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Breaking the Chain or Forging It? The Intergenerational Transmission of Intimate Partner Violence through Adverse Childhood Experiences and Parenting Styles among Couples in Ibadan, Nigeria

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Abstract

Married adults in urban Nigerian settings represent a population with developmental histories of adversity and family socialisation experiences that can affect intimate partner violence (IPV). Despite growing awareness of intergenerational pathways to violence in sub-Saharan Africa, research on how adverse childhood experiences (ACEs) and parenting styles jointly shape IPV outcomes among married couples in Nigeria remains limited. This study examined how ACEs and parenting styles predict IPV and its dimensions (negotiation and conflict resolution, psychological/verbal aggression, physical assault, and sexual coercion) among married adults in Ibadan, Oyo State, Nigeria. A cross-sectional ex-post facto design was employed, with 313 married adults aged 20–62 years ($M = 33.70$, $SD = 23.94$). Data were collected using the Revised Conflict Tactics Scale (CTS2), the Adverse Childhood Experiences (ACE) Questionnaire, and the Perceived Parenting Style Scale. Data were analysed using Pearson correlation, hierarchical multiple regression, independent samples t -test, and standard multiple regression. Results showed that ACEs and parenting styles jointly predicted intimate partner violence and its dimensions [$F(9,145) = 5.96$, $R^2 = .27$, $\Delta R^2 = .13$, $p < .001$], but not psychological/verbal aggression. Independently, physical abuse ($\beta = -0.25$, $p < .01$), physical neglect ($\beta = -0.22$, $p < .05$), and authoritative parenting ($\beta = 0.30$, $p < .001$) significantly predicted overall IPV. Emotional neglect independently predicted psychological/verbal aggression ($\beta = 0.30$, $p < .05$). Gender, age, and number of children did not significantly predict IPV or any of its dimensions. Conclusively, these findings indicate that intimate partner violence in Nigerian urban contexts is shaped by distinct dimensions of childhood adversity and parenting practices, with authoritative parenting demonstrating unexpected positive associations. Interventions should be developmentally informed, culturally grounded, and address specific forms of early adversity while recognising the contextual variability of parenting influences.

Keywords: *Adverse childhood experiences, Intimate partner violence, Parenting styles, Nigeria.*

Introduction

Intimate partner violence (IPV), encompassing physical, sexual, and psychological harm, including aggression, coercion, emotional abuse, and controlling behaviours within intimate partnerships, remains a pervasive public health, social, and human rights concern globally and within sub-Saharan Africa (WHO, 2022; 2024; Sunmola et al., 2021). Globally, approximately one in three women and one in five to six men experience IPV during their lifetime, though male victimisation is likely underreported due to sociocultural norms emphasising masculine stoicism (Huecker et al., 2023; ManKind Initiative, 2026; McLeod et

al., 2024; WHO, 2024). Sub-Saharan Africa exhibits high IPV prevalence rates: physical (30.6%), emotional (30.2%), and sexual violence (12.6%), with 42.6% of women experiencing at least one form (Mossie et al., 2023; Mengste et al., 2026; Sunmola et al., 2026). In Nigeria, 20.3% of ever-married women aged 15–49 have experienced at least one form of IPV, while 14.6% reported such experiences within the past year (NDHS, 2019; NPC/NDHS, 2018; Sunmola et al., 2025). Emotional or psychological abuse remains the most prevalent form (58.0% of reported cases), followed by economic abuse (31.0%) and physical abuse (27.0%) (Zubair & Albert, 2025). Fear of ridicule, reputation concerns, and lack of confidence in authorities are major barriers to reporting abuse. These figures persist despite legal frameworks such as the 2003 Protocol to the African Charter on Women's Rights and the 2006 African Youth Charter. IPV consequences extend beyond immediate physical harm to include chronic health conditions, reproductive complications, sexually transmitted infections, and psychological distress (depression, anxiety, PTSD) (Airaoje et al., 2025; Aye et al., 2024; Sunmola et al., 2021; 2026). Help-seeking behaviours are constrained by fear, stigma, and inadequate institutional support, with male victims particularly affected by underreporting due to masculinity norms (Katushabe et al., 2026; Zubair & Albert, 2025). Addressing IPV is therefore essential for promoting health and well-being (SDG 3) and advancing gender equality (SDG 5).

Intergenerational Pathways of Intimate Partner Violence

Evidence increasingly indicates that IPV is perpetuated across generations, shaped by early-life experiences and family dynamics. Adverse Childhood Experiences (ACEs), including exposure to abuse, neglect, household dysfunction, or witnessing domestic violence, have been consistently linked to IPV perpetration and victimisation in adulthood (Hammock et al., 2026; Kaufman-Parks et al., 2025; Sampaio et al., 2026). Children exposed to violent family environments may internalise these behaviours as normative conflict resolution strategies, which later manifest in adult intimate relationships. Parenting styles further shape these pathways. Authoritative, authoritarian, permissive, and neglectful parenting influence children's emotional regulation, social learning, and conflict-management skills. Authoritarian or harsh parenting, characterised by strict control and low emotional support, may normalise aggression and hierarchical power dynamics, whereas supportive parenting fosters empathy and nonviolent conflict resolution. In Nigeria, culturally normative high-control parenting may affect boys and girls differently, shaping gender-specific trajectories of IPV (Aruoture & Adegoke, 2024; Vasiou et al., 2023). Despite growing awareness, empirical research in Nigeria remains limited. Most studies focus exclusively on women, emphasise socioeconomic predictors such as education or income, or examine proximal factors like in-law interference (Armah-Ansah, et al., 2025; Oyinlola et al., 2026; Sunmola et al., 2021; 2025). Few studies examine how ACEs interact with parenting styles to shape IPV, and even fewer consider male experiences or provide gender comparisons. Furthermore, few studies situate these processes within broader ecological contexts such as urbanisation, shifting family structures, and evolving gender norms. Consequently, the mechanisms through which IPV persists remain poorly understood, limiting the development of contextually relevant interventions. Understanding these pathways is essential to inform gender-inclusive, family-focused prevention strategies aimed at disrupting intergenerational cycles of violence.

Theoretical Synthesis

Social Learning Theory (SLT) and Ecological Theory together provide a robust framework for understanding the developmental and contextual antecedents of IPV. SLT posits that behaviours, including aggression, are acquired through observation, imitation, and reinforcement (Bandura, 1977, 1986). Children exposed to parental violence, harsh

discipline, or coercive control may internalise these behaviours as acceptable methods of conflict resolution. Over time, these learned behaviours can manifest in adult intimate relationships as either perpetration or victimisation. Ecological Theory complements this by situating IPV within interacting environmental systems, encompassing individual, family, community, and societal levels (Bronfenbrenner, 1979; Hayes, 2022). It recognises that personal predispositions are influenced by broader sociocultural contexts, including patriarchal norms, economic stressors, and social support networks. In Nigerian urban contexts such as Ibadan, rapidly changing socioeconomic conditions and evolving gender expectations may amplify the influence of early-life adversity on adult IPV experiences (Okedare & Fawole, 2023; Okedare, et al., 2025). Despite these theoretical insights, empirical research in Nigeria remains limited. Most studies focus exclusively on women, examine socioeconomic correlates in isolation, or treat childhood exposure and parenting practices as independent risk factors rather than exploring their combined effects (Okedare, et al., 2025; Sunmola et al., 2026). Very few studies investigate how ACEs interact with parenting styles to shape IPV or compare gendered pathways. Integrating SLT and Ecological Theory directly informs the study objectives, which aim to explore intergenerational pathways of IPV and assess gender differences in its development and maintenance. Building on this framework, the present study examines how ACEs and parenting styles jointly predict IPV perpetration and victimisation among both men and women in Ibadan, Nigeria.

Current Study

Despite growing recognition of IPV as a multi-level and intergenerational problem, several research gaps remain in Nigeria. First, most studies have examined women only, neglecting male victimisation and perpetration patterns. Second, childhood exposure to violence (ACEs) and parenting styles are typically studied in isolation, leaving unanswered questions about how these factors interact to influence adult IPV outcomes. Third, existing research largely focuses on proximal socioeconomic factors, without integrating developmental and family socialisation processes that may underpin IPV. These gaps hinder comprehensive understanding and limit evidence-based interventions. The present study addresses these gaps by investigating the direct and interactive effects of ACEs and parenting styles on IPV involvement among married men and women in Ibadan, Nigeria. The specific objectives are to:

1. Examine the association between ACEs and IPV perpetration or victimisation in adulthood.
2. Explore the moderating role of parenting styles on the relationship between ACEs and IPV.
3. Assess gender differences in the intergenerational pathways of IPV.

Methods

This study employed a cross-sectional survey design with an ex-post facto approach to examine the influence of Adverse Childhood Experiences (ACEs) and parenting styles on intimate partner violence (IPV) among married couples in Ibadan Metropolis, Oyo State, Nigeria. The ex-post facto design is suitable as it investigates naturally occurring phenomena without experimental manipulation, allowing exploration of retrospective childhood exposures and current IPV patterns (Creswell & Creswell, 2018). Data were collected simultaneously from husbands and wives, providing a snapshot of relational dynamics, childhood experiences, and IPV manifestations at a single time point. The

dependent variable was IPV, while the independent variables were ACEs and parenting styles. The study was conducted in Ibadan North Local Government Area (LGA), an urban administrative zone in Oyo State's capital. Ibadan North is characterised by demographic and socioeconomic diversity, encompassing residential neighbourhoods, commercial areas, educational institutions (University of Ibadan, The Polytechnic Ibadan), and mixed occupational sectors. This diverse landscape offers a rich context for examining marital dynamics and intergenerational factors contributing to IPV. Ibadan North reflects both traditional patriarchal norms and evolving urban ideologies, including exposure to rights-based discourse through education, media, and civil society programs, enabling capture of IPV patterns across conservative and progressive strata. Its urban infrastructure facilitates the recruitment of married couples from varied backgrounds for balanced sampling and gender comparisons. The presence of healthcare centres, religious institutions, and legal aid organisations further supports exploration of participants' access to IPV-related resources.

Data Collection and Procedure

Ethical approval for this study was obtained from the University of Ibadan Ethical Review Committee (UI/EC/24/0510) and the Oyo State Ministry of Health Ethical Review Committee. Institutional access was also granted by the administrative authorities of selected wards and community centres within the Ibadan North Local Government Area (LGA), where data collection occurred. The sample size for the study was determined using Cochran's formula for sample size estimation. Assuming maximum variability ($p = 0.5$), a 95% confidence level ($z = 1.96$), and a precision level of $\pm 5\%$ ($e = 0.05$), the calculated minimum sample size was 384 participants. This ensured adequate statistical power and representativeness for examining the relationships among adverse childhood experiences, parenting styles, and intimate partner violence. A multistage purposive sampling technique was employed to recruit participants who met clearly defined inclusion criteria. Four wards, Bodija/Ikolaba, Agbowo, Yemetu/Adeoyo, and Sango/Eleyele, were purposively selected to reflect socioeconomic and cultural diversity, as well as variations in access to formal and informal IPV-related support services. Within these wards, participants were recruited through community centres, religious institutions, health facilities, and neighbourhood associations, which are key social structures where couples engage in marital, health, and counselling-related activities. This approach facilitated access to participants with relevant lived experiences while enhancing contextual depth.

Eligible participants were married men and women aged 18 years and above, residing within Ibadan North LGA, able to communicate in English or Yoruba, and willing to provide informed consent. Individuals who did not meet these criteria were excluded. The purposive nature of the sampling ensured the inclusion of participants capable of providing rich and relevant data on intergenerational and relational dynamics of IPV, aligning with the study's analytical focus. Data were collected over three months (September–December 2025). Recruitment was conducted both physically and digitally to enhance inclusivity. In addition to in-person recruitment, questionnaires were distributed via local WhatsApp groups and community networks, with strict measures implemented to ensure confidentiality and data security. Before data collection, the research team, comprising the principal investigator and four trained postgraduate research assistants in psychology, obtained clearance from ward leaders and institutional heads. At each recruitment site, the study was introduced, and participants were provided with detailed information sheets outlining the study's purpose,

procedures, risks, and ethical safeguards. Explanations were delivered in both English and Yoruba to ensure comprehension, and participants were allowed to seek clarification.

Informed consent was obtained from all participants before participation. Participants were assured of the voluntary nature of the study, confidentiality, anonymity, and their right to withdraw at any point without penalty. Data were collected using structured self-report questionnaires administered either in person or electronically, requiring approximately 15–20 minutes to complete. Research assistants provided guidance where necessary to ensure clarity and completeness of responses. Completed questionnaires were reviewed for accuracy, securely stored, and systematically coded for analysis. These procedures were designed to ensure data quality, reliability, and validity in examining the intergenerational transmission of intimate partner violence, the moderating role of parenting styles, and gender-specific patterns. Throughout the study, strict adherence to ethical standards, cultural sensitivity, and participant protection was maintained, thereby strengthening the credibility and integrity of the research.

Instrument

Participants' background information, including age, sex, marital status, religion, educational level, occupation, household income, and number of children. These variables were included to contextualise the sample and control for potential confounding influences in the analysis.

Intimate partner violence was measured using the Revised Conflict Tactics Scale (CTS2) developed by Straus (1996). The 39-item instrument assesses five dimensions: physical assault, psychological aggression, sexual coercion, injury, and negotiation. Responses are rated on a Likert-type frequency scale ranging from "never" to "more than 20 times," reflecting the occurrence of behaviours within a specified period. The CTS2 has demonstrated strong psychometric properties across diverse populations, with reported internal consistency coefficients ranging from .79 to .95 and established construct validity. In the present study, the overall IPV scale demonstrated excellent reliability (Cronbach's $\alpha = .94$), with subscale coefficients ranging from .86 to .91.

Early life adversity was assessed using the Adverse Childhood Experiences (ACE) Questionnaire developed by Felitti et al. (1998). The instrument comprises 10 dichotomous (Yes/No) items covering three domains: abuse, neglect, and household dysfunction. Scores range from 0 to 10, with higher scores indicating greater cumulative adversity. The ACE questionnaire has demonstrated strong reliability and validity across settings, with previous studies reporting Cronbach's alpha values between .76 and .90. For this study, the instrument was translated and back-translated into Yoruba, and pilot testing yielded a Cronbach's α of .84, while the current study recorded a reliability coefficient of .87.

Perceived parenting style was measured using the scale developed by Divya and Manikandan (2013). The 30-item instrument assesses three parenting dimensions: authoritative, authoritarian, and permissive. Items are rated on a 5-point Likert scale ranging from strongly disagree to strongly agree. The scale has demonstrated acceptable reliability, with reported Cronbach's alpha coefficients of .79 (authoritative), .81 (authoritarian), and .86 (permissive). In the present study, the overall reliability coefficient was .85, indicating good internal consistency.

Analytic Strategy

Data analysis was conducted using IBM SPSS (Version 27). Preliminary analyses involved screening the data for accuracy, missing values, normality, linearity, and multicollinearity. Descriptive statistics (means and standard deviations) were computed for all study variables. Pearson product-moment correlation analysis was performed as an initial step to examine the bivariate relationships among adverse childhood experiences (ACEs), parenting styles, and intimate partner violence (IPV), including its dimensions (negotiation/conflict resolution, psychological/verbal aggression, physical assault, and sexual coercion). This preliminary analysis provided insight into the direction and strength of associations and informed subsequent multivariate analyses. To test the main hypotheses, hierarchical multiple regression analyses were employed to examine the independent and joint contributions of ACEs and parenting styles in predicting IPV and its dimensions. Hierarchical regression is appropriate for assessing incremental variance explained by theoretically grouped predictors entered in blocks (Cohen et al., 2003). In the present study, predictor variables were entered in two steps across all models.

In Model 1, dimensions of adverse childhood experiences (emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, and household dysfunction) were entered as predictors to assess their baseline contribution to IPV outcomes. In Model 2, parenting style dimensions (authoritative, authoritarian, and permissive) were added to the model to determine their additional explanatory power beyond ACEs. The change in explained variance (ΔR^2) was examined to evaluate the incremental contribution of parenting styles over and above childhood adversity. Separate hierarchical regression models were conducted for each dependent variable: overall intimate partner violence, negotiation/conflict resolution, psychological/verbal aggression, physical assault, and sexual coercion/aggression. Statistical significance was evaluated using standardised beta coefficients (β), t-values, and associated p-values to determine the independent contribution of each predictor. In addition to hierarchical regression, an independent samples t-test was conducted to examine gender differences in IPV and its dimensions, while standard multiple regression analysis was used to assess the joint and independent effects of age and number of children on IPV. All statistical tests were two-tailed, with a significance level set at $p < .05$. This analytic approach enabled a comprehensive examination of both the direct and combined effects of childhood adversity and parenting styles on intimate partner violence, while also accounting for relevant demographic influences.

Results

Demographic Data Analysis

Table 1: Summary showing the distribution of the participants' characteristics across specified demographic variables

Category	Subcategory	Frequency (n)	Percentage (%)
Age	Mean = 33.70, SD = 23.94	234	74.8
Gender	Male	107	39.9
	Female	160	59.7
	Other	1	0.4
Religious Affiliation	Christianity	141	57.3
	Islam	80	32.5
	Traditional	17	6.9
	Others	8	3.3
Marital Status	Widowed	7	3.1
	Divorced	14	6.1
	Separated	46	20.1
	Married	162	70.7
Educational Level	SSCE	28	11.6
	NCE/ND	67	27.7
	BSC/HND	117	48.3
	MSC/PHD	30	12.4
Ethnicity	Others	7	3.1
	Hausa	21	9.3
	Igbo	45	19.8
	Yoruba	153	67.4
Occupation	Artisan	8	3.3
	Private Employee	38	15.8
	Self-employed	41	17.0
	Others	34	14.1
	Government Employee	49	20.3
	Business Owner	71	29.5
Number of Children	Mean = 2.54, SD = 1.40	189	60.4
	1	43	22.8
	2	72	38.1
	3	31	16.4
	4	26	13.8
	5	9	4.8
	6	4	2.1
	7	4	2.1

Table 1 presents the distribution of the participants' characteristics across specified

demographic variables. The participants' ages ranged widely, from 20 to 62 years, with a mean of 33.70 years ($SD = 23.94$). Regarding gender, the sample is 313, including 107 males (39.9%), 160 females (59.7%), and 1 participant identifying as other (0.4%). In terms of religious affiliation, the majority of participants were Christians ($n = 141$, 57.3%), followed by Muslims ($n = 80$, 32.5%), those practising traditional religions ($n = 17$, 6.9%), and other religions ($n = 8$, 3.3%). Marital status was predominantly married ($n = 162$, 70.7%), with 46 participants (20.1%) separated, 14 participants (6.1%) divorced, and 7 participants (3.1%) widowed. Participants' educational levels showed that most had attained BSC/HND ($n = 117$, 48.3%), followed by NCE/ND ($n = 67$, 27.7%), MSC/PhD ($n = 30$, 12.4%), and SSCE ($n = 28$, 11.6%). Regarding ethnicity, the majority were Yoruba ($n = 153$, 67.4%), followed by Igbo ($n = 45$, 19.8%), Hausa ($n = 21$, 9.3%), and others ($n = 7$, 3.1%). Occupationally, participants were largely business owners ($n = 71$, 29.5%), government employees ($n = 49$, 20.3%), self-employed ($n = 41$, 17.0%), private employees ($n = 38$, 15.8%), others ($n = 34$, 14.1%), and artisans ($n = 8$, 3.3%). The number of children ranged from 1 to 7, with a mean of 2.54 ($SD = 1.40$). The largest subgroup had 2 children ($n = 72$, 38.1%), followed by 1 child ($n = 43$, 22.8%), 3 children ($n = 31$, 16.4%), 4 children ($n = 26$, 13.8%), 5 children ($n = 9$, 4.8%), and both 6 and 7 children with 4 participants each (2.1%).

Table 2 Means, Standard Deviations, and Intercorrelations of Childhood Adversities, Parenting Styles, and Intimate Partner Violence Variables

Variable	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. Adverse childhood experiences	2.55	4.05	—															
2. Emotional abuse	0.36	0.85	.52**	—														
3. Physical abuse	0.32	0.51	.64**	.25**	—													
4. Sexual abuse	0.23	0.70	.76**	.29**	.36**	—												
5. Emotional neglect	0.30	0.67	.68**	.24**	.50**	.69**	—											
6. Physical neglect	0.24	0.44	.66**	.19**	.52**	.43**	.36**	—										
7. Household dysfunction	1.17	2.19	.88**	.28**	.42**	.54**	.41**	.53**	—									
8. Parenting style (total)	83.56	16.72	.30**	.19**	.22**	.15*	.20**	.26**	.23**	—								
9. Authoritative parenting	31.04	7.91	.08	-.02	.03	.11	.10	.06	.07	.65**	—							
10. Authoritarian parenting	27.08	6.76	.28**	.26**	.21**	.13*	.18**	.22**	.21**	.83**	.35**	—						
11. Permissive parenting	25.50	7.82	.26**	.19**	.21**	.09	.16*	.28**	.22**	.72**	.09	.52**	—					
12. Intimate partner violence	107.89	36.15	-.21**	-.08	-.21**	-.06	-.05	-.24**	-.21**	.19*	.32**	.09	.00	—				
13. Negotiation/ conflict resolution	18.09	7.27	-.12*	-.06	-.13*	-.04	-.05	-.06	-.13*	.23**	.26**	.21**	.03	.76**	—			
14. Psychological/verbal aggression	9.39	5.02	-.01	-.08	-.03	.04	.13*	-.01	-.02	.01	.06	.01	.01	.54**	.41**	—		
15. Physical assault	57.97	20.57	-.17**	-.02	-.19**	-.05	-.05	-.21**	-.19**	.13	.31**	.02	-.05	.95**	.57**	.41**	—	
16. Sexual coercion/aggression	21.97	8.97	-.19**	-.01	-.18**	-.08	-.10	-.20**	-.19**	.21**	.24**	.13	.06	.89**	.66**	.38**	.79**	—

Notes = 313 * $p < .05$ (two-tailed). ** $p < .01$ (two-tailed).

In Table 2, Pearson correlation analysis examined the relationships among adverse childhood experiences (ACEs), parenting styles, and intimate partner violence (IPV) and its dimensions. ACEs were significantly associated with IPV and its subcomponents. Specifically, ACEs showed a significant relationship with overall IPV ($r = -.21, p < .01$), physical assault ($r = -.17, p < .01$), sexual coercion/aggression ($r = -.19, p < .01$), and negotiation/conflict resolution ($r = -.12, p < .05$), as well as a positive association with psychological/verbal aggression ($r = .41, p < .01$). At the dimensional level, physical abuse ($r = -.21, p < .01$), physical neglect ($r = -.24, p < .01$), and household dysfunction ($r = -.21, p < .01$) were consistently associated with overall IPV. Similar patterns were observed across IPV dimensions, where physical abuse ($r = -.13$ to $-.19, p < .05$), physical neglect ($r = -.20$ to $-.24, p < .01$), and household dysfunction ($r = -.13$ to $-.21, p < .05$) showed significant relationships with negotiation/conflict resolution, physical assault, and sexual coercion/aggression. Emotional neglect was uniquely associated with psychological/verbal aggression ($r = .13, p < .05$). Other ACE dimensions (emotional abuse and sexual abuse) were largely non-significant across outcomes.

Parenting style also demonstrated significant associations with IPV outcomes. Overall parenting style was related to IPV ($r = .19, p < .05$), negotiation/conflict resolution ($r = .23, p < .01$), and sexual coercion/aggression ($r = .21, p < .01$), but not to psychological/verbal aggression ($r = .01, p > .05$) or physical assault ($r = .13, p > .05$). Among parenting dimensions, authoritative parenting showed consistent significant associations with IPV ($r = .32, p < .01$), negotiation/conflict resolution ($r = .26, p < .01$), physical assault ($r = .31, p < .01$), and sexual coercion/aggression ($r = .24, p < .01$), but not with psychological/verbal aggression ($r = .06, p > .05$). Authoritarian parenting was only significantly associated with negotiation/conflict resolution ($r = .21, p < .01$), while permissive parenting showed no significant relationships across outcomes ($r = .00$ to $.06, p > .05$). The findings indicate that childhood adversities, particularly physical abuse, physical neglect, and household dysfunction, are consistently associated with higher levels of IPV and poorer conflict resolution, while authoritative parenting demonstrates a relatively stronger and more consistent relationship with IPV-related outcomes compared to other parenting styles.

Table 3: Summary of Hierarchical Multiple Regression Showing the Independent and Joint Prediction of Adverse Childhood Experiences and Parenting Styles on Intimate Partner Violence

Model	Predictors	B	SE B	B	t	p	R	R ²	ΔR ²	F	p
1	Emotional abuse	0.68	3.69	0.01	0.18	> .05	.37	.14	.14	3.97	< .01
	Physical abuse	-20.89	7.86	-0.24	-2.66	< .01					
	Sexual abuse	-3.22	6.91	-0.06	-0.47	> .05					
	Emotional neglect	9.77	6.78	0.19	1.44	> .05					
	Physical neglect	-16.90	8.61	-0.18	-1.96	> .05					
	Household dysfunction	-1.69	1.47	-0.10	-1.15	> .05					
2	Emotional abuse	-0.83	3.56	-0.02	-0.23	> .05	.52	.27	.13	5.96	< .001
	Physical abuse	-21.19	7.36	-0.25	-2.88	< .01					
	Sexual abuse	-2.76	6.44	-0.05	-0.43	> .05					
	Emotional neglect	7.45	6.33	0.15	1.18	> .05					
	Physical neglect	-21.09	8.32	-0.22	-2.53	< .05					
	Household dysfunction	-1.98	1.38	-0.12	-1.43	> .05					
	Authoritative parenting	1.36	0.36	0.30	3.81	< .001					
	Authoritarian parenting	0.55	0.49	0.11	1.13	> .05					
Permissive parenting	0.32	0.42	0.07	0.76	> .05						

Table 4.3 presents a hierarchical multiple regression analysis examining the independent and joint contributions of adverse childhood experiences (ACEs) and parenting styles in predicting intimate partner violence (IPV) among adults in Ibadan, Oyo State. In Model 1, ACE dimensions significantly predicted IPV ($F(6,148) = 3.97$, $R = .37$, $R^2 = .14$, $\Delta R^2 = .14$, $p < .01$), explaining 14% of the variance. Among the predictors, physical abuse ($\beta = -0.24$, $t = -2.66$, $p < .01$) was significant. Other ACE dimensions were not significant. This suggests that early exposure to physical abuse and neglect increases the likelihood of IPV in adulthood. In Model 2, parenting styles were added, and the model remained significant ($F(9,145) = 5.96$, $R = .52$, $R^2 = .27$, $\Delta R^2 = .13$, $p < .001$), with parenting styles accounting for an additional 13% of the variance. Physical abuse ($\beta = -0.25$, $t = -2.88$, $p < .01$), physical neglect ($\beta = -0.22$, $t = -2.53$, $p < .05$), and authoritative parenting ($\beta = .30$, $t = 3.81$, $p < .001$) emerged as significant predictors, while authoritarian and permissive parenting were not significant. This implies that adults exposed to higher levels of physical abuse and physical neglect in childhood are more likely to engage in intimate partner violence. The

negative beta values suggest reduced ability to regulate or prevent violent behaviours with increasing exposure. Authoritative parenting also positively predicts IPV, indicating that certain structured or controlling practices may contribute to aggressive behaviours. Based on these findings, the hypothesis is partly supported.

Table 4: Summary of Hierarchical Multiple Regression Showing the Independent and Joint Prediction of Adverse Childhood Experiences and Parenting Styles on Negotiation and Conflict Resolution

Model	Predictors	B	SE	β	t	p	R	R ²	ΔR^2	F	P
1	Emotional abuse	0.12	0.55	0.02	0.22	> .05	.13	.02	.02	0.55	.769
	Physical abuse	-1.45	1.43	-0.10	-1.02	> .05					
	Sexual abuse	0.22	1.23	0.02	0.18	> .05					
	Emotional neglect	0.67	1.23	0.07	0.55	> .05					
	Physical neglect	-0.22	1.54	-0.01	-0.14	> .05					
	Household dysfunction	-0.25	0.28	-0.08	-0.91	> .05					
2	Emotional abuse	-0.02	0.54	-0.00	-0.04	> .05	.35	.13	.11	7.42	< .001
	Physical abuse	-1.57	1.36	-0.11	-1.16	> .05					
	Sexual abuse	0.24	1.18	0.03	0.20	> .05					
	Emotional neglect	0.31	1.17	0.03	0.27	> .05					
	Physical neglect	-0.48	1.49	-0.03	-0.32	> .05					
	Household dysfunction	-0.31	0.27	-0.10	-1.15	> .05					
	Authoritative parenting	0.20	0.07	0.23	2.97	< .01					
	Authoritarian parenting	0.18	0.09	0.18	1.95	> .05					
Permissive parenting	-0.02	0.07	-0.02	-0.27	> .05						

Table 4 presents the results of a hierarchical multiple regression analysis examining the independent and joint contributions of adverse childhood experiences (ACE) and parenting styles in predicting negotiation and conflict resolution among adults in Ibadan, Oyo State. In Model 1, ACE dimensions (emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, and household dysfunction) were entered as predictors. The results indicated that these ACE variables did not significantly predict negotiation and conflict resolution ($F(6,184) = 0.55$, $R = .13$, $R^2 = .02$, $\Delta R^2 = .02$, $p = .769$), explaining only 2% of the variance. None of the ACE dimensions independently predicted negotiation and conflict resolution, suggesting that experiences of childhood adversity alone were insufficient to account for adult negotiation and conflict resolution skills. In Model 2, parenting styles, authoritative, authoritarian, and permissive, were added to the model. The findings revealed a significant joint prediction of ACE and parenting styles on negotiation and conflict resolution ($F(9,181) = 7.42$, $R = .35$, $R^2 = .13$, $\Delta R^2 = .11$, $p < .001$), indicating that the inclusion of parenting styles explained an additional 11% of the variance beyond ACE alone. Independently, authoritative parenting ($\beta = 0.23$, $t = 2.97$, $p < .01$) emerged as a significant positive predictor of negotiation and conflict resolution, while authoritarian parenting approached significance ($\beta = 0.18$, $t = 1.95$, $p = .05$). Permissive parenting did not significantly predict negotiation and conflict resolution. These results suggest that adults who were exposed to authoritative parenting during childhood are more likely to develop effective negotiation and conflict resolution skills, whereas permissive parenting does not appear to influence these outcomes. Therefore, the hypothesis is partly supported.

Table 5: Summary of Hierarchical Multiple Regression Showing the Independent and Joint Prediction of Adverse Childhood Experiences and Parenting Styles on Psychological or Verbal Aggression

Model	Predictors	B	SE B	β	t	p	R	R ²	ΔR^2	F	P
1	Emotional abuse	-0.57	0.49	-0.09	-1.17	> .05	.22	.05	.05	1.54	>.05
	Physical abuse	-0.30	1.02	-0.03	-0.29	> .05					
	Sexual abuse	-0.86	0.88	-0.13	-0.97	> .05					
	Emotional neglect	2.02	0.88	0.30	2.31	< .05					
	Physical neglect	-0.88	1.09	-0.08	-0.81	> .05					
	Household dysfunction	0.15	0.20	0.07	0.75	> .05					
2	Emotional abuse	-0.56	0.50	-0.09	-1.12	> .05	.22	.05	.00	1.01	>.05
	Physical abuse	-0.29	1.03	-0.03	-0.28	> .05					
	Sexual abuse	-0.87	0.90	-0.13	-0.96	> .05					
	Emotional neglect	2.02	0.89	0.30	2.27	< .05					
	Physical neglect	-0.86	1.12	-0.07	-0.77	> .05					
	Household dysfunction	0.15	0.20	0.07	0.75	> .05					
	Authoritative parenting	0.01	0.05	0.02	0.20	> .05					
	Authoritarian parenting	-0.01	0.07	-0.01	-0.07	> .05					
Permissive parenting	-0.00	0.06	-0.00	-0.03	> .05						

Table 5 presents a hierarchical multiple regression analysis which examined the independent and joint contributions of adverse childhood experiences (ACE) and parenting styles in predicting psychological or verbal aggression among adults in Ibadan, Oyo State. In Model 1, ACE dimensions, including emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, and household dysfunction, were analysed as predictors of psychological or verbal aggression. The results indicated that these ACE variables jointly did not significantly predict psychological or verbal aggression ($F(6,182) = 1.54$, $R = .22$, $R^2 = .05$, $\Delta R^2 = .05$, $p > .05$), explaining only 5% of the variance in the dependent variable. Among the independent predictors, emotional neglect ($\beta = 0.30$, $t = 2.31$, $p < .05$) significantly predicted psychological or verbal aggression, suggesting that adults who experienced higher levels of emotional neglect during childhood are more likely to exhibit psychological or verbal aggression. In Model 2, parenting styles, including authoritative, authoritarian, and permissive, were added to the regression model. The findings revealed that the joint prediction of ACE and parenting styles on psychological or verbal aggression remained non-significant ($F(9,179) = 1.01$, $R = .22$, $R^2 = .05$, $\Delta R^2 = .00$, $p > .05$), indicating that the inclusion of parenting styles did not meaningfully improve the explanatory power of the model. Independently, only emotional neglect ($\beta = 0.30$, $t = 2.27$, $p < .05$) remained the only significant predictor in this model. None of the parenting styles significantly predicted psychological or verbal aggression. These results suggest that while emotional neglect in childhood is associated with increased psychological or verbal aggression in adulthood, other adverse childhood experiences and parenting styles do not significantly contribute to predicting such aggression. Based on these findings, the hypothesis is partly supported.

Table 6: Summary of Hierarchical Multiple Regression Showing the Independent and Joint Prediction of Adverse Childhood Experiences and Parenting Styles on Physical Assault

Model	Predictors	B	SE B	β	t	p	R	R ²	ΔR^2	F	p
1	Emotional abuse	1.82	1.53	0.09	1.18	> .05	.35	.12	.12	3.92	< .01
	Physical abuse	-10.76	4.25	-0.24	-2.54	< .05					
	Sexual abuse	0.78	3.32	0.03	0.23	> .05					
	Emotional neglect	2.29	3.32	0.08	0.69	> .05					
	Physical neglect	-6.76	4.39	-0.14	-1.54	> .05					
	Household dysfunction	-1.35	0.76	-0.15	-1.79	> .05					
2	Emotional abuse	1.82	1.53	0.09	1.18	> .05	.50	.25	.13	6.24	< .001
	Physical abuse	-11.71	3.97	-0.26	-2.95	< .01					
	Sexual abuse	0.78	3.32	0.03	0.23	> .05					
	Emotional neglect	2.29	3.32	0.08	0.69	> .05					
	Physical neglect	-6.76	4.39	-0.14	-1.54	> .05					
	Household dysfunction	-1.35	0.76	-0.15	-1.79	> .05					
	Authoritative parenting	0.94	0.19	0.35	4.86	< .001					
	Authoritarian parenting	0.10	0.26	0.03	0.38	> .05					
Permissive parenting	-0.02	0.21	-0.01	-0.11	> .05						

Table 6 presents a hierarchical multiple regression analysis which examined the independent and joint contributions of adverse childhood experiences (ACE) and parenting styles in predicting physical assault among adults in Ibadan, Oyo State. The analysis was conducted in two steps, adding predictor variables sequentially to determine their explanatory power in predicting physical assault. In Model 1, ACE dimensions, including emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, and household dysfunction, were analysed as predictors of physical assault. The results indicated that these ACE variables jointly predicted physical assault ($F(6,174) = 3.92$, $R = .35$, $R^2 = .12$, $\Delta R^2 = .12$, $p < .01$), explaining 12% of the variance in the dependent variable. Independently, physical abuse ($\beta = -0.24$, $t = -2.54$, $p < .05$) significantly predicted physical assault, suggesting that individuals who experienced higher levels of physical abuse during childhood were more likely to engage in physical assault in adulthood. Other ACE dimensions did not significantly predict the outcome. In the second model, parenting styles—authoritative, authoritarian, and permissive—were added to the regression model. The joint prediction of ACE and parenting styles on physical assault remained significant ($F(9,171) = 6.24$, $R = .50$, $R^2 = .25$, $\Delta R^2 = .13$, $p < .001$), indicating that the inclusion of parenting styles accounted for an additional 13% of the variance. However, the R^2 change value of (.13) associated with this model suggests that the addition of parenting styles to the first model significantly improved the predictive power of the regression model. Independently, physical abuse ($\beta = -0.26$, $t = -2.95$, $p < .01$) remained a significant negative predictor, while authoritative parenting ($\beta = 0.35$, $t = 4.86$, $p < .001$) emerged as a significant positive predictor of physical assault. This implies that adults who experienced higher levels of physical abuse during childhood are more likely to engage in physical assault, and that authoritative parenting positively predicts physical assault, suggesting that certain strict or controlling parenting practices may inadvertently contribute to aggressive behaviours. Based on this result, the hypothesis is partly supported.

Table 7: Summary of Hierarchical Multiple Regression Showing the Independent and Joint Prediction of Adverse Childhood Experiences and Parenting Styles on Sexual Coercion or Aggression

Model	Predictors	B	SE B	β	t	P	R	R ²	ΔR^2	F	p
1	Emotional abuse	0.80	0.71	0.09	1.14	> .05	.35	.12	.12	3.70	<.01
	Physical abuse	-4.34	1.83	-0.21	-2.37	< .05					
	Sexual abuse	0.79	1.63	0.06	0.48	> .05					
	Emotional neglect	0.52	1.61	0.04	0.32	> .05					
	Physical neglect	-4.36	2.04	-0.19	-2.14	< .05					
	Household dysfunction	-0.35	0.36	-0.08	-0.97	> .05					
2	Emotional abuse	0.55	0.70	0.06	0.79	> .05	.47	.22	.10	4.92	< .001
	Physical abuse	-4.38	1.75	-0.21	-2.51	< .05					
	Sexual abuse	0.67	1.56	0.05	0.43	> .05					
	Emotional neglect	0.19	1.53	0.02	0.13	> .05					
	Physical neglect	-5.18	1.99	-0.22	-2.61	< .05					
	Household dysfunction	-0.49	0.35	-0.12	-1.43	> .05					
	Authoritative parenting	0.24	0.08	0.22	2.88	< .01					
	Authoritarian parenting	0.13	0.12	0.10	1.11	> .05					
	Permissive parenting	0.12	0.10	0.11	1.25	> .05					

Table 7 presents a hierarchical multiple regression analysis which examined the independent and joint contributions of adverse childhood experiences (ACE) and parenting styles in predicting sexual coercion or aggression among adults in Ibadan, Oyo State. In Model 1, ACE dimensions, including emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, and household dysfunction, were analysed as predictors of sexual coercion or aggression. The results indicated that these ACE variables jointly predicted sexual coercion or aggression ($F(6,161) = 3.70$, $R = .35$, $R^2 = .12$, $\Delta R^2 = .12$, $p = .002$), explaining 12% of the variance in the dependent variable. Independently, physical abuse ($\beta = -0.21$, $t = -2.37$, $p < .05$) and physical neglect ($\beta = -0.19$, $t = -2.14$, $p < .05$) significantly predicted sexual coercion or aggression. In the second model, parenting styles, authoritative, authoritarian, and permissive, were added to the regression model. The joint prediction of ACE and parenting styles on sexual coercion or aggression remained significant ($F(9,158) = 4.92$, $R = .47$, $R^2 = .22$, $\Delta R^2 = .10$, $p < .001$), indicating that the inclusion of parenting styles accounted for an additional 10% of the variance. However, the R^2 change value of (.10) associated with this model suggests that the addition of parenting styles to the first model

significantly improved the predictive power of the regression model. Independently, physical abuse ($\beta = -0.21$, $t = -2.51$, $p < .05$), physical neglect ($\beta = -0.22$, $t = -2.61$, $p < .05$), and authoritative parenting ($\beta = 0.22$, $t = 2.88$, $p < .01$) emerged as significant predictors. This implies that adults who experienced higher levels of physical abuse or physical neglect during childhood are more likely to engage in sexual coercion or aggression, and that authoritative parenting positively predicts sexual coercion or aggression, suggesting that certain strict or controlling parenting practices may inadvertently contribute to such behaviours. Based on this result, the hypothesis is partly supported.

Table 8: t-test for independent samples summary table showing gender differences in intimate partner violence and related dimensions

Dependent Variable	Gender	N	Mean	SD	T	df	P
Intimate partner violence	Male	89	110.31	37.08	0.954	211	> 0.05
	Female	124	105.50	35.76			
Negotiation & conflict resolution	Male	107	18.36	7.24	0.761	263	> 0.05
	Female	158	17.66	7.54			
Psychological/verbal aggression	Male	103	9.37	5.36	0.456	258	> 0.05
	Female	157	9.07	5.04			
Physical assault	Male	95	59.88	20.99	1.031	243	> 0.05
	Female	150	57.07	20.65			
Sexual coercion or aggression	Male	102	22.49	9.30	0.890	235	> 0.05
	Female	135	21.43	8.91			

An independent samples t-test was conducted to examine whether there were significant gender differences across intimate partner violence and its dimensions (negotiation & conflict resolution, psychological/verbal aggression, physical assault, and sexual coercion or aggression) as presented in Table 8. The results revealed no statistically significant differences between male and female participants in these dimensions. The analysis indicated no significant difference in overall intimate partner violence scores between male ($M = 110.31$, $SD = 37.08$) and female participants ($M = 105.50$, $SD = 35.76$), $t(211) = 0.954$, $p > 0.05$. This suggests that both genders reported similar experiences of intimate partner violence. For negotiation and conflict resolution, no significant difference ($t(263) = 0.761$, $p > 0.05$) was found between male ($M = 18.36$, $SD = 7.24$) and female participants ($M = 17.66$, $SD = 7.54$), indicating comparable abilities to negotiate or resolve conflicts. Similarly, psychological or verbal aggression did not significantly differ between male ($M = 9.37$, $SD = 5.36$) and female participants ($M = 9.07$, $SD = 5.04$), $t(258) = 0.456$, $p > 0.05$. Physical assault scores also showed no significant difference between male ($M = 59.88$, $SD = 20.99$) and female participants ($M = 57.07$, $SD = 20.65$), $t(243) = 1.031$, $p > 0.05$. Finally, sexual coercion or aggression scores were similar for male ($M = 22.49$, $SD = 9.30$) and female participants ($M = 21.43$, $SD = 8.91$), $t(235) = 0.890$, $p > 0.05$. These results imply that

gender did not significantly influence exposure to intimate partner violence or related behaviours among the study participants. Based on these findings, the hypothesis was rejected.

Table 9: Summary of Multiple Regression showing results on the independent and joint influence of age and number of children on intimate partner violence

Predictors	β	t	Sig	R	R ²	F	P
Age	-.038	-.442	> .05				
Number of children	-.036	-.418	> .05	.057	.003	.235	> .05

Table 9 presents results on the joint and independent influence of age and number of children on intimate partner violence among married couples in Ibadan Metropolis. The result shows that age and number of children had a non-significant joint influence on intimate partner violence [$R = .057$; $R^2 = .003$; $F(2, 144) = 0.235$; $p > .05$]. This signifies that age and number of children jointly accounted for only 0.3% of the variance observed in intimate partner violence, while the remaining 99.7% is due to variables not considered in this study. However, age ($\beta = -.038$; $t = -.442$; $p > .05$) and number of children ($\beta = -.036$; $t = -.418$; $p > .05$) did not independently influence intimate partner violence. The results indicate that neither the age of the participants nor the number of children they have significantly predicts intimate partner violence in this sample. Based on these results, the stated hypothesis is not supported.

Discussion

The present study examines the extent to which adverse childhood experiences (ACEs) and parenting styles jointly and independently predict intimate partner violence (IPV) and its dimensions (negotiation and conflict resolution, psychological/verbal aggression, physical assault, and sexual coercion) among adults in Ibadan, Oyo State, Nigeria. Guided by ecological and social learning perspectives, the study also assessed whether socio-demographic variables (gender, age, and number of children) significantly influence IPV. The findings provided partial support for the hypotheses. Results revealed that ACEs and parenting styles jointly predict IPV, suggesting that childhood adversity and family socialisation processes operate in an interconnected manner rather than in isolation. This aligns with the ecological systems perspective, which argues that violence is shaped by cumulative and interacting risk factors across developmental stages (Bronfenbrenner, 1979; Basto-Pereira et al., 2022). The joint predictive power indicates that neither childhood adversity nor parenting style alone sufficiently explains IPV; rather, their interaction produces conditions under which violence becomes more likely, consistent with prior research demonstrating that developmental risks accumulate to shape adult outcomes (Thulin et al., 2021; Basto-Pereira et al., 2022). However, the relatively modest variance explained indicates that these variables do not fully account for IPV, implying additional psychosocial and contextual determinants such as community norms, economic stress, and access to support services (Sunmola et al., 2025; Eze & Nsirim, 2024).

Physical abuse and physical neglect independently predicted IPV, reinforcing the well-established link between early exposure to violence and later aggressive behaviour. This

aligns with social learning theory, which posits that individuals exposed to violence in childhood may internalise aggression as a normative conflict-resolution strategy (Thulin et al., 2021). This finding corroborates Nigerian evidence showing that childhood maltreatment predicts later IPV and dating aggression (Onyedibe et al., 2023; Igwe et al., 2021). The mechanism involves internalisation of behavioural scripts: children who experience physical abuse learn that power and aggression are legitimate conflict-resolution tools, while those experiencing physical neglect develop deficits in emotional regulation and impulse control that predispose them to violent responses in adulthood (Nikulina et al., 2021; Thulin et al., 2021). Conversely, emotional abuse, sexual abuse, emotional neglect, and household dysfunction were not significant predictors, suggesting that not all ACE dimensions exert equal influence, highlighting the importance of distinguishing between types of adversity rather than treating ACEs as homogeneous (Nikulina et al., 2021). Unexpectedly, emotional neglect did not predict IPV, contradicting some prior findings. This divergence may reflect cultural differences in the interpretation and reporting of emotional neglect, or indicate that in the Nigerian context, physical forms of adversity carry greater weight in shaping adult violence than emotional ones (Chenube, 2024; Odedokun & Umanhonlen, 2026).

Parenting styles contributed to IPV outcomes, with authoritative parenting emerging as a significant predictor. This finding is theoretically complex, as authoritative parenting is traditionally conceptualised as protective (Baumrind, 2013). Contrary to the hypothesis, authoritative parenting was positively associated with IPV. This unexpected finding suggests that parenting styles may function differently depending on cultural interpretation and lived experience. In Nigerian and similar collectivist contexts, authoritative parenting may be perceived as restrictive or controlling, particularly when combined with early trauma, thereby complicating its presumed protective role (Chenube, 2024; Odedokun & Umanhonlen, 2026). The mechanism may involve cultural misalignment: behaviours classified as authoritative in Western frameworks, such as firm rule-setting and high expectations, may be experienced by Nigerian children as harsh or coercive, particularly where parental authority is culturally absolute (Eze & Nsirim, 2024; Sunmola et al., 2025). This finding challenges the universality of Western-based parenting typologies and underscores the need for culturally grounded interpretations of family processes. In contrast, authoritarian and permissive parenting were not significant predictors, suggesting that parenting style alone is insufficient to explain violent behaviour unless considered alongside childhood adversity. This supports prior Nigerian findings that parenting effects are often indirect and shaped by broader family stressors such as domestic violence and economic strain (Eze & Nsirim, 2024; Sunmola et al., 2025). Cumulative family risk rather than isolated parenting dimensions better explains IPV patterns.

Regarding negotiation and conflict resolution, ACEs and parenting styles jointly predicted outcomes, although ACEs independently were not significant. This indicates that childhood adversity influences conflict management skills primarily through interaction with parenting environments. Authoritative parenting emerged as a significant positive predictor, suggesting that emotionally supportive and structured parenting fosters adaptive interpersonal skills such as communication, emotional regulation, and problem-solving. This is consistent with developmental theories emphasising responsive caregiving in building socio-emotional competence (Osasona et al., 2020). The mechanism may involve modelling: children raised in authoritative households observe parents who negotiate, explain rules, and consider children's perspectives, acquiring these skills as templates for adult relationships (Baumrind, 2013; Osasona et al., 2020). The non-significant influence of authoritarian and permissive parenting reinforces that extreme of control or indulgence may fail to equip individuals with balanced negotiation skills. For psychological/verbal aggression, the joint model of ACEs

and parenting styles was not significant, indicating that these factors may not sufficiently explain verbal aggression when considered collectively. However, emotional neglect independently predicted psychological/verbal aggression, highlighting its unique psychological impact. Emotional neglect has been consistently linked to deficits in emotional regulation, empathy, and interpersonal sensitivity, which may predispose individuals to hostile communication patterns (Suárez et al., 2021; Rivas-Rivero & Bonilla-Algovia, 2022). The mechanism may involve the absence of early emotional scaffolding: children who experience emotional neglect do not learn to identify, express, or regulate emotions effectively, leaving few tools for managing conflict except through verbal aggression (Brown et al., 2024). The non-significant role of parenting styles suggests that emotional experiences may be more proximal determinants of verbal aggression than general parenting classifications. Contrary to expectations, authoritarian parenting did not predict verbal aggression, diverging from Western studies where harsh parenting is consistently linked to hostile communication (Nikulina et al., 2021).

For physical assault, ACEs and parenting styles jointly predicted outcomes, with physical abuse emerging as a significant independent predictor. This aligns with the intergenerational transmission of violence theory, which posits that exposure to violence increases later perpetration through learned behavioural scripts and desensitisation (Amjad et al., 2025; Basto-Pereira et al., 2022). The mechanism is well-established: children who experience physical abuse develop cognitive schemas that normalise violence, experience reduced physiological arousal to aggression, and lack alternative conflict-resolution models (Thulin et al., 2021; Amjad et al., 2025). Interestingly, authoritative parenting also predicted physical assault, contradicting dominant theoretical expectations. This may reflect contextual distortions of parenting categories where authoritative practices include strict discipline or coercive control, inadvertently modelling aggression (Aruoture & Adegoke, 2024; Sun, 2026). The mechanism may involve cultural reinterpretation: what researchers classify as authoritative based on Western criteria may, in Nigerian practice, include physical discipline that parents perceive as responsible but children experience as violence (Chenube, 2024; Odedokun & Umanhonlen, 2026).

This finding underscores the limitation of applying Western-derived parenting constructs without accounting for sociocultural reinterpretation. Similarly, ACEs and parenting styles jointly predicted sexual coercion. Physical abuse and physical neglect independently predicted sexual coercion, reinforcing evidence that early physical victimisation disrupts boundaries, consent understanding, and emotional regulation (Basto-Pereira et al., 2022; Iyanda et al., 2024). The mechanism may involve boundary dysregulation: children who experience physical abuse or neglect do not develop an intact sense of bodily autonomy or interpersonal boundaries, making them more likely to perpetrate and experience boundary violations in adulthood (Iyanda et al., 2024; Basto-Pereira et al., 2022). Authoritative parenting again emerged as a predictor, challenging its assumed protective role and suggesting that cultural context may reshape its behavioural consequences. This aligns with arguments that parenting operates within broader systems of power, gender norms, and relational stressors (Chenube, 2024; Sun, 2026). Contrary to Western-based expectations, authoritarian parenting did not predict sexual coercion, suggesting that physical adversity may be a more potent pathway than parenting style alone.

Gender did not significantly influence IPV or any of its dimensions. These findings challenge dominant patriarchal frameworks that position IPV as predominantly male-perpetrated. Instead, they suggest possible bidirectionality in IPV within this context, particularly in urban Nigerian settings where shifting gender roles and increased economic participation among

women may be reshaping relational dynamics (Stöckl et al., 2021). The mechanism may involve changing social norms: as women gain economic independence, traditional power imbalances shift, potentially leading to reciprocal violence (Stöckl et al., 2021; Eze & Nsirim, 2024). However, this finding must be interpreted cautiously, as underreporting due to stigma and gender norms may mask true differences in victimisation patterns (Eze & Nsirim, 2024). It is also possible that self-report methodology captured only certain forms of violence, missing severe male-perpetrated violence that is less likely to be disclosed (Sunmola et al., 2025). The absence of significant gender differences in IPV perpetration and victimisation in this sample may reflect shifting relational dynamics in urban Nigerian contexts.

Balogun et al. (2024) observed that contemporary African settings are experiencing renegotiations of beauty, sexuality, and gender performance, which may contribute to more bidirectional expressions of conflict and aggression compared to traditional patriarchal models. Furthermore, age and number of children did not predict IPV, either independently or jointly. This indicates that structural demographic variables may have limited explanatory power compared to psychosocial and developmental factors. While some studies associate younger age with higher IPV risk due to economic vulnerability and relational inexperience (Cooper et al., 2021), the present findings suggest that IPV may be better explained by entrenched relational patterns and early-life experiences rather than demographic position alone. The mechanism may involve developmental inertia: once violent relationship patterns become established, they persist across the lifespan regardless of age, making chronological age a poor predictor compared to childhood histories of adversity (Basto-Pereira et al., 2022; Amjad et al., 2025). Similarly, the number of children may contribute indirectly to stress but does not independently determine violence, supporting arguments that relational quality and coping mechanisms are more critical determinants (Kaufman-Parks et al., 2023).

Implications for Trauma-Informed Policy, Psychosocial Practice, and Violence Prevention

The findings position intimate partner violence as a developmental and intergenerational public health concern rather than a purely relational or adult behavioural issue. The consistent predictive role of adverse childhood experiences, particularly physical abuse, physical neglect, and emotional neglect, across IPV outcomes underscores the long-term neuropsychosocial consequences of early trauma exposure, consistent with developmental trauma and ecological systems perspectives. This suggests that IPV prevention frameworks in Nigeria should shift from downstream crisis response models to upstream prevention strategies embedded within child protection systems, family functioning, and early caregiving environments. In particular, the findings challenge the assumption that parenting styles operate uniformly across cultures, as the context-dependent effects observed for authoritative parenting indicate that parenting constructs require cultural recalibration within Nigerian family systems, where authority, discipline, and emotional expression are socially structured in complex ways. Importantly, the results also highlight the need to strengthen child and adolescent voices in violence prevention systems by encouraging children to speak up about abuse and ensuring that safe, confidential, and accessible reporting mechanisms are available within schools, communities, and healthcare settings, thereby reducing barriers to disclosure and early intervention.

From a policy and applied practice perspective, the study supports an integrated trauma-informed prevention model that links child welfare, mental health services, and IPV intervention systems. Routine screening for childhood maltreatment in healthcare, school, and psychosocial service settings is warranted, particularly for individuals presenting with relational aggression or conflict dysregulation. Governments should establish

confidential, accessible reporting channels specifically for children experiencing abuse from parents or primary caregivers. Interventions should prioritise strengthening emotional regulation capacities, attachment security, and non-violent conflict resolution skills beginning in early adolescence, rather than relying solely on adult relationship counselling. At the policy level, this evidence advocates for a coordinated national framework that combines child protection enforcement, parenting support programs, and community-based psychoeducation on violence prevention. Such an approach reframes IPV not as an isolated behavioural outcome but as a cumulative consequence of developmental adversity, requiring multi-sectoral, culturally responsive, and prevention-oriented intervention systems.

Study Limitations and Directions for Future Research

This study has several limitations that should be considered when interpreting the findings. First, the cross-sectional design limits causal inference, meaning that the observed relationships between adverse childhood experiences, parenting styles, and intimate partner violence cannot be interpreted as directional or causal. It is also possible that IPV experiences may retrospectively influence participants' recall of childhood adversity, introducing potential reverse causality. Second, reliance on self-report measures may have introduced recall bias and social desirability effects, particularly given the sensitive and culturally stigmatised nature of IPV disclosure in Nigerian contexts. Third, the exclusion of unmarried individuals limits generalizability, as IPV dynamics may differ in dating, cohabiting, or separated populations. Fourth, the relatively low explained variance in some models suggests the presence of unmeasured confounders such as partner characteristics, substance use, community norms, and structural stressors, which were not captured in the dataset. In addition, the present study did not account for the multilevel contextual embedding of intimate partner violence, particularly clustering effects across neighbourhoods and community environments, where shared social norms, structural deprivation, and gendered power expectations may jointly shape both exposure to adverse childhood experiences and the expression of adult relational violence. This represents an important analytical limitation, as contemporary IPV scholarship increasingly conceptualises violence as a contextually produced relational phenomenon, embedded within interacting individual, familial, and structural systems rather than isolated psychological traits. Furthermore, the use of lifetime IPV measures without temporal anchoring constrains the ability to reconstruct developmental sequencing and identify sensitive periods through which early adversity translates into later relational dysregulation.

Future research should therefore move beyond traditional cross-sectional and single-level analytic approaches toward developmental–ecological longitudinal modelling frameworks that trace trajectories of violence from adolescence into adulthood, allowing for the identification of critical transition points and cumulative risk pathways. There is also a need for integrated multilevel dyadic analytic designs that simultaneously model individual psychological vulnerability, partner-level relational dynamics, and community structural conditions such as concentrated poverty, gender norm rigidity, and exposure to community violence, particularly within low- and middle-income contexts where structural stressors are more pronounced. Methodologically, future studies should incorporate contextually grounded IPV measurement systems that move beyond Western typologies to capture culturally specific expressions of coercion, relational dominance, and emotional control within Nigerian family systems. Finally, the application of latent class and pathway-based modelling approaches may help to identify distinct

developmental IPV profiles emerging from different combinations of childhood adversity and parenting environments, thereby advancing more precise, mechanism-driven prevention and intervention strategies.

Conclusion

This study provides empirical evidence that intimate partner violence in adulthood is significantly shaped by early developmental experiences, particularly adverse childhood experiences and parenting style. Across the findings, physical abuse, physical neglect, and emotional neglect consistently emerged as key predictors of multiple IPV dimensions, highlighting the enduring psychological and behavioural consequences of early maltreatment. Parenting styles, particularly authoritative parenting, also demonstrated significant but context-dependent effects, underscoring the importance of culturally situated interpretations of family socialisation practices in shaping adult relational outcomes. The results reinforce a developmental and trauma-informed understanding of IPV, positioning it as a cumulative outcome of early-life adversity rather than an isolated adult relational phenomenon. While some socio-demographic variables showed limited explanatory power, the findings emphasise that the roots of intimate partner violence are deeply embedded in childhood experiences and family systems. These insights point to the need for integrated prevention strategies that combine child protection, parenting support, and trauma-informed psychosocial interventions aimed at breaking the intergenerational cycle of violence.

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