




Church of Nigeria's (Anglican Communion) response to domestic violence against women in Nsukka local government area



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Domestic violence, especially against women, has become a frequent occurrence in recent times, and most of these incidents are not reported. This study examined the response of the Anglican church to domestic violence against women, using Nsukka urban as a case study. This study is imperative as it explores the extent of domestic violence in Nsukka and the danger it poses. This study adopted a mixed research design of quantitative and qualitative research methods. A sample of 60 respondents was purposively selected for the study (18 clergymen and 42 lay people). A structured questionnaire and interview schedule were used for data collection. Data were analysed using simple percentages and frequency counts, a descriptive method.

Contribution: Findings revealed that high domestic violence prevalence in Nsukka. Also, emerging from the study, the high rate of domestic violence is induced in part by substance abuse, psychological disorders, poverty and, more importantly, traditional and religious belief and practice that promote male dominance. Although the church of Nigeria provides intervention, which primarily includes counselling for abused women, these interventions were found to be inadequate in effectively addressing this challenge.

Keywords: domestic violence; women; intimate partner violence; Nsukka; Church of Nigeria.

Introduction

Domestic violence defines a pattern of abusive and coercive behaviour within an intimate relationship, wherein one partner exerts power and control over the other. It constitutes any acts against an intimate partner that result in physical, psychological or sexual harm or suffering, whether occurring in private or public settings (CDC 2017; Tallman 2024). It ranges from subtle, coercive controlling behaviour, like stalking, passive and covert abuse, intimidation and arbitrary deprivation of liberty, to sexual coercion, like rape, and physical aggression, such as choking, beating, threat, acid throwing and unlawful imprisonment (Menna 2023; Vashistha 2021). Domestic violence does not necessarily imply violence within a home setting but rather violence in a relationship between intimate partners. These partners may include current and former (divorced or separated) spouses, dating partners (boyfriend or girlfriend), and household members, including children. Consequently, domestic violence is often referred to as intimate partner violence (Burelomova, Gullina & Tikhomandritskaya 2018). For this study, intimate partners are limited to current and former (divorced or separated) spouses and dating partners (boyfriend or girlfriend), who may be cohabiting.

Domestic violence is a serious public health concern. It is a global phenomenon that transcends cultural, racial, economic and social boundaries. It affects people of all ages, genders, nationalities and religious inclinations (Miller & McCaw 2019). However, studies have shown that women are disproportionately affected by domestic violence (Connor et al. 2020; Waller, Harris & Quinn 2022; Xue et al. 2020). Globally, more than one-third (30%) of women in intimate relationships have experienced some form of physical or sexual abuse by their partner in their lifetime (Chernet & Cherie 2020; Elghossain et al. 2019). A World Health Organization (WHO) multi-country study on Women's Health and Domestic Violence involving approximately 24 000 female participants across 10 countries revealed that intimate partner violence prevalence ranges from 15% in Japan to 71% in Ethiopia. According to the study, approximately 49% of ever-married women experienced physical abuse, 59% underwent sexual assault and 71% faced either form of violence or both over their lifetime (García-Moreno et al. 2005). In Nigeria, one in four women in intimate relationships report experiencing intimate partner violence (Benebo, Schumann &

Vaezghasemi 2018). In a cross-sectional study conducted in South East Nigeria on the factors associated with domestic violence, Obi and Ozumba (2007) found that 70% of respondents had experienced one form of domestic violence, with 92% of the victims being female partners and the remaining 8% being male. In Nsukka Local Government Area, domestic violence is particularly prevalent. There have been reports of cases of husbands killing and maiming their wives. Recently, in Ibagwa Ani, a town in the Local Government Area, a man allegedly cut off his wife's hands following a quarrel (BBC News 29 January 2025).

Intimate partner violence against women is associated with diverse, far-reaching adverse outcomes for the victim, her family and society. It leads to physical injuries, depression, emotional trauma, sexual disorder and, ultimately, death (Rana, Rafiq & Shahid 2023). Of the estimated 4970 female victims of murder and nonnegligent manslaughter in 2021, 34% were killed by an intimate partner. In contrast, about 6% of the 17970 male homicide victims in the same year were victims of intimate partners (Smith 2022). Victims of domestic violence often develop major depressive disorder and post-traumatic stress disorder during and even after the termination of the relationship and have a significantly increased risk of suicide (Jacobson & Newman 2017; Mbadugha 2016). Women who do experience domestic violence are more likely to suffer miscarriage and to have pre-term birth (Wassie et al. 2023; Zaheen et al. 2020). They are most vulnerable to risky health behaviours such as abuse of drugs, smoking, binge drinking and HIV risk behaviour, along with unintended pregnancy (UNODC 2023; Wirtz et al. 2020).

Domestic violence against women has remained a pervasive issue, particularly in Nsukka, where its prevalence has taken an upward trend. Notwithstanding the concerted efforts from the international community, government, human rights agencies and concerned individuals in the campaign against intimate partner violence, the problem persists. Scholars have extensively explored various dimensions of Intimate Partner Violence (IPV), including its underlying causes, diverse manifestations, far-reaching implications and the roles of multiple stakeholders in addressing the issue. However, a significant gap remains in the existing literature regarding the response of religious institutions, particularly the Church, to domestic violence against women in Nigeria.

This study seeks to address this gap by examining the response of the Church of Nigeria (Anglican Communion) to domestic violence against women, with particular focus on the Nsukka Local Government Area of Enugu State, South East Nigeria. It aims to explore the prevalence and predominant pattern of domestic violence in Nsukka. Additionally, the study critically investigates and analyses the perception of the local populace regarding the issues and the responses of the Anglican church in addressing this societal challenge. Thus, the study contributes to a deeper

understanding of the intersection between religion, culture and gender-based violence and the role of the church in addressing domestic violence.

Method

This study employed a mixed research design, combining quantitative and qualitative research methods, to investigate domestic violence in the Nsukka Local Area and the response of the Church of Nigeria (Anglican Communion). In the quantitative study, respondents were purposefully selected from six archdeaconries within the local government. Ten persons were selected from each archdeaconry: three clergy and seven laity. A total of 60 copies of questionnaires were distributed, but only 42 copies (70%) were returned. Ten copies (17%) were not returned, while eight copies (13%) were invalid. The analysis was therefore conducted using 42 copies of the duly completed questionnaire. The questionnaire was limited to adults aged 21 years and above who are married or single, but have been in or are currently in an intimate relationship. The data obtained were then analysed using simple percentages. In the qualitative study, the researchers adopted a participant observation approach, immersing themselves within the community to observe behaviour, interaction and social processes in their natural context. The researchers aimed to gain an understanding of the people's culture, practice and worldview from an insider's perspective. Data gathered from this were analysed using a descriptive method.

Ethical considerations

Ethical clearance to conduct this study was obtained from the University of Nigeria and the Ethics and Research Committee of the Department of Religion and Cultural Studies.

Results

Table 1 summarises the socio-demographic characteristics of the study participants. Of the 60 participants recruited in the study, a total of 42 valid respondents formed the study population. A total of 22 (52%) were male and 20

TABLE 1: Socio-demographical representation of the study participants.

Characteristic	Frequency (n)	%
Gender		
Male	22	52
Female	20	48
Age group (years)		
21–25	6	14
26–30	6	14
31–35	10	24
36–40	2	5
40–above	18	43
Marital status		
Single	13	31
Married	29	69
Divorced	0	0
Designation		
Clergy	11	26
Laity	31	74

(48%) were female. Twenty-nine per cent were currently married, 13% were single (but are or had been in an intimate relationship), and 0% were divorced. The participants were aged 18 years and above; 6 (14%) were between the age bracket of 18 and 25 years, another 6 (14%) within 26–30 years, 10 (24%) were between ages 31 and 35 years, 2 (5%) within 36–40 years and 18 (43%) were 41 years and above, which formed the majority of the age of the study sample. Of the respondents, 11 (26%) were clergy, and 31 (74%) were laity. Thus, the majority of respondents were laity.

Table 2 provides a comprehensive overview of the prevalence, forms, risk factors and response to domestic violence against women in the Nsukka Local Government Area, as well as the role of the church of Nigeria (Anglican Communion) in addressing the issue. The findings reveal significant insights into the societal and institutional dynamics surrounding intimate partner violence in the Nsukka local government area.

All the respondents affirmed that they are aware of domestic violence against women in the Nsukka Local Government Area. Among the respondents, 45% (19 individuals) affirmed that domestic violence is 'widespread', 43% (18 individuals) agreed that it is common, while a few individuals, 5 (12%), noticed that domestic violence is rare in Nsukka Local Government Area (LGA). None of the respondents agreed that domestic violence is sporadic. This suggests that domestic violence is a significant and widespread problem in the community. Physical violence emerged as the most prominent form of domestic violence in Nsukka LGA, with 57% (24 respondents) identifying it as the primary form of

abuse. This is followed by sexual violence, cited by 19%, eight of the respondents, and emotional violence, with only 5% (two respondents). None of the study participants identified psychological abuse as a form of violence. However, 19% (eight individuals) of the respondents indicated that a combination of all forms is prevalent. These findings underscore the physical nature of the violence in the Area.

The study identified perceived risk factors associated with intimate partner violence against women in Nsukka LGA. Alcohol and substance abuse were identified as the primary cause by 38% ($n = 16$) of the respondents. Cultural and traditional practices were also cited by 36% (15 individuals) of the respondents. Twenty-four per cent (10 respondents) of the study participants identified poverty as a driver of domestic violence in Nsukka, while only 2% (one respondent) mentioned psychological disorder as a root cause of domestic violence. The study also reveals the response of victims to the abuse. Data show a concerning trend of underreporting, with 48% (20 out of 42 respondents) indicating that victims choose to remain silent about their experiences. Only 2% (1 respondent) reported a willingness to seek help from law-enforcement agencies. While 35% (14 respondents) stated that victims would turn to clergy or church leadership, 15% (7 respondents) noticed that victims would report their experiences to their relatives.

The study shows actions taken by the Anglican Communion in Nsukka in response to domestic violence. The findings show that the church focuses primarily on counselling, with 81% of study participants (34 respondents) reporting this as the primary intervention. In 14% of the cases (six respondents), the church facilitated the separation of couples. Notably, in no case has the church taken divorce as an option, and it hardly reports cases of domestic violence to law-enforcement agencies, with only 5% (2 out of 42 respondents) indicating such actions. The respondents' perceptions of the Anglican Church's effort to combat domestic violence in Nsukka were mixed. A majority of 52% (22 respondents) felt that the church has not done enough to address the issue. However, 26% (11 respondents) believed that the church's efforts were sufficient, while 22% (9 respondents) remained undecided. The divergence in opinion highlights the need for the church to adopt more proactive and comprehensive measures in its campaign against domestic violence in Nsukka.

Discussion

Domestic violence against women is a pervasive issue in the Nsukka Local Government Area, as shown by the findings of the study. All respondents (100%) acknowledged awareness of domestic violence and highlighted its widespread nature within the community. The phenomenon affects women across various age groups and relationship statuses, from young girls in dating relationships to older adult women in formal marriages. However, the prevalence of intimate partner violence varies significantly across demographics (Arisukwu et al. 2021; Marphatia, Ambale & Reid 2017). The

TABLE 2: Psychographic data: Summary of domestic violence awareness, prevalence, causes and responses in Nsukka.

Category	Responses	Frequency (n)	%
1. Awareness of domestic violence in Nsukka	Yes	42	100
	No	0	0
2. Prevalence of domestic violence against women in Nsukka	Very common	19	45
	Common	18	43
	Rare	5	12
	Very rare	0	0
3. Forms of domestic violence against women	Physical violence	24	57
	Sexual violence	8	19
	Emotional violence	2	5
	Psychological abuse	0	0
	All of the above	8	19
4. Factors associated with domestic violence against women in Nsukka	Alcohol/substance abuse	16	38
	Psychological disorder	1	2
	Culture/Tradition	15	36
	Poverty	10	24
5. Reactions of the abused women	Report to the police	1	2
	Report to church leadership (clergy)	14	33
	Report to relatives	7	17
	Silence	20	48
6. Response of the Anglican Church to domestic violence against women	Counselling of the couple	34	81
	Temporal separation	6	14
	Divorce	0	0
	Report to the police	2	5
7. Do you think the Church has done enough in the fight against domestic violence	Yes	11	26
	No	22	52
	Undecided	9	22

study found that 14% of the females aged 21–25 years reported ever experiencing intimate partner violence. In comparison, 48% of women aged 40 years and above who have been in intimate relationships reported experiencing some form of abuse from their partners in a lifetime. This suggests that intimate partner violence against women is more prevalent among married women than among younger individuals in dating relationships in Nsukka, a finding consistent with studies that indicate a higher rate of IPV among older married women because of prolonged exposure to abusive relationships (Sardinha et al. 2022; WHO 2021).

Intimate partner violence against women manifests in various/multiple forms in Nsukka Local Government Area, often existing along a continuum. It typically begins with emotional abuse, such as verbal abuse, name-calling, insult, humiliation or belittlement and escalates to physical and sexual abuse (Holmes et al. 2022). Physical abuse, in the form of beating, pushing and kicking, emerged as the most prominent form of domestic abuse in Nsukka, reported by 57% of respondents, followed by sexual abuse and emotional abuse. Notably, the majority of those who have experienced physical abuse also reported experiencing sexual abuse, indicating a significant overlap in the types of violence endured. These findings aligned with the WHO multicountry study, which found that 23% – 56% of women who reported ever experiencing physical or sexual IPV had experienced both forms of abuse (García-Moreno et al. 2005).

Despite its prevalence, domestic violence against women is significantly underreported in the Nsukka Local Government Area. Many women endure physical and sexual violence from their partners in silence because of the stigma and shame associated with disclosing such abuse, as 48% of the study participants prefer remaining silent to reporting their ordeal to any quarter. In another study on the prevalence of domestic violence in Nigeria, findings revealed that while approximately 50% of women in Nigeria report being abused by their partners, an alarming 97.2% are unwilling to report these incidents to the police. Instead, 60% of the victims turn to family members, who, in a quarter of cases, advise them to remain silent and endure the abuses (Aihie 2009). This reluctance to report is rooted in the cultural perception of domestic violence as a private family affair that should not be subjected to public scrutiny (Satyen, Rogic & Supol 2019; Taquette & Monteiro 2019).

The study shows that oftentimes, the church serves as the first point of contact for women experiencing intimate partner violence, particularly Christian women who report their experiences to their clergy (Waller et al. 2022; Zust 2021). Findings reveal that 33% of the study participants reported their experience of abuse to their clergy, highlighting the significant yet complex role of the church in addressing domestic violence. While the religious institution has the potential to provide support and refuge, the response to intimate partner violence is often problematic (Mojahed et al. 2022; Nason-Clark et al. 2018).

In most cases, these clergies counsel the abused women to forgive their abusers, remain in the marriage and adopt more submissive behaviours towards their husbands, drawing on various scriptural references to convince the women that they must maintain their marriage at all costs (Nason-Clark 1997; Serrano 2021).

This theological framework, prevalent in the conservative religious cycle, such as the Anglican church, inadvertently seems to create a toxic environment that enables abuse to continue unchecked. The (mis)use of scripture to justify the endurance of abuses fosters a culture of acceptance, in which victims of domestic violence view it as an inevitable burden – ‘their cross to bear’ – and, therefore, seek ways to coexist with it rather than to escape it (Chisale 2018; Gezinski, Kwynn, & Rogers 2023). By underscoring the indissolubility of marriage, the women are encouraged to stay in their abusive relationships, regardless of the cost, and hope for their husbands’ transformation even as they pray rather than seek practical intervention. This approach unconsciously perpetuates a systemic pattern of abuse and victimisation and places the victims at continuous risk (Serrano 2021; Ubelejit & Nwakanma 2023).

The Anglican church has not sufficiently addressed the issue of domestic violence in Nsukka. Findings from the study reveal that 52% of the study participants (22 respondents) believe that the church has not taken adequate action in combating intimate partner violence against women. This revelation underscores the need for a more nuanced and liberating interpretation of the religious text – one that prioritises the safety and dignity of women over rigid adherence to traditional marital norms. A re-evaluation of these theological teachings would empower victims to seek protection and justice rather than remain in harmful relationships under the guise of religious obligations (Westernberg 2017).

Given that an estimated 33% of the victims of intimate partner violence turn to the clergy for support, the church bears a moral and practical burden to respond effectively to disclosures of domestic violence. Firstly, the church must break its silence on issues of domestic violence and speak openly against it as a violation of human dignity and condemning it as a sin before God (Chisale 2018), which demands a fundamental shift in theological interpretation – moving away from a patriarchal narrative that perpetuates inequality and towards a theology of liberation that empowers women and challenges oppressive structures against women in Africa (Casimir, Chukwuelobe & Ugwu 2014). Secondly, the church must equip the people, both ordained and lay ministers, with practical skills and knowledge to respond compassionately and effectively to victims of intimate partner violence. This includes providing a safe space for victims, holding perpetrators accountable and actively advocating for systemic change (Tedder & Smith 2018). Thirdly, in addition to these internal reforms, the church should collaborate with other critical stakeholders, such as civil society organisations and policymakers, to address cultural issues that perpetuate

domestic violence and promote gender equality by engaging in advocacy and lobbying for legislative reforms that uphold women's rights and safety. Only through a concerted, multidimensional effort can the church effectively contribute to the fight against intimate partner violence and create a more just and equitable society (Bott et al. 2019).

Conclusion

Violence against women is pervasive in the Nsukka Local Government Area, and women within the church community are not excluded from the problem. Although cases of domestic violence are underreported, its impact on women's mental, physical and reproductive health is profound. Women subjected to violence suffer from low self-confidence and low self-esteem and have an increased risk of depression, anxiety and suicide. Churches must confront the challenge and assume their role in adequately addressing the needs of survivors, while also ensuring accountability and care for perpetrators of abuse as they acknowledge their weakness and actions, refraining from justifying violence against women through doctrine or scriptures. Churches should not undertake this responsibility in isolation but should proactively seek guidance and professional services where they are available and accessible. Bridges should be built with professional services to enhance mutual understanding and establish a referral process for instances of abuse when they arise.

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Competing interests

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Authors' contributions

N.V.U. contributed to topical conceptualisation, methodology, formal analysis, visualisation and writing (review and editing) and supervision of the article. K.M.O. also contributed to the conceptualisation, methodology, writing (original draft) and writing (review and editing) of the project. U.V.E. worked on the formal analysis, visualisation, project administration and data curation. All the authors contributed significantly to this project.

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