Effects Of Positive And Group Psychotherapies On Domestic Violence Among Married Pentecostal Women In The Ibadan Metropolis, Nigeria

Gbemisola Omolabake Lai-folorunsho
Department of Counselling and Human Development Studies,
University of Ibadan, Ibadan

and

Rotimi Adebayo Animashaun Lai-folorunsho Gbemisola Omolabake
Department of Counselling and Human Development Studies,
University of Ibadan, Ibadan

Abstract
Domestic violence is a deeply rooted social and psychological problem that cuts across cultures, religions, and social classes. In Nigeria, women remain the most vulnerable victims of domestic violence, with many suffering in silence due to cultural norms, financial dependence, and religious doctrines that discourage divorce or public disclosure of marital problems. Despite numerous pastoral interventions, domestic violence persists, underscoring the need for structured psychological interventions that address the emotional, cognitive, and behavioral components of abuse. This study, therefore, investigated the comparative effects of positive and group psychotherapies on domestic violence among married Pentecostal women in Ibadan Metropolis. It also examined whether locus of control and socio-economic status moderated the outcomes. The study was rooted on Social exchange Theory, while pretest-posttest quasi experimental design with a 3×3×2 factorial matrix was adopted. A multi-stage sampling procedure was used. The selected local government were then allocated into three groups for the study: Positive Psychotherapy (33), Group Psychotherapy (26), and a control group (15). The instruments used for data collection included the Kessler Psychological Distress Scale =.89, Socio-Economic Status scale =.73, locus of control Scale =.90 and intervention guide. Data analysis was conducted using ANCOVA and Bonferonn Pairwise Post-hoc analysis test at 0.05 level of significance. The results showed a significant main effect of treatments on domestic violence ($F_{2;\ 63}$ = 74.025, $p < 0.05, \eta^2 = 0.701$), with both positive and group psychotherapies decrease domestic violence compared to the control group. The mean scores were 129.09 for Positive Psychotherapy, 141.53 for Group Psychotherapy, and 34.93 for the Control Group. However, there was no significant main effect of Socio-Economic Status and locus of control on domestic violence. Additionally, there were no significant interaction effects between treatments, Socio-Economic Status, and locus of control on domestic violence. The positive and group psychotherapies were effective in reducing domestic violence among Married Pentecostal women in Ibadan metropolis, but socio-economic status and locus of

control do not have a significant impact. Counselling psychologist should adopt this intervention for the reduction of domestic violence of married Pentecostal women.

Keyword: Domestic violence, Positive psychotherapy, Group psychotherapy, Socio-economic status, Locus of Control

Introduction

Marriage is an important part of human life and society. It is a component of human culture that is usually formalized by custom, law, and, on rare occasions, religion. Despite their initial high expectations, many married couples still experience unhappiness, separation, divorce, and marital failure. Inspite of the importance of marital relationships to human life, domestic violence is still experienced. This contradicts the traditional goals of marriage, which are for men and women to procreate, enjoy emotional affections, be sexually satisfied and enjoy companionship, economic cooperation, and family formation. Modern evidence abounds of many married pentecostal women who are dissatisfied with their marriage, unhappy, and frequently consider breakup or suicide as a means of escape.

Overtime, there has been a burgeoning interest in understanding domestic violence among intimate male and female partners. Although, men continue to contribute the vast majority of domestic violence offences, it has increasingly become recognized that women can and do behave violently too (Dullackand Davis, 2005). Hence, incidence of domestic violence among married Pentecostal women has become a universal problem in both developed and developing countries. Domestic violence is a pattern of abusive behaviour in any relationship that is used by one partner to gain or maintain power and control over another intimate partner (Fareo, 2015). Domestic violence occurs when a family member, partner or ex-partner attempts to physically, sexually, economically or psychologically dominate another. Amnesty International (2017) reports that a third (and in some cases two-thirds) of women are believed to have been subjected to physical, sexual and psychological violence carried out primarily by husbands, partners. More pathetic is the revelation of gross under reporting and non-documentation of domestic violence due to cultural factors (Oyediran and Isugo, 2018).

Domestic Violence among married couples is becoming a very critical and widely reported issue across the globe as well as cut across different races. Psychologists of developing countries over the years had been deeply concerned with trying to study the different sources and factors as well as mitigate the impact of this on married couple's relationship and the psychological wellbeing of their families. Domestic violence among couples includes behaviours such as physical, sexual and psychological and economic harms among close partners (Ribeiro, Silva, Alves, Batista, Schraiber, Bettiol and Barbieri, 2017).Research results indicate that predisposition towards domestic violence is attributable to wide range of factors which act individually or jointly such as gender, psychological state of individual, parenting antecedents, economic factors, environmental and personality, age, experience and number of years in the marriage, among others (Sefidgaran, Hashemias and Moghaddamhosseini, 2016).

Globally, over a third (35%) of women has experienced domestic violence by an intimate partner or domestic violence by a non-partner at some point in their lives (WHO, 2021). A WHO report on global and regional estimates of violence against women found that the global lifetime prevalence of intimate partner violence (IPV) among ever-partnered women was 30%, and for Africa 37% (WHO, 2021). Reports from the Nigerian national population commission estimated women's lifetime exposure to IPV from

their current husband or partner at 19% for emotional IPV, 14% for physical IPV, and 5% for sexual IPV (WHO, 2018). Previous studies from Nigeria have shown the prevalence of IPV to range from 31 to 61% for psychological/emotional violence, 20 to 31% for sexual violence, and 7 to 31% for physical violence (Mapayi, Makanjuola, Mosaku, Adewuya, Afolabi and Aloba, 2018). Furthermore, studies conducted in different regions in Nigeria have reported prevalence of IPV ranging from 42% in the North (Taminu, Yohana and Omeiza, 2016), 29% in the South West (Okenwa, LawokoandJansson, 2018), 78.8% South East (Okemgbo, Omideyi and Odimegwu, 2018) to 41% in the South South(Dienye, Gbeneoland Itimi, 2018).

Experience of domestic violence is highly traumatic in the sense that many victims have been found to be miserable for life, some became victims of terminal diseases.

Notably, several authors have worked on the causative factors associated with domestic violence among married pentecostal women in Nigeria which are organismic (Udeh, 2021; Olatunji, 2019; Eniola, 2017; Adesina, 2015; Animasahun and Oladeni, 2013;Animasahun and Fatile, 2011; Oluwole, 2008; Adeyemi, Aina, Eniola, Adewuyi and Adesina, 2005). Some of the factors examined were age, gender, marital discord, divorce, separation, locus of control, self-esteem, depression, among others.

Researchers have further developed investigating techniques that could be used in reducing domestic violence and promoting marital satisfaction. For instance, Eniola (2017) examined year of deadly domestic violence cases, whileAnimasahun and Oladeni (2013) have made efforts on the reduction of the menace of intimate partner violence through the use of certain therapeutic interventions. Therefore, there is need for the use of these two therapeutic interventions; positive and group psychotherapies to reduce domestic violence. Hence, the choice of this study, which aims to examine the effects of positive and group psychotherapies on domestic violence among married Pentecostal women in Ibadan metropolis, Nigeria.

Positive psychotherapy (PPT) is a treatment based on positive psychology by Seligman, Rashid and Park (2006). Positive psychotherapy is primarily based on Seligman's conceptualization of happiness and well-being. Seligman sorted highly subjective notions of happiness and well-being into five scientifically measurable and manageable components: (i) positive emotion, (ii) engagement, (iii) relationships, (iv) meaning and (v) accomplishment. This list of elements is neither exhaustive nor exclusive, but the literature has shown that fulfillment in these elements is associated with lower rates of depression and higher life satisfaction (Rashid, 2014). Seligman asserted that Positive psychotherapy may be an effective treatment for many disorders and focused this therapy on overcoming depression.

Based on the literature, positive psychotherapy has been able to decrease domestic violence. Researchers studying domestic violence have argued that the main aspect of a good life is a person who loves their life. A positive experience in line with decrease domestic violence is a key concept of positive psychology because it makes life more meaningful (Diener, Lucas, and Oishi, 2002). Although the literature has been widely applied in cases of depression in clinical clients, the results of the research have demonstrated that positive psychotherapy is also associated with a decrease in domestic violence. Therefore, positive psychotherapy can also be applied in non-clinical cases where clients have negative thoughts about their life experiences and interpersonal relationships, which are related to domestic violence condition. Positive psychotherapy (PPT) focuses on recalling positive experiences and exploring the client's signature strengths with the goal of helping a client cultivate positive emotions and adaptively manage negative memories.

Another treatment intervention approach that can be used to reduce domestic violence amotivation is group psychotherapy (GP).By definition; group psychotherapy involves the treatment of a number

of clients in groups by a therapist or cotherapists. There are two main theoretical orientations psychodynamic and behavioural/cognitive. The latter distinction is not necessarily a clear cut one and a rather simplistic view would be that while behavioural psychotherapy in an individual would seek directly to alter surface behaviour, psychodynamic psychotherapy is more geared to helping clients towards a deeper understanding of their own behaviour (Slavson, 1993). The original version of group psychotherapy was 'activity' group therapy which, although based on psychodynamic principles, tended not to use techniques of interpretation but focused on activity, appreciating that some clients or individual could reveal themselves better in play and activity than in discussion.

Group psychotherapy recognises that all clients or individual have a range of strengths as well as weaknesses, and an appreciation of these by individual has a potential for therapeutic impact on other group members. The therapeutic aim is to enable four or five married pentecostal women, or six to nine couples, to become a group. With individual the approach in essence may be that of psycho dynamically orientated group therapy with a focus on following play principles outlined by a number of group therapists (Axline, 2007); and with married women with the focus on verbal interactions. In becoming a group, the married pentecostal women need to recognise and value the uniqueness and sovereignty of each of the other members, and to come to understand those others as also representing aspects of themselves (Roger, 1992). The group provides an opportunity to explore and capitalize on interactions between couples, the clients and the therapist(s), as well as both present and past interpersonal experiences and family relationships. In this model the therapist may set limits, may interpret interactions, and seeks to promote an understanding of social skills and marital relationships (Reid, 2008; Reid, 2007).

In the course of examining the intervention strategies such as positive and group psychotherapies on domestic violence among married pentecostal women in Ibadan metropolis, Oyo state, Nigeria, the study will examine the interaction effects of socio-economic status and locus of control on domestic violence among married penticostal women in Ibadan, Oyo state, Nigeria. Therefore, socio-economic status and locus of control are the moderating variables in this study. This is due to the fact that locus of control and socioeconomic status have been found to be important factors (Adesina, 2015; Animasahun and Fatile, 2011).

According to Asikhia (2010), socioeconomic status plays a pivotal role in domestic violence of married Pentecostal women. Ushie, Emeka, Ononga and Owolabi (2012) confirmed that family type, size, socioeconomic status and educational background play an important role in domestic violence of married pentecostal women and social integration. Ebenuwa-Okoh (2010) opined that if the finances of couples are not adequate, the situation may affect their marriages. Egbule in Ebenuwa-Okoh (2010) added that spouse abuse may be reduced if their financial needs are adequately met. Domestic violence may be created by discord produced by socioeconomic status. Financial strain is a common source of disagreement. Couples may disagree in the amount and type of care perceived to be needed. It is important to note that the majority of studies confirming the negative impact that socioeconomic status have on marital satisfaction have used samples of participants from individualist cultures. This severely limits the generalizability of the finding that socioeconomic status reduces marital satisfaction (McBride and Mills, 2010)

Prestige-based measures of social economic status refers to married pentecostal women's rank or status in a social hierarchy, typically evaluated with reference to couples access to and consumption of goods, services, and knowledge. Prestige-based measure is linked to occupational prestige, income, and educational level. This linkage of occupation, income and education is the one that results

into variations in achievement whereby children from well off families tend to achieve highly because they have most of the facilities required in the teaching and learning process (Sorokowsi 2017).

Furthermore, the term locus of control originated from Julian Rotter (1966). According to Rotter (1990), locus of control refers to the extent to which someone believes that outcomes are based on his or her own actions or "personal characteristics versus the degree to which persons expect that the reinforcement or outcome is a function of chance, luck, or fate, is under the control of powerful others, or is simply unpredictable". Married women with more of an external locus of control tend to believe that events in their lives are controlled by external forces over which they have no control, whereas an internal locus of control is the belief that outcomes in one's life are under his/her own control (Rotter, 1990). Locus of control is the framework of Rotter's (1954) social learning theory of personality.

Married women with a high internal locus of control believe that events result primarily from their own behaviour and actions. For example, if a married women with internal loci of control does not perform as well as they wanted to on marital aspect, they would blame it on lack of preparedness on their part. Or if they performed well on marital aspects, then they would think that it was because they studied enough (Carlson, 2007). Those with a high external locus of control believe that powerful others, fate, or chance primarily determine events. Using the example again, if an individual with external loci of control does poorly on marital issues, they would blame the individual on poor strategies, whereas if they performed well, they would think the individual was being lenient or that they were lucky (Carlson, 2007). Those with a high internal locus of control have better control of their marital behaviour, tend to exhibit more behaviours, and are more likely to attempt to influence other couples than those with a high external (or low internal respectively) locus of control. Those with a high internal locus of control are more likely to assume that their efforts will be successful. They are more active in seeking information and knowledge concerning their situation. In order to fill the gaps in the previous studies and add more to the existing literatures, the present study will examine the effects of positive and group psychotherapies on domestic violence among married Pentecostal women in Ibadan metropolis, Nigeria.

Statement of the Problem

Domestic violence remains a critical issue affecting the sanctity and stability of marriage, with particularly devastating effects among married Pentecostal women in Nigeria. Despite their devout Christian faith, many Pentecostal women continue to suffer various forms of abuse in silence, enduring physical, emotional, psychological, and spiritual violence. This troubling paradox is exemplified by the widely publicised case of the late gospel singer Osinachi Nwachukwu, whose tragic death brought national attention to the silent suffering of many Christian women in abusive marriages. The prevalence of domestic violence in Christian homes, especially among Pentecostals, contradicts public perceptions of spiritual households as models of love, peace, and marital harmony. Pentecostalism, characterised by fervent religious practices such as regular church attendance, evangelism, prayer, and spiritual gifts, has not shielded many women from traumatic marital experiences. Instead, a culture of silence, religious guilt, andsocialpressurehasforcedmanywomento remain in abusive marriages, often leading to maritaldistress, depression, anxiety, and, inextreme cases, death. The consequences of domestic violence in this context are multi-faceted. On a personal level, victims suffer from longterm health complications including hypertension, stroke, and various mental health disorders. On a relational level, persistent violence contributes to marital disharmony, separation, and divorce, thus weakening the institution of marriage. At the societal level, children from violent homes often develop behavioural problems such as aggression,

hostility, and emotional instability, further perpetuating cycles of dysfunction. This study seeks to fill this crucial gap by examining the effectiveness of positive and group psychotherapies as therapeutic interventions for symptoms such as depression, anxiety, fear, and emotional numbness among married Pentecostal women in Ibadan Metropolis who have experienced domestic violence.

Methodology

Research Design

The study adopted a Pretest-Posttest, control group quasi-experimental design with a 3X3X2 factorial matrix. In essence, the row consists of Positive Psychotherapy and Group Psychotherapy and the control.

Population

The population for the study comprise of all married women in pentecostal churches who have record of domestic violence in Ibadan metropolis. The result reveals that most respondents 48 64.9%) were aged between 35 and 50 years, while 26 (35.1%) were 51 years and above, indicating that the majority of the participants were in their mid-career to late-career stages. In terms of ethnicity, Yoruba respondents formed the majority with 61 (82.4%), followed by Igbo respondents at 12 (16.2%), while Hausa respondents accounted for 1 (1.4%). This reflects the ethnic composition of the study area, which is predominantlyYoruba.

Sample and Sampling Technique

A multi-stage sampling procedure was employed to select the participants for the study. In the first stage, a simple random sampling technique was used to select 1 local government area from the local government areas in Ibadan metropolis. These local government areas include Ibadan North, Ibadan North-East, Ibadan North-West, Ibadan South-East, and Ibadan SouthWest. In the second stage, simple random sampling technique was applied to select one (1) Pentecostal church in each of the local government areas selected. Currently, there are over 200 Pentecostal churches in Ibadan, Oyo State, Nigeria. The selected Church from each local government area form three groups for the study. These groups was then randomly assigned to two treatment groups and one control group. Finally, from each of the three (3) churches selected, the screening test score and inclusion criteria was used to recruit participants for the study.

Instrumentation

Domestic Violence Scale (Screening Tool)

The scale was developed by Weathers, Litz, Huska, & Keane National Center for PTSD (1994). The scale is a standardized self-report rating scale for PTSD comprising 17 items that correspond to the key symptoms of PTSD and each item was rated using 5point Likert scoring scale which include; Extremely, Quite a bit, Moderately, A little bit and Not at all. Two sample items are: 1). “Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?” and 2). “Loss of interest in things that you used to enjoy?”. The developers reported reliability of 0.82, with the norm of 35.0. The researcher re-validated the scale via a pilot and the reliability coefficient was 0.97. However, the adapted version of the instrument was re-validated by the researcher and Cronbach alpha was obtained in a pilot test, which involve administration of the instrument to a selected sample of thirty (30) married pentecostal women in Ibadan, Oyo state.

Domestic Violence Scale:

The domestic violence scale was developed by Khadijeh Abolmaali, Hayedeh Saberi, Sousan Saber, (2014). The scale was developed to measure level of violence among married couples. The scale has a variety of items with different response scales and formats. The scale consists of 29 items and each item was rated using5 point Likert scoring scale which include; All of time, Most of time, Occasionally, Rarely and Never. Two sample items are: 1). “He (she)

makes me feel humiliated." and 2). "He (she) throws my personal objects when he (she) is angry.". The developers reported reliability of 0.88. However, the adapted version of the instrument was re-validated by the researcher and Cronbach alpha of .86 was obtained in a pilot test which involved an administration of the instrument to a selected sample of thirty (30) married pentecostal women in Ibadan, Oyo State, Nigeria for intervention.

Socioeconomic Status Scale:

Socioeconomic status was measured using the Socioeconomic Status scale (SES) developed by Salami (2000a). It was developed to measure the educational, occupational and social status of marriedwomen. Theitemsinthescalerequestedfor data of the participants also. These items included parents 'occupational type (10 marks), parents level of education (12 marks), parents' residence (5 marks), parents' possession of necessary and luxury items (29 marks) giving the total maximum score of 56. All these were summarized to indicate the participants family socioeconomic background as being high, or low. The highest score obtainable is 56 while the least is 6. The test-retest reliability of the scale when administered among 100 secondary school students in Ibadan, Oyo state, Nigeria was 0.73 with an interval of three weeks. However, the test re-test measurement technique was used to determine the reliability of the adapted version of the instrument. A pilot study was conducted using 30 married pentecostal women in Ibadan, Oyo State, Nigeria.

Locus of Control Scale:

Rotter Internal-External Locus of Control Scale was developed by Julian Rotter (1966). This instrument was used to assess whether a person has a tendency to think situations and events are under their own control or under the control of external influences. This section consists of 29 items for internal and external locus of control. Some samples of the items are: "a. Children get into trouble because their patents punish them too much. b. The trouble with most children nowadays is that their parents are too easy with them" and "a. Many of the unhappy things in people's lives are partly due to bad luck. b. People's misfortunes result from the mistakes they make.". It has Cronbach alpha of .90. However, the adapted version of the instrument was re-validated by the researcher and Cronbach alpha of .86 was obtained in a pilot test which involved an administration of the instrument to a selected sample of thirty (30) married pentecostal women in Ibadan, Oyo State, Nigeria.

Procedure for Data Collection

The researcher was obtain permission from relevant church authorities before carrying out the study. Research assistants was trained to assist the researcher in the field. Also, the study was carried out in four phases: pre-sessional activities, pre-test, treatment and post-test. At the presession, activities include the screening, recruitment and assignment of participants to the two experimental groups and control group.

Data Analysis

Simple percentage and Analysis of Covariance (ANCOVA) was the major statistical tools to be employed in this study. Simple percentage was used to analyse the demographic characteristics of the respondents, while ANCOVA was used to test the hypotheses on the main effects and interaction of treatments and the moderating variable at 0.05 level of significance. Also, scheffe post-hoc analysis was used to determine the extent of the significance of the main effects of the independent and moderating variables.

Results

Hypothesis One: There is no significant main effect of treatments on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria.

To test this hypothesis, the researcher used Analysis of Covariance (ANCOVA) to access the difference among the three groups of participants. The post-test scores of the participants were compared, while the pre-test served as the covariate. Table 4.1 contains the summary of the ANCOVA.

Table 4.1: Summary of 3x2x3 Analysis of Covariance (ANCOVA) of treatments on Post - Traumatic Outcomes of Domestic Violence among Married Pentecostal Women in Ibadan

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	123706.922[a]	10	12370.692	35.874	.000	.851
Intercept	80404.985	1	80404.985	233.171	.000	.787
prescore	69.608	1	69.608	.202	.655	.003
Treatment Group	51052.487	2	25526.244	74.025	.000	.701
LOC	84.264	1	84.264	.244	.623	.004
SES1	694.567	2	347.284	1.007	.371	.031
trtgroup * LOC	2.392	1	2.392	.007	.934	.000
trtgroup * SES1	101.949	1	101.949	.296	.589	.005
LOC * SES1	2002.230	2	1001.115	2.903	.062	.084
trtgroup * LOC * SES1	4.000	4	1.000.	.003	.943	.000
Error	21724.483	63	344.833			
Total	1113530.000	74				
Corrected Total	145431.405	73				
a. R Squared = .851 (Adjusted R Squared = .827)						

The results from Table 4.1 showed that there was significant main effect of treatments on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria ($F_{2;63} = 74.025, p < 0.05, \eta^2 = 0.701$). This is in contrast to the pre-test difference among the three groups which was not significant as expected. Relying on the result, the mean difference of the participants exposed to either of the two psychotherapies had better post-traumatic outcomes of domestic violence than those that were not exposed to any treatment (i.e., control group). This suggests that hypothesis one which proposed no significant mean group difference is invalid and stand rejected. This indicates that alternative hypothesis will rather be valid. Therefore, group therapy and positive group therapy were efficacious on post-traumatic outcomes of domestic violence among married Pentecostal women. Accordingly, there is significant main effect of treatments on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria.

This result suggests the need to discover the level and direction of difference among the three groups examined. Hence, Scheffe post-hoc analysis was conducted to help showcase the direction of difference. The result of this analysis is presented in Table 4.2

Table 4.2: Scheffe Post-Hoc Showing Significant Differences in the Treatment Groups

Treatment Group	N	Subset for alpha = 0.05	
		1	2
Control Group	15	34.9333	
Positive Psychotherapy	33		129.0909
Group Psychotherapy	26		141.5385
Sig.		1.000	.090

From Table 4.2, the following observations were made:

i. The mean score of experimental groups (Positive Psychotherapy (PP) and Group Psychotherapy (GP)) were not statistically different on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria. PP had mean score of 129.0909, while GP had a mean score of 141.5385.

ii. Significant difference was observed between the mean of participants that received PP 129.0909 and participants in the control group (34.9333). This result also indicates that participants in PP outperformed their counterparts in control group in term of their post-traumatic outcomes of domestic violence.

iii. Similarly, significant difference was noticed in the mean score of participants that received GP (141.5385) and control group (34.9333). According to this result, GP led to better post-traumatic outcomes of domestic violence when compared with participants that did not receive any psychological treatment other than the placebo.

Hypothesis Two: There is no significant main effect of locus of control on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria.

As shown in table 4.1, in line with the null hypothesis stated above, the result confirmed no significant main effect of locus of control on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria. ($F_{1;\ 63}$ = 0.244, p > 0.01, partial η^2 = .004). Furthermore, the η^2 = .004 from table 4.1 indicates that the main effect of locus of control could account for o.4% change on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan. Thus, the result suggested that null hypothesis should be upheld. Therefore, there is no significant main effect locus of control on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria.

Hypothesis Three: There is no significant main effect of socio-economic status on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria.

As shown in table 4.1, in line with the null hypothesis stated above, the result confirmed no significant main effect of socio-economic status on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria. ($F_{2;\ 63}$ = 1.007, p > 0.01, partial η^2 = .031). Furthermore, the η^2 = .031 from table 4.1 indicates that the main effect of socio-economic status could account for 3.1% change on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan. Thus, the result suggested that null hypothesis should be upheld.

Therefore, there is no significant main effect socio-economic status on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria.

Hypothesis Four: There is no significant interaction effect of treatment and locus of control on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria.

As shown in table 4.1, in line with the null hypothesis stated above, the result confirmed no significant interaction effect of treatment and locus of control on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria. ($F_{1; 63}$ = 0.007, $p > 0.05$, partial η^2 = .000). Furthermore, the η^2 = .031 from table 4.1 indicates that the interaction effect of treatment and locus of control could account for zero percent change on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan. Thus, the result suggested that null hypothesis should be upheld. Therefore, there is no significant interaction effect treatment and locus of control on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria

Hypothesis Five: There is no significant interaction effect of treatment and socio-economic status on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria.

As shown in table 4.1, in line with the null hypothesis stated above, the result confirmed no significant interaction effect of treatment and socio-economic status on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria. ($F_{1; 63}$ = .296, $p > 0.05$, partial η^2 = .005). Furthermore, the η^2 = .005 from table 4.1 indicates that the interaction effect of treatment and socio-economic status could account for 29.6% change on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan. Thus, the result suggested that null hypothesis should be upheld. Therefore, there is no significant interaction effect treatment and socio-economic status on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria.

Hypothesis Six: There is no significant interaction effect of locus of control and socio-economic status on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria.

As shown in table 4.1, in line with the null hypothesis stated above, the result confirmed no significant interaction effect of locus of control and socio-economic status on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria. ($F_{2; 63}$ = 2.903, $p > 0.05$, partial η^2 = .084). Furthermore, the η^2 = .084 from table 4.1 indicates that the interaction effect of locus of control and socio-economic status could account for 8.4% change on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan. Thus, the result suggested that null hypothesis should be upheld. Therefore, there is no significant interaction effect locus of control and socio-economic status on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria.

Hypothesis Seven: There is no significant interaction effect of treatment, locus of control and socio-economic status on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria.

As shown in table 4.1, in line with the null hypothesis stated above, the result confirmed no significant interaction effect of treatment, locus of control and socio-economic status on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria. ($F_{4;63}$ = 0.003, $p > 0.05$, partial η^2 = .000). Furthermore, the η^2 = .000 from table 4.1 indicates that the interaction effect of treatment, locus of control and socio-economic status

could account for zero percent change on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan. Thus, the result suggested that null hypothesis should be upheld. Therefore, there is no significant interaction effect treatment, locus of control and socio-economic status on post-traumatic outcomes of domestic violence among married Pentecostal women in Ibadan, Nigeria.

Discussion of Findings

The significant difference observed between participants who received Positive Psychotherapy and those in the control group indicates that Positive Psychotherapy effectively enhanced emotional regulation and cognitive management of domestic violence experiences. This finding is consistent with Rashid and Seligman (2018), who emphasized that Positive Psychotherapy promotes positive emotions, gratitude, and meaning, which protect individuals from emotional distress and maladaptive responses to abuse. Similarly, Olaleye and Adejumo (2022) found that Positive Psychotherapy significantly reduced depressive and trauma symptoms among Nigerian women who experienced intimate partner violence, suggesting that focusing on hope and self-worth mitigates the negative effects of abuse.

Likewise, the significant difference between the Group Psychotherapy participants and those in the control group underscores the efficacy of Group Psychotherapy in addressing the psychological aftermath of domestic violence. Group-based interventions provide a platform for shared experiences, empathy, and collective coping, which enhance empowerment and emotional healing (Adebayo & Ojo, 2021). This finding also agrees with Ekechukwu and Iwuagwu (2023), who reported that Group Psychotherapy promoted self-acceptance, empathy, and behavioral change among abused women, thereby reducing self-blame and emotional withdrawal. Group therapy has been shown to improve interpersonal relationships and strengthen resilience among women who have experienced marital violence (Uzor & Obilade, 2023). Although both interventions were effective, the absence of a significant difference between Positive Psychotherapy and Group Psychotherapy suggests that they share similar mechanisms for fostering psychological well-being. As Kaya et al. (2021) noted, both approaches rely on cognitive restructuring, social support, and reinforcement of adaptive coping strategies, all of which contribute to reduced distress and improved mental health among survivors of abuse.

The findings of this study revealed that there was no significant main effect of locus of control on domestic violence among married Pentecostal women in Ibadan, Nigeria. This implies that whether a woman possessed an internal or external locus of control did not significantly determine her experience or tolerance of domestic violence within the marital relationship. In other words, the perception of control over life events was not a strong predictor of the occurrence or intensity of domestic violence among the participants.

This result contrasts with some earlier research suggesting that individuals with an internal locus of control are less likely to remain in abusive relationships because they tend to take responsibility for their circumstances and seek active solutions (Yakubu & Musa, 2022). However, the absence of a significant relationship in this study might be attributed to the strong cultural and religious expectations within Pentecostal settings, where women are often encouraged to maintain marital harmony and endure challenges for spiritual or social reasons, regardless of their personal control orientation (Adebisi & Ogunleye, 2023). Additionally, the finding aligns with the report of Nwafor and Okechukwu (2021), who observed that in deeply religious communities, external factors such as doctrinal beliefs, family influence, and societal norms override personal

psychological dispositions like locus of control. In such environments, women with either internal or external locus of control may exhibit similar responses to domestic violence due to shared cultural expectations and faith-based teachings on submission and forgiveness.

The findings of this study revealed that there was no significant main effect of socio-economic status on domestic violence among married Pentecostal women in Ibadan, Nigeria. This result indicates that socio-economic status did not significantly predict or influence the level of domestic violence experienced by participants. In essence, whether a woman belonged to a low, middle, or high socio-economic class did not substantially determine her likelihood of experiencing domestic violence within marriage.

This finding contradicts several previous studies which have reported that women from lower socio-economic backgrounds are more vulnerable to domestic violence due to financial dependence, limited access to education, and constrained social mobility (Eze & Okonkwo, 2022; Afolabi & Balogun, 2021). However, the current result suggests that within Pentecostal settings, socio-economic status may not be a primary determinant of domestic violence. This could be attributed to the unifying influence of religious doctrines that emphasize submission, forgiveness, and endurance in marriage across all social strata (Adeyemi & Olamide, 2023).

The finding aligns with the report of Umeh and Adebayo (2021), who observed that domestic violence occurs across all socio-economic classes and that wealth or education alone does not protect women from intimate partner aggression. In many cases, cultural and religious expectations play a stronger role in shaping women's tolerance of violence than their material resources. Similarly, Lawal and Nwachukwu (2023) emphasized that patriarchal ideologies embedded in religious teachings can normalize violence, making socio-economic factors less predictive of abuse in highly faith-oriented communities.

Conclusion

From the results of this study, it is concluded that both positive psychotherapy and group psychotherapy are highly effective in reducing domestic violence among married Pentecostal women. Positive psychotherapy helps individuals reinterpret negative life events and focus on their strengths, gratitude, forgiveness, and purposeful living. This intervention encouraged participants to view marital challenges as opportunities for growth rather than conflict, thus reducing aggressive tendencies and improving relational satisfaction. On the other hand, group psychotherapy provided a safe and supportive environment where participants shared their experiences, expressed suppressed emotions, learned coping strategies from peers, and realized that they were not alone in their struggles. The collective nature of the group process fostered empathy, understanding, and behavioral change that translated into reduced domestic conflict. The conclusion further highlights that neither socio-economic background nor locus of control moderated the effectiveness of the psychotherapies, suggesting that the benefits of such interventions transcend individual differences.

Recommendation

Based on the findings, several recommendations are proposed to ensure that the outcomes of this research translate into practical impact.

1. Church leaders and marriage counselors should incorporate positive and group psychotherapies into their marital counseling programs to effectively manage domestic violence cases.
2. Psychologists and social workers should collaborate with religious organizations to design context-specific intervention modules tailored for married women experiencing domestic abuse.

3. Government and non-governmental organizations (NGOs) should support training workshops that enhance awareness and implementation of psychotherapeutic methodsinaddressingdomesticviolence.
4. Premarital counseling programs should include components of emotional regulation, positive thinking, and conflict resolution to prepare couples for healthier relationships.

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