

## PERCEIVED IMPACT OF INTIMATE PARTNER VIOLENCE ON CHILDREN'S PSYCHOSOCIAL DEVELOPMENT IN ABIA STATE: IMPLICATIONS FOR COUNSELLING

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### Abstract

*This study was carried out in Abia State, Nigeria to determine the impact of intimate partner violence (IPV) on the psychosocial development of children by professional counsellors. Descriptive research design was adopted for the study. The population comprised 103 professional counsellors in Abia State. Sixty-three professional counsellors with more than five years of experience were purposively sampled. Two research questions were raised and two null hypotheses were formulated. Data were collected using a questionnaire developed by the researchers and validated by experts with reliability index of .84 obtained using Pearson's Product Moment Correlation at a two-week interval. Cronbach Alpha was used to determine the internal consistency which yielded a value of .79. The findings show that majority of the professional counsellors surveyed identified the items as perceived impact of IPV on the psychological development of children ranging from low self-esteem to suicidal ideation. Again, majority of the participants with 5 to 10 years of counselling experience did not perceive most of the items addressing the impact of IPV on the social development of children. However, participants with 11 years and above identified all the items as perceived impact of IPV on the social development of children. The hypotheses were rejected. It was concluded that professional counsellors had good knowledge of the impact of IPV on the psychosocial development of children though they differed by years of experience. Enriching the curriculum content of counsellor trainees with IPV contents is recommended among others. Counselling implications were highlighted.*

**Keywords:** Intimate partner violence, Professional Counsellors, impact, psychosocial development, children

## **Introduction**

The overall development of the child is intricately connected with the family environment. Raising children in families marked by intra-familial violence constitutes a profoundly distressing experience impacting their overall development and life trajectory especially their psychosocial well-being. Such distressing environments have the adverse consequences of reducing the likelihood of optimizing their potential. This may increase the probability of becoming either victims or perpetrators of violent behaviour which may persist throughout their entire lifespan. Though intimate partner violence (IPV) is a global phenomenon, Nigeria in recent times has witnessed increased IPV due largely to abject poverty, inequality, ethno-religious conflicts, terrorism, banditry, bad governance among others (Ukorji & Ukorji, 2023). This has had increasing implications for intimate relationships among Nigerians thus exposing the children in those relationships to its negative impacts. Adejimi et al. (2022) reiterated that IPV is one of the most pervasive human rights violation which has negative impacts on the health and well-being of individuals, families and communities and of great public health importance in Nigeria (Mukaddas, 2024).

As captured by Sucipto et al. (2024), the family is the smallest social unit in society that has a significant impact on the personality development of each family member and the way they interact with other people. The early years of a child's life are a period of rapid brain and behaviour development. During this time, children are extremely vulnerable to the negative impacts of IPV occurring within their environment. It can have harmful effects on the development of important brain structures, such as the limbic system, and the development of attachment bonds (Mueller & Tronick, 2020; Cameranesi & Piotrowski, 2020); and increase sensitivity to future stress (Martinez-Torteya et al. 2016) his process can have lasting impacts on children's arousal and emotional reactivity in response to perceived stressors and can lead to symptoms of post-traumatic stress, internalizing and externalizing disorders, and difficulties with key developmental tasks such as emotion regulation, social competence, and prosocial skills (Boeckel et al., 2015). These negative impacts of IPV in childhood do not necessarily manifest at the time of exposure but can develop over time (Holmes et al., 2015).

Intimate Partner Violence is also known as domestic abuse, spousal violence and dating violence. It refers to any kind of sexual, physical, emotional or psychological violence or abusive behaviour which occurs in an intimate partner relationship between adults or adolescents. According to Tanimu et al. (2016), intimate partners include spouses; current or past, marital, or non-marital, boyfriends/girlfriends; current or past, whether they are living together or not. Intimate Partner violence can be described as violent behaviour towards another spouse including but not limited to controlling, bullying, violent arguing, or threatening behaviour (Chatwick-Charuma et al., 2022), (psychological, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender or sexual orientation) by a current or former intimate partner or family member (Swanston et al, 2014; Kourti et al. 2023).

A harmonious family setting promotes feelings of safety and stability, facilitating a child's optimal physical and emotional growth. Conversely, a tense or violent home environment can impede a child's development. Harmony is the mutual ties between each family member and each individual reflects this positive relationship (Yunita et al, 2022). A family is said to be harmonious if all its members protect and love each other. On the other hand, a family is considered disharmonious if the opposite happens (Lila, et al, 2022).

Intimate partner violence is one of the most negative experiences that affect the development of children and youth with long-lasting implications (Bo & Yating, 2023). Hall (2019) considers children as indirect victims of IPV and may suffer severe and irreversible physical and mental impacts. Banerjee et al. (2019), Forke et al. (2019), Maji (2018), Mittal (2020) reported that the psychological complications include depression, anxiety, post-traumatic stress disorder (PTSD), lower self-esteem, increased risk of substance abuse, self-injury, and even suicide. Doroudchi et al. (2023) added that such complications may be short and long-lasting, and moderate or severe.

IPV has been found to contribute to decline in social activity of children who are victims or witnesses of IPV (Howarth et al., 2019). Children exposed to IPV also exhibit poorer emotional regulation which may affect peer relationships and general social functioning (Bender et al., 2022).

A recent systematic review ( $n=26$  studies), Bender et al. (2022) explored the effects of IPV exposure on social-emotional competence and found the majority (66.7%) of children exposed to IPV displayed poorer social competence outcomes compared with non-exposed peers. In another recent systematic review ( $n=13$  studies) investigating childhood IPV exposure and bullying, 75% of the studies found IPV exposure to be associated with bullying perpetration, and 80% found it to be associated with bullying victimization (Lee et al., 2022).

Empirical evidence shows that IPV seriously harms children's growth, and its cumulative effects may last until adulthood (Haque et al., 2021). Those children exposed to IPV had much worse psychosocial outcomes than those who were not exposed to IPV at all (Chernikova et al., 2020). According to Sanders-McDonagh et al. (2016), the impact of IPV on children who witness it can be devastating and increase their risk of becoming victims of violence themselves. Others feel socially isolated and cannot easily make friends (Piquero et al., 2021).

The high prevalence rate of IPV and by implication the greater number of children exposed to IPV make it imperative that it should be a research priority. Intimate partner violence affects approximately 496 million children worldwide (Amir-ud-Din et al., 2021). Compared to the global average (30%), the prevalence of IPV is lower in High income countries (23.2%) and higher in low/middle income countries (LMICs) (36.6%—37.7%) (WHO, 2021). Benebo et al. (2018) put the global prevalence of IPV as 30%, while that of Nigeria ranges between 33 – 68%. However, a more recent study put estimated prevalence of IPV in Nigeria as 39.4% (Awolaram et al., 2021). Okedare and Fawole (2023) provided

prevalence rates by type- physical (31.4%, 13.4%), sexual (37.1%, 18.3%), and psychological IPV (58.6%, 31.5%) among slum than non-slum communities.

Most children and youth who are exposed to violence are never formally identified, assessed, and/or treated (Naughton et al., 2015). The emotional, social, and psychological impact of their exposure is observed by families and practitioners in many settings.

Given the deleterious consequences of intimate partner violence on children's development, and considering the high prevalence of IPV, literature on professional counsellors' perception of its psychosocial impact on children's development is limited and lacks extensive review, making this study imperative. Such information is critical in order to identify gaps in knowledge and inform policy and practice.

**Statement of the Problem**

Intimate partner violence occurs in homes in the full view of children. Empirical evidence on the deleterious impact of IPV on children abound. Professional counsellors directly deal with IPV by providing services. How much the counsellors are aware of the impact of IPV on the psychosocial development of the children in such families is yet to be determined. Aye et al. (2022) study surveyed the physical and psychological health consequences of intimate partner violence among married primary school teachers in Delta South Senatorial Zone of Delta State, Nigeria. They, however did not consider the consequences of IPV on the children who experience such violence. Jofre-Bonet et al. (2024) explored IPV and children's health outcome but did not consider the psychosocial impact. This study investigated the professional counsellors' knowledge of the impact of IPV on the psychological and social development of children in Abia State, Nigeria. This may contribute to reducing the ripple effects of intimate partner violence and the harm on these children and foster their optimal development. To the best of the researchers' knowledge, this study is the first to survey professional counsellors' knowledge of the impact of IPV on children's psychosocial development in the study area.

**Purpose of the Study**

The purpose of this study specifically stated are:

- ◆ to explore the level of knowledge of professional counsellors on the perceived impact of IPV on the psychological development of children who experience IPV.
- ◆ to determine the level of professional counsellors' knowledge on perceived impact of IPV on children's social development.

**Research Questions**

- ◆ What is the level of professional counsellors' knowledge on perceived impact of IPV on children's psychological development?
- ◆ What is the professional counsellors' knowledge on perceived impact of IPV on children's social development?

### **Null Hypotheses**

There is no significant mean score difference in the level of professional counsellors' knowledge on perceived impact of IPV on children's psychological development by years of experience.

There is no significant mean score difference in the level of professional counsellors' knowledge on perceived impact of IPV on children's social development by years of experience.

### **Methods**

This study adopted the descriptive research design and was carried out in Abia State, Nigeria. The population comprised 103 professional counsellors in Abia State. A total of 63 professional counsellors with more than five years of experience were purposively sampled, 35 had 5 – 10 years' experience while 28 had more than 11 years' experience. Their mean age was 54.5. Data were collected using the "Impact of Intimate Partner Violence on Children's Psychosocial Development questionnaire" (IIPVCPDQ) - a 20-item questionnaire which was validated by three experts, two in Guidance and Counselling and one in Measurement and Evaluation. Reliability index of .84 was obtained using Pearson's Product Moment Correlation at a two-week interval. Cronbach Alpha was used to determine the internal consistency which yielded a value of .79. The four point Likert-type scale of Strongly Agree (4), Agree (3), Disagree (2) and Strongly Disagree (1) was adopted. The decision benchmark is 2.50. The decision rule is that if  $p \leq 0.05$  the null hypothesis is rejected, otherwise not rejected. The data collected were analyzed using Statistical Package for the Social Sciences 20.0 to answer two research questions and test the two null hypotheses at 0.05 level of significance. Mean and standard deviation were used to answer the research questions while t test was used to test the null hypotheses at 0.05 level of significance.

### **Results**

#### **Research Question1**

What is the level of professional counsellors' knowledge on perceived impact of IPV on children's psychological development?

**Table 1:** Mean and standard deviation of perceived impact of IPV on psychological development of children

|     |                                      | 5-10 Yrs. Experience (N0: 35) |      |          | 11 + Yrs. Experience (No:28) |      |          |
|-----|--------------------------------------|-------------------------------|------|----------|------------------------------|------|----------|
| S/N | Item Statement                       | x                             | Std. | Decision | x                            | Std. | Decision |
| 1   | Low self-esteem                      | 2.90                          | 0.35 | Accept   | 3.30                         | 0.28 | Accept   |
| 2   | Anxiety                              | 2.84                          | 0.31 | Accept   | 3.37                         | 0.32 | Accept   |
| 3   | Depression                           | 2.91                          | 0.36 | Accept   | 3.27                         | 0.32 | Accept   |
| 4   | Posttraumatic stress disorder (PTSD) | 2.93                          | 0.36 | Accept   | 3.37                         | 0.21 | Accept   |
| 5   | Feelings of shame and guilt          | 2.95                          | 0.33 | Accept   | 3.36                         | 0.20 | Accept   |
| 6   | Nervousness                          | 3.06                          | 0.35 | Accept   | 3.30                         | 0.22 | Accept   |
| 7   | Feelings of hopelessness             | 3.04                          | 0.34 | Accept   | 3.23                         | 0.22 | Accept   |
| 8   | Antisocial behaviour                 | 3.10                          | 0.35 | Accept   | 3.33                         | 0.19 | Accept   |
| 9   | Increased risk of substance misuse   | 3.06                          | 0.32 | Accept   | 3.28                         | 0.17 | Accept   |
| 10  | Self-injury                          | 3.10                          | 0.34 | Accept   | 3.34                         | 0.25 | Accept   |
| 11  | Suicidal ideation                    | 3.13                          | 0.36 | Accept   | 3.00                         | 0.21 | Accept   |
|     | Pulled mean                          | 3.00                          | 0.09 | Accept   | 3.28                         | 0.10 | Accept   |

The findings of the study as seen in Table 1 show that the professional counsellors surveyed identified majority of the items in the table 1 as perceived impact of IPV on the psychological development of children ranging from low self-esteem to suicidal ideation. However, it was observed that the mean scores of those with more years of experience were higher in majority of the items in the table.

**Research Question 2**

What is the professional counsellors’ knowledge on perceived impact of IPV on children’s social development?

**Table 2:** Mean and standard deviation of perceived impact of IPV on social development of

| Children.   |                                             |                      |      |               |                      |      |          |
|-------------|---------------------------------------------|----------------------|------|---------------|----------------------|------|----------|
|             |                                             | 5-10 Yrs. Experience |      |               | 11 + Yrs. Experience |      |          |
| S/N         | Item Statement                              | x                    | Std. | Decision      | x                    | Std. | Decision |
| 12          | Decline in social activity                  | 1.84                 | 0.33 | Do not accept | 3.08                 | 0.39 | Accept   |
| 13          | Avoidance of relationship with other people | 2.55                 | 0.33 | Accept        | 3.11                 | 0.37 | Accept   |
| 14          | Aggression towards others                   | 2.71                 | 0.35 | Accept        | 3.22                 | 0.36 | Accept   |
| 15          | Separation anxiety                          | 2.34                 | 0.32 | Do not accept | 3.16                 | 0.37 | Accept   |
| 16          | Less attachment to care givers              | 2.30                 | 0.33 | Do not accept | 3.20                 | 0.34 | Accept   |
| 17          | Social isolation                            | 2.40                 | 0.32 | Do not accept | 3.27                 | 0.33 | Accept   |
| 18          | Lack of social skills                       | 2.20                 | 0.34 | Do not accept | 3.25                 | 0.29 | Accept   |
| 19          | Difficulty forming healthy relationships    | 2.53                 | 0.34 | Accept        | 3.28                 | 0.28 | Accept   |
| 20          | Gang involvement                            | 2.76                 | 0.35 | Accept        | 3.30                 | 0.25 | Accept   |
| Pulled mean |                                             | 2.40                 | 0.28 | Do not accept | 3.21                 | 0.08 | Accept   |

The findings of the study in respect of the second research question show that the majority of the participants with 5 to 10 years of counselling experience did not perceive most of the items addressing the impact of IPV on the social development of children except for item 13 – avoidance of relationship with other people, 14- aggression towards others; 19 – difficulty forming healthy relationships; and 20 – gang involvement. The pulled mean score for those with 5 – 10 years’ experience was 2.40 with standard deviation of .28 which was below the acceptable cut –off mean score. However, participants with 11 years and above counselling experience identified all the items in table 2 as perceived impact of IPV on the social development of children.

**Null Hypotheses1 and 2**

There is no significant mean score difference in the level of professional counsellors’ knowledge on perceived impact of IPV on children’s psychosocia development by years of experience.

**Table 3:** Mean, standard deviation and t values of perceived impact of IPV on psychosocial development of children

| Measures                                   | 5 – 10Yrs. Exp.<br>(N=35) |      | 11 Yrs. +<br>Exp. (N=28) |      | df. | t. cal. | t values | Decision                |
|--------------------------------------------|---------------------------|------|--------------------------|------|-----|---------|----------|-------------------------|
|                                            | Mean                      | SD   | Mean                     | SD   |     |         |          |                         |
| Impact of IPV on psychological development | 3.00                      | 0.09 | 3.28                     | 0.10 | 61  | 1.96    | 11.67    | Significant<br>(Reject) |
| Impact of IPV on Social development        | 2.40                      | 0.28 | 3.21                     | 0.08 |     |         | 14.81    | Significant<br>(Reject) |

The findings in Table 3 show that the t values in respect of the hypotheses were higher than the table value leading to the rejection of the null hypotheses. This implies that professional counsellors with more years of experience are more knowledgeable about the impact of IPV on the psychosocial development of children.

**Discussion of Findings**

The present study investigated the knowledge of professional counsellors on the perceived impact of IPV on the psychosocial development of children. It is believed that this knowledge will spur them to consider the needs of the children exposed to IPV and provide services to them promptly. The results of the study concurred with that of Forke et al. (2019), Mittal (2020) and Doroudchi et al. (2023) who identified depression, anxiety, post-traumatic stress disorder (PTSD), lower self-esteem, increased risk of substance abuse, self-injury, and even suicide as possible impact of IPV on the children. This study also corroborates the earlier findings of Bender at al. (2022) and Lee et al. (2022) on the perceived impact of IPV on the children’s social development. Both studies identified lack of social competence, difficulty making friends, bullying, and others as possible social impacts of IPV on children. These findings supporting earlier findings are significant indications that the professional counsellors may have acquired knowledge of the impact of IPV on the psychosocial development of children from literature or from experience.

The current study revealed that perceptions seemed to differ by years of experience with those higher in years of experience showing greater knowledge of the impact IPV on the psychosocial development of children. With increasing experience, counsellors increase their horizon and become more reflective and critical in their service delivery. This might account for the variation. It can as well account for the rejection of the null hypotheses postulating no significant mean score difference in the level of knowledge of impact of IPV on the



psychological development of children by years of experience.

### **Implications for Counselling Practice**

Professional counsellors need to take cognizance of the impact of IPV on children when assessing risks of IPV. The central message in exploring the impacts of IPV is that no matter how it is experienced, IPV is harmful to both adults and children. It is important for all counsellors to be competent in identifying impacts of IPV as well as addressing them. Children presenting with symptoms of low self-esteem, depression, anxiety, and/or trauma should be screened for exposure to IPV. Professional counsellors should be mindful of warning signs such as frequent conflicts, aggression, bullying, presence of fear, anxiety, depression and the like.

Counsellor educators have pivotal roles to play in all these. Exposing their students to the overall impacts of IPV may prepare them adequately to appreciate the impact of IPV especially on children and proactively work towards prevention and remediation. There is need to equip counsellors adequately to screen for risk for IPV and be able to work therapeutically with those who have experienced, witnessed, and/or perpetrated IPV.

Prevention and early intervention efforts focused on social functioning may be important to reduce intergenerational patterns of violence. Educating families about the impact of IPV on children's psychological and social development is imperative and falls under the purview of professional counsellors.

### **Conclusion and Recommendations**

This study revealed that most of the professional counsellors surveyed identified the items listed as impact of IPV on the psychological development of children while there were slight variations on the impact of IPV on the social development of children. Intimate partner violence are potential risk factors for the psychosocial development of children. Enriching the curriculum content of counsellor trainees with IPV contents is recommended as well as organizing workshops and seminars for serving counsellors on IPV and its impacts.

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