

CORRELATES OF DOMESTIC VIOLENCE AMONG MARRIED WOMEN IN EKITI STATE: INFLUENCE OF SELF-ESTEEM, SOCIOECONOMIC STATUS, AND AGE

Tolulope Oluwatoyin Olayiwola-Adedola¹, Balikis Oluwatobiloba Ogunsakin¹, Leah Oyeyemi Oyedele²
Toyin Olanike Adaramoye¹, Stella Oluwakemi Olatubosun¹ & Basirat Olajumoke Dikko¹

¹Department of Guidance and Counselling, Faculty of Education, Federal University, Oye-Ekiti, Nigeria

²Department of Applied Psychology, Kampala International University, Uganda

Email: tolulope.olayiwola-adedola@fuoye.edu.ng

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Abstract

Domestic violence remains a major social and public health concern that adversely affects the well-being of married women and family stability. This study examined the influence of age, self-esteem, and socioeconomic status on domestic violence among married women in Ekiti State, Nigeria. A descriptive survey research design was adopted for the study. The population consisted of married women in Oye-Ekiti Local Government Area, from which 200 respondents were randomly selected. Data were collected using a validated questionnaire with a reliability coefficient of 0.76. Descriptive statistics, Pearson Product-Moment Correlation, and Analysis of Variance (ANOVA) were used to analyse the data at the 0.05 level of significance. Findings revealed varying levels of domestic violence experience among the respondents, with 89.0% reporting low levels, 9.0% moderate levels, and 2.0% high levels of domestic violence based on the study's score classification ranges. The results further indicated that age significantly influenced domestic violence among married women ($F(4,195) = 7.678, p < .05$). In addition, domestic violence was negatively correlated with self-esteem ($r = -0.319, p < .05$) and socioeconomic status ($r = -0.274, p < .05$), suggesting that higher self-esteem and better socioeconomic status were associated with lower experiences of domestic violence. The study concluded that demographic and psychosocial factors play important roles in domestic violence experiences among married women. It was therefore recommended that counselling services, women empowerment initiatives, and public awareness programmes be strengthened to help reduce domestic violence in society.

Keywords: age, counselling, domestic violence, married women, Ekiti State. self-esteem, socioeconomic status,

Introduction

Domestic violence is one of the most pervasive human rights and public health concerns globally, affecting the physical, psychological, sexual, and social well-being of millions of women across diverse cultural and socioeconomic settings (Dikko et al., 2023; Rose et al., 2024). It encompasses a range of abusive behaviours perpetrated by an intimate partner, including physical assault, emotional abuse, sexual coercion, economic deprivation, and controlling behaviours (Khan & Akran, 2025). Although women across all social groups may experience domestic violence, married women are particularly vulnerable because of relational dependence, shared domestic environments, and sociocultural norms that often discourage disclosure and help-seeking (Brito Jimenez & Rodriguez Avila, 2024; Adebayo et al., 2024). The consequences are far-reaching, including physical injury, reproductive health complications, depression, anxiety, diminished self-worth, social isolation, and, in extreme cases, death (Burghart & Bachaus, 2024).

Globally, approximately one in three women has experienced physical and/or sexual violence, most often perpetrated by an intimate partner (WHO, 2026). Research consistently shows that domestic violence is influenced by a complex interaction of individual, relational, and socioeconomic factors. In many low- and middle-income countries, underreporting remains common because victims often fear retaliation, social stigma, and economic consequences associated with reporting abuse (Murvartian et al., 2025; Adaramoye, Adedini, & Sunmola, 2025). Despite increased advocacy and legal reforms in Nigeria, domestic violence remains a persistent social problem, particularly within patriarchal settings where marital preservation is frequently prioritized over women's safety and well-being (Stanley Oloji et al., 2025; Peralta-Jaramillo, 2025).

Evidence from Ekiti State highlights the local relevance of this problem. A comparative study conducted in urban and rural communities in Ekiti State found that more than half (56%) of married women in urban areas and 28% in rural areas had experienced intimate partner violence. The study further identified economic stress, patriarchal norms, and rigid cultural practices as major contributors to domestic violence, while emotional distress and deteriorating physical health were reported as common consequences among victims (Adeoye et al., 2024). Similarly, studies conducted in Ekiti State have linked home violence against women to sociocultural expectations, gender inequality, and traditional beliefs that reinforce male dominance within marital relationships (Omotosho et al., 2025). These findings suggest that domestic violence in Ekiti State is shaped not only by cultural norms but also by psychological and socioeconomic conditions that influence women's autonomy, coping strategies, and help-seeking behaviours.

Among the psychological factors associated with domestic violence is self-esteem, which refers to an individual's overall evaluation of self-worth and competence (Mandal et al., 2023; Olayiwola-Adedaja et al., 2024a). Studies indicate that women with higher self-esteem are more likely to recognize abusive behaviours, establish personal boundaries, and seek support when confronted with violence. Conversely, low self-esteem has been associated with self-blame, emotional dependence, and increased tolerance of abusive relationships. Furthermore, prolonged exposure to domestic violence may further erode self-esteem, thereby creating a cycle of vulnerability and victimization (Wood et al., 2024; Muris & Otgaar, 2023; Neculau-Cojocaru et al., 2025).

Socioeconomic status is another important factor linked to domestic violence. It encompasses educational attainment, income level, occupational status, and access to economic resources (Iretor-Oscar et al., 2021; Song et al., 2025). Existing research suggests that financial hardship can heighten marital tension, increase dependency on abusive partners, and reduce women's ability to leave violent relationships. In contrast, higher socioeconomic status tends to enhance women's autonomy, access to support systems, and decision-making power. However, changing economic roles within marriage may also challenge traditional power structures, thereby influencing the occurrence and dynamics of domestic violence (Aaron & Black, 2025; Byrt & Cook, 2025; Faiz & Daud, 2023; Fors Connolly & Lindh, 2025).

Age has also been identified as an important demographic factor in understanding domestic violence. Research suggests that age influences emotional maturity, relationship experience, coping mechanisms, and social support networks (Isaacowitz & English, 2024; McCloud & Abdullah, 2025). Younger women may be particularly vulnerable because of limited relationship experience and economic dependence, whereas older women may experience violence associated with long-standing marital conflicts and entrenched relationship patterns (Olayiwola-Adedaja et al., 2024b; Serrano-Rodriguez et al., 2025). These findings indicate that the relationship between age and domestic violence is multifaceted and context-dependent.

Although previous studies have examined domestic violence from psychological, demographic, and socioeconomic perspectives, limited attention has been given to the combined influence of age, self-esteem, and socioeconomic status among married women in Ekiti State. Most existing studies have focused on prevalence, legal frameworks, or sociocultural determinants, leaving a gap in understanding how these variables interact to influence domestic violence experiences among married women. Addressing this gap is important for developing evidence-based counselling interventions, empowerment programmes, and policy responses tailored to the realities of women in Ekiti State. Therefore, this study examined the influence of age, self-esteem, and socioeconomic status on domestic violence among married women in Ekiti State, Nigeria.

Statement of the Problem

Domestic violence remains a major social and public health concern that threatens the physical, psychological, and social well-being of married women worldwide. In Nigeria, the problem is particularly alarming, as national reports indicate that approximately one in three women has experienced some form of domestic violence during their lifetime. Despite increasing awareness campaigns, legal reforms, and advocacy programmes, many married women continue to experience physical assault, emotional abuse, sexual coercion, economic deprivation, and controlling behaviours within intimate relationships (Gao et al., 2025). However, domestic violence remains underreported because many victims fear social stigma, retaliation, marital breakdown, and economic hardship associated with reporting abuse or leaving abusive relationships (Ezanwa & Gani, 2025; Nakie et al., 2025).

In Ekiti State, domestic violence among married women continues to be a visible social issue despite relatively high literacy levels and growing urbanization (Ojo, 2021). Existing studies within Nigeria have focused largely on the cultural, legal, and societal dimensions of domestic violence, with limited attention given to psychological and socioeconomic factors that may influence women's vulnerability and responses to abuse (Bermudez-Figueroa, 2024). Psychological variables such as self-esteem may shape women's ability to recognize, resist, or report abusive behaviours, while socioeconomic status and age may influence dependency, marital power relations, and coping strategies within marriage (Jonathan et al., 2026; Neff & Beer, 2025; Taccini et al., 2024).

Although studies on domestic violence are increasing, there is still limited empirical evidence on the combined influence of self-esteem, socioeconomic status, and age among married women in Ekiti State. This gap creates the need for further investigation to provide evidence-based insights that can support counselling interventions, women empowerment programmes, and policy development aimed at reducing domestic violence. Therefore, this study examined the influence of self-esteem, socioeconomic status, and age on domestic violence among married women in Ekiti State, Nigeria.

Research Objectives

The main objective of this study is to examine the correlates of domestic violence among married women in Ekiti State, with particular emphasis on the influence of self-esteem, socioeconomic status, and age. Specifically, the study seeks to:

1. determine whether age significantly influences the level of domestic violence among married women in Ekiti State;
2. assess the level of domestic violence experienced by married women in Ekiti State;
3. examine the relationship between self-esteem and domestic violence among married women in Ekiti State;
4. investigate the relationship between socioeconomic status and domestic violence among married women in Ekiti State.

Research Questions

The following research questions guided the study:

1. Is there a significant difference in the level of domestic violence among married women based on age?
2. What is the level of domestic violence experienced by married women in Ekiti State?

Research Hypotheses

The following null hypotheses were formulated and tested at the 0.05 level of significance:

1. There is no significant relationship between self-esteem and domestic violence among married women in Ekiti State.
2. There is no significant relationship between socioeconomic status and domestic violence among married women in Ekiti State.

Conceptual and Theoretical Framework

Domestic violence in this study refers to patterns of abusive behaviour perpetrated by a spouse or intimate partner within marriage, including physical assault, emotional abuse, verbal intimidation, sexual coercion, economic deprivation, and controlling behaviours (Al Musawi, 2025). Self-esteem is defined as an individual's perception of personal worth, competence, and confidence (Albarracin et al., 2024). Women with positive self-esteem are more likely to assert boundaries, seek support, and resist victimization, whereas low self-esteem may increase tolerance of abuse and reduce help-seeking behaviour (Emirza & Uzun, 2024). Socioeconomic status can include income, education, occupation, and access to resources and can determine power relations and dependency in marriage (Rakesh et al., 2025). Another demographic aspect that affects maturity, marital experience, and exposure to abuse is age (Khan et al., 2024). Theoretically, the differences in self-esteem, socioeconomic status, and age are linked with the disparity in domestic violence among married women.

The research is based on the theory of Social Learning, which states that behaviour can be learnt by observing, imitating, and reinforcing behaviour (Shang et al., 2025). When related to domestic violence, people who experience family violence or family traditions that endorse male dominance might learn to internalize violence as normal (Jenney and Nyirinkwaya, 2026). This can expose perpetrators to imitate abusive behaviours and victims to accept them, which perpetuates intergenerational trends (Dorling et al., 2025). Another aspect of the theory is the possibility of changing behaviour with the help of counselling and exposure to non-violent models (Koulouvari et al., 2025).

Resource Theory is also used to elaborate on how socioeconomic status contributes to domestic violence. It also implies that those who have no economic or social resources can employ coercion to stay in power (Cheng and Xie, 2023). Economic dependency and financial stress may aggravate marital conflict and make one more susceptible to abuse (Mellar et al., 2024). On the other hand, women who have a higher bargaining power and access to support systems due to higher economic resources and education tend to be less vulnerable to violence (Nacka et al., 2025).

The importance of self-esteem is described according to the Cognitive Theory and the Empowerment Perspective. Cognitive Theory focuses on the role of self-perceptions in behaviour and coping, where low self-esteem is associated with self-blame and passivity in abusive relationships. On the contrary, increased self-esteem encourages assertiveness and seeking help. On the same note, the Empowerment Perspective emphasizes the role of self-worth and agency in empowering women to resist oppression and make autonomous choices. These theories combine to offer a multidimensional framework. Social Learning Theory is used to explain behavioural patterns, Resource Theory is used to solve structural inequalities, and Cognitive and Empowerment perspectives are used to explain the psychological processes. Together, they show that behavioural, structural, and psychological factors influence domestic violence.

Review of Related Literature

Domestic violence against women remains a significant global public health and human rights concern, with evidence indicating its persistence across diverse sociocultural settings. Existing literature consistently shows that women in low- and middle-income countries are particularly vulnerable because of structural inequalities, economic dependency, weak institutional protection, and patriarchal social norms (Nakie et al., 2025). In Nigeria, studies have similarly reported high prevalence rates of domestic violence, often linked to cultural acceptance of male dominance, inadequate legal enforcement, and financial dependency among women (Ojo, 2021). While Gao et al. (2025) argue that legal reforms and marital protection policies can reduce domestic violence, Olayiwola-Adedola et al. (2024c) contend that legal provisions alone are insufficient where poverty, gender inequality, and weak enforcement mechanisms persist. These contrasting findings suggest that domestic violence is not only a legal issue but also a multidimensional problem shaped by socioeconomic and cultural realities.

The literature further demonstrates that domestic violence has severe psychological, physical, and social consequences for women. Several studies have linked domestic violence with depression, anxiety, emotional trauma, and reduced self-esteem (Taccini et al., 2024). Similarly, Ezenwa and Gani (2025) observed that gender-based violence significantly undermines women's psychological well-being and limits their participation in community development in Nigeria. However, some scholars argue that the psychological effects of domestic violence are influenced by contextual factors such as social support, access to healthcare, and economic stability (Staloff et al., 2025). This suggests that women's experiences of domestic violence may differ depending on the availability of protective social and economic resources. Consequently, domestic violence should be understood not merely as an act of physical abuse but as a broader social problem with long-term psychological and developmental implications.

Self-esteem has emerged in the literature as an important psychological factor associated with domestic violence. Studies generally indicate that women with low self-esteem are more likely to tolerate abusive relationships because they may internalize blame, feel powerless, or lack confidence in seeking support (Taccini et al., 2024). In contrast, women with higher self-esteem are more likely to recognize abusive behaviours, establish personal boundaries, and pursue protective interventions. Nevertheless, the direction of this relationship remains debated. While some studies identify low self-esteem as a predisposing factor for vulnerability to abuse, others argue that repeated exposure to domestic violence gradually erodes women's self-worth over time. This indicates a reciprocal relationship in which low self-esteem may both contribute to and result from domestic violence experiences.

Socioeconomic status has also been widely identified as a significant determinant of domestic violence. Existing studies suggest that low income, unemployment, and limited educational attainment increase women's dependence on abusive partners and reduce their capacity to leave violent relationships (Nakie et al., 2025). Financial hardship may further intensify marital conflict and stress, thereby increasing the likelihood of violence within the home. Conversely, higher socioeconomic status is often associated with greater autonomy, improved decision-making power, and better access to social support systems. However, some researchers caution that women's economic empowerment may sometimes challenge traditional gender roles and generate tensions within patriarchal households, potentially increasing conflict in certain contexts. These mixed findings imply that the relationship between socioeconomic status and domestic violence is complex and influenced by prevailing cultural expectations regarding gender and power relations.

Age is another factor frequently associated with domestic violence, although findings across studies remain inconsistent. Some researchers report that younger women are more vulnerable because of emotional immaturity, financial dependence, and limited marital experience. In contrast, other studies suggest that older women may experience prolonged abuse because of long-standing marital patterns, family obligations, and fear of social stigma associated with separation or divorce. These differing findings indicate that the influence of age on domestic violence is context-specific and may interact with other factors such as socioeconomic status, duration of marriage, and emotional resilience.

Overall, the reviewed literature demonstrates that domestic violence is influenced by interconnected psychological, socioeconomic, and demographic factors. Although previous studies have examined these variables independently, limited attention has been given to their combined influence among married women in Ekiti State, Nigeria. Furthermore, many studies have focused primarily on prevalence and sociocultural explanations without sufficiently integrating psychological dimensions such as self-esteem with socioeconomic realities. This gap highlights the need for context-specific research that critically examines how self-esteem, socioeconomic status, and age interact to influence domestic violence among married women. Such evidence is necessary for developing more effective counselling interventions, empowerment programmes, and policy responses aimed at reducing domestic violence in society.

Methodology

This study adopted a descriptive survey research design to investigate the influence of self-esteem, socioeconomic status, and age on domestic violence among married women in Oye-Ekiti Local Government Area of Ekiti State, Nigeria. The design was considered appropriate because it enabled the researcher to collect data from a representative sample and examine relationships among variables without manipulating them. The study was conducted in Oye-Ekiti Local Government Area, a semi-urban community characterized by diverse socioeconomic backgrounds and a mixture of traditional and modern family structures. The target population comprised all married women residing in Oye-Ekiti Local Government Area, estimated at 2,123 according to the Bureau of Statistics (2024). The sample size was determined using the Taro Yamane (1967) formula, which produced a sample size of 200 respondents. A multistage sampling procedure was employed for the study. In the first stage, four wards were randomly selected from the wards in Oye-Ekiti Local Government Area using simple random sampling techniques. In the second stage, households within the selected wards were chosen through systematic sampling based on a sampling interval derived from the estimated number of households in each ward. In the third stage, where more than one eligible married woman was present in a household, simple random sampling by balloting was used to select one respondent to ensure equal participation opportunities. This procedure helped to enhance fairness and reduce sampling bias. Data were collected using a structured questionnaire titled *Predictors of Domestic Violence Questionnaire (PDVQ)*. The instrument consisted of four sections. Section A obtained demographic information such as age, educational level, religion, family type, and number of children. Section B measured domestic violence using 10 items covering physical, emotional, verbal, sexual, and economic abuse. Section C assessed self-esteem using 10 adapted items from the Rosenberg Self-Esteem Scale, while Section D measured socioeconomic status using 8 items related to income, occupation, housing conditions, and financial independence. Responses were rated on a four-point Likert scale ranging from Strongly Disagree (1) to Strongly Agree (4), with higher scores indicating higher levels of the measured construct. The validity of the instrument was established through face and content validation by three experts in Guidance and Counselling and Educational Measurement and Evaluation. The experts assessed the relevance, clarity, appropriateness, and adequacy of the items in relation to the study objectives and research variables. Their observations and recommendations were incorporated before the final administration of the instrument. To establish reliability, a pilot study was conducted among 30 married women in a neighbouring Local Government Area outside the study location to avoid contamination of the main sample. The test-retest method was used to determine the stability of the instrument over time, and Pearson Product-Moment Correlation yielded a reliability coefficient of 0.76. In addition, Cronbach's alpha reliability coefficients were computed to determine the internal consistency of the instrument. The coefficients obtained were 0.82 for the domestic violence scale, 0.79 for the self-esteem scale, 0.81 for the socioeconomic status scale, and 0.80 for the overall instrument, indicating that the instrument was reliable for the study. Ethical considerations were strictly observed throughout the study. Approval to conduct the research was obtained from relevant authorities within the study area. Participants were adequately informed about the purpose of the study, and participation was entirely voluntary. Respondents were assured of anonymity and confidentiality, and no identifying information was collected from participants. Informed consent was obtained before questionnaire administration, and participants were informed of their right to withdraw from the study at any stage without any penalty. The questionnaires were administered with the assistance of two trained research assistants who were briefed on ethical procedures and appropriate data collection techniques. Completed questionnaires were carefully checked, coded, and analysed using the Statistical Package for the Social Sciences (SPSS) version 20. Descriptive statistics, including frequency counts, percentages, means, and standard deviations, were used to answer the research questions, while inferential statistics, specifically Pearson Product-Moment Correlation and one-way Analysis of Variance (ANOVA), were used to test the hypotheses at the 0.05 level of significance.

Results

Demographic Data of the Respondents

Table 1: Age Distribution of the Respondents

Age Range	Frequency	Percentage (%)
20-25 years	18	9.0
26-30 years	49	24.5
31-35 years	89	44.5
36-40 years	44	22.0
Total	200	100.0

Table 1 reveals the frequency distribution of the respondents' age. It shows that the respondents between the ages of 20-25 years are 18 in number, which represents 9.0%. Those between the ages of 26-30 years are 49, which represent 24.5%; participants within the age range of 31-35 years are 89 in number, which represents 44.5%, while the respondents between the ages of 36-40 years are 44 in number, which represent 22.0% of the entire sample.

Table 2: Qualification Distribution of the Respondents

Qualification	Frequency	Percentage (%)
Primary	2	1.0
Secondary	16	8.0
College	28	14.0
Graduate	142	71.0
Post graduate	12	6.0
Total	200	100.0

Table 2 above reveals the qualification distribution of the respondents. 2 respondents representing 1.0% had a primary school leaving certificate, 16 respondents representing 8.0% had a secondary school certificate, 28 respondents representing 14.0% had a college certificate, 142 respondents representing 71% had a B.Sc., while 12 respondents representing 6.0% had a postgraduate qualification. It shows that the majority of the respondents had a B.Sc.

Table 3: Family Type distribution of the Respondents

Family Type	Frequency	Percentage (%)
Monogamy	148	74.0
Polygamy	52	26.0
Total	200	100.0

Table 3 above reveals the distribution of the respondents into different family types. It shows that 148 representing 74.0% respondents, are from monogamy, while 52 respondents, representing 26.0%, are from polygamy.

Table 4: Religion of the Respondents

Religion	Frequency	Percentage (%)
Christianity	132	66.0
Islam	62	31.0
ATR	6	3.0
Total	200	100.0

Table 4 shows the frequency distribution of the respondents' religion. It reveals that 132 respondents practiced the Christian religion, representing 66.0%, 62 participants practiced Islam, representing 31.0%, while 6 respondents practiced African traditional religion, representing 3.0%. This shows that the majority of the respondents practised Christianity.

Table 5: Distribution of the Respondents based on the Number of Children

N0 of children	Frequency	Percentage (%)
1-3 children	56	28.0
4-6	106	59.0
7 and above	38	19
Total	200	100.0

Table 5 shows the frequency distribution of the respondents based on their religion. It reveals that 56 respondents had 1-3 number of children, representing 28.0%, 106 participants had 4-6 number of children, representing 59.0%, while 38 respondents had 7 children and above. This shows that the majority of the respondents are those with 4 – 6 children.

Research Question One: Is there a significant difference in the level of domestic violence among married women based on age?

Table 6: Analysis of Variance showing the significant difference in the level of domestic violence among married women based on age

Source of variation	Sum of squares	df	Mean square	F	Sig	Remark
Between Groups	4.167	4	1.042	7.678	.000	S
Within Groups	26.453	195	.136			
Total	30.620	199				

From the analysis of variance in Table 6, there is a significant difference in the level of domestic violence among married women based on age. The F-ratio ($F(4, 199) = 7.678, P < .05$) further affirms the significance of the finding. Hence, there is a significant difference in the level of domestic violence among married women based on age.

Research Question Two: What is the level of domestic violence experienced by married women in Ekiti State?

Table 7: Descriptive Statistics showing the prevalence of domestic violence as expressed by married women in Ekiti State

Level of domestic violence	Frequency	Percentage
Low	178	89.0
Average	18	9.0
High	4	2.0
Total	200	100.0

Table 7 revealed that 178 participants, who represented 89.0%, indicated a low level of domestic violence, 18 respondents representing 9.0% scored average, while 4 participants representing 2.0% scored high in the level of domestic violence. This implies that most married women used for the study scored low in the experience of domestic violence. Hence, the reported prevalence of domestic violence among married women in Ekiti State was low, although this finding should be interpreted with caution, as sociocultural factors such as stigma, fear, and underreporting may have influenced responses.

Hypothesis One: There is no significant relationship between self-esteem and domestic violence among married women in Ekiti State.

Table 8: Descriptive statistics and correlation between self-esteem and domestic violence among married women in Ekiti State

Variables	N	Mean	SD	R	Sig
Self-esteem	200	2.49	.511	-.319*	.000
Domestic violence	200	1.13	.392		

Table 8 contains descriptive statistics and the correlation between self-esteem and domestic violence. As shown in Table 8, self-esteem is significantly correlated with domestic violence inversely ($r = -.319; p < .05$). This indicates that the relationship between self-esteem and domestic violence is significant but negative. This implies that those married women who have high scores in self-esteem score low in domestic violence and vice versa. Hypothesis one is therefore rejected. This further implies that self-esteem is significantly correlated with domestic violence among married women in Ekiti State.

Hypothesis Two: There is no significant relationship between socio-economic status and domestic violence among married women in Ekiti State

Table 9: Descriptive statistics and correlation between socio-economic status and domestic violence among married women in Ekiti State

Variables	N	Mean	SD	R	Sig
Socio-economic status	200	1.99	.122	-.274*	.000
Domestic violence	200	1.13	.392		

Table 9 contains descriptive statistics and the correlation between socio-economic factors and domestic violence. As shown in Table 9, socio-economic status is significantly correlated with domestic violence inversely ($r = -.274; p < .05$). This indicates that there is a significant negative relationship between socioeconomic status and domestic violence among married women in Ekiti State. In other words, higher socioeconomic status was associated with lower reported domestic violence, while lower socioeconomic status was associated with higher reported domestic violence. Hypothesis two was therefore rejected. This further implies that socioeconomic status is significantly correlated with domestic violence among married women in Ekiti State.

Discussion

The present study examined the influence of age, self-esteem, and socioeconomic status on domestic violence among married women in Ekiti State. The results offer an understanding of the prevalence as well as psychosocial predictors of domestic violence, which are also related to the literature on intimate partner violence in low- and middle-income settings.

The authors discovered that there was a vast age difference in domestic violence and thus, age influences the experiences of women with abuse. This reinforced ecological and life-course views that indicate vulnerability is different at different stages of life. Younger women, particularly among early marriages, might not be empowered in relation, emotionally mature, or independent economically, which makes them vulnerable to abuse. Coping strategies or social leverage can be developed by older women to minimize exposure. This is consistent with research indicating demographic factors in domestic violence (Brito Jiménez & Rodríguez Ávila, 2024; Anthony and Eunice, 2024).

Another finding of the study was the generally low prevalence of domestic violence that was reported. Caution should, however, be taken with the interpretation, as there may be underreporting. Domestic violence is usually hidden in situations where the persistence of marriage is an appreciated cultural value, and it should not be revealed (Akeredolu et al., 2024; Murvartian et al., 2024; Ezanwa and Gani, 2025). The fear, stigma, and deficiency of support systems can result in downplaying the abuse, which is in line with universal findings of extensive underreporting (World Health Organization, 2026).

There was a significant negative correlation between self-esteem and domestic violence, with the result showing that women who have higher self-esteem have less chance of being abused. This agrees with psychological theories that put self-esteem as a protective factor (Olatunbosun et al., 2025; Adaramoye et al., 2025). Boundary setting, resistance to control, and help seeking are made possible by high self-esteem, and tolerance to abuse is likely to be more tolerated with low self-esteem. This is in line with the previous results of self-esteem and resilience as well as victimization risk (Zell and Johansson, 2025; Wood et al., 2024; Mandal, 2023).

On the same note, domestic violence was significantly inversely related to socioeconomic status. Structural theories of domestic violence were supported by women having a greater socioeconomic status being less likely to be abused. Women can be caught up in abusive relationships due to economic dependency and financial stress (Ajibola et al., 2024; Adebayo et al., 2025), but education, income, and employment can be more liberating (Rose et al., 2024; Peralta-Jaramillo, 2025).

Generally, the results indicate the complexity of domestic violence, which is multidimensional and includes demographic, psychological, and structural aspects. This at least favors ecological models that focus on individual, relational, and societal interaction (Khan and Akram, 2025). The research adds context-specific data on Ekiti State, demonstrating that despite rather high literacy rates, domestic violence remains because of more profound psychosocial and economic reasons.

In conclusion, the combination of interventions aimed at enhancing self-esteem, fostering economic empowerment, and breaking the destructive norms is key to preventing domestic violence in married women.

Conclusion

This study explored the role of age, self-esteem, and socioeconomic status in domestic violence among married women in Ekiti State. The results showed that age is a significant distinguishing factor in domestic violence experiences, and self-esteem and socioeconomic status are significant protective factors. Women who had higher self-esteem and had better economic status were less likely to be abused. Though the prevalence of domestic violence that was reported was low, it might be due to underreporting due to cultural and social limits. In general, the research indicates that the factors influencing domestic violence are intertwined with demographic, psychological, and structural factors, and it is important to consider multidimensional prevention and intervention strategies.

Recommendations

Based on the findings of this study, the following recommendations are made:

1. **Provision of Psychological Counselling Services:**
Professional counsellors, psychologists, and mental health practitioners should develop targeted intervention programmes aimed at improving the self-esteem, emotional resilience, assertiveness, and coping skills of married women. Counselling services should be made accessible through schools, healthcare centres, religious institutions, and community-based counselling units.
2. **Women Economic Empowerment Programmes:**
Government agencies and non-governmental organizations (NGOs) should strengthen women empowerment initiatives through vocational training, entrepreneurship development, financial literacy programmes, skill acquisition schemes, and access to microcredit facilities. Such programmes may help reduce financial dependency and vulnerability to abusive relationships.
3. **Strengthening Public Awareness Campaigns:**

Public enlightenment campaigns should be intensified to educate members of the public on the causes, consequences, and prevention of domestic violence. Awareness programmes should specifically address harmful cultural beliefs, patriarchal norms, and gender stereotypes that normalize abuse or discourage women from reporting violence.

4. Improved Legal and Social Protection Systems:

Government and legal institutions should strengthen the enforcement of domestic violence laws by improving reporting mechanisms, ensuring timely access to justice, and protecting victims from intimidation or retaliation. Legal aid services and family support units should also be expanded to assist survivors of domestic violence.

5. Establishment of Support and Rehabilitation Centres:

More counselling centres, temporary shelters, rehabilitation homes, and crisis response units should be established to provide immediate emotional, legal, and social support for victims of domestic violence. These centres should collaborate with healthcare professionals, counsellors, and social workers to ensure holistic care for survivors.

6. Community and Religious Institution Involvement:

Traditional rulers, community leaders, and religious organizations should partner with counsellors, social workers, and government agencies to promote healthy marital relationships, peaceful conflict resolution, gender equity, and family stability within communities.

7. Policy Development and Implementation:

Policymakers should formulate and implement policies that promote women's welfare, economic inclusion, mental health support, and protection against gender-based violence. Continuous monitoring and evaluation of domestic violence intervention programmes should also be encouraged to ensure effectiveness.

Implications for Counselling Practice

The implications of the findings are significant to counselling practice in marital and family therapy. Counsellors can contribute to the vulnerability of women to domestic violence by addressing self-esteem as an element of their vulnerability through cognitive restructuring, assertiveness training, and empowerment-based interventions to enhance resilience and challenge maladaptive beliefs. It should also take a holistic approach, taking into account socioeconomic constraints that could restrict the ability of women to leave abusive relationships, where referrals to financial and community support services can be made. Moreover, premarital and marital counselling must encourage healthy communication, conflict management, and respect, and counsellors must also advocate against domestic violence and advocate for gender-equitable norms. There are limitations to the study. It is cross-sectional, which restricts causal inference, and the self-reported data can be biased by stigma and social desirability. Ekiti State also limits the generalizability to other regions, as it is the focus. Moreover, only a few predictors (age, self-esteem, and socioeconomic status) were studied, leaving out other factors, including spousal behaviour, substance use, and cultural influences. The next round of research must employ longitudinal and mixed methods designs to determine cause and effect and find out the lived experiences. Additional variables, such as the partner characteristics and cultural norms, should also be studied, and comparative studies across regions should also be done to enhance generalizability and guide interventions.

Limitations of the Study

Despite the contributions of this study to understanding the influence of age, self-esteem, and socioeconomic status on domestic violence among married women in Ekiti State, certain limitations should be acknowledged. First, the study was limited to married women in Oye-Ekiti Local Government Area; therefore, the findings may not be fully generalized to married women in other parts of Ekiti State or Nigeria because of possible cultural, social, and economic differences across locations. In addition, the study relied on self-report questionnaires for data collection, which may have introduced response bias, social desirability bias, or underreporting, particularly because domestic violence is a sensitive and personal issue. Some respondents may have been unwilling to disclose their actual experiences fully.

Furthermore, the descriptive survey design adopted for the study captured respondents' opinions and experiences at a single point in time, thereby limiting the ability to establish causal relationships among the variables studied. The study also focused specifically on age, self-esteem, and socioeconomic status as predictors of domestic violence, while other relevant factors such as educational level, substance abuse, marital satisfaction, cultural beliefs, and religious influences were not examined. Although efforts were made to ensure adequate representation through the sampling procedure, the sample size may still limit the broader generalization of the findings. Therefore, future studies should consider adopting mixed-method or longitudinal approaches and involving participants from wider geographical areas to provide a more comprehensive understanding of domestic violence among married women.

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