



Predisposing factors of Intimate Partner Violence on ever-married women in Gombe State, Nigeria

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Abstract

This research examines the predisposing factors of intimate partner violence (IPV) on ever-married women in Gombe State. 1 in 3 women globally have been physically or sexually abused at least once in their lifetime. The study identified the forms, predisposing factors to IPV, the effects of IPV & the coping strategies of the victims of IPV in Gombe State. The research triangulated between Radical feminist theory and Social Disorganization theory. A mixed research method was adopted for the study. Data were collected from both primary and secondary sources. The population of the study is the ever-married women from Gombe, Yamaltu Deba, and Billiri, LGA, as well as security personnel, religious leaders, community leader and social welfare officers, respectively. Sample size was determined using the Krejcie and Morgan table. Using the Kobo Collect application, a total of 600 questionnaires were administered to ever-married individuals. Similarly, a total of 3 Key Informant Interviews and 3 In-depth interviews were conducted with relevant officials, religious and community leaders. The study adopts multi-stage and purposive sampling techniques in selecting the respondents. Responses received from the questionnaires were presented in frequencies and percentages, while the KII and IDI were analyzed using thematic analysis and supportive quotations under appropriate headings. The findings of the study revealed that women are being violated in the hands of their Intimate Partners, and the rate of assault is on the increase. The major forms of violence in Gombe State are physical assaults, sexual violence, and psychological violence. Identifiable factors that lead to such violations include: economic factors (financial request), male dominance, and alcohol and drug abuse, among others. This affects the women as well as the children. The study recommends that government establishments establish more trauma centers in the state, provide marital counseling and reorientation to couples, impose sanctions on sexual violations, implement poverty eradication programs/women's empowerment initiatives, and conduct awareness campaigns for the prevention of IPV, among other measures.

Keywords: Ever-Married Women, Intimate Partner, Predisposing Factors, Violence

1. Introduction

Intimate partner violence (IPV) rapidly increasing type of Gender based violence that has affected our societies negatively today. It is a bi-directional pandemic that has eaten into our societies globally, but this study focuses specifically on male-to-female violence. It is a gender-based violence with no boundary in terms of

nationality, religion, culture, or class (Ilika, Okonkwo, and Adogu 2002). Across the world, women and girls face a lot of violence at the hands of their intimate partners (World Health Organization, 2013). Some men may also experience non-physical, mild forms of IPV, although IPV has a generic notion that women are

the most likely victims, being frequently inflicted with pain by the male gender. (Black et al., 2011, Reid et al., 2008, CDC, 2000).

IPV refers to a certain behavior within an intimate relationship, either marital or non-marital, which causes physical, psychological, mental, or sexual harm to either of the partners. It encompasses physical, psychological, mental, and sexual aggression/abuse (WHO, 2002). IPV is a major hitch for a woman in terms of health and violation of her human rights. According to the WHO (2021) survey, 1 in 3 (30%) of women worldwide has suffered from either physical or sexual violence by their partner and/or non-partner in their lifetime. It is a major infringement of the most fundamental human rights of the victims, leading to serious psychological & mental health problems, and often leads to shattered relationships, which may have serious consequences on children. According to the National Coalition against Domestic Violence (2019), in Nigeria, of all murder cases involving an intimate partner, over 90% of the victims are females.

IPV has created wider gaps in many countries of the world, with very devastating social, economic, and health consequences on the females, who have been intensely marginalized and subjugated in the background. About 38% of murder cases against women were committed by their intimate partners, and 6% of women were assaulted by other partners (WHO 2012). Studies conducted in different regions of Nigeria show the prevalence of IPV ranging from 42% in Northern Nigeria to 58.9% in Eastern Nigeria (Tanimu, Yohanna, & Omeiza, 2018).

In Gombe State, during the COVID-19 pandemic, which came along with socioeconomic implications, women were exposed to a high level of IPV while having limited resources and services (Gombe State NSCDC Gender unit, 2010).

It was also observed that IPV happened as a result of so many influences, ranging from economic frustrations, individual temperaments, and lack of resolution skills, among others. Furthermore, IPV is on the increase globally, and this tends to increase when there is a natural disaster and conflicts.

This study examines the predisposing factors of IPV never-married women in Gombe State, Nigeria. The research attempts to unveil the magnitude of this issue, identify major factors, forms, and effects associated with IPV, and provide the victims with informed advocacy, prevention, management, and coping strategies.

Statement of the Research Problem

A population-level survey report gathered from survivors provides an estimate of the prevalence of IPV & sexual violence (WHO 2018). In 2018, an analysis on prevalence of IPV from 2000 - 2018 across 161 countries show that, worldwide 1 in 3 (30%) of women have been violated sexually by an intimate partner or non-partner; 25% of women aged 15 - 49 who have been in relationship have been sexually abused by an intimate partner at least once in their lifetime (from 15 years of age). Also, 38% of murder cases against women were committed by their intimate partners, and 6% of women were assaulted by other partners (WHO 2012). According to the National Violence against Women (NVAW) 2000 survey, women are likely to report being victimized by an intimate partner and are significantly at greater risk of IPV. Globally, approximately 38% of women are murdered by a male partner (Butchart, Garcia-Moreno & Milton, 2010). According to the National Coalition against Domestic Violence (NCADV) (2019), 70% of all murders involve an IP and over 90% of the victims of such murders are females. In addition, the prevalence of IPV is on the increase and mostly under-reported, specifically in sub-

Saharan Africa (SSA). The prevalence of IPV in SSA against women is 21.5%, after Oceania, 34.7% (UN Women 2019). However, WHO 2013 puts the prevalence of SSA at 20 - 70%.

According to NDHS, 18.7% of married women in 2018 were exposed to both sexual and physical violence at the hands of their husbands (Benebo, 2019). This kind of violence has been on the increase as a result of so many factors, which sometimes may lead to permanent impairment, psychological trauma, or fatal end of the victims, as well as victimization and impunity enjoyed by the perpetrators, and the general fear generated by their indecent action has negative and long-lasting effects on its victims (American Psychiatric Association 2022). IPV is a serious violation of the most fundamental rights of the victims. It also has devastating effects and serious consequences on the children's psychology, hence its effects on the mental health of the children. Furthermore, it breeds the children into a culture of violence, which is later reflected in their upbringing. The National Population Commission estimated that a woman's lifetime exposure to IPV from their current husbands or partner is at 19% for emotional violence, 14% physical violence, and 5% for sexual violence. Further studies reveal that in Northern Nigeria, the prevalence of IPV ranges from 42% (NPC 2014).

According to the Domestic, Sexual and Violence Response Team (DVRT) (2019), Lagos recorded 667 domestic and sexual abuse cases in three months, notably not to mention unreported cases. UN reported that 1 in every 4 women experiences physical and sexual violence during pregnancy. According to the records from Gombe State Gender Unit, Nigerian Security & Civil Defense Corps NSCDC, out of 344 cases reported on gender violence in 2021, 144 of them were on IPV. Some instances of Intimate Partner

Violence tend not to be reported to police, and thus many experts believe that the true magnitude of the problem is hard to estimate (NCDPC, 2011). However, there has been little attention given to this area in terms of research and otherwise in Gombe that even though IPV is one of the most common forms of violence perpetrated against women in recent times. In addition, it was observed that most of the studies focused largely on Gender Based Violence (GBV), and existing literature on gender based violence is limited, and the few available tend to focus on regions other than Gombe State.

Finally, it was observed that the nature of the Patriarchal society also affects the rights of women. In terms of legislations where male - to - female violation is considered a felony which attracts two (2) years imprisonment, and female - to - male is a misdemeanor, which attracts three (3) years imprisonment. In view of the above, this study examines the predisposing factors of IPV, forms, patterns, and effects of IPV on never-married women in Gombe State, Nigeria.

Objectives of the Study

1. Determine the prevalence/rate of IPV among ever-married women in Gombe State. Explain the various forms of IPV on the ever married women in Gombe State.
2. Identify the various predisposing factors to IPV, such as (poverty, economic pressure, alcohol & drug abuse, patriarch etc.) In the study area.
3. Ascertain the effects of the IPV on the ever-married women in Gombe State.
4. Identify the coping strategies of victims of IPV.

2. Literature Review

Conceptual Review

There are great misconceptions of IPV and domestic violence. Despite the fact that the

two go hand in hand, they tend to differ from each other. Domestic Violence refers to physical, sexual, emotional, and psychological maltreatment of a family member (American Psychological Association, 1996). It includes all types of family violence and abuse, e.g., child abuse, abuse of an elderly family member, etc. On the contrary, IPV is specifically all forms of violence limited to only a partner, i.e., its aggression and abuse is directed at that or between intimate partners. The women gender are usually the victims of IPV, and in view of that, cases of male -to-female have received close attention. 50% of IPV is bidirectional, and the rest is divided between male-to-female and female-to-male partner violence (Waltermaurer, 2000). Though there are a few cases of female -to- male IPV.

An intimate partner is a person with whom one has a close personal relationship may be, characterized by emotional connection, regular contact, ongoing physical contact, and a sexual relationship, usually identified as a couple and familiar with each other's lives (Henrica, 2016). Intimate relationships may include either current or former spouses (married spouses, civil union spouses, domestic partners, and common law spouses), Boyfriends\Girlfriends, Dating partners, or ongoing sexual partners. Intimate partners may or may not be cohabiting, they can also be opposite or same sex. On the other hand, IPV refers to certain behaviors with an intimate relationship, either married, unmarried, or living together, which cause physical, psychological, mental, or sexual harm to either of the partners. This encompasses and explains physical, psychological, mental, sexual, and aggressive and controlling negative behavior of either of the partners (WHO, 2002). Moreover, IPV & Domestic Violence (DV) are mostly confused as meaning the same, but they both differ in context & mode. DV refers to violence that

includes physical, sexual, emotional, and psychological maltreatment of a family member (American Psychological Association, 1996). It includes all types of family violence and abuses, e.g., child abuse, rape of a member, abuse of elderly family members, etc. On the contrary, IPV is limited to only a partner, i.e., its aggression and abuse is directed between the intimate partners. Within this study, the ever-married refers to a person whose marital status is either married, widowed, or divorced. Ever-married persons have therefore been married at least once in their lifetime (Eurostat, 2003). Ever-married men and women who have been married at least once in their lives, and their current marital status may not be "married" (UN 2011).

Empirical Review

Intimate Partner Violence against women is recognized as a public and rights problem and is a manifestation of gender inequality that affects the physical and psychological well-being of women (Gautan et al, 2019). Most of the available statistics about violence against women come from special studies and population-based surveys. This estimate indicates that the proportion of ever-partnered women reported to have experienced physical or sexual intimate partner violence at some points in their lives was about one in three women worldwide (WHO, 2014).

According to Garcia-Moreno et al., cited in Gautan et al. (2019), about 37% of women in Africa, Eastern Mediterranean, and South-East Asia regions have experienced physical or sexual intimate partner violence, about 30% in America region, and about 25% in the European and Western Pacific region. Intimate partner violence refers to any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship. Intimate Partner Violence (IPV) behavior includes physical aggression such as slapping, hitting,

kicking, and beating; psychological abuse such as intimidation, constant belittling, and humiliation; forced intercourse and other forms of sexual coercion (Esther et al., 2020). Flury et al. (2010) include other forms of controlling behavior as intimate partner violence, such as isolating a person from their family and friends, monitoring their movement, and restricting their access to information or assistance. Researchers argue that violence against women is usually based on societal inequality and structure where women are considered inferior to men (Benebo et al., 2019). Nigerian society is embedded in harmful ideologies regarding women and women's roles in society. The man is mostly viewed as the breadwinner and believed to exercise power over the woman and thus dominates and disciplines the woman in an IP relationship.

Factors Responsible for Intimate Partner Violence

Intimate partner violence (IPV) can be understood through the ecological model, which operates at individual, relationship, community, and societal levels, as detailed by WHO (2012). Individual factors contributing to IPV include a man's young age, low education, childhood violence exposure, substance abuse, personality disorders, acceptance of violence, and a history of abusive partners. Women's exposure to IPV is associated with low education, witnessing parental violence, childhood sexual abuse, and acceptance of violence. Relationship factors include conflict, male dominance, economic stress, a man having multiple partners, and educational disparity. Community and societal factors encompass gender inequitable norms, poverty, low social and economic status of women, weak legal sanctions, lack of women's civil rights, community acceptance of violence, and high societal violence levels.

The effects of IPV, as highlighted by Campbell (2002) and Zhang et al. (2017),

include increased risks of depression, physical injury, mental health issues, isolation, low self-esteem, and even suicide. WHO research indicates that IPV affects women's physical and mental health both directly and indirectly, with impacts persisting long after the violence has stopped. Physical injuries range from open wounds to functional disorders like irritable bowel syndrome. WHO (2022) reports that injury prevalence in IPV victims varies across countries, with significant physical and mental health impacts. Mental health issues such as depression, anxiety, and PTSD are higher among IPV victims, with IPV linked to alcohol and drug abuse, eating and sleeping disorders, and other behavioral issues. IPV during pregnancy is linked to adverse outcomes like miscarriage and low birth weight and may contribute to maternal mortality, often overlooked by policymakers.

Coping strategies of victims of Intimate Partner Violence

Coping strategies are defined as cognitive and behavioral efforts to manage the demands of stressful or threatening circumstances (Lazarus & Folkman, 1984; Muller & Spitz, 2003). For women in abusive relationships, these strategies represent personal responses to gain psychological or emotional strength (Meyer, 2012) and address threats and stressful encounters (Lazarus, 1993). Coping strategies can be divided into Internal and External.

Internal Coping Strategies:

Religious/Spiritual Coping: The most frequently used strategy, involving prayer, meditation, and maintaining a relationship with God. This culturally validated, private method provides strength and hope for a better future (Mansa Mary, 2020).

Physical Distancing: Survivors self-isolate to create a positive outlook (Herma, 2015), gain independence from the abuser (Warren, 2019), or seek protection when no

other means are available (Mayseles & Dutton, 2007).

Safety Planning: Personalized, practical plans to avoid stress and violence. Service providers help clients trust their instincts and develop protective measures, which can be an intrinsic response even when leaving the relationship is difficult due to financial or emotional constraints (Tetterton & Farnsworth, 2011).

Resistance: Active efforts to reduce or eliminate violence, including police intervention, separation, or, in extreme cases, homicide. These strategies are influenced by the abuser's control, the woman's characteristics, and her social position (Hayes, 2013; Webber & Benzanson, 2012). Resistance may involve fighting back for self-protection, sometimes escalating to homicide in situations of coercive control (Ali, McGarry & Dhingra, 2016).

External Coping Strategies:

This involves seeking support to deal with the physical and mental health effects of IPV.

Informal Support: Seeking help from family and friends is the most common method (Ansara & Hindin, 2010; Coker et al., 2000). This support is a fundamental resource for recovery (Latta & Goodman, 2011; Prossman, Wong, Lagro-Janssen, 2014).

Formal Support: Includes shelters, counselling, and social assistance, which are increasingly used by women experiencing severe IPV (Ansara & Hindin, 2010; Coker et al., 2000; Fanslow & Robinson, 2010). Women with lower education, income, or in urban areas may be more likely to report IPV to external structures, though access disparities between urban and rural areas exist (Coker et al., 2000). These services are vital for addressing economic distress and poverty-related barriers.

Theoretical Framework

This study triangulates between the Left Wing of Radical feminist theory and the Social Disorganization Theory of Shaw and McKay because it gives a broader, more comprehensive, and deeper understanding of the phenomenon.

Radical Feminist Theory

Radical feminists address the root causes of patriarchal oppression beyond legislation and economic changes. They see all women as a group being oppressed by men. Furthermore, the basic tenets of this theory are: the appropriation of women by men through patriarchy, sexual objectification of women by men, and the private sphere is a political slogan born from the second feminist wave, which talks about the political dimension of problems created by sexism and misogynistic norms. Radical feminists believed that women are oppressed because of their sexual and reproductive lives. According to Alison Jaggar and Paula Rothernberg (2007), this can be interpreted in four different ways. Firstly, historically, women are the first oppressed group. Secondly, women's oppression is peculiar to every society. Thirdly, it is the hardest form of oppression that cannot be addressed but eradicated, and fourthly, this form of oppression provides the conceptual model of understanding other forms of oppression.

In addition, Radical feminist beliefs are based on the idea that the main cause of women's oppression is social roles and institutional structures constructed by patriarchy. The main difference between radical feminism and other strands is that they do not concentrate on equalizing the distribution of power. Instead, they focus their efforts on eliminating patriarchy by transforming the entire structure of society. More specifically, they want to get rid of traditional gender roles.

Feminist theory has provided a framework for understanding and responding to domestic violence, as well as "explanations

of how men and women's unequal status in society and the uneven socialization of male and female children perpetuated violence and abuse in the home" (Frances 1995, p. 395). Feminist theory has played a key role in promoting public awareness of sex role conditioning and how it can lead to belief systems that legitimize sexism, male privilege, and gender socialization (Healey, Smith, and O'Sullivan 1998). Intimate Partner violence can reflect society's patriarchal order through the transfer of these belief systems, with the male partner imposing forced subservience on the female partner.

For this study, this theory is adopted to explain the causes of the variables as to why women suffer disproportionate forms of violence from their Intimate Partner's discrimination and oppression. This theory has partial efficacy in giving meaning to the factors that influence IPV, different forms, effects and coping strategies of women who have experienced IPV and incorporating early feminist theories to allow objective analysis of particular elements such as religion, culture, geographical location and other factors that may intersect to explain more on the prevalence and the predisposing factors of IPV on the ever-married women in a particular area and also to explain different perspectives accounting for multiple experiences, identities and social problems related to IPV.

Social Disorganization Theory of Shaw and McKay (1942)

Social Disorganization Theory, as posited by Shaw and McKay (1942), suggests that crime and deviance are more likely to occur in communities characterized by weak social structures, poor economic conditions, and limited social cohesion. This theory emphasizes the role of community context in shaping crime and deviance, highlighting the importance of social institutions, norms, and relationships in regulating behavior

(Kornhauser, 1978). According to the theory, communities with high levels of social disorganization, marked by factors such as poverty, residential mobility, and ethnic heterogeneity, are more susceptible to crime and deviance due to the breakdown of social control (Shaw & McKay, 1942).

Social Disorganization Theory has efficacy in understanding Intimate Partner Violence (IPV) in ever-married women, suggesting that community characteristics such as poverty, social isolation, and lack of social cohesion can contribute to an environment that tolerates or perpetuates such violence. The study triangulates between the Left Wing of Radical feminist theory and the Social Disorganization Theory of Shaw and McKay because it gives a broader, more comprehensive, and deeper understanding of the phenomenon.

3. Methodology

This study adopts a descriptive research design within the context of mixed research methods (qualitative & quantitative), and ever-married women from the ages of 15 years and above in Gombe State were studied. These include divorced, widowed, separated, and currently married. Similarly, NGOs and civil society organizations working on gender were part of the study population, and social welfare workers, religious leaders, and traditional rulers were also part of the study population. This study uses the Krejcie & Morgan table to determine the sample size. Gombe, like other northern parts of Nigeria, has a marriage age range from 15 years and above (Adedayo Akinwale and Francis Sardauna, 2022). So, the sample size was determined by using ever-married women within Gombe, Yamaltu Deba, and Billiri local government areas whose age ranges from 15 years and above. A total of 608 respondents were selected. This study adopts multi-staged sampling. First three

LGAs were selected (one from each of the three Senatorial Districts in Gombe State). The lottery method was used in selecting three Political wards from each of the three LGAs earlier selected, making a total of nine wards. Then purposive sampling techniques were employed in selecting the elements (ever-married women and the officials of the NGOs, Law enforcement agencies, and welfare units). The researcher selected two (2) staff of Domestic violence NGOs, one (1) traditional ruler, and two (2) religious

leaders (1) imam and (1) Pastor, one social Welfare Officer (Gombe State Ministry of Women Affairs and Social Welfare Development) for this study. Questionnaires were administered using *kobocollect* application. The quantitative data were analyzed in descriptive form using SPSS software, which was interpreted and presented in tabular form. The qualitative data were analyzed using thematic analysis and sometimes supportive quotations under appropriate headings or subheadings.

4. Results and Discussions

Table 1. Various forms of IPV on the ever-married women in Gombe State

FORMS OF ABUSE	YES	NO	TOTAL
Verbal Abuse	340(56.7%)	260(43.3%)	600(100%)
Financial Abuse	315(52.5%)	285(47.5%)	600(100%)
Physical Abuse	298(49.7%)	302(50.3%)	600(100%)
Sexual Abuse	109(18.2%)	491(81.83%)	600(100%)
Psychological Abuse	32(5.33%)	568(94.67%)	600(100%)

Source: *Field Study 2023*

Table 2. Factors responsible for IPV among ever-married women in Gombe State

TRIGGERS OF THE ABUSE	FREQUENCY	PERCENTAGE
Monetary	377	62.83
Failure to meet demands	202	33.67
Others	16	2.67
No response	5	0.83
Total	600	100

Table 3: Relationship with the Violator

R.SHP WITH THE VIOLATOR	FREQUENCY	PERCENTAGE
Husband	568	94.67
Intimate Partner	32	5.33
Total	600	100

Source: *Field Study 2023*

The findings of this study show that the majority of the respondents are youths (38 years and above), mostly literate (within the secondary school level), currently married, mostly unemployed, with a few into petty occupations like *kosai* & *awara* selling, living in a nuclear family setting,

with an average of 3 children, predominantly Muslim. All respondents believed that IPV is on the increase. Similarly, other studies reviewed indicate a similar phenomenon in other societies across the globe. For example, the lifetime prevalence of IPV among ever-partnered

women was 30% and for Africa 37%, globally (BMC Women's Health 2022). Some of the forms of violence as revealed by the findings of this study include physical assault, psychological/emotional abuse, and Sexual abuse, among others, although there are notable variations of these forms of abuse across different communities.

Notable predisposing factors associated with IPV in Gombe State, as revealed by this study, include: Economic stress/poverty as the major cause; male dominance; low socioeconomic status of women; alcohol/drugs to a lesser extent; and upbringing in a violent environment, among others. Some studies reviewed earlier reveal that similar factors are the major causes of IPV. For example, a study carried out by Esther, Nneoma, and Ifeoma (2020) in Lagos, and the findings of WHO 2012, the works of Patra, Jyoti, and Prakash 2001, among others.

Furthermore, IPV hurts the woman, children, and society at large. This study reveals that it affects the general well-being of the woman, i.e., physically, psychologically, mentally, poor productivity at work, missed work, school, and public outings due to the violations. Furthermore, the majority have had mood and social disorders. It took 1-3 years to tell someone about the abuse and ask for help. Similarly, IPV in Gombe also hurts the children by affecting their upbringing, leading to poor performance in school, growing up in a violent environment aids in adopting the poor culture and tendency of violence in the future to both their home and the society at large.

This study also found that there are help and coping mechanisms being put in place for women who go through such assaults by both the government through the NPF, NSCDC, MOWAF, MOJ, etc., and nongovernmental organizations such as traditional rulers, religious leaders, NGO's, FIDAA, other women's rights

organizations, etc. It shows a significant number of women accessed such help when needed and have given favorable feedback. Results indicate that Domestic Violence Officers (D.V.O.) and Social Welfare services are perceived as providing the most effective support; Security Personnel and Contact also offered good assistance, respectively. Furthermore, Friends and Family are also seen as important sources of support. Seeking solace in prayers to God and trusting God for intervention, physical distancing from the abuser, safety planning through practical plans to avoid such violence, resistance through staying in the relationship, and resisting the violence and oppression are also practiced.

5. Conclusion and Recommendations

The study concludes that IPV cases are common in Gombe and are higher than the global average. Verbal and Physical forms of abuse are more common in Gombe, though psychological and sexual abuses happen sometimes. Economic demands, lack of meeting demand/expectations of the husband, are the major reasons for the violations in Gombe. It is only when women are empowered economically, people are reoriented on the implications of IPV, and government sanctions violators that the problem of IPV will come down.

Recommendations

1. Marital counseling and reorientation to couples should be encouraged, specifically on issues of sexual intercourse.
2. Poverty eradication programs and women empowerment should be a priority for both the Gombe State Government and the nation at large. This will reduce women's dependency and encourage self-reliance.
3. The government should dwell more on provisions and easier access to supplementary support services such as housing & safe accommodation,

child care, and other community services, etc.

4. Rehabilitation programs should be introduced to the perpetrators of IPV during incarceration.
5. Campaigns on awareness of prevention should be carried out from time to time, and educational trainings too, to inform them about violations of their fundamental human rights and how to access help support services

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