



Research Article

Intimate Partner Violence in Nigeria: Prevalence, Reporting Behaviour, And Policy Implications

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Abstract

*Intimate Partner Violence (IPV) is a global concern, but significant variations exist in the reporting behaviours between developing and developed countries. Evidence in the literature suggests that IPV is underreported globally, albeit more often in developing countries due to socioeconomic, cultural, systemic, and institutional factors. **Aim:** To examine IPV in Nigeria. **Subjects and Methods:** This is a comparative analysis of prevalence, contributing factors, and reporting behaviours between of IPV in Nigeria and the United Kingdom. The WHO, UN Women, the Nigeria Demographic and Health Survey, the National Bureau of Statistics, and the UK Office drew secondary data from reports for National Statistics. **Results:** Findings revealed that while Nigeria records a higher prevalence of emotional-19%, physical-14%, and sexual-5% IPV, its reporting rate remains significantly low and contrasting, pointing to a possible underreporting in national surveys. Conversely, the UK shows a lower prevalence of emotional-5.8% and sexual-4.3% IPV, but a higher incidence of physical and coercive IPV, 16.8%. Major contributing factors in Nigeria were entrenched patriarchal norms, low education and economic independence, poverty, weak protective laws, and high social tolerance for domestic violence. In contrast, alcohol and substance abuse, psychological control and coercion, mental health issues, and adverse childhood experiences are dominant factors in the UK, which has a better reporting behaviour, though with challenges, especially among minority and migrant populations, than in Nigeria. **Conclusion:** The study concludes that strategies aimed at mitigating IPV and encouraging reporting behaviours in Nigeria must strengthen the enforcement of existing laws, expand access to support services, promote public awareness and education campaigns, and empower vulnerable people socioeconomically.*

Keywords: Intimate Partner Violence; Prevalence; Factors; Reporting Behaviour; Policy Implications; Nigeria; United Kingdom

Introduction

Intimate Partner Violence (IPV) involves behaviours that cause physical, psychological, or sexual harm to a partner in an intimate relationship. The World Health Organization (WHO) defines IPV as any behaviour by a current or former partner or spouse that results in physical, sexual, or psychological harm. This includes acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviours [1]. IPV also refers to behaviours that are intended to exert power and control over an intimate partner, such as threats, intimidation, and isolation [2].

Nevertheless, IPV is not limited to physical violence but also includes emotional manipulation and economic abuse, which can have equally damaging effects on the victims' well-being [3-5]. IPV is considered not just a criminal justice issue but also a significant public health concern due to its profound impact on mental and physical health outcomes [6,7]. Evidence in the literature suggests that IPV is a pervasive issue globally, with sociocultural and economic dimensions that influence its occurrence and the response to it [1,8,9].

Research has also shown that IPV manifests in various forms, each with distinct characteristics and impacts. For example, Paintsil et al. [10] observed that physical violence involves the use of force against a partner, which might result in injury, harm, or

even death. It includes actions such as hitting, slapping, choking, or using weapons [11]. Closely associated is sexual violence, which encompasses any non-consensual sexual act or behaviour, imposed by an intimate partner [1,12]. This includes forced intercourse, unwanted sexual touching, and coercion into sexual activities [1]. A report by the UN Women [8] noted that globally, more than one in four women, specifically, 27% of women aged 15 to 49 years who have ever been in an intimate relationship, report experiencing physical and/or sexual violence at the hands of a current or former partner. This statistic highlights the widespread nature of IPV and indicates a critical public health challenge and human rights concern [13,14]. This statistic reflects only reported cases, suggesting that the actual prevalence may be even higher due to underreporting caused by stigma, fear, or lack of access to support services [8].

Other forms of IPV include psychological or emotional abuse, involving behaviours that harm a partner's self-worth or emotional well-being [15,16]. This includes verbal insults, threats, humiliation, and controlling behaviours [8]. A meta-analytic review found strong associations between emotional IPV and other forms of violence, such as stalking and physical IPV, demonstrating the interconnectedness of abuse types [17]. Conversely, economic forms of abuse entail controlling a partner's access to financial resources, hindering their ability to support themselves, thereby forcing dependence [18]. A study among young Nigerian women revealed that economic vulnerabilities, including limited education and employment opportunities, exacerbated the risks of experiencing economic abuse [19]. According to Palmer et al. [17], this form of abuse often includes controlling household finances and denying funds for basic needs.

Nevertheless, an emerging form of IPV is technology-facilitated abuse. Technological abuse involves using digital tools to monitor, harass, or control a partner [20]. In the UK, a study by Bailly et al., [21] refers to technology-based form of IPV as coercive control. Similarly, a study by Adeleke, et al. [22] in Nigeria, observed that behaviours that aim to deny, limit, or monitor a partners' access to internet can be referred to as technology-based IPV. In Taiwan, a qualitative study found that perpetrators used communication technologies to stalk, harass, and intimidate their partners, including distributing defamatory messages via social media and other platforms [20]. This form of abuse demonstrates the evolving nature of IPV in the digital age.

Most of these forms of IPV have severe effects that threaten the life and survival of the victim. For instance, empirical findings revealed that survivors of IPV are at a significantly increased risk of developing mental health disorders [13]. A systematic review and meta-analysis found that exposure to IPV is strongly associated with depression, anxiety, post-traumatic stress disorder

(PTSD), and suicidal ideation [23]. Notably, women exposed to any form of IPV had a fivefold increased risk of suicidal thoughts [16]. These mental health challenges are compounded by several factors, including hopelessness, isolation, and sleep disturbances, which are common among IPV survivors [24]. In the UK, a report documented 93-suspected abuse-related suicides within a year and emphasized the lethal potential of IPV-related psychological distress [25].

Beyond psychological effects, IPV has tangible physical health repercussions. A study in Australia revealed that two women who suffered prolonged domestic abuse were diagnosed post-mortem with chronic traumatic encephalopathy, a neurodegenerative disease typically associated with repeated head injuries in contact sports [26]. These cases exposed the severe neurological damage that can result from sustained physical abuse. In addition, IPV adversely affects reproductive health. Research indicates that women experiencing IPV are at heightened risk for sexually transmitted infections, infertility, miscarriages, and other reproductive complications [24]. The risk escalates with increased exposure to IPV, suggesting a dose-dependent relationship [13].

Research consistently shows that while both men and women can experience IPV, women are disproportionately affected in terms of frequency, severity, and consequences [27-30]. A global study by the World Health Organization [14] found that one in three women worldwide has experienced physical or sexual violence, primarily by an intimate partner. This finding reiterates the gendered nature of IPV. In contrast, while men also report IPV, it is often less severe and less likely to result in injury or long-term psychological harm. Supporting this position, a study by Gubi and Wandera [30] found that although many men in Uganda reported experiencing IPV, women were significantly more likely to suffer repeated assaults, fear for their lives, and require medical attention. However, research findings also suggest that male silence about their IPV experiences is a significant factor contributing to the underreporting of IPV [28,29].

The literature also shows that the prevalence of IPV varies significantly between developed and developing countries. According to Frost et al. [19] this difference is influenced by several factors, including socioeconomic conditions, cultural norms, and the effectiveness of legal frameworks. IPV remains a pressing concern in developed countries despite advanced legal systems and support services [31,32]. For instance, in the United Kingdom, violence against women and girls has reached epidemic proportions, with over one million cases recorded between 2022 and 2023, accounting for nearly 20% of all recorded crimes [33]. This statistic could be a concern as it pinpoints the persistent nature of IPV, even in developed contexts.

Conversely, in developing countries, the prevalence of IPV is often higher, exacerbated by factors such as poverty, limited access to education, and entrenched patriarchal norms [19]. A study in Kenya revealed that 41.1% of women aged 15 to 49 had experienced some form of IPV in their lifetime, and the contributing factors included low education levels, economic hardship, and partner alcohol use [28]. Similarly, in East Africa, the overall prevalence of IPV stood at 32.66%, with significant variations across countries [34,35]. The prevalence of IPV in sub-Saharan Africa remains high, with recent studies indicating that approximately 33% to 44% of women in the region have experienced some form of IPV in their lifetime [1,36,37]. A meta-analysis by Andualem et al. [38] reported a pooled prevalence of 37.2% and found physical violence as the most common type, followed by emotional and sexual abuse. The study by Frost et al. [19] earlier observed that socioeconomic factors, harmful gender norms, low education levels, and limited access to justice contribute to the high rates of IPV in the region.

Despite the high prevalence of IPV in African countries such as Nigeria, several factors significantly hinder victims from reporting their experiences [9,39]. One of the most pervasive barriers identified is deep-rooted cultural and patriarchal norms, which often overlook violence within intimate relationships and discourage public disclosure [40-42]. In many communities, IPV is seen as a private family matter rather than a criminal offense, leading victims to remain silent to avoid shame, stigma, or retaliation. Studies have shown that women who report IPV are frequently blamed for provoking the abuse or are pressured by family and religious institutions to endure for the sake of preserving the family name [19,40,42]. This cultural silencing is reinforced by a lack of awareness about legal rights and the services available to IPV survivors [41].

In addition, systemic and institutional challenges further discourage reporting. According to Bolarinwa et al. [7] many survivors in Nigeria encounter inadequate or insensitive responses from law enforcement, healthcare providers, and judicial institutions. Furthermore, Oluwole et al. [5] observed that corruption, lack of confidentiality, and the fear of not being taken seriously contribute to a widespread mistrust of formal reporting mechanisms. Moreover, limited access to support services such as shelters, legal aid, and counselling, particularly in rural areas, leaves many victims with no safe alternatives [7,43]. Economic dependence on the abuser also plays a critical role, as many women fear losing financial support for themselves and their children [19,38]. These factors create an environment where IPV is both underreported and not properly addressed, despite its serious and often life-threatening consequences.

While previous studies have extensively discussed the high prevalence of IPV in Nigeria, the reporting behaviours and policy implications have been underreported; a possible reason why the

high prevalence has persisted. Therefore, more research is needed to understand the context and specific scenarios associated with IPV reporting behaviours and the policy implications in Nigeria. Empirical information will enhance policy review and strategic implementation, which can significantly reduce the high rate of IPV in the country. Though majorities of previous studies have made various recommendations for reducing the high prevalence of IPV, understanding IPV reporting behaviours will enhance the effectiveness of strategy implementation.

The objective of the study was to analyse the key factors influencing the high prevalence, reporting behaviours, and barriers to reporting IPV in Nigeria, as well as compare them with challenges faced in a developed country. Thus, three major research questions were raised:

- What are the key factors influencing the high prevalence of IPV in Nigeria?
- What are the reporting behaviours and major barriers to reporting IPV in Nigeria? and
- How do these behaviours and barriers to reporting IPV differ from those in developed countries?

Materials and Methods

The study utilized a case study method that focused on Nigeria and the United Kingdom. These countries were purposively selected to facilitate a comparative discussion of IPV issues between a developing and a developed country. Secondary data were drawn from the databases of the WHO, UN Women, the Nigeria National Demographic and Health Survey, the Nigeria Bureau of Statistics, and the UK Office for National Statistics. The information gathered spanned 2019 to 2024. These sources provided credible data for the study, focusing on Nigeria (i.e., a developing country) and the United Kingdom (i.e., a developed country). Content analysis and document review methods were used to analyse the information gathered from these sources. Descriptive and comparative analyses were conducted to discuss the prevalence, factors, and barriers to IPV reporting across the selected socioeconomic contexts.

Results

Prevalence of IPV

Data from the WHO 2024 indicates that IPV remains a pervasive global issue, with significant variations across regions. The statistics show that approximately 30% of women worldwide have experienced physical and/or sexual violence by an intimate partner in their lifetime. The prevalence was higher in low and middle-income countries (LMIC), with sub-Saharan Africa reporting a rate of 33% among women aged between 15 and 49 years. In contrast, high-income countries in Europe and North America report lower prevalence rates, around 22% and 25% respectively.

In Nigeria, the data presents a complex picture regarding IPV prevalence. The National Demographic and Health Survey [44] estimated that 19% of women have experienced emotional IPV, 14% physical IPV, and 5% sexual IPV from their current husband or partner. However, the National Bureau of Statistics [45] report reveals higher prevalence rates, with psychological/emotional violence ranging from 31% to 61%, sexual violence from 20% to 31%, and physical violence from 7% to 31%. Meanwhile, a regional-based study reported that the Southeast had a prevalence of 78.8%, indicating significant disparities [46, 47].

Comparatively, in the United Kingdom, data from the Office for National Statistics [33] indicates that in the year ending March 2023, an estimated 2.4 million adults aged 16 to 74 years experienced domestic abuse, with women accounting for approximately two-

thirds of the victims. This translates to about 1.6 million female victims (emotional IPV 5.8%, physical IPV 16.8%, and sexual IPV, 4.3%), indicating the highly gendered nature of IPV

Factors Contributing to the Prevalence of IPV

In Nigeria, reports by the NDHS and the NBS identified cultural norms, low levels of education, poverty, alcohol/substance use, weak legal frameworks, childhood exposure to violence, religious and social pressure, and limited access to support services as key factors contributing to the high prevalence of IPV (Table 1). Comparatively, according to the 2024 report from the UK Office for National Statistics, key factors contributing to IPV were a history of abuse, socioeconomic disadvantage, substance misuse, and mental health issues. The contributing factors of IPV in Nigeria and the UK are summarized in Table 1.

S/N	Factors	Nigeria	United Kingdom
1	Gender Norms	Patriarchal, tend to justify IPV	Egalitarian, IPV is widely condemned
2	Economic Dependence	High among women	Lower, with welfare support
3	Education	Low education is linked to IPV	Higher education mitigates IPV
4	Alcohol/Substance Use	Common IPV trigger	Equally, a risk, but with treatment options
5	Legal Framework	Weak enforcement of laws	Strong, well-enforced laws
6	Support Services	Limited access, mostly urban	Widespread and accessible
7	Childhood Violence Exposure	Minimal intervention	Interventions available to break the cycle

Source: NBS, 2022; UK-ONS, 2024

Table 1: Differences in Factors Contributing to the Prevalence of IPV in Nigeria and the UK.

Data from the WHO 2024 revealed that nearly 1 in 3 women globally have experienced physical and/or sexual violence by an intimate partner, non-partner sexual violence, or both. In sub-Saharan Africa, where the prevalence of IPV is notably high, with 22.3% of women aged 15 and 49 years reporting physical and/or sexual violence by an intimate partner, the response has been low due to several factors, including systemic and sociocultural factors. In Nigeria, data from the UN Women [8] revealed that only 13.8% of women victims of IPV in the last 12 months reported it to a third party. Comparatively, data from the UK Office of National Statistics show that approximately 80.4% of IPV victims reported telling someone about the abuse, with 13.3% reporting it to the police. However, the WHO 2024 report noted that the reporting rates are low, as analysis found that only 1 in 10 women who experienced IPV sought help from formal services. Generally, despite the high prevalence, reporting rates remain low, especially in developing countries such as Nigeria. Differences in IPV reporting behaviours in Nigeria and the UK are presented in Table 2.

S/N	Reporting Behavior	Nigeria	United Kingdom
1	Reporting Rate to Authorities	Very low; a majority of cases go unreported	Moderate; approximately 13% of victims report to the police
2	Disclosure to Others (non-official)	Limited, often restricted to close family or religious leaders	High; approximately 80% disclose to someone (friend, family, etc.)
3	Recognition of IPV as a Crime	Often not recognized as a crime due to cultural norms	Increasing recognition, though 49.3% still do not label it as abuse
4	Barriers to Reporting	Stigma, fear of blame, economic dependence, weak legal system	Fear of retaliation, shame, emotional ties, fear of disbelief

5	Legal and Support Infrastructure	Weak enforcement; limited access to shelters or legal aid	Stronger legal frameworks; better access to support services
6	Role of Cultural or Religious Norms	Signifiant influences and discourages external intervention	Less influential in discouraging reporting
7	Trust in Law Enforcement	Low; fear of inaction or secondary victimization	Relatively higher, though not free from skepticism

Source: NBS, 2022; UK-ONS, 2024.

Table 2: Differences in IPV Reporting Behaviours between Nigeria and the United Kingdom.

IPV Reporting Barriers

Reports by the NDHS and NBS revealed that major barriers to reporting IPV in Nigeria include fear of stigma, societal and family pressure to maintain marital harmony, and lack of trust in law enforcement and judicial systems. These reports further noted that many victims, especially women, fear being blamed or not believed, while many are also economically dependent on their abusers, making it difficult to leave or report abusive relationships. In addition, inadequate access to support services, including shelters and legal aid, and cultural norms that discourage external intervention in domestic affairs further hinder the willingness and ability of victims to report IPV incidents.

In the UK, major barriers to reporting IPV include victims not recognizing their experiences as domestic abuse, fear of retaliation, and concerns about not being believed or taken seriously by authorities [48,49]. The ONS reports that nearly half (49.3%) of partner abuse, victims did not perceive what happened to them as domestic violence, which significantly hinders reporting rates [49] Moreover, emotional attachment to the abuser, financial dependence, and the presence of children in the relationship further complicated the decision to report. These factors contribute to the underreporting of IPV incidents in the UK.

Comparatively, IPV reporting behaviours in the UK and Nigeria revealed significant disparities that are shaped by socioeconomic, cultural, and institutional differences. In the UK, a developed country with stronger legal frameworks and more accessible support services, a larger proportion of IPV victims report abuse; about 80% disclose it to someone, and around 13% report the incident to the police. In contrast, Nigeria, as a developing country, faces much lower reporting rates due to sociocultural norms, economic dependency, fear of stigma, and limited trust in the justice system. In addition, the lack of widespread access to support services, including shelters and legal aid, further deters Nigerian victims from coming forward.

Discussion

The findings emphasized that IPV is a pervasive global public health and human rights issue that disproportionately affects women in low and middle-income countries (LMICs). With

approximately 30% of women worldwide experiencing physical and/or sexual violence by an intimate partner in their lifetime, the findings revealed a troubling persistence of gender-based violence despite global efforts toward prevention and awareness [1] The high prevalence rate of 33% in sub-Saharan Africa compared to 22 - 25% in high-income countries (HICs) suggests the strong influence of contextual factors including poverty, patriarchal social structures, limited access to legal protections, and inadequate support services [43,47].

Moreover, studies have shown that the long-term implications of IPV include increased risk of mental health disorders such as depression, PTSD, reproductive health issues, and intergenerational cycles of violence [26,28]. In sub-Saharan Africa, where healthcare access is often limited, these impacts are compounded by poor service delivery and stigma, which often hinder help-seeking behaviour [15,39,50]. Conversely, lower IPV prevalence in HICs is partially attributed to stronger legal frameworks, widespread gender equality campaigns, and accessible support infrastructure [1,8,28].Despite established legal and supportive structures in developed countries, underreporting persists due to fear, shame, or emotional dependency.

The contrasting data from Nigeria and the United Kingdom reveal significant differences in the reported prevalence of IPV. It also explains the systemic dynamics and gender factors of IPV. In Nigeria, figures from the NDHS estimated emotional, physical, and sexual IPV at 19%, 14%, and 5%, respectively, among currently partnered women. However, more recent findings from the NBS present notably higher ranges for psychological/emotional violence 31-61%, sexual violence 20-31%, and physical violence 7-31%. This contrasting finding points to a possible underreporting in national surveys. Moreover, a regional study in Nigeria’s Southeast recorded a 78.8% prevalence, indicating stark geographic disparities [46,47].

Furthermore, the findings revealed that the contributing factors to IPV in Nigeria and the United Kingdom vary significantly due to differences in socioeconomic conditions, cultural values, institutional structures, and gender dynamics. In Nigeria, IPV is strongly influenced by entrenched patriarchal norms, low levels of female education and economic independence, poverty, weak

enforcement of protective laws, and high levels of social tolerance for domestic violence [51,52]. The NDHS [44] report and studies by Nnadi [53] as well as Adebayo and Kolawole [54] found that many Nigerian communities view male dominance and physical discipline of women as socially acceptable. Also, it was found that religious and cultural expectations often discourage divorce or separation, encouraging women to endure abuse rather than report it or leave [19]. Also, limited access to support services and fear of social stigma further entrenched IPV in Nigerian society, particularly in rural areas where traditional beliefs are strongest and law enforcement presence is weakest [51,55].

In contrast, IPV in the UK is influenced by factors such as alcohol and substance abuse, psychological control and coercion, mental health issues, and adverse childhood experiences. While gender inequality still exists, it is less pronounced than in Nigeria, and IPV in the UK often occurs within a broader context of emotional abuse, stalking, and control, as described under the UK's Domestic Abuse Act 2021. A report from the Office for National Statistics [56] indicates that nearly 33% of female victims reported that the perpetrator had a history of violent or controlling behaviour, and 44% of victims had experienced abuse in childhood. Studies by Woodlock et al. [57] and Walby and Towers [58] found that emotional abuse and coercive control, often less visible than physical violence are central to IPV issues in the UK. Furthermore, substance abuse, financial stress, and relationship breakdowns are commonly reported triggers of IPV in the UK [48,59]. While institutional responses in the UK are more robust, IPV persists due to these psychosocial factors, albeit within a more responsive legal and healthcare framework than in Nigeria [60-64].

Differences in IPV reporting behaviours between Nigeria and the United Kingdom are marked by disparities in legal infrastructure, societal norms, economic conditions, and levels of public awareness. In Nigeria, underreporting remains a significant concern. The NBS [45] found that although many women experience IPV, a large proportion do not seek help due to stigma, fear of retaliation, lack of trust in authorities, and sociocultural norms that discourage speaking out about domestic issues. According to the NBS report in 2022, only a fraction of victims reported to the police or formal institutions, with many preferring to remain silent or confide in family or religious leaders. Limited access to shelters, legal aid, and weak enforcement of existing laws, such as the Violence against Persons Prohibition Act (2021), further discourage reporting. Studies by Okafor and Adebayo [54] and Nnadi [53] affirmed that patriarchal traditions and economic dependence are primary deterrents to seeking justice or support in Nigeria.

Conversely, the UK shows higher levels of IPV disclosure and formal reporting, although challenges persist. Data from the Office

for National Statistics (ONS) for the year ending March 2023 revealed that around 80% of IPV victims confided in someone about the abuse, with 13.3% reporting the incident to the police. Factors contributing to higher reporting rates in the UK might include better public awareness campaigns and more robust legal protections, such as the Domestic Abuse Act of 2021. In addition, access to comprehensive support services, including shelters, legal aid, and help lines, may have further encouraged IPV reporting. However, the ONS report also observed some barriers, such as fear of not being believed, emotional dependence on the abuser, and concern for children, which can deter victims from seeking help. Empirical studies by Woodlock et al. [57] and Walby and Towers [58] support these findings, noting that while the UK has more advanced response systems, underreporting still exists, particularly among marginalized groups such as migrants or ethnic minorities.

Conclusion

The comparative analysis of IPV in Nigeria and the United Kingdom reveals significant disparities in prevalence, contributing factors, and reporting behaviours that are shaped by sociocultural, economic, systemic, and institutional contexts [65]. Nigeria exhibits higher levels of IPV, driven by patriarchal norms, poverty, low female education, and weak enforcement of protective laws. Incidentally, reporting IPV incidents remains severely limited due to stigma and a lack of support services [66]. In contrast, the UK, though showing lower IPV prevalence, continues to grapple with emotional abuse and coercive control, with relatively higher reporting rates facilitated by stronger legal frameworks and victim support systems.

Policy Implications

Based on the findings, key policy implications are essential to mitigate IPV and encourage reporting behaviours among victims.

- The enforcement of existing laws must be strengthened to ensure full implementation and nationwide domestication of the Violence against Persons Prohibition Law, 2021. Law enforcement agencies and judicial officers must be trained on gender-sensitive and survivor-centered approaches to handling IPV cases.
- To provide safe spaces and holistic support for victims, there is a need to expand access to support services, establish and adequately fund more shelters, legal aid centers, and trauma-informed counselling services, especially in rural and underserved areas.
- Public awareness and education campaigns must be promoted by launching sustained national campaigns targeting harmful cultural norms, educating the public on the unacceptability of IPV, legal rights of victims, and available support channels, using mass media, community outreach, and school-based programs.

• Vulnerable persons, particularly women and children, need to be economically and socially empowered. Thus, implementing programs that enhance women's access to education, vocational training, and financial independence can reduce economic dependency, a key barrier to reporting and leaving abusive relationships.

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