

Demographic Patterns of Intimate Partner Violence and Preventive Measures within Families in Owerri Senatorial Zone of Imo State

Iwuagwu, T.E. & Ogbuji, C.N
Department of Health and Physical Education
University of Nigeria, Nsukka

Abstract

This study focused on the demographic patterns of intimate partner violence (IPV) and preventive measures within families in Owerri Senatorial zone of Imo State. Four specific objectives with four corresponding research questions, and two null hypotheses guided the study. It was a survey. The population consisted of 603,588 married men and women in the area. The sample was 753 married men and women. Questionnaire was used for data collection. Percentages and chi-square were used for data analysis. Results indicate among others, various forms of IPV among respondents (69.7%). A slightly higher proportion of married women (37.8%) experienced IPV more than married men (31.9%). Married persons aged 31 - 45 (34.9%) had higher proportion of IPV experience than those aged 46 or above (17.6%), and 18 - 30 (17.1%). A moderate proportion (41.5%) of married persons indicates that all the proposed preventive measures for IPV were appropriate. There was no significant difference in the pattern of IPV among married persons based on gender and age. The study recommended among others that Government, NGOs, and religious bodies should organize public lectures to enlighten married men and women on various forms, causes, where and when it occurs most, implications, and the possible preventive measures for intimate partner violence.

Key words: Intimate Partner, Pattern, Violence, Preventive.

Introduction

Intimate partner violence (IPV) is a major social and public health problem that affects men and women across the globe regardless of their culture, religion and other demographic characteristics. Until recently, most governments and

policy-makers viewed IPV as a relatively minor social problem affecting a limited number of partners. Intimate partner violence is a major contributor to ill-health of married couples. Although, numerous studies report that the preponderance of IPV is perpetrated by men, a growing

number of researchers and political activists claim that women and men are equally victimized (Archer, 2000). There is a myth that mutual abuse is a rare phenomenon, even if men and women abuse each other at comparable rates, men are typically thought to be the initiators and dominant partners. The Centers for Disease Control and Prevention-CDC (2006) estimated that about 1.5 million women and more than 800,000 men are raped or physically assaulted by an intimate partner each year. Black (2011) revealed that nearly one in four women and one in thirteen men experience IPV at some time in their life time. Ilika, Okonkwo, and Adogu (2002) reported that 39.3% of women of childbearing age in Anambra State had experienced physical violence, while 78.8% of women in Imo State reported being battered by their male counterparts.

Violence is any unjust or cruel state of affairs or maltreatment of another human being (Ali and Naylor, 2013). When violence occurs in intimate partner relationship, it is referred to as intimate partner violence. Intimate partners are two persons; male and female that are married or live together and usually share both good and bad moments. Therefore, the term intimate partner violence describes actual or threatened psychological, physical victimization, sexual harm by a current or former partner or spouse (Weil, Fletcher & Leepark, 2015). Siemieniuk, Krentz, Gish, and Gill (2010) affirmed that IPV has many forms, including physical

aggression or assault such as hitting, kicking, biting, shoving, restraining, slapping, throwing or threats thereof; sexual abuse; emotional abuse; controlling or domineering (intimate terrorism); intimidation; stalking; passive or covert abuse (neglect); and economic deprivation. World Health Organization (2005) stated that emotional abuse is the most hurtful form of abuse, and can include verbal abuse which refers to any behaviour that threatens, intimidates, undermines the victim's self-worth or self-esteem, or controls the victim's freedom. Intimate partner violence of any form can lead to various psychological consequences for victims (CDC, 2015). These forms of IPV occur in diverse patterns.

Pattern is the forms in which something may happen or occur. In this study, pattern refers to regular and various ways married persons perpetrate intimate partner violence against their partners as it relates to demographic variation. Demographic pattern deals with variables or factors that affect human population. Pridemore, Andrew, and Spivak (2003) conceptualized demographic pattern as the pattern which encompasses variables such as age, gender, level of education, marital status, occupation, socio-economic status, health status and race. Rates of violence rise significantly between age 10 to 25, but after 25, rates begins to drop, and keep dropping to return to about 5% by age 75 (O'Leary, 1999). This suggests that younger married

persons are most likely to have the highest rates of violence.

Intimate partner violence can exist at various levels, from extreme violence with serious injury, to relatively low-level forms of violence (Frieze, Schumm, and William, 2008). The nature and rate of occurrence of IPV varies from country to country (Alabi, 2011). This study, because of geographical location and the associated cultural beliefs and values of respondents of this study, focused on male-female intimate partners.

Perpetrators and victims of violence are however of both sexes. Dutton (2006) reported that for all kinds of violence across relationship types, females were unilaterally more violent than males. Campbell, Glass, Sharps, Laughon, and Bloom (2007) reported that the current rates of intimate partner homicide of females are approximately 4 to 5 times the rate for male victims. Melton and Sillito (2012) reported that men and women are violent at near equal rates.

Prevention is action aimed at eradicating or eliminating, or minimizing the impact of disease or disability (Salama, 2011). Prevention of violence follows the same public health approach that guides efforts to prevent infectious diseases, chronic disease, and environmental and occupational health problems (Frieze, Schumm, & Williams, 2008). Preventive measures can be achieved through modification or removal of risk factors for IPV perpetration such as abuse of drugs and substances, low education, low socio-economic status,

early exposure to IPV among others (Ediomo-Ubong and Iboru (2010). Ene (2004) suggested that some of the preventive measures for IPV include providing shelters, safe houses and other protective environments for victims; reducing contributing social and economic factors (unemployment and poverty); the abusers should be held responsible for their actions; law enforcement and health care professionals should intervene in cases of IPV among others.

Intimate partner violence occurs as a result of escalating conflicts. On the contrary, violence has become so accepted that it is almost the expected outcome of marriage. Despite the fact that IPV is a daily occurrence both in the public and private spheres, it is often rendered invisible, unrecognized and at best trivialized. Violence against men is apparently not reported as it is against women; hence police officers and some law enforcement agencies in Imo State do not seem to treat IPV against men as a serious crime or abuse. There is a dearth of information on pattern of IPV among married persons. There is virtually no published work on demographic pattern of IPV among married men and women in Owerri senatorial zone of Imo State. Most of the studies reviewed focused on other context and were foreign based, and none seemed to have considered both married men and women. It has been mainly IPV against women. This situation poses a question of what pattern of IPV exist among married men and women?. The researchers gathered information

through social media that the problems associated with reciprocal (IPV perpetrated by both partners) violence has raised great concern among the public in Owerri senatorial zone of Imo State, regarding what could be responsible for such acts, and this became necessary against the backdrop that identification of demographic pattern of IPV is capable of aiding in the reduction and prevention of IPV and its terrible consequences.

Objectives of the study

The purpose of the study was to find out the demographic patterns of intimate partner violence and preventive measures by married persons in Owerri Senatorial Zone, Imo State. Specifically the study determined:

1. forms of intimate partner violence perpetrated by married persons;
2. pattern of various forms of intimate partner violence among married persons based on gender;
3. pattern of various forms of intimate partner violence among married persons based on age;
4. preventive measures adopted by married persons against intimate partner violence.

Research Questions

Four research questions were posed to guide the study.

1. What are the forms of intimate partner violence perpetrated by married persons?
2. What is the pattern of various forms of intimate partner violence

among married persons based on gender?

3. What is the pattern of various forms of intimate partner violence among married persons based on age?
4. What are the preventive measures adopted by married persons against intimate partner violence.

Hypotheses

Two null hypotheses were postulated and tested at .05 level of significance.

HO₁. Intimate partner violence within families in Owerri senatorial zone is independent of gender of married persons.

HO₂. Intimate partner violence within families in Owerri senatorial zone is independent of age of married persons.

Methodology

Design of the Study: The study adopted the descriptive survey design.

Area of the Study: The study was conducted in Owerri senatorial zone of Imo State, Nigeria.

Population for the Study: The population for the study consisted of all married persons (men and women) in Owerri senatorial zone of Imo State. The estimated population of married men and women is 603,588, comprising 300,564 males and 303,024 females (Federal Ministry of Planning and Statistics, 2013). Divorced, separated, cohabitating and single parents were not involved in the study. *Sample for the Study:* The sample for the study consisted of 766 married men and women. The multi-

stage sampling technique was used to draw the sample. The first stage involved purposive sampling of six (three each of urban and rural) local government areas out of the nine local government areas in Owerri senatorial zone of Imo State. The second stage involved simple random sampling of two autonomous communities each out of the 122 autonomous communities that make up the six selected LGAs in Owerri senatorial zone, through balloting with replacement. This gave a total of 12 autonomous communities. The third stage involved drawing two villages each out of the 91 villages from the selected autonomous communities using simple random sampling of balloting with replacement. This gave a total of 24 villages. The fourth stage involved random sampling of 350 married men and 416 married women from the 24 selected villages, through balloting without replacement. This brought the sample size to 766 married men and women selected for the study.

Instrument for Data Collection: The instrument for data collection was a 14-item questionnaire. The questionnaire was face-validated by three experts from the Department of

Health and Physical Education, and two from Social Works Department, University of Nigeria, Nsukka. The experts' suggestions were incorporated in the final draft of the questionnaire. A split half method using the Spearman's Brown correlation formular was used to correlate the data generated. The reliability index of .82 was obtained, and adjudged reliable for embarking on the study.

Data Collection Technique: A total of 766 copies of the instrument were administered by hand. Out of the 766 copies of the questionnaire administered, only 753 were properly completed and were used for analysis.

Data Analysis Technique: The responses were analysed using frequencies, percentages, and chi-square statistic. A proportion of 0-9% interpreted as very low (VL), 10-39% as low (L), 40-59% as moderate (M), 60-79% as high (H), and 80% and above as very high (VH) were used for the interpretations of the research questions. Percentages were used to answer the research questions, while chi-square statistic was used to test the null hypotheses at .05 level of significance.

Results

Table 1: Forms of Intimate Partner Violence Perpetrated by Married Persons (n=753).

S/N	Forms of intimate partner violence	Yes f(%)	No f(%)	Decision
1.	Physical violence (e.g., slapping, kicking, hitting, pushing, etc)	572 (76.0)	181 (24.0)	H
2.	Sexual violence (e.g., forceful engagement in sexual intercourse without one's consent, rape, etc.)	357 (47.4)	396 (52.6)	M
3.	Emotional violence (e.g., assault, humiliation, intimidation, threatening etc)	637 (84.6)	116 (15.4)	VH
4.	Controlling behaviour (e.g., deprivation of access to social amenities, family members & friends, etc)	508 (67.5)	245 (32.5)	H
5.	Economic violence (e.g., deprivation of basic economic needs, prevention from resource acquisition)	458 (60.8)	295 (39.2)	H
6.	Covert abuse (e.g., neglect. Ignoring, treating someone indifferently, etc)	543 (72.1)	210 (27.9)	H
7.	Verbal abuse (e.g., calling names, ridiculing someone, always criticizing someone, etc)	596 (79.2)	157 (20.8)	H
	Overall percentage	69.7	30.3	H

Table 1 shows that sexual violence (47.4%) which indicates moderate proportion; physical violence (76%), controlling behaviour (67.5%), economic violence (60.8%), covert abuse (72.1%), and verbal abuse (79.2%) which indicate high proportion; and emotional violence (84.6%) which indicates very high proportion were all reported forms of intimate violence by married persons. The overall percentage (69.7%) shows that various forms of intimate partner violence were reported by married persons.

Table 2: Pattern of Intimate Partners Violence Among married Persons Based on Gender(n=753)

S/N	Intimate partner violence	Male (n=340)		Female (n=413)	
		Yes f(%)	No f(%)	Yes f(%)	No f(%)
1.	Physical violence	265(35.2)	75(10.0)	307(40.8)	106(14.1)
2.	Sexual violence	155(20.6)	185(24.6)	202(26.8)	211(28.0)
3.	Emotional violence	295(39.2)	45(6.0)	342(45.4)	71(9.4)
4.	Controlling behaviour	233(30.9)	107(14.2)	275(36.5)	138(18.3)
5.	Economic violence	209(27.8)	131(17.4)	249(33.1)	164(21.8)
6.	Covert abuse	244(32.4)	96(12.7)	299(39.7)	114(15.1)
7.	Verbal abuse	278(36.9)	62(8.2)	318(42.2)	95(12.6)
	Overall percentage	31.9	13.3	37.8	17.0

Table 2 shows that in overall percentage, a slightly higher proportion of married women (37.8%) experienced intimate partner violence more than married men (31.9%).

Table 3: Pattern of Intimate Partner Violence among Married Persons Based on Age (n = 753).

S/N	IPV	18-30 (n=190)		31-45 (n=369)		46 and above (n=194)	
		Yes f(%)	No f(%)	Yes f(%)	No f(%)	Yes f(%)	No f(%)
1.	Physical violence	148(19.7)	42(5.6)	284(37.7)	85(11.3)	140(18.6)	54(7.2)
2.	Sexual violence	95(2.6)	95(12.6)	185(24.6)	184(24.4)	77(10.2)	117(15.5)
3.	Emotional violence	151(20.1)	39(5.2)	323(42.9)	46(6.1)	163(21.6)	31(4.1)
4.	Controlling behaviour	125(16.6)	65(8.6)	246(32.7)	123(16.3)	137(18.2)	57(7.6)
5.	Economic violence	109(14.5)	81(10.8)	232(30.8)	137(18.2)	117(15.5)	77(10.2)
6.	Covert abuse	132(17.5)	58(7.7)	270(35.9)	99(13.1)	141(18.7)	53(7.0)
7.	Verbal abuse	143(19.0)	47(6.2)	301(40.0)	68(9.0)	152(20.2)	42(5.6)
	Overall percentage	17.1	8.1	34.9	14.1	17.6	8.2

Table 3 shows that in overall percentage, married persons aged 31-45 had higher proportion of intimate partner violence experience than those aged 46 and above, and 18 - 30 (31 - 45 = 34.9% > 46 and above = 17.6% > 18 - 30 = 17.1%).

Table 4: Percentage Responses on Preventive Measures for IPV Adopted by Married Persons (n=753).

S/N	Preventive measures for intimate partner violence	Yes f(%)	No f(%)
1.	Seeking help in the early stage from neighbourhood	234(31.1)	519 (60.9)
2.	Reporting cases of abuse to the law enforcement agencies	300 (39.8)	453 (60.2)
3.	Holding abusers responsible for their actions	318 (42.2)	435 (57.8)
4.	Providing guidance and counseling for victims at various sites	346 (45.9)	407 (54.1)
5.	Campaigns to raise awareness about dangers of violence	364 (48.3)	389 (51.7)

6.	Developing good communication skills while relating with my partner	397 (52.7)	356 (47.3)
7.	Changing behaviour or environmental factors that predispose violence	261(34.7)	492 (65.3)
8.	Providing financial support for victims of violence	310 (41.2)	443 (58.8)
9.	Creation of jobs and employing jobless couples	463 (61.5)	290 (38.5)
	Overall percentage	44.1	55

Table 4 shows that the overall percentage affirmed that a moderate proportion (44.1%) of married persons indicate that all the proposed preventive measures for intimate partner violence were appropriate.

Table 5: Chi-square Analysis of the Differences in the Patterns of Intimate Partner Violence Among Married Persons Based on Gender.

S/ N	Intimate partner violence	Male (340)		Female (n=413)		X ² -cal	P-value
		Yes O(E)	No O(E)	Yes O(E)	No O(E)		
1.	Physical violence	265 (258.3)	75 (81.7)	307 (313.7)	106 (99.3)	1.329	.249**
2.	Sexual violence	155 (161.2)	185 (178.8)	202 (195.8)	211 (217.2)	.825	.364**
3.	Emotional violence	295 (287.6)	45 (52.4)	342 (349.4)	71 (63.6)	2.239	.135**
4.	Controlling behaviour	233 (229.4)	107 (110.6)	275 (278.6)	138 (134.4)	.321	.571**
5.	Economic violence	209 (206.8)	131 (133.2)	249 (251.2)	164 (161.8)	.109	.741**
6.	Covert abuse	244 (245.2)	96 (94.8)	299 (297.8)	114 (115.2)	.037	.847**
7.	Verbal abuse	278 (269.1)	62 (70.9)	318 (326.9)	95 (86.1)	2.568	.109**

*Significant, ** Not Significant, O = Observed Frequency, E = Expected Frequency, df = 1

Table 5 shows the chi-square values with their corresponding p-values for physical violence ($\chi^2 = 1.329$, $P = .249 > .05$); Sexual violence ($\chi^2 = .825$, $P = .364 > .05$); emotional violence ($\chi^2 = 2.239$, $P = .135 > .05$); controlling behaviour ($\chi^2 = .321$, $P = .571 > .05$); economic violence ($\chi^2 = .109$, $P = .741 > .05$); covert abuse ($\chi^2 = .037$, $P = .847 > .05$); and verbal abuse ($\chi^2 = 2.568$, $P = .109 > .05$). Since their P-values were greater than .05 level of significance, the null hypothesis of no significant difference in the pattern of intimate partner violence among married persons based on gender was therefore accepted. This implies that intimate partner violence experience of married men and women are the same.

Table 6: Chi-square Analysis of the Differences in the Patterns of Intimate Partner Violence Among Married Persons Based On Age.

S / N	Intimate partner violence	18-30 (n=190)		31-45(n=369)		46 and above (n=194)		X ² -cal	P- value
		Yes O (E)	No O(E)	Yes O (E)	No O (E)	Yes O (E)	No O(E)		
1	Physical violence	148 (144.3)	42 (45.7)	284 (280.3)	85 (88.7)	140 (147.4)	54 (46.6)	2.124	.346**
2	Sexual violence	95 (90.1)	95 (99.9)	185 (174.9)	184 (194.1)	77 (92.0)	117 (102.0)	6.247	.044*
3	Emotional violence	151 (160.7)	39 (29.3)	323 (312.2)	46 (56.8)	163 (164.1)	31 (29.9)	6.319	.042*
4	Controlling behaviour	125 (128.2)	65 (61.8)	246 (248.9)	123 (120.1)	137 (130.9)	57 (63.1)	1.229	.541**
5	Economic violence	109 (115.6)	81 (74.4)	232 (224.4)	137 (144.6)	117 (118.0)	77 (76.0)	1.624	.444**
6	Covert abuse	132 (137.0)	58 (53.0)	270 (266.1)	99 (102.9)	141 (139.9)	53 (54.1)	.894	.639**
7	Verbal abuse	143 (150.4)	47 (39.6)	301 (292.1)	68 (76.9)	152 (153.6)	42 (404)	3.126	.210**

Table 6 shows the chi-square values with their corresponding p-values for physical violence ($\chi^2 = 2.124$, $P = .346 > .05$); controlling behaviour ($\chi^2 = 1.229$, $P = .541 > .05$); economic violence ($\chi^2 = 1.624$, $P = .444 > .05$); covert abuse ($\chi^2 = .894$, $P = .639 > .05$); and verbal abuse ($\chi^2 = 3.126$, $P = .210 > .05$); sexual violence ($\chi^2 = 6.247$, $P = .044 < .05$); and emotional violence ($\chi^2 = 6.319$, $P = .042 < .05$). Since their P-values were greater than .05 level of significance, the null hypothesis was therefore accepted. This implies that IPV experiences of married persons are the same irrespective of their ages.

Discussion

The finding of the study in Table 1 show that married persons reported

various forms of IPV (69.7%). This result was expected and therefore not surprising, because married persons are known to be involved or experience various forms of intimate partner violence in marital life. The finding is in line with the affirmation of Siemieniuk, Krentz, Gish, and Gill (2010) that IPV has many forms, including physical aggression or assault such as hitting, kicking, biting, shoving, restraining, slapping, throwing or threats thereof; sexual abuse; emotional abuse, controlling or domineering (intimate terrorism); intimidation; stalking; passive or covert abuse (neglect); and economic deprivation. The finding was in consonance with the findings of Djamba and Kumina (2008) who

reported that physical abuse was the most common form of abuse (36%), followed by sexual abuse (13%), and life threatening (6%) abuses. The finding was in agreement with the finding of WHO (2005) that in most settings studied, sexual violence was considerably less frequent than physical violence, and the number of controlling behaviours by a partner was associated with the risk of physical or sexual violence or both; and that emotional abuse is the most hurtful form of abuse. Experience of physical or sexual violence or both tends to be accompanied by highly controlling behaviours by intimate partners. The findings have implications for the government, social workers, policy makers and health programme planners in taking a more effective response towards fulfilling the country's obligation to eliminate IPV, and formulating policies to protect human right, and design intervention activities that could be of help in reducing IPV perpetration.

The finding of the study in Table 2 shows that a slightly higher proportion of married women (37.8%) experienced various form of IPV more than married men (31.9%). The finding was expected and therefore not surprising, because women are far more often the victims of sexual coercion, they are just as like men to be the perpetrators of violence. The finding disagrees with the findings of Dutton (2006) who reported that for all kinds of violence across relationship types, females were unilaterally more

violent than males; and Campbell, Glass, Sharps, Laughon, and Bloom (2007) who reported that the current rates of intimate partner homicide of females are approximately 4 to 5 times the rate for male victims. The finding was also in contradiction with the findings of Hines and Douglas (2009) who reported that female partners used to engage in a variety of severe physical aggression, psychological aggressive behaviours, controlling behaviour including threat and coercion, emotional abuse such as name calling, humiliation, intimidation, misusing the judicial system and controlling household finances; and Swahnberg, Simmons, Hearn, and Wijma (2012) who reported that the proportion of men who currently suffered from abusive experiences was highest for emotional abuse, and abuse against men is prevalent, and men are victimized as patients in health care. Perpetrators and victims of violence are however of both sexes, men are also known to suffer IPV, but the magnitude is insignificant as compared to that of women.

The finding in Table 3 shows that married persons aged 31-45 had higher proportion of IPV experience than those aged 46 and above, and 18 - 30 ($31 - 45 = 34.9\% > 46 \text{ and above} = 17.6\% > 18 - 30 = 17.1\%$). The finding was expected and therefore not surprising, because age category 31 - 45 is the real mature marital age where marital pressure is high, experience of family life abound than other age category. The finding was in

disagreement with the finding of O'Leary (1999) who reported that rates of violence rise significantly between age 10 to 25, but after 25, rates begins to drop, and keep dropping to return to about 5% by age 75. The finding also was in line with the reports of Oyediran and Isiugo-Abanihe (2005) who reported that age of spouse (husband) significantly influenced husband's perception of wife abuse. Intimate partner violence can happen to anyone regardless of socio-economic status, race, age, sexual orientation, religion, gender, setting or any other demographic factor. The findings have implications for enabling health policy makers, health educators and researchers to seek greater insights into the situations and contexts in which violence does and does not occur, and enhance peaceful co-existence, tolerance and consciousness of strong predictors of intimate partner violence.

The finding in Table 4 shows that a moderate proportion (44.1%) of married persons indicates that all the proposed preventive measures for intimate partner violence were appropriate. This result was expected and therefore not surprising, because prevention of violence follows the same public health approach that guides efforts to prevent infectious diseases, chronic diseases, and environmental and occupational health problem. The finding was in line with the finding of Alabi (2011) who reported that preventive strategies for IPV include resolving conflict through dialogue, being

tolerant all the time, husbands buying gifts for their wives, involving in-laws to intervene prior to marital issues before violence. The finding was also in line with the suggestion of Ene (2004) who suggested that some of the preventive measures for IPV include providing shelters, safe houses and other protective environments for victims among others. However, preventive measures can be achieved through modification or removal of risk factors for IPV perpetration such as abuse of drugs and substances, low education, low socio-economic status, early exposure to IPV among others. A combination of primary, secondary, and tertiary interventions are needed to achieve a meaningful degree of prevention and protection. The findings have implications for developing interventions earlier on the pathway toward violence such as in newly married couples, engaged but not married, or young men and women just beginning to date. The results also have implications for policy makers in designing policies that emphasize prevention of IPV to avoid its consequences, educating about its consequences, counseling the victims, and law enforcement agencies protecting the victims from injuries or resorting to mutual violence as an alternative.

The summary of chi-square analysis in Table 5 indicates that there was no significant difference in the pattern of various forms of intimate partner violence among married persons based on gender. The finding was unexpected and therefore surprising,

because the rate of IPV experience of men and women are not supposed to be the same. Also, a number of studies have focused on the possibility that the causes of violence are not the same for men and women. Perpetrators of violence are however of both sexes. The summary of chi-square analysis in Table 6 also indicates that there was no significant difference in the pattern of various forms of intimate partner violence among married persons based on age. The finding was expected and therefore not surprising, because age category 31 - 45 is the real mature marital age where marital pressure is high, experience of family life abound than other age category.

Conclusion

The findings have shown that married persons experienced various forms of intimate partner violence such as physical, sexual, emotional, controlling behaviour, economic violence, covert abuse, and verbal abuse. A slightly higher proportion of married women experienced intimate partner violence more than married men. Married persons aged 31 - 45 had higher proportion of intimate partner violence experience than those aged 46 and above, and 18 - 30. A moderate proportion of married persons indicate that all the proposed preventive measures for intimate partner violence were appropriate. There were no significant difference in the pattern of intimate partner violence among married persons based on gender and age. These findings have shown that perpetrators and victims of violence

are however of both sexes, and a combination of primary, secondary, and tertiary interventions are needed to achieve a meaningful degree of prevention and protection for the victims of IPV.

Recommendations

Based on these findings, the following recommendations were made:

1. Public awareness and education campaigns that address intimate partner violence should be gender inclusive. The public should understand that both men and women can be the instigators and recipients of violence perpetration or abuse.
2. Government, NGOs, and religious bodies should organize public lectures to enlighten married men and women on various forms, causes, where and when it occurs most, implications, and the possible preventive measures for intimate partner violence.
3. Government should reinforce civic, penal, and labour sanctions in domestic legislation to hold abusers responsible for their actions.
4. Socialization agents such as institutions, churches among others should emphasize on genuine love rather than crises and no understanding of each other in marital relationships.

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