



Profiles of Victims and Perpetrators of Intimate Partner Violence in Nigeria Using the Socio-Ecological Model

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ABSTRACT

Background: Intimate partner violence (IPV) remains a significant public health and human rights concern in Nigeria, with prevalence estimates ranging from 33% to 68%. Evidence shows that IPV is shaped by interacting determinants across individual, relational, community, and societal levels. The Socio-Ecological Model (SEM) offers a structured framework to examine how these layered influences shape both victimisation and perpetration within intimate relationships.

Objective: To synthesise existing literature to identify and analyse the profiles of victims and perpetrators of IPV in Nigeria using the SEM framework.

Method: A narrative literature review was conducted using peer-reviewed studies published between 2008 and 2025. Databases searched included PubMed, Medline, Scopus, and Google Scholar. The Heise Integrated Ecological Framework guided data extraction and categorisation into victim profiles, perpetrator profiles, and contextual determinants across SEM levels.

Results: Victims were commonly characterised by younger age, low educational attainment, economic dependence, limited legal awareness, childhood exposure to violence, poverty, and social isolation. Perpetrators frequently exhibited alcohol or substance misuse, controlling behaviours, unemployment, psychological distress, jealousy, low education, and strong adherence to patriarchal norms. Contextual drivers included community poverty, weak institutional protection, normative acceptance of wife beating, rural–urban disparities, and social instability. These factors interact across SEM levels to sustain IPV.

Conclusion: IPV in Nigeria is driven by interrelated individual, relational, and structural determinants. Effective prevention requires integrated, multi-level interventions that address both vulnerability and perpetration within broader socio-cultural and economic systems.

Unique Contribution: This review provides a structured synthesis of victim and perpetrator profiles within Nigeria using the SEM, highlighting how contextual forces shape behavioural risk patterns and reinforcing the need for comprehensive approaches.

Key Recommendation: Policy and practice responses should combine economic empowerment, gender-norm transformation, mental health and substance-use interventions, strengthened legal enforcement, and community-based prevention strategies to address IPV at multiple levels simultaneously.

Keywords: Intimate Partner Violence (IPV), Socio-Ecological Model (SEM), Victim Profile, Perpetrator Profile, Nigeria, Gender-Based Violence.



BACKGROUND

Intimate partner violence (IPV) is a major public health concern in the world, where it undermines women's physical, psychological, and economic wellbeing. It is a subset of gender-based violence (GBV) and can be defined as violence directed at individuals due to gender or sexual orientation (Shetty, 2025). IPV represents the most widespread form of GBV globally. It involves patterns of physical, sexual, or psychological abuse used to exert power and control within intimate relationships. Nearly 840 million women, or roughly one in every three globally, has experienced intimate partner or sexual violence during their lifetime (Shetty, 2025). In sub-Saharan Africa, the pooled prevalence of IPV among women ranges from 14% to 44% (Muluneh *et al.*, 2020). The systematic review further reported that the highest prevalence rates of IPV that were reported included emotional (29.40%), physical (25.87%) and sexual (18.75%) violence (Muluneh *et al.*, 2020). The review also reported West Africa has the highest prevalence of IPV of 30% (Muluneh *et al.*, 2020).

In Nigeria, the prevalence of IPV ranges from 33% to 68% (Mukaddas, 2024). IPV is shaped by interconnected factors operating across individual, relational, community, and societal levels (Mukaddas, 2024). Gender inequality, economic dependence, and cultural norms that normalise male authority reinforce women's vulnerability (Mukaddas, 2024; Adong, 2025). These influences reflect trends seen in other low-resource environments, like South Sudan, where robust patriarchal norms, economic instability, and conflict have exacerbated IPV (Adong, 2025). While the situation in Nigeria is distinct, comparable societal expectations regarding marriage, the stigma associated with discussing abuse, and the acceptance of violence related to discipline play a role in the ongoing prevalence of IPV.

Physical violence as a manifestation of IPV leads to injuries, chronic pain, disability, and complications in pregnancy. In the same vein, emotional and psychological violence results in depression, anxiety, and long-term stress disorders. Regrettably, sexual violence remains under-reported due to stigma and limited legal protection (Hadush *et al.*, 2023; Adong, 2025). Beyond health impacts, IPV reduces productivity, increases household financial strain, and hinders women economic participation (Hadush *et al.*, 2023). The Socio-Ecological Model (SEM) provides a useful framework for examining how these layered determinants interact. Understanding profiles of victims and perpetrators within this framework is essential for designing effective prevention and response strategies in Nigeria. Hence, the aim of this review is to use the SEM as a guide in revealing the profiles of victims and perpetrators of IPV in Nigeria.

METHOD

This review drew on peer-reviewed studies identified through PubMed, Medline, Scopus, and Google Scholar, focusing on English-language publications from 2008–2025. The Heise Integrated Ecological Framework (HIEF) guided the analysis, with emphasis on individual-level determinants of IPV in Nigeria which was later categorized into victim profiles, perpetrator profiles and contextual factors shaping victim and perpetrator profiles. The HIEF uses the SEM to conceptualize IPV as the outcome of multi-layered influences namely; individual or personal, relationship, community and societal (Adong, 2025).



RESULTS

The first level of the socio-ecological framework focused on individual characteristics, distinguishing victim profiles, perpetrator profiles, and the contextual factors that shape both. The expansion presented here follows the same structure and ordering, drawing directly from the patterns, frequencies, and associations summarised in the extracted dataset and Excel-based synthesis, without introducing new sources.

Victim Profile

1. Younger age and early-life vulnerabilities

Across the reviewed evidence, Nigerian women in adolescence and early adulthood consistently showed higher exposure to intimate partner violence (Babatope et al., 2025; Betron et al., 2025; Okedare et al., 2025). The review indicates that IPV prevalence was markedly higher among women in their late teens and early twenties compared with older age groups (Okah et al., 2025; Okunlola, 2025). This pattern reflects limited relationship experience, reduced bargaining power within unions, and early entry into marriage or cohabitation (Adeniba, 2025; Okoro & Nwafor 2015). Younger women were also more likely to report first experiences of violence shortly after union formation, suggesting that vulnerability is greatest at the early stages of intimate relationships (Okedare, 2023; Odini et al., 2024).

2. Low educational attainment

Limited education was a defining characteristic of many IPV victims (Benebo et al., 2018; Adedini et al., 2021; Ma et al., 2023; Ebubechukwu, 2025; Okedare et al., 2025; Okunlola, 2025). Low education restricts Nigerian women's access to stable employment, reduces awareness of rights, and increases susceptibility to coercive partners (Okunlola, 2025; Akpobo, & Nwafor 2013). Women with no formal education or only primary education experienced higher levels of emotional, physical, and sexual IPV compared with those with secondary or higher education (Benebo et al., 2018; Ebubechukwu, 2025). The evidence from reviewed articles show that low education was associated with reduced awareness of legal protections, limited employment opportunities, and greater acceptance of harmful gender norms, all of which increase susceptibility to abuse (Adedini et al., 2021; Ma et al., 2023). Even where education was present, incomplete or low-quality schooling did not fully protect women from IPV.

3. Economic dependence on partners

Economic dependence consistently emerged as a defining feature of the victim profile (Okedare et al., 2024; Babatope et al., 2025; Nsude & Nwafor 2016). Evidence shows that women without independent income or assets were significantly more likely to remain in abusive relationships (Babatope et al., 2025; Betron et al., 2025; Oladejo & Mukaila, 2025). Unemployment, engagement in informal or unstable work, and reliance on male partners for basic household needs limited women's capacity to resist abuse, negotiate safer relationship conditions, or exit violent unions. Across multiple studies, women with no personal income reported more frequent and repeated exposure to intimate partner violence compared with those who contributed financially to the household, making economic dependence as a structural constraint that sustains vulnerability to abuse (Tanimu et al., 2016; John et al., 2022; Okedare et al., 2024; Oladejo & Mukaila, 2025).



4. Limited knowledge of legal rights

Many victims lacked adequate knowledge of their legal rights and of available formal support services (Maguele et al., 2020; Ujah et al., 2024). This information gap substantially constrained help-seeking behaviours, contributing to low reporting rates and limited use of health, legal, and social support structures (Adejimi et al., 2022; Oluwagbemiga et al., 2023). Women frequently interpreted intimate partner violence as a private family matter rather than a violation of rights. This perception that discouraged disclosure, helps to delay intervention, and prolonged continued exposure to abuse.

5. Early exposure to violence

Victims commonly reported witnessing or experiencing violence in childhood (Oyediran & Feyisetan, 2017; Benebo et al., 2018; Shaw et al., 2023), which increased tolerance for abuse and normalised violent relationship (intergenerational nature of IPV). Women who witnessed parental violence or experienced abuse in childhood were more likely to report IPV in adulthood. The results indicate that early exposure normalised violence, increased tolerance of abusive behaviour, and shaped expectations of intimate relationships, thereby increasing vulnerability later in life.

6. Low socioeconomic status

Poverty, unstable living conditions, and minimal household resources were strongly associated with victimisation (John et al., 2022; Adeleke et al., 2024; Ebubechukwu, 2025; Okah et al., 2025). Victims are mostly women from poorer households and weak social structure.

7. Social isolation

Victims often lacked strong support networks, making them more dependent on partners and reducing access to protection (Adebowale, 2018; Dim & Ogunye, 2021; Ma et al., 2023). Limited contact with family, friends, or community groups reduced emotional support and practical assistance. Hence, victims are often socially isolated women who are more dependent on partners and less likely to disclose abuse or seek help, reinforcing cycles of violence.

8. Gender norm socialisation

Societal expectations of female submissiveness shaped victim behaviour and tolerance of violence (Umana et al., 2014; Ikekwuibe & Okoror, 2021; Armah-Ansah et al., 2025). Acceptance of male authority, expectations of female obedience, and beliefs justifying wife beating were common among victims (Umana et al., 2014; Ikekwuibe & Okoror, 2021). These norms reduced resistance to abuse and discouraged reporting, as violence was often perceived

Collectively, these characteristics depict victims in Nigeria as younger, economically and socially constrained, with limited structural support. This is a profile shaped by both individual vulnerability and contextual deprivation as noted in the narrative review.



Perpetrator profile

1. Alcohol or substance misuse

Harmful alcohol use or drug abuse were one of the most consistent characteristics of perpetrators (Benebo et al., 2018; Babatope et al., 2025; Okedare et al., 2025). The reviewed articles show substantially higher odds of IPV among men who consumed alcohol, particularly heavy or frequent drinkers. Also, substance use was associated with impaired judgment, heightened aggression, and reduced impulse control, increasing the likelihood and severity of violence (Oyediran & Feyisetan, 2017; Adedini et al., 2021).

2. Childhood exposure to violence

Many perpetrators had histories of witnessing or experiencing violence during childhood (Tanimu et al., 2016; Shaw et al., 2023; Betron et al., 2025; Okah et al., 2025), reinforcing intergenerational cycles of abuse.

3. Controlling Behaviours

Early indicators of perpetration included excessive monitoring, financial restriction, and social isolation of victims (Oladeji, 2008; Ma et al., 2023; Okunlola, 2025; Oladejo & Mukaila, 2025). These behaviours often preceded physical violence and reflected a desire for dominance and control within relationships.

4. Unemployment and Financial Stress

Economic instability, joblessness, and associated frustration were regularly linked with perpetration (Maguele et al., 2020; Okedare, 2023; Oluwagbemiga et al., 2023; Ebubechukwu, 2025). These conditions intensified household stress and contributed to violent conflict. In a clear language, men experiencing unemployment or unstable income were more likely to perpetrate IPV.

5. Mental Health Challenges

Depression, emotional instability, and poor anger regulation featured in several perpetrator profiles (Umana et al., 2014; Ikekwuibe & Okoror, 2021; Okedare et al., 2024). Although often under-recognised, these psychological factors contributed to aggressive behaviour and reduced capacity for non-violent conflict resolution.

6. Patriarchal Beliefs and Male Entitlement

Rigid adherence to patriarchal norms and male authority strongly predicted perpetration (Adebowale, 2018; John et al., 2022; Adeleke et al., 2024; Adeniba, 2025). Beliefs in male dominance, entitlement to discipline partners, and rigid gender roles legitimised violence as an acceptable means of asserting authority.

7. Jealousy and Suspicion

Extreme jealousy and accusations of infidelity frequently preceded violent episodes. The perpetrators of IPV in Nigeria often acts with suspicion, whether substantiated or not, which inevitably acted as a trigger for physical and emotional abuse (Dim & Ogunye, 2021; Bolarinwa et al., 2022; Ujah et al., 2024).



8. Low Education

Low educational attainment also characterised many perpetrators (Tanimu et al., 2016; Adejimi et al., 2022; Armah-Ansah et al., 2025), limiting exposure to egalitarian gender norms. Taken together, perpetrators typically exhibit behavioural risk factors, psychological vulnerabilities, and strong adherence to male-dominant social norms.

Contextual factors shaping victim and perpetrator profiles

1. Community poverty and economic instability

Economic hardship in Nigeria at the household and community levels increased both victim vulnerability and perpetrator aggression (Adedini et al., 2021; John et al., 2022; Babatope et al., 2025; Oladejo & Mukaila, 2025). Economic hardship intensified stress within households while simultaneously limiting access to protective resources.

2. Weak institutional protection

Limited enforcement of laws, lack of shelters, and inadequate access to justice systems in Nigeria shaped risk profiles for both victims and perpetrators (Maguele et al., 2020; Adejimi et al., 2022; Oluwagbemiga et al., 2023; Ujah et al., 2024; Armah-Ansah et al., 2025). These institutional weaknesses reduced deterrence for perpetrators and discouraged victims from seeking formal support.

3. Normative acceptance of IPV

In some Nigeria communities, wife beating is normalised, reinforcing the perpetrators' justification for violence and the victims' tolerance (Umana et al., 2014; Adebowale, 2018; Adeleke et al., 2024; Adeniba, 2025). These embeds IPV within everyday social relations.

4. Rural–urban inequalities

Rural residence was associated with reduced access to education, information, and support services. These disparities shaped both exposure to IPV and responses to violence, with rural women facing greater barriers to protection (Dim & Ogunye, 2021 ; Okedare, 2023; Odiini et al., 2024).

5. Social instability and displacement

Conflict, insecurity, and displacement disrupted social networks and weakened community cohesion (Tanimu et al., 2016; Adebowale, 2018; Bolarinwa et al., 2022). Such instability increased IPV risk by eroding traditional support systems and intensifying stress within households.

These contextual features shape the environments in which victim and perpetrator profiles emerge.

DISCUSSION

The profiles of IPV victims and perpetrators in Nigeria as seen in this review, reveal patterns shaped by social, economic, and cultural determinants. The SEM helps illustrate how these determinants accumulate across levels to create contexts where IPV is sustained. At the individual level, victims' characteristics such as younger age, limited education, and economic



dependence reflect longstanding gender disparities and unequal power dynamics that constrain women autonomy and agency (Benebo et al., 2018; John et al., 2022; Ebubechukwu, 2025). These vulnerabilities often intersect with early exposure to violence, reinforcing beliefs that abusive behaviour is normative or inevitable, and therefore should be accepted (Oyediran & Feyisetan, 2017; Benebo et al., 2018; Shaw et al., 2023). Perpetrators' profiles also highlight the influence of early-life experiences, including childhood trauma and social learning of aggression (Shaw et al., 2023; Betron et al., 2025; Okah et al., 2025), which perpetuate intergenerational cycles of IPV.

Behavioural and psychological factors further strengthen the perpetrator profile. Harmful alcohol use, one of the most consistent predictors across the literature (Oyediran & Feyisetan, 2017; Adedini et al., 2021; Odiini et al., 2024; Okedare et al., 2025), interacts with economic stressors such as unemployment and unstable incomes to escalate violence (Maguele et al., 2020; Okedare, 2023; Oluwagbemiga et al., 2023). However, smoking is yet to be reported as perpetrator profile in Nigeria. Mental health difficulties, including depression and emotional dysregulation, play an important role but are often under-recognised due to stigma and limited access to mental health services in low resource settings (Ikekwiibe & Okoror, 2021; Hadush et al., 2023; Okedare et al., 2024). Relationship-level dynamics, second level of SEM, particularly controlling behaviours, signal the early onset of abusive patterns long before physical aggression manifests (Muluneh *et al.*, 2020; Ma et al., 2023; Okunlola, 2025).

Community and societal level factors compound these risks. Structural poverty and community level deprivation increase conflict pressures within households while simultaneously restricting access to protective resources (John et al., 2022; Ebubechukwu, 2025; Okah et al., 2025). Weak social systems and legal frameworks and ineffective institutional responses such as inconsistent enforcement of IPV laws, limited availability of shelters, political interference in justice system, and low trust in justice systems, unfortunately reduce survivors' confidence in formal reporting mechanisms (Oluwagbemiga et al., 2023; Ujah et al., 2024; Armah-Ansah et al., 2025). Cultural acceptance of wife beating, observed in several studies, reinforces both victim compliance and perpetrator entitlement (Umana et al., 2014; Adebowale, 2018; Adeleke et al., 2024). This normative tolerance of IPV is particularly strong in communities where rigid gender roles and patriarchal authority dominate.

The SEM as seen in this review reveals that these layers interact in mutually reinforcing ways. Individual vulnerabilities increase susceptibility to coercive partners. Relationship level inequality exacerbates power imbalances. Community norms normalise abuse while structural limitations hinder survivors' pathways to safety. The authors thereby recommend that single level interventions are unlikely to be effective. Hence, reducing IPV in Nigeria will require comprehensive approaches that empower women economically, challenge harmful gender norms, strengthen legal and social support systems, and address perpetrator behaviours through mental health and substance use programmes.



LIMITATIONS

Several limitations should be considered when interpreting the findings of this review. First, IPV remains substantially under-reported in Nigeria due to stigma, fear of retaliation, social desirability bias, and normative acceptance of violence within intimate relationships. Sexual violence is likely to be underestimated because of cultural taboos and weak legal protection. This under-reporting may have led to conservative prevalence estimates and incomplete profiling of both victims and perpetrators, especially for more hidden forms of abuse such as emotional coercion and economic violence.

Second, there is limited representation of certain populations within the reviewed literature. Adolescents in informal unions, women with disabilities, sexual minorities, and men who experience IPV are under-studied in Nigeria. Similarly, perpetrator-focused studies are relatively scarce, and many rely on women's reports of partners' characteristics rather than direct assessment of male partners, which may introduce reporting bias.

Third, most studies focus on individual-level and relationship-level determinants, with comparatively less empirical attention to institutional, legal, and macro-economic drivers of IPV. This imbalance limits understanding of how policy environments, service availability, and broader political-economic conditions shape both victimisation and perpetration.

IMPLICATIONS FOR PRACTICE

The findings have important implications for public health practice in Nigeria and similar low-resource settings. First, IPV screening and response should be more systematically integrated into routine health services (Miller et al., 2021), particularly maternal, reproductive, and primary healthcare, where contact with women is frequent. Evidence from low- and middle-income countries shows that health-sector responses that combine identification, first-line psychological support, and referral pathways can reduce harm and improve help-seeking when implemented safely and confidentially (Agesa, 2020).

Second, practice interventions must move beyond crisis response to address upstream vulnerabilities identified in the victim profile. Economic empowerment initiatives should be combined with gender-transformative components for better results. Evidence suggests that economic interventions alone may have limited or mixed effects unless they also address relationship power dynamics and norms around masculinity and control (Jewkes et al., 2015).

Third, community-based programmes should prioritise early identification of controlling behaviours, jealousy, and social isolation, which often precede physical violence. Training community health workers, religious leaders, and women's group facilitators to recognise early warning signs can support prevention and timely referral, particularly in rural and underserved or far-to-reach areas.

Fourth, perpetrator-focused interventions require greater attention. Harmful alcohol use and unmanaged mental health problems emerged consistently as perpetrator characteristics, corroborating findings from a systematic review (Stephens-Lewis et al., 2021). Integrating substance-use screening, brief interventions, and mental health support into primary care and



community services could reduce violence risk, especially when combined with programmes that challenge patriarchal beliefs and promote non-violent conflict resolution.

Finally, practice responses must be trauma-informed and sensitive to intergenerational exposure to violence. Women and men who experienced violence in childhood may require tailored psychosocial support to interrupt cycles of abuse (Opeyemi, 2023). School-based and youth-focused programmes that promote healthy relationships and emotional regulation are particularly relevant (Laird et al., 2022), given the vulnerability of younger women and early union formation in Nigeria.

POLICY RECOMMENDATIONS

From a policy perspective, the findings join the chorus for the need for coordinated, multi-sectoral action aligned with the socio-ecological model. At the structural level, stronger enforcement of existing legal frameworks addressing gender-based violence is essential. While Nigeria has adopted the Violence Against Persons (Prohibition) Act, implementation remains uneven across states (Ogoh, 2023). Policies should prioritise harmonisation of state-level legislation, adequate funding for enforcement agencies, and protection mechanisms that reduce survivors' risk of retaliation.

Social protection policies should explicitly recognise IPV as both a cause and consequence of poverty. As seen in Ghana, integrating IPV considerations into poverty-alleviation, employment, and housing programmes could mitigate economic dependence, which is a central driver of vulnerability (Peterman et al., 2022). Evidence from other low-resource settings suggests that social protection schemes that enhance women's financial security can reduce exposure to violence (Perera et al., 2022), when coupled with norm-change strategies.

Education policy also plays a preventive role. Expanding access to secondary education for girls and improving school retention may reduce early marriage and early exposure to IPV (Klencakova et al., 2023). At the same time, curricula should incorporate age-appropriate, culturally sensitive education on gender equality, respectful relationships, and non-violent conflict resolution.

At the community and societal levels, sustained investment in gender-norm transformation is critical. Public campaigns, community dialogues, and engagement with traditional and religious leaders are needed to challenge the normative acceptance of wife beating and male entitlement. Such interventions are more effective when they are locally grounded and implemented over extended periods rather than as short or medium-term projects.

Further studies

Future research should prioritise longitudinal study designs to better capture life-course pathways into and out of IPV. This may include transitions related to education, employment, union formation, and parenthood. There is also a need for more rigorous evaluation of intervention effectiveness in Nigeria, particularly economic empowerment, alcohol reduction, and perpetrator-focused programmes.



Further research should also address under-studied or key populations, including adolescents, women with disabilities, and populations affected by conflict and displacement. Mixed-methods studies that integrate quantitative trends with qualitative insights could deepen understanding of how norms, institutions, and individual experiences interact over time to perpetuate IPV in Nigeria.

Finally, greater attention should be given to institutional and policy-level determinants, including health system readiness, justice sector responsiveness, and the role of social protection systems. Strengthening this evidence base is essential for designing interventions that are not only effective but also scalable and sustainable in low-resource settings.

CONCLUSION

This synthesis demonstrates that IPV in Nigeria is shaped by distinct victim and perpetrator profiles embedded within broader socio-ecological conditions. The results demonstrate that IPV in Nigeria is not driven by isolated factors but by interacting individual, relational, community, and societal conditions. Victim and perpetrator profiles emerge from these layered contexts, underscoring the importance of addressing structural and normative environments alongside individual behaviours. Addressing IPV requires strategies that target vulnerabilities and behaviours at multiple levels of the SEM while transforming the cultural and structural environment that sustains violence.

Ethical clearance

This study was based exclusively on the synthesis of previously published literature and did not involve primary data collection, human participants, or access to identifiable personal records. Therefore, formal ethical approval was not required. All included studies were assumed to have obtained appropriate ethical clearance as stated in their respective publications.

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Conflict of Interest

The authors declare that there are no conflicts of interest regarding the publication of this manuscript.

Authors' contributions

All authors contributed substantially to the conception and design of the study. Literature search, data extraction, synthesis, and manuscript drafting were collaboratively undertaken. All authors reviewed and approved the final version of the manuscript.



Availability of data and Materials

All data supporting the findings of this study are derived from publicly available peer-reviewed publications. The extracted and synthesised materials are available from the corresponding author upon reasonable request.

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