for instance, crises, emergencies and times of unrest have been linked to an increase in interpersonal violence, including violence against women (Contingency Plan against gender violence in the face of the coronavirus crisis or Royal Decree-Law on measures urgent). It was reported that there is a surge in DV which can be observed globally[7]. This includes a rise of 40-50% in DV incidents in Brazil, a spiking in calls to helplines in Spain and Cyprus by 20-30% within the first few days of the confinement period and also in one week after the first COVID-19 patient was diagnosed, and a 25% increase in calls related to DV cases in the UK within one week after strict social distancing and lockdown measures were endorsed [8]. Despite Spain's pioneering stance in the eradication of all forms of gender violence, data show that between 2003 and March 25, 2009, 88 women were murdered by their partners and/or ex-partners, 27 minors murdered since 2013 and a total of 241 were made orphans. We are unaware of any published studies addressing the GBV impact of the COVID-19 outbreak in Spain and also in Nigeria. Consequently, there was a recorded number of calls to 016 (helpline) that have occurred during the months of home confinement and was compared with the calls received during the same period of the previous 2 years. In Spain, there was no direct contact or response from the victims of DV, rather it was evident in the drastic increase in the helpline calls at the time of COVID-19[9].

A study shows that women who had experienced DV reported poorer health, more emotional distress, depression and more suicidal thoughts and attempts than those who had not experienced DV[10]. All forms of abuse by intimate partners can have a profound effect on well-being, trigger clinical depression and serious mental health disorder[11].

Depression is a common and serious medical illness that negatively affects how one feels, thinks and acts, a mood disorder that involves a persistent feeling of sadness and loss of interest[12]. Women who are in violent relationships have nearly twice the risk of depression[13]. In addition to the stress of abuse itself, other factors may contribute to depression symptoms in victimized women. New mothers in abusive relationships were also found to be twice as likely to suffer postpartum depression[13]. Severe depression is associated with poor psychological well-being which could consequently make individuals commit suicide[14].

Psychological well-being (PWB) is generally viewed as description of the state of people's life situation[15]. PWB is a dynamic concept that includes subjective, social and psychological dimensions as well as health related behavior[15]. In Nigeria, there is paucity of research on prevalence of factors leading to depression among women. Also, the government is yet to identify and implement appropriate measures to ensure the protection of females from all forms of violence and increase support for services and protection, criminal justice processes and appropriate punishment for the aggressors during COVID-19 pandemic and beyond. This study seeks to ascertain the relationship between DV, depression, PWB and suicidal ideation. These worrisome situations have motivated this research.

Also, the actual prevalence of DV and its association with PWB, depression and suicide in Nigeria and Spain are yet unknown as a result of gross underreporting. Understanding the rate of DV in the two countries would seemingly provide direction for increasing knowledge which can help ameliorate this problem. There is also the need to identify the appropriate laws and punishments for the perpetrators to ensure a proper implementation. The main objective of this research

therefore, was to investigate the remediation strategies for effects of DV on PWB, depression and suicide among Women at COVID-19 Pandemic and beyond in Nigeria and Spain. Specifically, the study ascertained the:

- Nature and prevalence of domestic violence among females during COVID-19 pandemic and beyond in Nigeria.
- Impact of DV on PWB of women during COVID-19 pandemic and beyond in Nigeria.
- Impact of DV on depression of women during COVID-19 pandemic in Nigeria.
- Impact of DV on suicidal behaviour of females during the COVID-19 pandemic and beyond in Nigeria.
- Remediation strategies and coping mechanism among females who are victims of DV during the Pandemic in Nigeria.

Statement of the Problem/Justification

The lockdown/stay at home policy by the government serves as a preventive measure for the spread of COVID-19 but it seemingly made the women more vulnerable to DV and consequently psychological trauma, depression and suicidal behaviors. This deprived people of their freedom to work and generate funds for daily living especially those who cannot work from home, some people also lost their jobs. The financial strains in most homes at this time seem to have led to the high reported cases of DV, depression, psychological ill-health and suicidal behaviours majorly among females. This requires urgent attention of the mental health experts for psychological supports/intervention in order to secure the endangered life of women. The problem that motivated this study is the quest to ascertain the impact of DV on PWB, depression and suicidal behavior among women in Nigeria and Spain; and the appropriate psychological intervention and supports for these victims of DV during the COCID-19 pandemic. There are no specific coping strategies among women who are victims of DV, it depends on the measure which a victim thinks could work for her.

Theoretically, this study applied the theory of change which seems to be useful and effective in the prevention of DV. The theory is influenced by a Human Rights framework as violence against women (VAW) which is considered one of the most widespread violations of human rights that affects women of all ages, race, culture and wealth, but disproportionately affects women from indigenous and marginalized communities. It is therefore imperative to take some time to think about developing programs, projects and initiatives to prevent VAW. The existing theories about how people can change a situation or resolve a problem, theories of change can be a very useful tool to help decide the actions required in our project together with the principles that prove to be useful and effective for prevention of DV using the Ecological Model for understanding DV that it is one of the most widespread violations of human rights that affects women of all ages, race, culture and wealth, but disproportionately affects women from indigenous and marginalized communities and also a global health issue and advocate justice and prevention responses[16].

MATERIALS AND METHODS

Research Design

The study adopted a descriptive survey research design in its inquiry (from June 2020 to July 2021).

Sample Population

The Consolidated criteria for Reporting Qualitative research (COREQ) Checklist for reporting qualitative research was filled out as was used to elicit data from all women who were victims of DV during COVID-19 Pandemic in Nigeria constituted the population for the study. Using purposive sampling and snowballing method, 284 women consented to participate.

Reliability

Reliability of the interview questions and the questionnaire item statements were ascertained before the main study and the total reliability coefficient of consistency score was revealed to be 0.86. A test-retest reliability to determine the stability of the instrument overtime was conducted.

Inclusion and exclusion criteria

Participation was voluntary, informed verbal consent was obtained from the victims of DV before they were included in the study. Physical and media reports of IPV were considered and inclusion and analysis in the present study. Anonymity and confidentiality of information were assured prior to the informed consent. Assistance was offered to the researchers who needed help to complete the questionnaire.

Measures

Experience of any form of IPV was documented including: - physical, psychological/emotional or economic. Quantitative study supplemented by qualitative structured face-to-face in-depth interviews with professionals from different IPV-response services and questionnaire items were used to collect data with the following instruments; (a) 20-item intimate partner violence checklist of four-point Likert type scale (from 1 = never to 4 = always) elicited information on five forms of DV: psychological/emotional violence; sexual violence; physical violence[17]. b) 33-item PWB scale of six sub-scales modified version of the 120 items of the original ones by[18] measuring six "Eudemonic wellbeing" aspects of PWB: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance of four-point Likert type scale (from very often to

4 = rarely). (c) Beck Depression Inventory (BDI) is 21 self-report items for ages 13-80 which is widely used to screen for depression and to measure behavioral manifestations and severity of depression[19]. (d) Columbia-Suicide Severity Rating Scale (C-SSRS[20], a national and international public health initiative involving the assessment of suicidality or individuals at risk for suicide. (e) Brief COPE - a 28-item multidimensional measure of strategies used for coping or regulating cognitions in response to stressors[21].

Data Analysis

Frequency, percentage and bar chart were used to analyze the data to determine the impact of DV on PWB, depression, suicide and coping strategies at COVID-19 Pandemic in Nigeria. Data were extracted from the reports obtained. The qualitative data obtained from the Spain respondents was majorly through the helpline reports of DV, therefore, only data from the Nigerian respondents were analyzed and there was no opportunity for comparison of DV among the two countries.

RESULTS

Table 1[A]: Nature of Domestic Violence among Women during COVID 19 Pandemic in Nigeria

Domestic Violence	Frequency	Percent
Psychological/Emotional Violence	160	56.3
Sexual Violence	32	11.3
Physical Violence	93	32.4
Total	284	100

Results in Table 1[A] show that psychological/emotional, sexual, and physical forms of DV prevalence among women during COVID 19 in Nigeria. Psychological/emotional violence is more prevalent in the study area, with a frequency of 160 (56.3%) than physical violence, of a frequency of 93 (32.4%), and sexual violence of a frequency of 32 (11.3%). Thus, psychological/emotional violence such as battering prevails in the study area as clearly demonstrated in Figure 1 below.

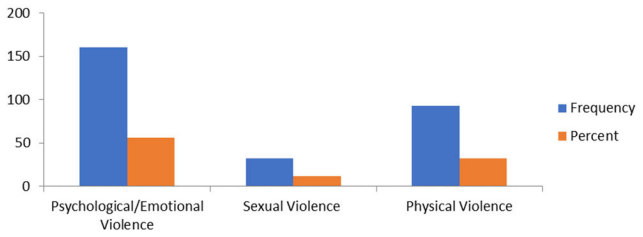

Figure 1: Bar Chart of the Nature and Prevalence of Domestic Violence among Women in Nigeria during COVID 19 Pandemic.

The bar for psychological/emotional violence shows 60 %, 30% for physical violence and 10% for sexual violence.

Table 1[B]: Prevalence of Domestic Violence among Women during COVID 19 Pandemic in Nigeria

S/N	Item Statements	Never F (%)	Sometimes F (%)	Often F (%)	Always F (%)
1	I have thoughts about being dead or what it would be like to be dead.	21 (7.4)	31 (10.9)	69 (24.3)	163 (57.4)
2	I wished I were dead or wished I could go to sleep and never wake up.	21 (7.4)	21 (7.4)	59 (20.8)	183 (64.4)
3	I wished I were not alive anymore.	21 (7.4)	21 (7.4)	59 (20.8)	183 (64.4)
4	I thought about doing something to make myself not alive anymore.	26 (9.2)	26 (9.2)	64 (22.5)	168 (59.2)
5	I had thoughts about killing myself.	21 (7.4)	26 (9.2)	64 (22.5)	173 (60.9)
6	I often think about how I would do that or how I would make myself not alive anymore (kill myself).	21 (7.4)	31 (10.9)	69 (24.3)	163 (57.4)
7	When I think about making myself not alive anymore (or killing myself), I think that this was something I might actually do.	21 (7.4)	26 (9.2)	64 (22.5)	173 (60.9)
8	I decided how or when I would make myself not alive anymore/kill myself.	21 (7.4)	26 (9.2)	64 (22.5)	173 (60.9)
9	I had done something to try to kill myself or make myself not alive anymore.	26 (9.2)	41 (14.4)	54 (19.0)	163 (57.4)

Table 1[B]: *(Continued)*

S/N	Item Statements	Never F (%)	Sometimes F (%)	Often F (%)	Always F (%)
10	There were times that I started to do something to make myself not alive anymore (end your life or kill yourself) but someone or something stopped me before I actually did anything.	21 (7.4)	21 (7.4)	54 (19.0)	191 (68.2)
11	There has been a time when I started to do something to make myself not alive anymore (end my life or kill myself) but I changed my mind (stopped myself) before I actually did anything.	21 (7.4)	31 (10.9)	69 (24.3)	163 (57.4)
12	I did something to get ready to make myself not alive anymore (to end my life or kill myself)- like giving things away, writing a goodbye note, getting things I need to kill myself.	21 (7.4)	21 (7.4)	59 (20.8)	183 (64.4)

Results in Table 1[b] show that DV (psychological/emotional violence, sexual violence and physical violence) are prevalent in the study area of this study. This was evident in the responses of the respondents which showed high percentage and high frequency of between 163 (57.4%) and 191(68.2%), these respondents always wished they were dead as a result of the consequences of DV. On the other hand, those that never wished they were dead as a result of the consequences of DV in the area of this study had low percentage and frequency scores of 21 (7.4%) to 26 (9.2%).

Table 2: Impact of Domestic Violence on PWB of Women during COVID 19 Pandemic in Nigeria

S/N	Item Statements	Not at all F (%)	Just a little F (%)	Moderately much F (%)	Very much F (%)
1	I have confidence in my opinions, even if they are contrary to the general consensus.	197 (69.4)	69 (24.3)	6 (2.1)	12 (4.2)
2	I tend not to be influenced by people with strong opinions.	197 (69.4)	57 (20.1)	12 (4.2)	18 (6.3)
3	I do not I change the way I act or think to be more like those around me.	197 (69.4)	57 (20.1)	6 (2.1)	24 (8.5)
4	My decisions are not usually influenced by what everyone else is doing.	197 (69.4)	63 (22.2)	12 (4.2)	12 (4.2)
5	I often do not change my mind about decisions if my friends or family disagree.	197 (69.4)	57 (20.1)	18 (6.3)	12 (4.2)
6	I always juggle my time so that I can fit everything that needs to get done.	197 (69.4)	69 (24.3)	12 (4.2)	6 (2.1)
7	The demands of everyday life do not get me down.	197 (69.4)	57 (20.1)	12 (4.2)	18 (6.3)
8	In general, I feel I am in charge of the situation in which I live.	197 (69.4)	57 (20.1)	12 (4.2)	18 (6.3)
9	I have no difficulty arranging my life in a way that is satisfying to me.	197 (69.4)	75 (26.4)	6 (2.1)	6 (2.1)
10	I am quite good at managing the many responsibilities of my daily life.	197 (69.4)	57 (20.1)	6 (2.1)	24 (8.5)
11	I feel I have enough time every day.	197 (69.4)	69 (24.3)	6 (2.1)	12 (4.2)
12	I am the kind of person who likes to give new things a try.	197 (69.4)	57 (20.1)	12 (4.2)	18 (6.3)
13	I enjoy seeing how my views have changed and matured over the years.	197 (69.4)	57 (20.1)	6 (2.1)	24 (8.5)
14	I have the sense that I have developed a lot as a person over time.	197 (69.4)	63 (22.2)	12 (4.2)	12 (4.2)
15	When I think about it, I have really improved much as a person over the years.	197 (69.4)	57 (20.1)	18 (6.3)	12 (4.2)
16	I think it is important to have new experiences that challenge how I think about myself and the world.	197 (69.4)	69 (24.3)	12 (4.2)	6 (2.1)

Table 2: *(Continued)*

S/N	Item Statements	Not at all F (%)	Just a little F (%)	Moderately much F (%)	Very much F (%)
17	For me, life has been a continuous process of learning, changing, and growth.	197 (69.4)	57 (20.1)	12 (4.2)	18 (6.3)
18	I am an active person in carrying out the plans I set for myself.	197 (69.4)	57 (20.1)	12 (4.2)	18 (6.3)
19	I do have a good sense of what it is I'm trying to accomplish in life.	197 (69.4)	75 (26.4)	6 (2.1)	6 (2.1)
20	Some people wander aimlessly through life, but I am not one of them.	197 (69.4)	57 (20.1)	6 (2.1)	24 (8.5)
21	I enjoy making plans for the future and working to make them a reality.	215 (75.7)	69 (24.3)	0 (0)	0 (0)
22	When I think about the future, I feel hopeful.	215 (75.7)	69 (24.3)	0 (0)	0 (0)
23	I often have access to my close friends with whom to share my concerns.	227 (79.9)	57 (20.1)	0 (0)	0 (0)
24	I do not find it difficult to really open up when I talk with others.	197 (69.4)	87 (30.6)	0 (0)	0 (0)
25	It seems to me that I have friends more than most other people do.	215 (75.7)	69 (24.3)	0 (0)	0 (0)
26	I know that I can trust my friends, and they know they can trust me.	197 (69.4)	87 (30.6)	0 (0)	0 (0)
27	I do have many people who want to listen when I need to talk.	209 (73.6)	57 (20.1)	18 (6.3)	0 (0)
28	I have experienced many warm and trusting relationships with others.	197 (69.4)	69 (24.3)	18 (6.3)	0 (0)
29	When I compare myself to friends and acquaintances, it makes me feel good about who I am.	197 (69.4)	69 (24.3)	18 (6.3)	0 (0)
30	I like most aspects of my personality.	197 (69.4)	57 (20.1)	30 (10.6)	0 (0)
31	In general, I feel confident and positive about myself.	197 (69.4)	63 (22.2)	-	24 (8.5)
32	For the most part, I am proud of who I am and the life I lead.	197 (69.4)	57 (20.1)	18 (6.3)	12 (4.2)
33	Everyone has their weaknesses, but I seem to have more than my share.	203 (71.5)	57 (20.1)	6 (2.1)	18 (6.3)

Results in Table 2 that DV has impacted the women's PWB during COVID-19 pandemic in Nigeria. The responses of the participants show high frequency and percentage scores of 227 (79.9%) to 197 (69.4%) indicating a negative impact of DV on their PWB, which shows impaired PWB resulting from DV during the COVID-19 pandemic. The respondents with low frequency and percentage scores of between 0 (0%) - 24 (8.5%) reveal a positive PWB during the COVID-19 pandemic.

Table 3: Impact of DV on Depression among Women during COVID 19 Pandemic in Nigeria

S/N	Item Statements	Minimal F (%)	Mild F (%)	Moderate F (%)	Severe F (%)
1	I always feel sad.	10 (3.5)	28 (9.9)	66 (23.2)	180 (63.4)
2	I am pessimistic in life situations.	10 (3.5)	20 (7.0)	27 (9.5)	227 (79.9)
3	I feel sad when I remember my past failures.	10 (3.5)	10 (3.5)	48 (16.9)	216 (76.1)
4	I experience loss of pleasure in things that were previously pleasant to me.	20 (7.0)	19 (6.7)	46 (16.2)	199 (70.1)
5	I have guilt feelings when I remember things that did not work the way I planned.	10 (3.5)	29 (10.2)	36 (12.7)	209 (73.6)
6	I have a feeling that I am under a punishment	20 (7.0)	28 (9.9)	46 (16.2)	190 (66.9)
7	I believe I dislike myself.	10 (3.5)	19 (6.7)	46 (16.2)	209 (73.6)

Table 3: *(Continued)*

S/N	Item Statements	Minimal F (%)	Mild F (%)	Moderate F (%)	Severe F (%)
8	I believe I am so critical to myself.	10 (3.5)	29 (10.2)	46 (16.2)	199 (70.1)
9	Oftentimes I have suicidal thoughts or wishes.	20 (7.0)	56 (19.7)	28 (9.9)	180 (63.4)
10	Sometimes I feel like crying.	10 (3.5)	20 (7.0)	18 (6.3)	236 (83.1)
11	I have suicidal thoughts.	10 (3.5)	28 (9.9)	66 (23.2)	180 (63.4)
12	I noticed that I have changes in my sleep pattern.	10 (3.5)	20 (7.0)	27 (9.5)	227 (79.9)
13	Sometimes, I find it difficult to concentrate.	10 (3.5)	10 (3.5)	48 (16.9)	216 (76.1)
14	Sometimes I have suicidal thoughts or wishes.	20 (7.0)	19 (6.7)	46 (16.2)	199 (70.1)
15	I always experience loss of energy.	10 (3.5)	29 (10.2)	36 (12.7)	209 (73.6)
16	I feel that I am worthless.	20 (7.0)	28 (9.9)	46 (16.2)	190 (66.9)
17	Often times I lose interest in sex.	10 (3.5)	19 (6.7)	46 (16.2)	209 (73.6)
18	I always feel agitated.	10 (3.5)	29 (10.2)	46 (16.2)	199 (70.1)
19	I presently have a change in my sleep pattern (sleeping less or excessive sleeping).	20 (7.0)	56 (19.7)	28 (9.9)	180 (63.4)
20	I am always irritated at every little thing.	10 (3.5)	20 (7.0)	18 (6.3)	236 (83.1)
21	I always have loss of appetite.	56 (19.7)	66 (23.2)	0 (0)	162 (57.0)

Results in Table 3 indicate that most of the respondents had severe depression during the COVID 19 pandemic in Nigeria, as expressed in the items' high frequency and percentage scores ranging from 162 (57.0%) - 236 (83.1%). The frequency and percentage scores of those with moderate depression ranged from 0 (0%) 66 (23.2%), those with mild depression ranged from 10 (3.5)- 66 (23.2) finally, those with minimal depression scored between 10 (3.5), 56 (19.7).

Table 4: Impact of DV on Suicidal Behaviours of Women during COVID 19 Pandemic in Nigeria

S/N	Item Statements	Never F (%)	Sometimes F (%)	Often F (%)	Always F (%)
1	My partner had threatened to harm or kill me.	12 (4.2)	16 (5.6)	26 (9.2)	230 (81.0)
2	My partner uses physical violence against me.	12 (4.2)	14 (4.9)	18 (6.3)	240 (84.5)
3	My partner had choked, strangled or suffocated me or attempted to do any of these things.	12 (4.2)	12 (4.2)	22 (7.7)	238 (83.8)
4	My partner threatened or assaulted me with weapon (including knives and/or other objects).	14 (4.9)	14 (4.9)	22 (7.7)	234 (82.4)
5	My partner had harmed or killed a family pet or threatened to do so.	12 (4.2)	16 (5.6)	20 (7.0)	236 (83.1)
6	My partner was charged with breaching an apprehended domestic violence order.	14 (4.9)	16 (5.6)	22 (7.7)	232 (81.7)
7	My partner is jealous towards me.	12 (4.2)	14 (4.9)	22 (7.7)	236 (83.1)
8	My partner controls me.	12 (4.2)	16 (5.6)	22 (7.7)	234 (82.4)
9	Violence or controlling behaviour is becoming worse or more frequent from my partner.	14 (4.9)	22 (7.7)	18 (6.3)	230 (81.0)
10	My partner stalked, constantly harassed or texted me.	12 (4.2)	14 (4.9)	16 (5.6)	242 (85.2)
11	My partner stalked, constantly harassed or emailed me.	12 (4.2)	16 (5.6)	26 (9.2)	230 (81.0)
12	My partner controls my access to money.	12 (4.2)	14 (4.9)	18 (6.3)	240 (84.5)
13	There has been a recent separation (in the last 12 months) or is one imminent.	12 (4.2)	12 (4.2)	20 (7.0)	238 (83.8)
14	My partner or the relationship have financial difficulties.	14 (4.9)	14 (4.9)	22 (7.7)	234 (82.4)
15	My partner is unemployed.	12 (4.2)	16 (5.6)	20 (7.0)	236 (83.1)

Table 4: *(Continued)*

S/N	Item Statements	Never F (%)	Sometimes F (%)	Often F (%)	Always F (%)
16	My partner has mental health problems (including undiagnosed conditions) and/or depression.	14 (4.9)	16 (5.6)	22 (7.7)	232 (81.7)
17	My partner has a problem with substance abuse such as alcohol or other drugs.	12 (4.2)	14 (4.9)	22 (7.7)	236 (83.1)
18	My partner threatens to commit suicide/ attempted suicide.	12 (4.2)	16 (5.6)	22 (7.7)	234 (82.4)
19	My partner is currently on bail or parole, or has served a time of imprisonment or has recently been released from custody in relation to offences of violence.	14 (4.9)	22 (7.7)	18 (6.3)	226 (79.6)
20	My partner has access to firearms or prohibited weapons.	12 (4.2)	14 (4.9)	16 (5.6)	242 (85.2)
21	I am pregnant and/or have children who are less than 12 months apart in age.	22 (7.7)	24 (8.5)	12 (4.2)	226 (79.6)
22	My partner had threatened or used physical violence toward me while I was pregnant.	18 (6.3)	28 (9.9)	12 (4.2)	226 (79.6)
23	My partner had harmed or threatened to harm my children.	34 (12.0)	12 (4.2)	12 (4.2)	226 (79.6)
24	There is conflict between I and my partner regarding child contact or residency issues and/or current family court proceedings.	20 (7.0)	26 (9.2)	12 (4.2)	226 (79.6)
25	There are children from a previous relationship present in the household.	26 (9.2)	18 (6.3)	14 (4.9)	226 (79.6)
26	My partner had done things to me, of a sexual nature, which made me feel bad or physically hurt me.	12 (4.2)	34 (12.0)	12 (4.2)	226 (79.6)
27	My partner had been arrested for sexual assault.	20 (7.0)	12 (4.2)	24 (8.5)	226 (79.6)

Results in the Table 4, DV indicate the negative impacts of DV on women's suicidal behaviours during COVID 19 in Nigeria and Spain. Their high frequency and percentage scores of between 226 (79.6%) - 242 (85.2%) revealed their high suicidal behaviors resulting from DV during the COVID-19 lockdown. Those with low percentage and frequency scores ranging from 12 (4.2%) - 34 (12.0%) indicate low impact of DV on their suicidal behaviours during the lockdown.

Table 5: Remediation Strategies and Coping Mechanisms among Women who are Victims of DV during COVID 19 Pandemic in Nigeria

S/N	Item Statements	I have not been doing this at all F (%)	I have been doing this a little bit F (%)	I have been doing a medium amount F (%)	I have been doing this a lot F (%)
1	I've been turning to work on other activities to take my mind off things	156 (54.9)	77 (27.1)	51 (18.0)	0 (0)
2	I've been concentrating my efforts on doing something about the situation I am in.	156 (54.9)	26 (9.2)	51 (18.0)	51 (18.0)
3	I've been saying to myself "this is not real"	52 (18.3)	26 (9.2)	0 (0)	206 (72.5)
4	I've been using alcohol or other drugs to make myself feel better.	52 (18.3)	26 (9.2)	0 (0)	206 (72.5)
5	I've been getting emotional support from others.	156 (54.9)	26 (9.2)	51 (18.0)	51 (18.0)
6	I've been giving up trying to deal with it.	52 (18.3)	26 (9.2)	51 (18.0)	155 (54.6)
7	I've been taking action to try to make the situation better.	156 (54.9)	26 (9.2)	0 (0)	102 (35.9)
8	I've been refusing to believe that it has happened.	52 (18.3)	26 (9.2)	0 (0)	206 (72.5)

Table 5: ***(Continued)***

S/N	Item Statements	I have not been doing this at all F (%)	I have been doing this a little bit F (%)	I have been doing a medium amount F (%)	I have been doing this a lot F (%)
9	I've been saying things to let my unpleasant feeling escapes.	156 (54.9)	26 (9.2)	51 (18.0)	51 (18.0)
10	I've been getting help and advice from other people.	156 (54.9)	26 (9.2)	0 (0)	102 (35.9)
11	I've been using alcohol or other drugs to help me get through it	52 (18.3)	77 (27.1)	51 (18.0)	104 (36.6)
12	I've been trying to see it in a different light, to make it seem more positive.	156 (54.9)	26 (9.2)	51 (18.0)	51 (18.0)
13	I've been criticizing myself.	52 (18.3)	26 (9.2)	0 (0)	206 (72.5)
14	I've been trying to come up with a strategy about what to do.	156 (54.9)	26 (9.2)	0 (0)	102 (35.9)
15	I've been getting comfort and understanding from someone.	156 (54.9)	26 (9.2)	0 (0)	102 (35.9)
16	I've been giving up the attempt to cope.	52 (18.3)	26 (9.2)	51 (18.0)	155 (54.6)
17	I've been looking for something good in what is happening.	130 (45.8)	26 (9.2)	26 (9.2)	102 (35.9)
18	I've been making jokes about it.	52 (18.3)	26 (9.2)	26 (9.2)	180 (63.4)
19	I've been doing something to think about it less, such as going to movies, watching TV, reading, day-dreaming, sleeping, or shopping.	130 (45.8)	26 (9.2)	77 (27.1)	51 (18.0)
20	I've been accepting the reality of the fact that it has happened.	52 (18.3)	0 (0)	0 (0)	232 (81.7)
21	I've been expressing my negative feelings.	52 (18.3)	102 (35.9)	0 (0)	130 (45.8)
22	I've been trying to find comfort in my religion or spiritual beliefs.	181 (63.7)	51 (18.0)	26 (9.2)	26 (9.2)
23	I've been trying to get advice or help from other people about what to do.	180 (63.4)	26 (9.2)	26 (9.2)	52 (18.3)
24	I've been learning to live with it.	52 (18.3)	102 (35.9)	0 (0)	130 (45.8)
25	I've been thinking hard about what steps to take.	182 (64.1)	102 (35.9)	0 (0)	0 (0)
26	I've been blaming myself for things that happened.	52 (18.3)	102 (35.9)	0 (0)	130 (45.8)
27	I've been praying or meditating.	181 (63.7)	51 (18.0)	26 (9.2)	26 (9.2)
28	I've been making fun of the situation.	52 (18.3)	102 (35.9)	0 (0)	130 (45.8)

Results in Table 5 revealed the remediation strategies and coping mechanisms among women who are victims of DV during COVID-19 pandemic in Nigeria. It revealed high frequency and percentage scores ranging from 180 (63.4) - 232 (81.7) indicates poor coping strategies and remediation mechanisms to DV during the COVID-19 pandemic, while from 0 (0)- 52 (18.3) represents those with acceptable coping mechanisms and remediation strategies.

DISCUSSION

Findings revealed that psychological/emotional, sexual, and physical forms of DV prevail among women during COVID-19 in Nigeria, and that psychological/emotional is more prevalent in the study area followed by physical violence and lastly sexual violence. The prevalence of DV during the COVID-19 could be due to people's inability to carry out their daily activities to meet the needs of their families, thus, out of frustration, they become violent to their spouses. This finding aligns with that of[5,22] which revealed that the nature and prevalence of domestic and family violence (DFV) have deemed a global public health issue of endemic proportions and a fundamental violation of basic human rights to safety and security, particularly for women and children.

This study indicates a huge impact of DV on the psycho-

logical well-being of women during COVID-19 pandemic in Nigeria. This could be attributed to the increasing violence from their husbands which could make the women feel insecure, anxious, and emotionally incapacitated during the COVID-19 pandemic. The finding aligns with that of [23] that DV impacted the PWB of survivor women in Punjab, Pakistan. Similarly,[24] pointed out that abuse inflicted by an intimate partner is the source of a great deal of psychological distress for many women. Yet, some manage to survive and emerge from abusive relationships with fewer negative outcomes than others.

Similarly, the study found that DV had a significant severe impact on depression of women during COVID-19 in Nigeria. The increase in DV during the COVID-19 pandemic seems to have subjected the women to the feeling of worthlessness, making them wish that they were dead. This finding corroborates the findings of [25]; and that of [26]which explained that intimate partner violence impacted anxiety and depression among women.

The present study also revealed the impact of DV on suicidal behaviours of women during COVID-19 in Nigeria. The increasing violence against women makes them feel insecure and worst still have thoughts of ending their lives. This finding aligns with that of [27]; and that of [28] which explained that violence against women is strongly associated with suicide attempts by the victims.

It was also found that there is poor remediation strategies and coping mechanisms among women who are victims of DV during COVID-19 pandemic in Nigeria. The study conforms with the findings of [29]; and that of [24] on trauma coping strategies and psychological distress among adult female victims of DV. The study recommends the need for investigations addressing coping strategies utilized by battered women that preserve their psychological functioning and their physical well-being during and after battering relationships.

Despite the good number of research on coping over the past two decades, studies of coping strategies in samples of battered women are few. Very little integrative work has been done with this population; much of the coping research that does exist in populations of abused women seem to be qualitative or descriptive in nature[24]. Consequently, women have no specific coping strategies adopted in a violent relationship, the coping strategy(ies) adopted by the victims seem to depend on the nature and context of the abuse[24].

CONCLUSION

Approximately result of the findings reveal high prevalence of DV especially psychological/emotional violence during the COVID-19 lockdown. Also, the participants indicated very poor PWB of approximately 80%, severe depression of 83% and suicidal behaviours of 85% at the period of the pandemic. It is therefore imperative to study the DV detailed epidemiology in pandemics so that interventions like helpline numbers, screening of patients during tele-consultation, etc., which can be delivered during lockdown with the help of health-care and frontline workers could be devised to address this problem.

Ethical Approval: This study was approved by the University of Nigeria, Nsukka research Ethical Clearance committee (December 14, 2021). It was performed in accordance with the Declaration of research committee of the University for use of human subjects in line with the Nuffield Council on Bioethics recommendation. The study protocol and approval were granted and the ethical approval reference is DORIC/UNN/21/00031.

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