

Relationship between Psychological Wellbeing and Domestic Violence among Adolescents Home Caregivers and Non-Home Caregivers in Nigeria

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Abstract

The study examined the relationship between psychological wellbeing and domestic violence among adolescent's home caregivers and non-home caregivers in Onitsha North and South L.G.A of Anambra State. In this correlational study which utilized random sampling techniques, adolescents from four different schools both primary and secondary schools comprising of 100 home caregivers and 100 non-home caregivers age ranging from 18 and above were interviewed using standardized measures of psychological wellbeing and domestic violence questionnaire. Results from correlational and independent sample T-test analysis indicated that there is a significant relationship between psychological wellbeing and domestic violence among adolescent's home caregivers and non-adolescent's home caregivers with mean=184.1, STD=9.26 and $r=0.000$ and also there is a significant difference on the level of psychological wellbeing and domestic violence between the adolescent home caregivers and non-home caregivers $f=7.74$, $T=22.6$, $df=198$, $sig=0.000$. The findings indicated that majority of adolescents have been exposed to domestic violence. We concluded that domestic violence and psychological wellbeing is a two side coin which terribly affect adolescence period often know as critical period. The study will help to determine whether an adolescent will transcend to either a sound adulthood or on the contrary the opposite. The study therefore recommends that state of emergency should be declared on domestic violence especially among adolescent's home caregivers by the government and other agencies if sound psychological wellbeing should be achieved.

Keywords: Psychological wellbeing; Domestic violence; Adolescents and home caregivers

Introduction

Adolescents' mental health has been often conceived as unidimensional. Consequently, it has been evaluated with a single measure for assessing physical symptoms, depression, anxiety, self-esteem, etc. [1]. The transition of life from adolescence to adulthood is usually a difficult and painful period. This is an even more difficult time for the adolescents who are removed from their home of biological parents to be placed into another home that is different from their homes [2]. For them, they not only had the experience of maltreatment, abuse, hurt or neglect, but also are facing the uncertainties associated with being removed from the original family. Under this situation, their behaviour and total development may be troublesome and unhealthy [3], as they may desire returning to their original homes or conflict with foster parents and siblings. As a result, such adolescents' may join a delinquency group for support and on that constitute nuisance to the family and society at large or may on the other hand develop ill psychological wellbeing. If the experiences of such adolescents negatively influence their behaviours and can promote delinquency and the chances of developing ill psychological wellbeing, then out-of-home care is at least the second greatest tragedy in a difficult upbringing. There is a great risk for delinquent or crime behaviour and ill psychological wellbeing among those who experience physical, psychological and social abuse, rejection or neglect from parents or foster parents. Every year, Federal, State and Local

Governments spend tremendous sums on child welfare to protect children from maltreatment and different kinds of abuse. However, how adolescents, be it home caregivers and non-caregivers experience abuse and whether this abuse effectively increases the risk for delinquency and ill psychological wellbeing among the purported groups should be a noteworthy question.

Psychological well-being is usually conceptualized as some combination of positive affective states such as happiness (the hedonic perspective) and functioning with optimal effectiveness in individual and social life (the eudemonic perspective), Ryan [4]. As summarized by Winefield et al. [5]: "Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively." By definition therefore, people with high psychological wellbeing report feeling happy, capable, well-supported, satisfied with life, and so on. Winefield et al.'s [5] review also claims the consequences of psychological wellbeing to include better physical health, mediated possibly by brain activation patterns, neurochemical effects and genetic factors.

This will take us to the view of Crumbaugh and Moholick [6], when they considered Psychological well-being as a set of psychological features involved in positive human functioning that included several resilience-related aspects such as maturity, purpose in life, self-efficacy. According to the "eudemonic perspective", the most frequent criterion of psychological wellbeing is linked to the individual's sense of "self-acceptance", defined as a central feature of mental health as well as the characteristics of self-actualization, optimal functioning, and maturity. It is believed that adolescents who entered kinship care have a lower

estimated risk of behavioural and psychological problems than those who entered foster care, and those who moved from foster care to kinship care also showed less behavioural and psychological problems. Although these findings demonstrate variation, no study carefully examines whether the relationship between domestic violence experiences in out-of-home care and in-home care bring about juvenile delinquent behaviours or ill psychological wellbeing. Another important criterion of psychological wellbeing is defined as “positive relations with other individuals”; linked to the ability to express strong feelings of empathy and affection for all human beings and to be capable of greater love, deeper friendship, and more complete identification with others. As a matter of fact, the criterion of “autonomy” is assumed as self-determination, independence and regulation of behaviour through internal locus of control, all of them useful to guarantee a condition of wellbeing for all individuals especially the critical stage which is adolescents. The criterion of “environmental mastery” is considered as the individual’s ability to create environments suitable to his or her psychic conditions which often surface at this critical period (adolescence period). The “purpose in life” is another recurrent criterion of psychological wellbeing considered as a sense of directedness and intentionality in changing purposes or goals in life, such as being productive and creative or achieving emotional integration in later life [7].

The last aspect of psychological wellbeing is given by the “personal growth”: an optimal psychological functioning requires not only to actualize oneself and realize one’s potentialities, but also to continue to develop and expand oneself as a person, underlining the importance of new challenges or tasks at different periods of life. Research in the 1970’s focusing on those adolescents who have been exposed to all kinds of problems demonstrated that psychological difficulties tend to develop into serious psychiatric disorders in adulthood [8].

Theoretical Framework

The psychodynamic theory

The psychodynamic perspective is largely based on the groundbreaking idea of Sigmund Freud. It is sufficient to note that Freud thought that human behaviour, including violent behaviour, was the product of “unconscious” forces operating within a person’s mind. Freud also felt that early childhood experiences had a profound impact on adolescent and adult behaviour. Freud, for example, believed that conflicts that occur at various psychosexual stages of development might impact an individual’s ability to operate normally as an adult [9]. For Freud, aggression was thus a basic (Id based) human impulse that is repressed in well-adjusted people who have experienced a normal childhood. However, if the aggressive impulse is not controlled, or is repressed to an unusual degree, some aggression can “leak out” of the unconscious and a person can engage in random acts of violence. Freud referred to this as “displaced aggression” [9,10]. Sigmund Freud is of the view that many of the young people exposed to domestic violence have the possibility of developing low self-esteem, self-hate, and prejudice, making them function abnormally.

The behavioural theory

Behavioural theory maintains that all behaviour including violent behaviour is learned through interaction with the social environment. Behaviourists argue that people are not born with a violent disposition; rather, they learn to think and act violently as a result of their day-day experiences [11]. These experiences, proponents of behaviourists’

tradition maintain, might include observing friends or family being rewarded for violent behaviour, or even observing the glorification of violence in the media. Studies of family life for example, shows that aggressive children often model the violent behaviours of their parents. Studies have also found that people who live in violent communities learn to model the aggressive behaviour of their neighbours [9].

Behavioural theorists have argued that the following four factors help produce violence:

- 1) Stressful event or stimulus like a threat, challenge or assault that heightens arousal.
- 2) Aggressive skills or techniques learned through observing others.
- 3) Belief that aggression or violence will be socially rewarded (For example, reducing frustration, enhancing self-esteem, providing material goods or earning the praise of other people).
- 4) A value system that condones violent acts within certain social contexts.

Early empirical tests of these four principles were promising [9]. As a result, behavioural theory directly contributed to the development of social learning theories of deviance such as differential association theory, sub-cultural theory and neutralization theory.

Person-environment fit

This theoretical model has been in existence for a considerable amount of time, and which to a large extent has underpinned other approaches to stress and well-being is the Person-Environment Fit (P-E fit) perspective. This theory can be traced down to early work and theorizing of Lewin and Murray.

The basic notion underlying P-E fit theory is that there are needs to be a match between what people want and what they receive, as well as a match between their abilities (knowledge, skills) and the demands placed upon them. Lack of match (misfit) creates strain and (ultimately) reduces their sense of psychosocial well-being. However, demands-ability and needs-supply match are considerably more relevant to people when the stimuli are important to them. Edwards [12,13] has referred to this as dimension importance and is related to Maslow’s need-hierarchy principle.

Using the example given above, if performance is important to the person, then frequent interpersonal contact may be viewed as a substantial interference which reduces the ability of the person to achieve what he/she desires. On the other hand, if individuals are not concerned about how well they perform, frequent non-work related social interaction with colleagues may not be considered a distraction and, hence, will not increase strain.

Conservation of resources theory

The second theory of psychological wellbeing by Hobfoll [14], known as the Conservation of Resources (COR) theory is similar with the P-E fit model, specifically in that both approaches examine the interaction of the person and the environment, and the degree of correspondence between demands in the environment and the individual’s resources to deal with those demands. The fundamental tenet of COR theory is that “individuals strive to obtain, retain, protect and foster those things that they value” [14]. That is, people endeavour to both preserve resources and to accumulate resources in order to better navigate their way through life’s demands and challenges. A

“resource” is anything that is important to the person, contributes positively to their well-being and enables them to adjust.

Empirical Review

Goldberg [1] in his research using 645 college students comprising of 440 females and 205 males, discovered that adolescence who are exposed to domestic violence tend to be either extremely introverted or extremely extroverted. Psychosomatic problems (aches and pains for no apparent reason) are common; these children eating and sleeping patterns tend to be disrupted. Children that witness or rather are victims of domestic violence can develop behaviour problems, including aggression and violent outbursts. Underlying all these "symptoms" of domestic violence are children's emotional responses: i.e., anger - misery - intense terror - fear of dying - fear of the loss of a shelter. Children may feel rage, guilt, or a sense of responsibility for the violence, which can stifle emotional and social development. To learn and grow into a healthy adult, children must feel confident in the world and in themselves. Domestic violence can wipe out a children's confidence and leave them shocked.

Another empirical study by Golding [15] on the relationship between domestic violence and psychological wellbeing using 640 women showed that on the average, prevalence rates for clinical depression amongst abused women were 48% across 18 studies. Victims were on average 4 times more likely to be depressed than women in general. Highest prevalence rates were found among women in refugees. Severity or duration of violence was associated with prevalence or severity of depression. International studies and other reviews confirm this relationship [16]. Campbell [17] found out that the number of forced sex experiences (including child sexual abuse and rapes in and outside the relationship) was found to correlate significantly with depression and poor body image. Depression in abused women is also associated with the life stressors that often accompany domestic violence such as child behaviour problems, and many changes in residence. However, evidence suggests depression tends to recede once women are freed from violence [15].

In the same vein, a study carried out by Abikoye [18] on exposure to violence and psychological wellbeing among the residence of Ibadan using a cross sectional survey which utilized cluster sampling technique using a standardized measure of psychological wellbeing and exposure to violence obtained responses from 674 Ibadan residents. Finding indicates that majority of the respondent have been exposed to violence, either as a witness or as a victim. Specifically, the younger a person was the more likely it was that his or her psychological wellbeing would be compromised. Also, the less educated a resident was the greater the danger of having poor psychological wellbeing. Furthermore, the shorter the duration of a person's stay in an area, the greater the danger of having poor psychological wellbeing. The study concluded that exposure to violence is a common phenomenon in Ibadan across the low density areas. It further noted that exposure to domestic violence is as psychologically debilitating to witness as it is to the victim.

A study carried out on the relationship between exposure to domestic violence and substance abuse or dependence showed that average prevalence rates for alcohol misuse amongst abused women were 19% across 10 studies and for drug misuse were 9% across 4 studies. Victims were 6 times more likely to abuse alcohol than women in general. Prevalence was higher among women in refugees [15]. International studies confirm these relationships [16]. Some studies

indicate a stronger relationship when violence is severe. Clear cause and effect relationships are difficult to establish [19], however, one study reviewed by Campbell [17] indicated domestic violence preceded alcohol and drug misuse in most cases. 1 in 4 women sampled in the Canadian VAWS reported using alcohol or drugs/medication to help them cope with domestic violence; this rose to 1 in 3 for those reporting emotional abuse and to nearly 1 in 2 for those who had sustained injury [20].

Jones et al. [19] proved that women who report being victims of child abuse and domestic violence have significantly more lifetime drug and alcohol dependence than women who do not report abuse, suggests for some women there may be a complex recursive relationship between these factors. Post-traumatic stress may also be associated with increased substance misuse by abused women as a form of self-medication for symptoms [17].

A study carried out on the relationship between exposure to domestic violence and suicide also showed that average prevalence rates for suicidal thoughts and attempts amongst abused women were 18% across 13 studies. Victims were on average 4 times more likely to be suicidal than women in general [15].

Statement of Problem

One of the problems that adolescents' home caregivers and non-caregivers face is domestic violence. This domestic violence has been a relatively 'hidden' problem in society for centuries. In the past forty years for instance, developing research has shown that adolescents who have witnessed or experienced domestic violence of any form in their life time are likely to face long term implications in respect of their emotional, psychological and behavioural development.

Domestic violence is a pattern of behaviour, it is an act that can be used to gain or maintain power and control over intimate partner or others. It includes any behaviour that frightens, intimidates, terrorizes, manipulates, hurts, humiliates, blames, injures or wounds someone [21]. Domestic violence takes many forms including physical, sexual, emotional, economic, and mental forms. This may occur once, or it may occur repeatedly often in an escalating manner. It creates physical, emotional, and psychological scars on the victims thereby causing devastating consequences on the individuals involved and the society at large [22]. Such domestic violence includes honor battery, beating, torture, verbal abuse, acid baths and even death through honor killing.

From every indication, many forms of domestic violence though benign in appearance but psychologically traumatizing are not readily perceived as such and often taken for granted as normal phenomena. It is not uncommon for most people to believe that only the victims of domestic violence bear the psychological brunt of the violent experience. Empirical evidence from other climes [23] indicates however that the witness of this domestic violence also partakes in the psychological injuries resulting from violent behaviours. Domestic violence inflicts not only physical wounds but leaves mental scars on the victims affecting their physical and mental health, compromising their ability to learn or socialize. Often, individuals who have been exposed to high level of domestic violence have decreased self-esteem [24], pessimistic view of the future [25,26], problems with social relationship [27] and poor academic performance [25].

According to some of the researchers, domestic violence in early 1990s was called “a public health problem of epidemic proportions [27] and has consistently demonstrated its multiple effects on mental

health. This effect include a wide range of internalizing psychopathology, such as posttraumatic stress [25,28]. This traumatic stress is produced by exposure to events that are so extreme or severe and threatening, that they demand extraordinary coping efforts. Responses to traumatic experiences can be divided into at least four categories: Emotional responses which include shock, terror, guilt, horror, irritability, anxiety, hostility and depression. Cognitive responses are reflected in significant concentration impairment, confusion, and self-blame; intrusive thought about the traumatic experiences, lowered self-efficacy, fears of losing control, and fear of reoccurrence of the trauma, and of externalizing problems, such as aggressive and delinquent behaviour [25] and alcohol and drug use [25,29].

Most mental health professionals believe that there are a variety of contributing factors to the onset of a mental illness. Studies have found that they are physical, social, environmental, and psychological causes. The physical, social and environmental consequences can be so destructive, but the psychological consequences of domestic violence which often is benign can be as serious as the physical effects [16]. As incidence of domestic violence grows rapidly in our Nigerian society especially among the most prone groups of people which are adolescent's home caregivers or non-caregivers, so does the need for investigation of the cognitive, emotional and behavioural outcome.

According to the global report of UNO, victims of domestic violence experience some trauma physically such as injury, sexual or psychological harm, harmful controlling behaviour and chronic health condition like chronic pain, migraine, ulcer and arthritis [30]. In Nigeria today, victims of domestic violence have anxiety, fear, general phobia, post-traumatic stress, and depression which probably affect their psychological wellbeing. Many have been deceived and lured into having unplanned pregnancy and therefore had remained miserable for the rest of their lives and many have joined in constituting violence in our societies. To this end, the study wants to investigate the relationship between psychological wellbeing and domestic violence among adolescents' home caregivers and non-caregivers in Onitsha North and South Local government of Anambra state. It also wishes to find answer to the following questions:

Would there be a significant relationship between psychological wellbeing and domestic violence among adolescents' home caregivers and non-home caregivers?

Would there be a significant difference in the level of psychological wellbeing and domestic violence of adolescence home caregivers and non-home caregivers?

Purpose of the Study

The general purpose of the study is to ascertain if there is any relationship between psychological wellbeing and domestic violence among adolescence home caregivers and non-home caregivers.

Hypotheses

- There will be a significant relationship between psychological wellbeing and domestic violence among adolescents' home caregivers and non-home caregivers.
- There will be a significant difference in the level of psychological wellbeing and domestic violence of adolescence home caregivers and non-caregivers.

Method

Participants

A total number of two hundred (200) participants comprising of 100 females home caregivers and 100 non-female home caregivers participated in the study. The samples of the participants were drawn from Onitsha North and South in two government owned schools, one commercial school and one private school in Onitsha North and South Local Government Area. They include: Community Primary School II, IyiowaOdekpe; Comprehensive Secondary School, Odoroba; Ideke Boys and Girls Secondary School OkotiOdekpe and Greater Tomorrow Secondary School, Federal Housing Estate, 3-3 Onitsha. The choice of the schools was because those schools are generally known as schools for the house helps and the poor. The ages of the participants ranged from 9 to 18 years and their level of education ranged from primary to secondary.

Validity and reliability of instrument

Two instruments were employed in the study. The first instrument was Domestic Violence Screening Questionnaire developed by Grohol. It is a 20-item inventory designed to measure the level of domestic violence an individual is exposed to. The scale version scores of domestic violence were obtained on four scales: physical violence, sexual violence, emotional violence, and controlling behaviour. The instrument is scored on a 3 point scale ranging from 1-no, 2-sometimes and 3-regularly. However, Grohol and Lincoln reported Cronbach Alpha Reliability Coefficient of 0.92 with test-retest reliability of 0.94 when re-administered within the period of two weeks. For suitability with the present study, the reliability of the test instrument was re-established using 30 students from Ideke boys and girls secondary school, OkotiOdekpe. Results of the reliability test yielded internal consistency reliability of 0.63 with mean value of 0.43. The reliability of this instrument being adequate was accepted and used in this study.

The second questionnaire is psychological wellbeing questionnaire. The Ryff Scales of Psychological Well-Being is a 54-item theoretically grounded instrument that specifically focuses on measuring multiple facets of psychological well-being. This facet include: self-acceptance, the establishment of quality ties to others, a sense of autonomy in thought and action, the ability to manage complex environments to suit personal needs and values, the pursuit of meaningful goals and a sense of purpose in life, continued growth and development as a person. This instrument is scored on a six point scale, ranging from 1-strongly disagree to 6-strongly agree. However, Ryff obtained the following psychometric property on the internal consistency and test retest reliability using nationally representative sample of English speaking adults age 25 and older (self-acceptance=0.93, 0.85), (positive relation with people=0.91, 0.83), (autonomy=0.86, 0.88), environmental mastery=0.90, 0.81), (purpose in life=0.90, 0.82) and (personal growth=0.87, 0.81).

Procedure

The participants were randomly selected from Onitsha North and Onitsha South Local government throughout the period of questionnaire administration. This is because Onitsha North and South are commercially based area that has more of civil servants, traders and artisans than other areas and they are the people that have the highest home caregivers due to the nature of their daily activities

and this is where the adequate sample of the participants that were used for the study were obtained.

Before embarking on the field research work, the authorities of the schools were informed about the study and their permission in using their students was obtained. Information concerning the aim and objectives and the relevance of the study were supplied and the respondents' informed consent obtained from each of the respondents. The aim and objective of the study were also explained to them and they were assured of confidentiality and anonymity of the study. The respondents were then asked to mark the appropriate place on the questionnaire that requested for their consent.

In this research, a total number of two hundred and twenty (220) copies of questionnaire were administered within the period of one month among the adolescents' home caregivers and non-caregivers in Onitsha North and South, Anambra state. Out of the total number of questionnaire administered, only two hundred (200) questionnaires were used because they were properly filled. The ages of the participants ranged from 9 to 18 and the scale was scored in line with their responses and analyzed taking cognizance of the formulated hypotheses.

Design and statistics

This is a survey study, the study adopted a correlational design, based on the hypotheses; Pearson Moment Correlation and Independent sample t-test were employed as the statistical tool for data analysis. This is because, the researcher correlated the scores of psychological wellbeing and domestic violence and selected equal samples of individuals between the same age bracket who are home caregivers and non-home caregivers before accessing their level of psychological wellbeing and domestic violence.

Results

The first hypothesis stated that there will be a significant relationship between psychological wellbeing and domestic violence among adolescence home caregivers and non-caregiver.

	Mean	Std. Deviation	N
Psychological wellbeing	184.1000	9.26386	200
Domestic violence	35.0700	5.68301	200
Correlations		Psychological wellbeing	Domestic violence
Psychological wellbeing	Pearson Correlation	1	-0.900**
	Sig. (2-tailed)		0.000
	N	200	200
Domestic violence	Pearson Correlation	-0.900**	1
	Sig. (2-tailed)	0.000	
	N	200	200

Table 1: Relationship between psychological wellbeing and domestic violence.

From the above table the mean score of 184.10 and standard deviation of 9.26 was observed. The significant level of both psychological well-being and domestic violence is =0.000. Hence, hypothesis one is confirmed and accepted (Table 1).

The second hypothesis stated that there will be a significant difference in the level of psychological wellbeing and domestic violence between adolescents' home caregivers and non-caregivers.

		Levene's Test for Equality of Variances		t-test for Equality of Means							
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
									Lower	Upper	Upper
Psychological wellbeing	Equal variances assumed	7.742	0.006	-22.554	198	0	-15.68	0.69521	-17.05097	-14.30903	-14.30903
	Equal variances not assumed			-22.554	197.916	0	-15.68	0.69521	-17.05098	-14.30902	-14.30902
Domestic violence	Equal variances assumed	3.14	0.078	41.607	198	0	10.74	0.25813	10.23097	11.24903	11.24903

	Equal variances not assumed			41.607	121.819	0	10.74	0.25813	10.229	11.2516	11.251
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Table 2: Independent samples test.

From the above table the mean difference scores of -15.68 and 10.74 for psychological well-being and domestic violence was observed. The significant level of both psychological well-being and domestic violence is=0.000 and 0.000 respectively. Hypotheses two is significant and therefore accepted. This means that there will be a significant difference between adolescence home caregivers and non-home caregivers (Table 2).

Discussion

To make an appraisal of this study, it is most appropriate to restate once again our objectives which are to examine the relationship between psychological wellbeing and domestic violence among adolescents' home caregivers and non-caregivers. However, our research questions immediately stand as a guide towards making a proper understanding of the said objectives. Before giving adequate consideration to these questions such as: Would there be a significant relationship between psychological wellbeing and domestic violence? And would there be a significant difference between adolescence home caregivers and non-caregivers? We will recall that two hypotheses were stated and tested in this study. The two hypotheses were confirmed and therefore accepted.

The first hypothesis stated that there will be a significant relationship between domestic violence and psychological wellbeing among adolescents' home caregivers and non-home caregivers. The mean score of 184.10 and standard deviation of 9.26 was observed. The significant level of both psychological well-being and domestic violence is =0.000 showing a significant relationship; the hypothesis is therefore accepted.

The second hypothesis stated that there will be a significant difference between adolescence home caregivers and non-caregivers. The mean difference scores of -15.68 and 10.74 for psychological well-being and domestic violence were observed. The significant level of both psychological well-being and domestic violence is =0.000 and 0.000, respectively. This shows that there is a significant difference in the level of domestic violence and psychological wellbeing between psychological wellbeing and domestic violence among adolescents' home caregivers and non-home caregivers; therefore the hypothesis is accepted.

This result agrees with the findings of Goldberg [1]. He noticed that adolescents who are exposed to domestic violence tend to be either extremely introverted or extremely extroverted. Psychosomatic problems (such as aches and pains for no apparent reason) are common; these children eating and sleeping patterns tend to be disrupted. Children who witness or rather are victims of domestic violence can develop behaviour problems, including aggression and violent outbursts. Underlying all these "symptoms" of domestic violence are children's emotional responses: i.e., anger - misery - intense terror - fear of dying - fear of the loss of a shelter. They may feel rage, guilt or a sense of responsibility for the violence which can stifle emotional and social development. He concluded by saying that to

learn and grow into a healthy adult, children must feel confident in the world and in themselves.

When children of certain age are exposed to domestic violence, it can wipe out their confidence and leave them in a state of shock. In addition, the study also concurs with the research of Abikoye [18] who after comparing age, education and density on exposure to domestic violence and its influence on psychological wellbeing among adolescents in Ibadan discovered that the younger a person was the more likely it is that his or her psychological wellbeing would be compromised. Many researchers who have given consideration on adolescence, domestic violence and psychological wellbeing tend to tilt more towards the findings on younger people; the fear is more than fear of injury or death. They fear the destruction of their family and disorganization of their world. Middle-school aged children have an awareness of things such as poverty, foster homes, and homelessness; in so doing, they may be unable to cope with the uncertainty that reporting abuse may cause. Even when adults in the community such as school personnel or neighbors report the abuse, they may out rightly deny it. Young children may experience feelings of shame, guilt, and divided loyalties to caregivers making it unlikely that they will disclose the violence to others. They therefore, suffer the effect of such domestic violence. While domestic violence has long been seen as an 'adult' problem, there is now growing recognition that it also affects adolescents who are exposed to the abuse [31].

Hypothesis two (H2) proposed that there will be a significant difference in the level of psychological wellbeing and domestic violence of adolescents' home caregivers and non-home caregivers. The significant level of both psychological well-being and domestic violence is 0.000 and 0.000, respectively; thus, the hypotheses are accepted. Drawing from the previous statement, those adolescents who are separated from their biological homes to another home altogether not only had the experience of maltreatment, abuse, hurt or neglect, but also are facing the uncertainties associated with being removed from the original family. Under this situation, their behaviours and overall development may be troublesome and unhealthy, as they may desire returning to their original homes or conflict with foster parents and siblings. As a result, such adolescents may join a delinquent group for support and on that constitute nuisance to the family and society at large or may on the other hand develop ill psychological wellbeing. If the experiences of such adolescents negatively influence their behaviours, it inadvertently end up promoting delinquency and the chances of developing ill psychological wellbeing making out-of-home care the second great tragedy in a difficult upbringing.

Reference should also be made to the findings of Hobfoll [14], in his theory, the Conservation of Resources (COR) theory. He theorized that interaction of a person and the environment coupled with the degree of correspondence between demands in the environment and the individual's resources to deal with those demands play a big role in improving the psychological wellbeing of an individual. The fundamental tenet of COR theory is that "individuals strive to obtain, retain, protect and foster those things that they value." That is, people endeavour to both preserve resources and to accumulate resources in

order to better navigate their way through life's demands and challenges.

Implication of the Study

One of the implications of this study is that it has pointed out the urgent need for the consideration of adolescence' home caregivers and non-caregivers while discussing psychological wellbeing and domestic violence.

In view of the above, this research findings call for an 'ambulance dimension' in intensifying effective preventive programs will be welcomed rather than curative method. It seems quite obvious that adolescents' home caregivers need as much help as other people who are reported as being abused. It reveals that some of these home caregivers are psychologically helpless and are seriously seeking for help.

Recommendations

There is therefore an urgent need for the government to integrate the service of psychologists in the mental health programs. Psychologists have special expertise to offer in prevention, assessment and treatment of the effect such domestic violence must have had on psychological wellbeing of the proposed groups. And if need be, offer pro-bono psychotherapy to the ones who can't afford to pay for their services.

Finally, there is an urgent need for the government to introduce awareness campaigns on the effect or implications of domestic violence especially in highly commercialized cities like Onitsha through some agencies and organizations; psychologists can be very contributive. These campaigns will bring to consciousness the medical and social impact of domestic violence among adolescents generally.

Finally, there is the urgent need for the government to intervene by making education free for all and to provide a means of checking the number of children a couple should have especially people in the rural areas taking into consideration the economic situation in Nigeria. This will aid in reducing the number of children that are being sent out from their biological home to a different home in a bid to render services of home care giving. Furthermore, professionalization of home care services is paramount to put an end to these physical and psychological traumas.

Conclusion

The concept of the relationship between psychological wellbeing and domestic violence among adolescence home caregivers and non-home caregivers as a major source of concern to warrant empirical study has not been very common among researchers especially in Nigeria. I am not disputing the fact that various researches have been done on the relationship between psychological wellbeing and domestic violence. Majority of these studies unfortunately has been emphasized on specific sets of people but little or no research has been done on adolescence home caregivers and non-caregivers who tend to be the mostly affected. This present research however, studied the relationship between two independent variable, (psychological wellbeing and domestic violence) on two different groups (adolescence home caregivers and non-home caregivers). Some of the research findings have revealed very interesting outcomes which correlate strongly with some previous work on the relationship between psychological wellbeing and domestic violence.

Nevertheless, various reasons have been postulated by several researchers on the motive behind the domestic violence. Majority of these studies unfortunately have been emphasizing on specific population whose problems have started manifesting physiologically, making inroad into unusual kinds of behaviour. The major area of concern for this study has been "normal" individuals with the view to studying the relationship between psychological wellbeing and domestic violence.

The research outcome has obviously opened up series of questions and challenges. First, for psychologists and researchers on domestic violence and psychological wellbeing; Secondly, to parents and finally to policy makers which involve the government.

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