SOCIAL WORK INTERVENTION STRATEGIES FOR VICTIMS OF INTIMATE PARTNER VIOLENCE IN IGUADOLOR COMMUNITY, OVIA NORTH EAST LOCAL GOVERNMENT OF EDO STATE

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JANUARY 2026

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BEING A PROJECT WORK SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK, FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN, BENIN CITY NIGERIA IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF SCIENCE [B.SC.] (HONS) DEGREE IN SOCIAL WORK JANUARY, 2026

JANUARY 2026

CERTIFICATION

This is to certify that this original research work was carried out by David Osaigbokhan Imariagbe with matriculation number SSC2106060 under strict supervision and has been approved as adequate in scope and content in partial fulfillment for the award of Bachelor of Science (B.Sc) Degree in Social Work, University of Benin.

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DEDICATION

This project is dedicated to Almighty God and my beloved family

ACKNOWLEDGEMENTS

I want to express my deep appreciation to Almighty God for bestowing upon my life, vitality, and wisdom throughout this research and my academic journey. His continuous support and guidance have been the cornerstone of all my achievements.

I would like to express my heartfelt appreciation to my project supervisor, professor Sumaina Yesufu, whose expert guidance, valuable feedback, and patience have been pivotal throughout this research. Your insightful mentorship has not only contributed to the success of this project but has also deepened my understanding and enhanced my research abilities.

I am genuinely thankful to my Head of Department, Dr. Helen Ehi Eweka whose leadership, inspiration, and dedication to academic excellence have significantly impacted my development

and drive.

I am highly grateful to my lovely parents, Mr and Mrs Imariagbe, for their unending love, support, prayer, advice and sacrifices. Your spiritual and moral encouragement has been my greatest source of inspiration and strength. I am genuinely grateful for

all you have done for me during my academic years all I can say is thank you very much . To my uncles who has also played a vital role financially and morally I want to really appreciate you Bros ken and Bros Shedrack and to my siblings who have been their for me, Iyosayi, Salvation and Iyenoma I cannot thank God enough for the priceless gift of each of you are my prayer partner and also my source of joy.

To the people that made school life sweet for me, my aunt Abies, mummy JoJo, Ezekiel my daddy, Danny, Brian, Awili, Biki, Emperor, Favour, Wemmy, Josie, Emikay and every other friend I may not have mentioned by name but hold a great space in my heart I really appreciate you all.

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ABSTRACT

This study examined social work intervention strategies for victims of intimate partner violence (IPV) in Iguadolor community, Ovia-North East Local Government Area of Edo State. Intimate partner violence remains a serious social problem in Nigeria, particularly in rural and semi-urban communities where cultural norms, economic dependence, and limited access to support services often prevent victims from seeking help. The study was motivated by the need to understand the types of intervention strategies available, how they are implemented, their impact on victims, and the challenges faced by social workers in addressing IPV within the community. The study adopted a descriptive survey research design. Data were collected using a structured questionnaire administered to 100 respondents in Iguadolor community. The questionnaire consisted of two sections: Section A captured the demographic characteristics of respondents, while Section B addressed issues related to social work intervention strategies, including their types, nature, impact, challenges, and possible solutions. The findings further revealed that social work intervention strategies have had a positive impact on victims of intimate partner violence. Many respondents agreed that interventions have helped victims regain confidence, improve access to support services, and reduce repeated cases of abuse. Despite these positive outcomes, a significant number of victims remain reluctant to leave abusive relationships due to cultural beliefs, fear of stigma, emotional attachment, and economic dependence. The study identified several challenges affecting the effectiveness of social work intervention strategies in Iguadolor community. The study further established that social work intervention strategies have had a positive impact on victims of intimate partner violence in Iguadolor community. Many victims have benefited from counselling, increased access to support services, and reduced recurrence of abuse. These outcomes show that social work interventions can make a meaningful difference in the lives of victims. Increased Government Funding and Resource Allocation: The government at both state and local levels should increase funding allocated to social welfare departments and agencies responsible for addressing intimate partner violence. Adequate funding is necessary to support counselling services, legal aid, shelter provision, and rehabilitation programmes for victims. Financial resources should also be used to employ more trained social workers and provide necessary logistics such as transportation, office facilities, and communication tools. Improved funding will enable social workers to respond more effectively and promptly to cases of IPV, particularly in rural communities like Iguadolor.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Intimate partner violence (IPV) is one of the most widespread and persistent forms of gender-based violence across the world and according to Johnson et al. (2024), it is one of the most common forms of violence against girls and women globally. It affects millions of individuals, particularly women, it undermines their physical, emotional, social, and economic well-being, globally and in Africa.

In Nigeria, IPV is a growing public health and human rights concern, cutting across all socio-economic, religious, and cultural boundaries. According to Adebowale et al. (2025), the level of intimate partner violence (IPV) and its spectrum is high in Nigeria, but prominent disparities existed across the regions with North-East and South-East mostly affected. Despite various efforts to combat this issue, many victims remain trapped in abusive relationships due to deeply entrenched cultural norms, economic dependency, fear of stigma, and limited access to support services. Social work, as a profession dedicated to promoting social justice and human rights, plays a vital role in addressing IPV through both preventive and responsive interventions. Social workers have a significant responsibility in all aspects of IPV,

including legislation, policies, practice, and advocacy (National Association of Social Workers, 2018).

Furthermore, Intimate partner violence refers to behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. This definition covers violence by both current and former spouses and partners. In the Nigerian context, particularly in Edo State, the prevalence of intimate partner violence is alarming. Recent studies have shown that a significant proportion of women have experienced physical, sexual, or emotional abuse from their partners. Oluwole et al. (2020) asserted that community-based interventions by Lagos State government and other stakeholders are needed to empower women, reduce exposure of children to IPV at home and provide enlightenment education on IPV in communities. In rural and peri-urban communities like those in Ovia-North East Local Government Area, such as Iguadolor, these figures may be even higher due to limited awareness, poor reporting systems, and inadequate intervention mechanisms. Many victims in such areas are reluctant to speak out due to fear of social stigma, retaliation, or lack of trust in formal institutions.

Despite the growing recognition of IPV as a critical issue, interventions remain fragmented and, in many cases, poorly adapted to the local socio-cultural realities of communities like Iguadolor. Often, government policies and non-governmental

interventions are designed for urban populations and may not effectively reach or address the specific needs of rural victims. The absence of robust and context-specific social work strategies in communities like Iguadolor means that many victims are left without adequate support or pathways to safety and recovery. Moreover, cultural beliefs that normalize male dominance and discourage open discussions about domestic violence further complicate efforts to intervene effectively.

Social workers have the professional mandate and skills to engage in advocacy, counselling, education, and community mobilization to address intimate partner violence. They are uniquely positioned to intervene at multiple levels—individual, family, community, and policy—ensuring a holistic and sustainable approach to prevention and support. In settings like Iguadolor, where formal support structures may be weak or inaccessible, social workers can play a pivotal role by strengthening informal support systems, building community awareness, and advocating for victim-sensitive policies and services. However, there is limited research on what specific social work strategies are being employed in such communities, their effectiveness, and how they can be improved or scaled.

This study is therefore motivated by the urgent need to examine the nature and scope of social work intervention strategies for victims of intimate partner violence in the Iguadolor community. By exploring current practices, identifying gaps, and

highlighting best approaches, the research aims to contribute to a more effective and culturally appropriate response to IPV in the area. Understanding the challenges victims face and the support mechanisms available to them is crucial in developing responsive interventions that not only provide immediate relief but also empower survivors and prevent future violence.

This study seeks to bridge the gap between theory and practice by critically analyzing the role of social work in addressing intimate partner violence in a rural Nigerian context. It will provide valuable insights for social work professionals, policymakers, community leaders, and non-governmental organizations working to create safer and more supportive environments for victims of IPV in communities like Iguadolor and beyond.

1.2 Statement of the Research

Intimate Partner Violence (IPV) remains a significant and persistent social problem in Nigeria, with rural and peri-urban communities such as Iguadolor in Ovia-North East Local Government Area of Edo State experiencing heightened vulnerability. Despite growing awareness and policy responses at national and state levels, victims in these communities often lack access to effective support systems and intervention services. Cultural norms, economic dependency, social stigma, and weak

institutional responses continue to trap many individuals especially women in abusive intimate relationships (World Health Organization, [WHO], 2013).

Although social work as a profession is equipped to respond to IPV through advocacy, counselling, community mobilization, and empowerment initiatives, there is a noticeable gap between theoretical approaches and the practical realities of IPV intervention in rural settings like Iguadolor. Existing interventions are often fragmented, urban-centered, and not contextually grounded in the socio-cultural dynamics of rural communities. This disconnect has resulted in ineffective service delivery and a lack of sustainable impact on the lives of IPV victims in these areas (National population commission, [NPC], 2019)

Furthermore, limited research has been conducted on the specific social work intervention strategies used in communities like Iguadolor, leaving a gap in knowledge regarding their relevance, effectiveness, and potential for improvement or replication. Without a clear understanding of what strategies are being implemented, how victims are engaging with support systems, and what barriers hinder effective intervention, efforts to combat IPV will remain inadequate.

Therefore, this study seeks to investigate and critically analyze the social work intervention strategies currently in use for addressing intimate partner violence in the Iguadolor community. It aims to identify existing gaps, assess the effectiveness of

current practices, and explore culturally appropriate and sustainable approaches that can improve outcomes for victims and inform future policy and practice.

1.3 Objectives of Study

i. To identify the major types of social work intervention strategies available for victims of intimate partner violence in Iguadolor community, Edo State.
ii. To examine the nature of social work intervention strategies employed in addressing intimate partner violence in Iguadolor community, Edo State.
iii. To assess the impact of social work intervention strategies on victims of intimate partner violence in Iguadolor community, Edo State.
iv. To investigate the challenges faced by social workers in implementing intervention strategies for victims of intimate partner violence in Iguadolor community, Edo State.
v. To explore possible solutions to the challenges affecting the effectiveness of social work intervention strategies for victims of intimate partner violence in Iguadolor community, Edo State.

1.4 Research Questions

The following research questions will guide this study:

i. What are the major types of social work intervention strategies available for victims of intimate partner violence in Iguadolor community, Edo State?
ii. What is the nature of social work intervention strategies employed in addressing intimate partner violence in Iguadolor community, Edo State?
iii. To what extent are social work intervention strategies on victims of intimate partner violence in Iguadolor community, Edo State?
iv. What are the challenges faced by social workers in implementing intervention strategies for victims of intimate partner violence in Iguadolor community, Edo State?
v. What are the roles of social workers in addressing intimate partner violence in Iguadolor community, Edo State?

1.5 Significance of the Study

This study is important because it will focus on social work intervention strategies for addressing intimate partner violence in the Iguadolor community of Edo State. It provides useful insights for social workers, policymakers, and community stakeholders by identifying effective, culturally appropriate approaches to supporting victims in rural settings. The study also contributes to existing knowledge by filling gaps in research on intimate partner violence interventions in rural Nigerian

communities and promoting improved service delivery and policy development. In many rural and peri-urban areas like Iguadolor, victims of IPV often suffer in silence due to fear, shame, or lack of access to help. Many do not know where to go for support or are afraid of being judged or blamed by society. Social workers have the training and responsibility to support people who are facing such difficult situations. They provide counseling, education, advocacy, and other forms of assistance to help victims cope with abuse and rebuild their lives. However, even though social workers are doing this important work, there is not enough information about what exactly they are doing in communities like Iguadolor, how effective these strategies are, and what challenges they face. This lack of knowledge makes it hard to know what is working and what needs to be improved.

By carrying out this research, we will be able to understand the types of social work strategies that are currently being used to help victims of intimate partner violence in the Iguadolor community. We will also find out how these strategies are applied, what results they bring, and whether they are meeting the needs of the victims. The study will also help us identify the major problems that social workers face while trying to help, such as lack of resources, cultural resistance, or poor cooperation from the community. In addition, the study will suggest possible solutions that can make the work of social workers more effective and impactful.

The findings from this research will be useful to many different groups. Social workers will benefit by gaining more knowledge about better ways to help victims. Government officials and policymakers can use the results to design programs that are more suitable for rural communities like Iguadolor. Non-governmental organizations (NGOs) and other stakeholders working in the area of gender-based violence will also benefit from the insights of this study. They can use the findings to plan more effective outreach and support services. Finally, the study will also contribute to academic knowledge. It can serve as a useful material for students and researchers who are studying social work, gender issues, or community development.

1.6 Scope of the Study

This study focuses on understanding how social workers help victims of intimate partner violence (IPV) in the Iguadolor community, which is located in Ovia-North East Local Government Area of Edo State, Nigeria. The study is limited to this particular community because it represents a rural and peri-urban area where cases of IPV are often underreported and support services are not always easily available.

The research looks specifically at the strategies used by social workers to support victims of IPV. It will explore what kinds of help are available, how these support strategies are carried out in the community, and how effective they are in improving the lives of victims. It will also look at the challenges social workers face when

trying to provide help, such as cultural beliefs, limited resources, or lack of cooperation from community members. In addition, the study will try to suggest practical solutions that could make the work of social workers more effective in the area.

This study does not include other types of gender-based violence that are not related to intimate partner relationships. It also does not compare the situation in Iguadolor to other communities or urban areas. The aim is to look closely at what is happening in Iguadolor alone so that the findings can be specific, practical, and useful for people working in similar rural settings.

1.7 Definition of Terms

Social Work: social work is a practice-based profession and academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people, driven by principles of social justice, human rights, collective responsibility, and respect for diversity, working with people and structures to address challenges and enhance well-being.

Intervention Strategies: Intervention strategies refer to planned methods or actions taken to address a problem or situation. In this study, it refers to the various techniques, programs, or services that social workers use to help victims of intimate

partner violence. These may include counselling, advocacy, legal support, shelter placement, awareness campaigns, and empowerment programs.

Victims: Victims in this study are individuals, particularly women, who have suffered physical, emotional, sexual, or psychological abuse from their intimate partners. They may be currently experiencing violence or may have survived it in the past.

Intimate Partner Violence (IPV): Intimate Partner Violence refers to any form of abuse—physical, sexual, emotional, or psychological—that occurs between partners in an intimate relationship. This includes married or unmarried couples, as well as former partners. IPV is a serious social issue that affects the health, safety, and rights of individuals, particularly women.

Gender-Based Violence: Gender-based violence (GBV) refers to harmful acts directed at individuals based on their gender. While this study focuses specifically on intimate partner violence, IPV is a form of GBV that mostly affects women and girls.

CHAPTER TWO

LITERATURE REVIEW

2.1 Conceptual Framework

Intimate Partner Violence is defined as any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship. These behaviors may include physical aggression, sexual coercion, emotional abuse, and controlling actions (WHO, 2022). While IPV affects individuals of all genders and orientations, women are disproportionately affected. The World Health Organization (2022) underscores that nearly 1 in 3 women globally have experienced IPV in their lifetime. Ellsberg et al. (2015) emphasized that IPV is a gross violation of women's human rights and a global health issue that disrupts lives across all societies. IPV is

deeply embedded in societal power structures, often reinforced by gender norms, cultural beliefs, and legal frameworks that limit women's agency. This is particularly true in sub-Saharan Africa, including Nigeria, where patriarchy remains a central organizing principle of social life. The implications of IPV are profound. It damages the physical, reproductive, and mental health of victims. Victims may suffer injuries, develop chronic illnesses, experience depression or post-traumatic stress disorder (PTSD), and even lose their lives. Intimate partner homicide and femicide where a woman is killed by her partner or former partner are extreme but not uncommon consequences of ongoing IPV (Ghelichkhani et al., 2024; Gottfredson & Nielsen, 2024).

Historically, IPV was considered a private issue, often resolved within the family. However, contemporary research and advocacy efforts have repositioned it as a social and public health concern requiring professional attention. Social work, as a discipline and practice, is uniquely positioned to address IPV due to its foundational focus on social justice, advocacy, and individual and community empowerment. Watt et al. (2008) assert that survivors of IPV frequently seek emergency medical care for injuries sustained during abuse, offering a critical entry point for social workers to intervene. Within healthcare and community settings, social workers provide not only immediate psychosocial support but also long-term assistance through counseling, safety planning, housing support, legal referrals, and

empowerment programs. In communities like Iguadolor, the visibility of social workers and community-based support systems is limited. As such, integrating social work interventions at the grassroots level becomes imperative to improve victims' access to care and justice.

Nigeria presents a culturally diverse and complex context for understanding IPV. Oyediran (2021) notes that entrenched patriarchal norms and traditional gender roles create an environment where IPV is not only common but sometimes normalized or even justified. These cultural narratives can impede victims from seeking help, especially in rural or semi-urban areas such as Iguadolor. According to Benebo et al. (2018), IPV prevalence in Nigeria is high, with nearly 25% of women reporting experience of partner violence. However, the likelihood of IPV is mediated by factors such as women's status, education, and community attitudes. Interestingly, higher educational attainment among women correlates with lower odds of IPV; yet, this protective effect can be neutralized or reversed in communities where male-dominated norms justify violence against women. These findings are highly relevant for understanding IPV in Iguadolor, where traditional beliefs, economic deprivation, and low awareness may combine to create a climate of silence around abuse. Therefore, social work interventions must be both culturally sensitive and empowerment-focused to be effective.

Several studies highlight the complexity and severity of IPV in Nigeria. Sulaiman (2024), studying IPV in North-Central Nigeria, reported that 67.5% of married women had experienced IPV, with emotional abuse being the most prevalent (51%), followed by physical (30.5%) and sexual violence (19%). These figures highlight the multi-dimensional nature of IPV and the need for a comprehensive response. Sulaiman also identified factors that increase the risk of IPV, including forced marriage, polygamy, and certain marriage types. Women in forced marriages or whose husbands had concubines were far more likely to report IPV. These findings suggest the need for social workers to engage not only with victims but also with broader community institutions and norms that enable IPV. Antai and Antai (2008) further explored the predictors of rural women's attitudes toward IPV, finding that religious affiliation, low education, and regional background played significant roles. Women from Northern Nigeria, Muslim backgrounds, and poorer households were more likely to accept IPV as normal. This acceptance reinforces silence and discourages victims from seeking help. Given that many residents in Iguadolor may share similar demographic characteristics (rural setting, low income, traditional beliefs), these insights are critical for tailoring effective social work interventions in the community.

IPV is often framed as violence Against Women, and rightly so, given that women are disproportionately affected. However, Conroy (2024) warns against

overemphasizing female victimization at the expense of understanding men's experiences and the broader relational context. While gender-based power imbalance remains the key driver of IPV in sub-Saharan Africa, men can also be victims, and failing to acknowledge this limits the effectiveness of intervention strategies. Kolbe & Büttner (2020) and Olalere et al. (2024) report that IPV against men is a growing concern worldwide, including in Nigeria. Men may experience physical, emotional, or sexual abuse but are often reluctant to report due to stigma and societal expectations about masculinity. In developing intervention strategies in Iguadolor, it is essential to adopt a gender-inclusive lens, ensuring that services are accessible to all victims of IPV, regardless of gender. This approach aligns with social work's ethical obligation to promote equality and justice for all vulnerable populations.

IPV does not occur in isolation; it is often a symptom of broader societal and community-level issues. Oyediran & Feyisetan (2017) argue that understanding IPV requires more than studying victims; it requires a holistic analysis of the household and community context. In Nigeria, Linos et al. (2013) found that IPV cuts across all geographical, ethnic, and socioeconomic boundaries, making it a truly national problem. In the Iguadolor community, several structural factors may influence IPV prevalence: poverty, limited access to education, weak law enforcement, and inadequate healthcare infrastructure. These factors create an environment where IPV can thrive, unchecked and unchallenged. Moreover, as Ntoimo et al. (2025) observed,

Nigeria has not made significant progress in reducing GBV over time. The proportion of women experiencing physical violence since the age of 15 rose from 28% in 2008 to 31% in 2018. This suggests that without targeted, community-specific strategies, IPV will continue to persist or worsen.

The consequences of IPV are manifold. Victims often suffer long-term physical injuries, reproductive health problems, emotional trauma, and economic hardship. For mothers, especially postpartum women, IPV can lead to complications in childcare and maternal health (Ghelichkhani et al., 2024). Ayowole et al. (2025) have highlighted that even female healthcare workers individuals who are educated and economically active are not immune to IPV. This shows the depth and pervasiveness of the issue, reinforcing that education or occupation alone is not always protective. For many victims in Iguadolor, the impact of IPV is compounded by isolation, poverty, and lack of social support. As such, intervention strategies must be holistic and address both the symptoms and root causes of abuse.

2.2 Prevalence and Nature of Intimate Partner Violence (IPV) in Rural or Local Communities

Intimate Partner Violence (IPV) remains a widespread and deeply rooted problem that disproportionately affects women, especially in rural and local communities. The World Health Organization (WHO) defines IPV as any behavior within an

intimate relationship that results in physical, sexual, psychological, economic, or social harm to one or both partners (Domapielle et al., 2025). Numerous studies have shown that women residing in rural or remote areas are more susceptible to IPV than their urban counterparts. For instance, Peek-Asa et al. (2011) found that women in small rural and isolated communities reported higher IPV prevalence rates (22.5% and 17.9%, respectively) compared to women in urban settings (15.5%). This trend is often attributed to a combination of cultural, structural, and socio-economic factors unique to rural areas, including patriarchal norms, limited access to support services, and economic dependence on male partners. The invisibility and normalization of violence in these communities further exacerbate the problem, creating an environment in which victims suffer in silence, and perpetrators act with impunity. In addition, IPV often manifests differently across geographical settings. While psychological violence may be more predominant in urban areas, rural women often face more severe physical outcomes. Adeoye et al. (2024) emphasized this contrast in their study conducted in Ekiti State, Nigeria, where urban women reported higher emotional trauma (62.5%), while rural women faced more serious physical health deterioration (68.5%) as a result of IPV. This disparity underscores the multifaceted nature of IPV and its consequences, shaped by contextual realities and available resources. In many rural settings, IPV victims are trapped in cycles of abuse due to emotional attachment or economic reliance on their abusers, particularly in societies

where marriage is highly valued and female autonomy is limited (Oluwole et al., 2020). Consequently, IPV not only affects the immediate well-being of the victims but also has far-reaching implications for their families and communities. Babatope et al. (2025) highlighted these ripple effects, noting that IPV places immense strain on healthcare systems, hinders economic productivity, and impedes social development. The cumulative burden of IPV, particularly in rural contexts, becomes not just a personal or family crisis but a public health and human rights issue.

Several studies have delved deeper into the nature, patterns, and contributing factors of IPV in rural communities, revealing a disturbing consistency in its prevalence and persistence. In a study conducted by Ahmed et al. (2024) in Absolute, South West Nigeria, psychological or emotional violence was identified as the most common form of IPV, with approximately 66.1% of women reporting such experiences. Emotional abuse, which often includes manipulation, threats, isolation, and verbal degradation, can be just as damaging if not more than physical violence, particularly in contexts where mental health services are scarce or stigmatized. The study also draws attention to the complexity of IPV, where women may experience multiple forms of abuse simultaneously or sequentially, leading to cumulative trauma and long-term psychological harm. Ezeudu et al. (2015) investigated IPV in Enugu State and found that controlling behavior, frequent involvement in physical altercations with other men, and younger male partners (under 40 years) were significant

predictors of IPV before and during pregnancy. These findings suggest that IPV is not only prevalent but also influenced by age dynamics, behavioral history, and gender power imbalances. The impact on victims is often severe, ranging from fractured bones, burns, and vaginal injuries to chronic mental health issues and reproductive complications. Such health consequences are particularly dire in rural areas where medical services are inadequate or non-existent. Furthermore, Awolaran et al. (2021) studied IPV among rural women in Southwest Nigeria and found a prevalence rate of 39.4%. Interestingly, IPV was significantly more common among women who had been married for longer periods, indicating a possible normalization of violence over time and the erosion of resistance mechanisms. The longer duration of marriage may also correspond to increased dependency and diminished social support, especially in traditional communities where women are expected to endure hardship for the sake of family stability. Chen et al. (2025), though focusing on urban slums, provide comparative insights by showing that IPV can also be rampant in densely populated areas, although the nature and expression of abuse may differ. Their findings reinforce the idea that IPV is not limited to geography but rather shaped by socio-economic and cultural conditions. However, rural contexts remain uniquely disadvantaged due to limited institutional support, deeply entrenched gender roles, and stigma surrounding disclosure of abuse. Melkam et al. (2024) further emphasized that IPV is a human rights violation and remains the most

common form of gender-based violence in Africa, with rural communities bearing the heaviest burden. This high prevalence of IPV in rural African settings demands urgent attention from policy makers, community leaders, and healthcare providers. Preventive measures, public health strategies, and awareness campaigns tailored to the unique realities of rural life are essential to address this pervasive issue. Cultural change is also critical, as many rural societies continue to view IPV as a private matter rather than a crime or public health concern. By understanding the specific patterns and nature of IPV in rural communities, interventions can be better designed to support survivors, hold perpetrators accountable, and ultimately break the cycles of violence that persist across generations.

2.3 Psychosocial and Economic Impact of Intimate Partner Violence on Victims

Intimate Partner Violence (IPV) is a complex and pervasive social problem that affects millions of individuals worldwide, particularly women, and its impacts extend far beyond the immediate experience of abuse. While much of the discourse around IPV has historically focused on physical injuries such as bruises, fractures, and chronic pain, recent scholarship highlights the deeper and often invisible scars left on victims—especially psychological trauma and economic disempowerment.

Campbell (2002) and Coker et al. (2002) documented that IPV victims often suffer a wide range of serious physical and medical issues, including neurological disorders, gastrointestinal conditions, and long-term pain syndromes. Yet, equally critical and deeply devastating are the mental health consequences. Beydoun et al. (2012) found that IPV survivors frequently experience depression, anxiety disorders, suicidal thoughts and behaviors, substance abuse, and Post-Traumatic Stress Disorder (PTSD). These psychological wounds do not merely fade with time; rather, they often persist, disrupt functioning, and diminish quality of life over the long term. Wessells and Kostelny (2022) offer a nuanced perspective by emphasizing that the harm caused by IPV is not always clinical or diagnostic but can stem from everyday psychosocial stressors—particularly economic hardship, uncertainty about children's futures, and social isolation. Such stressors exacerbate feelings of vulnerability, helplessness, and fear, often preventing survivors from seeking help or leaving abusive relationships. These "non-clinical" harms manifest in diminished resilience, disempowerment, and emotional breakdowns that make recovery an uphill task.

Economic violence, an often-overlooked form of IPV, plays a crucial role in maintaining cycles of abuse and victim dependency. According to Adams and Beeble (2019), economic abuse involves behaviors that intentionally limit a survivor's access to financial resources, education, and employment opportunities, thereby trapping them in relationships they cannot afford to leave. Johnson et al.

(2022) further categorize economic abuse as acts that prevent victims from acquiring, using, or maintaining control over economic resources ranging from sabotaging employment to restricting access to bank accounts. Ikuteyijo et al. (2024) found that in Sub-Saharan Africa, particularly among adolescents and young women (AYW), the lack of financial autonomy is not just a consequence of IPV but also a precursor to it. These women often face a spectrum of abuse physical, emotional, sexual, psychological, and economic due to their dependency on intimate partners or guardians for survival. Such financial vulnerability leads to a vicious cycle, where dependence fuels abuse, and abuse in turn deepens dependency. Over time, this cycle weakens survivors' ability to achieve financial independence, limiting their educational and employment prospects. It also perpetuates intergenerational poverty and normalizes violent gender dynamics in societies. The economic implications of IPV are not confined to individual households—they extend to the broader community and national levels. A study by Mañas-Alcón et al. (2025), drawing from Spain's Macro-survey on Violence Against Women, estimated that the societal costs of IPV range from EUR 1.38 billion to EUR 3.01 billion annually. These figures account for direct expenditures on healthcare, legal, and social services, as well as indirect costs like lost income, decreased productivity, and long-term social welfare needs. The World Health Organization (WHO, 2021) affirms that IPV significantly undermines women's physical, mental, sexual, and reproductive health in both the

short and long term, thereby reducing their capacity to participate meaningfully in society and contribute economically.

IPV encompasses more than physical violence; it includes sexual coercion, psychological abuse, emotional manipulation, and controlling behaviors, such as isolating victims from support systems and restricting their access to education, information, or employment (WHO, 2021). This broad typology of abuse, reinforced by patriarchal norms and socio-economic inequalities, results in comprehensive psychosocial deterioration. Emotional abuse, for instance, often manifests in humiliation, belittlement, and intimidation acts that gradually erode self-esteem and make victims feel unworthy of love, respect, or freedom. Psychological violence, though less visible, can be even more damaging than physical violence due to its subtle, sustained nature and the way it undermines mental health over time. Economic control, too, functions as both a tool and consequence of abuse. A financially dependent individual may find it impossible to leave an abusive partner due to the lack of housing, employment, childcare, or community support. This dependency traps many victims in cycles of abuse that become increasingly harder to break with time. As Duvvury et al. (2013) argue, the economic burden of IPV on society includes not just immediate service provision and judicial costs, but also long-term losses such as reduced educational attainment, stunted career growth, and diminished human capital formation. The ripple effect of IPV damages the next

generation as well children who witness IPV often exhibit behavioral problems, emotional instability, and poor academic performance, perpetuating cycles of trauma and socio-economic disadvantage. Gedefa et al. (2024) observed that in regions like Gambella, Ethiopia, IPV prevalence remains alarmingly high due to intersecting risk factors such as poverty, large family size, substance use, and lack of education. This further substantiates the view that IPV is not just a personal or relational issue, but one deeply rooted in structural inequalities and socio-economic vulnerabilities.

The connection between employment, societal norms, and IPV is also significant. Cools and Kotsadam (2017) argued that individual-level employment status interacts with macro-level gender norms to influence the prevalence of IPV in Sub-Saharan Africa. Their research concluded that while household wealth alone is not a strong predictor of IPV, the employment status of women especially in contexts where male dominance is culturally ingrained can provoke abuse when it threatens traditional power dynamics. Employment may empower women financially, but it also exposes them to backlash in the form of controlling behaviors or physical violence from partners who feel their authority is undermined. Ayowole et al. (2025) drew attention to the plight of female healthcare workers in Southwestern Nigeria who experience high levels of psychological abuse, often in silence, due to the stigma surrounding domestic issues and the lack of institutional support. The workplace itself is not always a safe haven, as victims often struggle to focus, maintain productivity, or

advance in their careers due to trauma-related symptoms and ongoing abuse at home. Ezenwoko et al. (2023) offer an interesting perspective by suggesting that rising awareness of gender equality and human rights may have led to an increased willingness among women to resist IPV, which could explain reports of comparable levels of physical violence between men and women in some studies. However, this does not negate the fact that women overwhelmingly bear the brunt of IPV's consequences, particularly in terms of social isolation, economic deprivation, and emotional suffering. Social stigma, victim-blaming, and inadequate institutional responses often leave women to suffer in silence, further complicating their recovery and reintegration into society. Therefore, any effective response to IPV must address not just the immediate safety of victims, but also the long-term psychological, social, and economic repercussions they face.

2.4 Social Work Intervention Strategies for Addressing Intimate Partner Violence

Intimate Partner Violence (IPV) is a significant public health and human rights issue that affects millions of people across the globe, especially women. The World Health Organization (WHO) reports that approximately 27% of ever-partnered women aged 15–49 have experienced physical and/or sexual IPV at least once in their lifetime,

with 13% experiencing such violence within the past year (Sardinha et al., 2022). IPV is more prevalent in low- and middle-income countries, where economic instability, gender inequality, cultural norms, and weak legal structures converge to create an environment in which abuse is both widespread and often underreported. Nigeria, like many countries in Sub-Saharan Africa, faces substantial challenges in combating IPV due to these compounding factors.

Social work professionals are uniquely positioned to address IPV through a comprehensive intervention framework that includes prevention, response, advocacy, and rehabilitation. The National Association of Social Workers (NASW, 2018) emphasizes the profession's commitment to social justice, equity, and human rights, values that align with the goals of eliminating IPV and supporting survivors. Social workers do not operate in isolation; they function at the intersection of multiple systems healthcare, law enforcement, legal aid, mental health, and community development making their role essential in the holistic response to IPV. Social workers are responsible for offering crisis intervention, counseling, empowerment programs, case management, safety planning, and follow-up care, all tailored to the unique needs of survivors. This holistic, client-centered approach ensures that intervention is not just reactive but also proactive, aiming to break the cycle of abuse and prevent future violence.

In the Nigerian context, social work intervention strategies must consider the deeply entrenched sociocultural norms and structural barriers that hinder victims' ability to seek help. Sibanda (2019) pointed out that a lack of specialized training and awareness among some social workers significantly undermines their capacity to support women who are victims of domestic violence. Many survivors are forced to remain silent due to fear of stigmatization, economic dependence, or cultural expectations that prioritize family unity over personal safety. In such an environment, social workers must not only provide direct support but also work to challenge harmful societal norms, educate communities, and advocate for systemic change.

Direct intervention strategies include the establishment of shelters, trauma centers, and counseling services specifically designed to meet the needs of IPV survivors. Ahmed and Samuel (2024) emphasized the necessity of trauma centers in Kogi State as a key intervention that would enable victims to begin their journey of healing in a safe and supportive environment. Such centers not only provide medical and psychological care but also serve as transitional spaces for women escaping abusive relationships. The researchers also called for the strengthening of special units within law enforcement agencies, such as the Gender Units in Nigerian police stations, which are designed to handle cases of domestic violence with sensitivity and confidentiality. Unfortunately, these units often lack adequate funding, training, or staffing, limiting their effectiveness. Hence, social workers must engage in advocacy

for increased government investment in such structures, as well as public education to raise awareness about their availability.

At the community level, preventive interventions are essential. Community-based social work aims to educate local populations on the dangers and illegality of IPV, challenge gender stereotypes, and promote healthy relationship dynamics. Temilola (2020), in her research on the Alimosho community, found that consistent community education, combined with the presence of support services, led to a marked decrease in the incidence of domestic violence. These findings underscore the importance of grassroots mobilization as part of social work strategy. Community leaders, faith-based organizations, women's groups, and local influencers can be engaged as allies in the campaign against IPV. Social workers play a central role in initiating, coordinating, and sustaining these community-level efforts, ensuring that interventions are culturally sensitive and community-owned.

Another crucial intervention strategy is policy advocacy. Social workers in Nigeria must actively engage in the formulation and implementation of laws and policies that protect victims and punish perpetrators. While Nigeria has enacted the Violence Against Persons (Prohibition) Act (VAPP) of 2015, its implementation remains uneven across states, with some yet to domesticate or fully enforce the legislation. Social workers, through professional associations and civil society coalitions, can push for stronger enforcement mechanisms, the allocation of resources for IPV-

related services, and the inclusion of IPV education in school curricula. Furthermore, social workers can lobby for better employment opportunities, legal aid services, and housing support for survivors, which are all vital for long-term recovery and independence.

In addition to advocacy and direct services, capacity building is a fundamental component of effective social work intervention. Social workers must be equipped with specialized knowledge in trauma-informed care, risk assessment, legal procedures, and culturally appropriate counseling methods. Regular professional development, facilitated by universities, NGOs, and international agencies, can help bridge the knowledge gaps identified by Sibanda (2019). Moreover, integrating domestic violence modules into social work training curricula at the tertiary level can ensure that new professionals enter the field with the competencies required to handle such sensitive and complex issues. In-service training should also be made mandatory for social workers in public institutions, especially those operating in health, security, and judicial systems.

Technology also presents new frontiers for social work intervention. Helplines, mobile applications, and confidential online counseling platforms can help reach victims who are unable or unwilling to seek help in person. These tools can offer discreet access to information, emergency services, and emotional support, particularly for women in remote or conservative communities. However, the

deployment of such tools must be done with careful attention to user privacy and digital safety, especially in environments where surveillance by abusers is common.

Intersectionality is another critical lens that social workers must apply when intervening in IPV cases. Factors such as poverty, disability, ethnicity, religion, and sexual orientation can compound the experience of violence and limit access to support. For example, a woman with a disability may face greater difficulties in reporting abuse or fleeing an abusive partner due to mobility challenges or dependence on the perpetrator for care. Social workers must be attuned to these layers of vulnerability and tailor their interventions accordingly. Inclusive, non-discriminatory service provision is not just a best practice—it is a professional obligation.

Additionally, collaboration with other stakeholders is indispensable. No single profession or agency can effectively address IPV alone. Interdisciplinary collaboration with health workers, legal practitioners, law enforcement officers, psychologists, community leaders, and survivors themselves creates a robust safety net for those at risk. Joint case conferences, referral networks, and integrated service delivery models enhance efficiency, reduce duplication of efforts, and ensure that survivors receive comprehensive care.

Monitoring and evaluation are also essential components of social work intervention strategies. Without regular assessment, it becomes difficult to measure the impact of programs or to refine approaches for better outcomes. Social workers should implement evidence-based practices and develop data collection systems that track the types, frequency, and outcomes of IPV cases handled.

2.5 Theoretical Framework

The theoretical frameworks employed for this study is the ecological systems theory by Bronfenbrenner (1979) and the feminist theory.

2.5.1 Ecological Systems Theory

Ecological Systems Theory, developed by Bronfenbrenner in 1979, is a well-known framework in the fields of psychology, education, and social work. The theory suggests that human development is influenced by the different types of environmental systems that interact with an individual throughout their life. Bronfenbrenner argued that to fully understand human behavior, especially problems such as violence, abuse, or trauma, we must examine not only the individual but also the various systems and environments that surround them. These systems are layered and range from the most immediate surroundings to broader societal influences.

Bronfenbrenner identified five environmental systems that affect human development: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The microsystem includes the immediate environments the individual interacts with daily, such as family, peers, and home. In the context of intimate partner violence (IPV), this would include the direct relationship between the victim and the abusive partner. The mesosystem consists of the interconnections between different microsystems, such as the relationship between the victim's family and the local police or social workers. The exosystem refers to environments that do not directly involve the individual but still impact them, such as government policies or a partner's workplace stress. The macrosystem includes broader cultural and societal values, such as traditional gender roles, community norms, or societal tolerance for domestic abuse. Lastly, the chronosystem involves the element of time, considering how personal experiences and societal responses change over a person’s life or across generations.

One of the contributors to the development of this theory was Ceci, who collaborated with Bronfenbrenner in 1990 to further refine the ecological model in light of new research on child development. Their updated version highlighted the importance of cognitive and developmental factors and how social environments influence learning and behavior. In social work, the ecological systems theory became a foundational tool for case assessment, service planning, and policy development. It has since been

widely used by practitioners to analyze complex social problems and determine multi-level intervention strategies (Bronfenbrenner and Ceci 1994)

This theory is particularly suitable for the current research because intimate partner violence is rarely caused by a single factor. Rather, it is the result of multiple, interacting influences within a person's environment. For instance, in the Iguadolor community of Edo State, victims of IPV may be affected not just by their partner's behavior but also by family attitudes, cultural beliefs, community support systems, and the availability (or lack) of social work services. By applying the ecological framework, social workers are able to identify where support is needed — whether it is at the individual, family, community, or policy level. This allows for more comprehensive and targeted intervention strategies that address the root causes and not just the symptoms (Bronfenbrenner, 1979)

Additionally, the ecological model is culturally flexible. It recognizes that communities are shaped by unique cultural, historical, and economic conditions. For example, in some Nigerian communities, cultural norms and traditional beliefs may discourage victims from reporting abuse or seeking help outside the family. These societal expectations are part of the macrosystem, and unless they are addressed, interventions may not be effective. Social workers using the ecological model would therefore consider these broader influences while designing support services or

outreach programs (Bronfenbrenner, 1979; World Health Organisation [WHO] , 2013)

Furthermore, this theory supports collaboration among various stakeholders. Since it acknowledges the interconnectedness of different systems, it promotes cooperation between social workers, healthcare providers, religious leaders, law enforcement, community elders, and policymakers. Each of these actors can play a role in reducing IPV and supporting survivors in the Iguadolor community. For instance, a local church might provide safe space and counseling, while the police ensure that perpetrators are held accountable.

In practical terms, ecological systems theory helps social workers to assess each case more holistically. Instead of focusing only on the victim or the abuser, the practitioner considers multiple risk factors such as poverty, unemployment, substance abuse, weak legal enforcement, and social isolation — all of which are common contributors to IPV. By identifying these factors and understanding how they interact, social workers can design more effective intervention strategies, such as job training programs for victims, awareness campaigns for the community, or lobbying for stronger protective laws.

2.5.2 Feminist Theory

Feminist theory is another essential theoretical framework that helps explain the root causes and dynamics of intimate partner violence, especially as it relates to gender roles, power imbalances, and structural inequality. The foundation of feminist theory lies in the belief that society is structured in a way that privileges men and disadvantages women, particularly in relationships, institutions, and cultural norms. Feminist theory emerged prominently in the late 19th and early 20th centuries during the first wave of feminism, but it was during the second wave in the 1960s and 1970s that scholars began focusing more explicitly on issues like domestic violence, sexual abuse, and women's rights in intimate relationships.

Key contributors to feminist theory include de Beauvoir (1949), who explored the social construction of women in The Second Sex, and bell hooks (1981), who examined the intersection of race, gender, and class in feminist discourse. Another important contributor is Walker, who introduced the Cycle of Violence Theory in 1979, explaining the recurring phases in abusive relationships: tension-building, acute violence, and honeymoon. Walker's work helped to place intimate partner violence within a framework that highlighted the psychological manipulation and control tactics used by abusers, often enabled by society’s acceptance of male dominance in the home.

Feminist theory is especially suitable for research on social work interventions for IPV because it moves beyond simply treating the symptoms of abuse to challenging the societal norms that allow it to thrive. It provides a critical lens for examining how cultural beliefs in patriarchal societies often excuse or minimize men's violence against women, making it harder for victims to speak out or seek help. In many communities, including Iguadolor, traditional gender roles often place men in dominant positions while women are expected to be submissive and obedient. These cultural expectations can silence victims and discourage them from reporting abuse for fear of shame, rejection, or blame.

One of the strengths of feminist theory is that it emphasizes empowerment and agency. This aligns closely with the goals of social work, which include helping individuals regain control over their lives and achieve self-determination. For victims of intimate partner violence, empowerment might involve developing confidence, accessing education or job opportunities, finding safe housing, and learning about their legal rights. Social work interventions grounded in feminist theory aim not just to provide temporary relief but to equip victims with the tools they need to break free from cycles of abuse and rebuild their lives with dignity and independence (Dominelli,2002)

In applying feminist theory to the Iguadolor community, it is important to understand how localized gender norms and patriarchal customs influence the way intimate

partner violence is perceived and addressed. For example, a woman may be discouraged from reporting abuse because the community values family unity over individual safety, or because elders believe that domestic issues should be resolved privately. Feminist social work challenges these norms and seeks to change the narrative by advocating for the protection of victims, promoting gender equality, and educating communities on the harmful effects of IPV (Walby, 1990; Heise, 1998).

Feminist theory also promotes structural change, recognizing that personal solutions are not enough without broader reforms. Social workers informed by feminist principles often engage in advocacy work — pushing for laws that protect victims, training police to respond sensitively to IPV cases, and demanding accountability from public institutions. In Edo State, such efforts may involve working with government bodies, NGOs, and women's rights groups to improve support services and create safer environments for victims(Dominelli, 2002).

Moreover, feminist theory acknowledges the intersectionality of oppression — a term popularized by Kimberlé Crenshaw in 1989. Intersectionality recognizes that some women face additional barriers because of their race, class, age, religion, or disability. In Iguadolor, a poor, uneducated woman may have far fewer options for escaping abuse than someone with economic resources and social connections. This understanding helps social workers tailor their interventions to meet the specific needs of each individual, rather than applying a one-size-fits-all solution.

In social work practice, feminist-informed approaches often include support groups, legal advocacy, counseling, community education, and policy reform. These strategies are designed not only to assist individual victims but also to shift community attitudes and promote long-term change. For example, social workers might organize workshops with community leaders, men's groups, and religious institutions to challenge harmful gender norms and promote respectful, non-violent relationships.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter shows the procedures and steps that was used in the research work which ensure that the outcomes of the study are valid and reliable. It describes the research design, population of the study, area of study, sample size, sampling technique, research instrument, data collection and methods of data analysis.

3.2 Research Design

Descriptive survey research design was adopted for the study. Orji (2011) opined that descriptive research is often used when a researcher intends to elicit responses from a relatively large number of respondents by administering pertinent instruments for collecting primary data on a position of the population known as sample. This, survey design was considered appropriate for the study.

3.3 Population of the Study

The population of a study refers to the entire group of individuals or elements from which a sample is drawn (Osuala, 2005).

For this study, the population comprises adult residents of Iguadolor community, including victims of intimate partner violence, social workers, and community members who have relevant knowledge or experience related to intimate partner violence and social work interventions. This population is considered appropriate because they are directly or indirectly affected by the phenomenon under investigation.

3.4 Area of Study

This study focuses on Iguadolor, a community in Ovia-North East Local government area of Edo state, Benin City, Nigeria. Ovia-North East has a projected area of 2,301km² of 19,794km² and a population of 203,425 according to 2016 census figures and a population density of 4.8% as at 2016. Ovia-North East has its headquarters in Okada and it is known for its saw milling and agriculture. Communities like Okada, Isihor, Ekosodin etc.

3.5 Sample Size and Sampling Technique

A sample size refers to a subset of the population selected for the purpose of a study. Due to the difficulty of studying the entire population of residents affected by intimate partner violence in Iguadolor community, a sample size of 100 respondents was used for this study.

The simple random sampling technique was adopted to select respondents from the study population. This technique gives all eligible members of the population an equal chance of being selected and helps to reduce bias. The selected respondents included adult residents of Iguadolor community who have relevant knowledge or experience related to intimate partner violence and social work intervention strategies.

3.6 Instrument of Data Collection

The instrument that was used for data collection in this study is a structured questionnaire. The questionnaire was designed by the researcher and which consisted of both closed-ended and open-ended questions. The questions was carefully structured to reflect the objectives of the study and to elicit relevant information on social work intervention strategies for victims of intimate partner violence.

The questionnaire was written in simple and clear language to ensure easy understanding by the respondents.

3.7 Method of Data Collection

Data for this research were obtained by moving from house to house and through the assistance of the research assistants and selected members of the local social welfare committee. This facilitated the collection of relevant information on "Social work

intervention strategies for victims of intimate partner violence in Iguadolor community in Ovia-North East Local Government Area of Edo State."

3.8 Method of Data Analysis

Data obtained was analyzed by the use of descriptive statistics presented in tables. These primary data were first collated, edited and coded into a meaningful form. Descriptive statistics technique such as frequency, and percentage were be used to analyze the quantitative data.

3.9 Ethical Considerations

Ethical issues was strictly observed in the course of this study. Respondents was adequately informed about the purpose of the research, and their voluntary participation was ensured. Confidentiality and anonymity of all respondents was maintained, and no respondent were forced to participate in the study. Information obtained from respondents were used strictly for academic purposes.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

This chapter presents, analyzes, and interprets data collected from respondents on social work intervention strategies for victims of intimate partner violence (IPV) in Iguadolor community, Ovia-North East Local Government Area of Edo State. The data were analyzed using descriptive statistics such as frequencies and percentages and presented in tabular form in line with University of Benin project guidelines.

4.1 Demographic Characteristics of Respondents

Table 4.1: Sex of Respondents

Sex	Frequency	Percentage (%)
Male	45	45
Female	55	55
Total	100	100

Source: Field Survey, 2025

Table 4.2: Age Distribution of Respondents

Age Group	Frequency	Percentage (%)
18–25 years	48	48
26–35 years	32	32
36 years and above	20	20
Total	100	100

Source: Field Survey, 2025

4.2 Major Types of Social Work Intervention Strategies

Table 4.3: Availability of Counseling and Legal Support Services

Response	Frequency	Percentage (%)
Strongly Agree	40	40
Agree	38	38
Disagree	12	12
Strongly Disagree	10	10
Total	100	100

Source: Field Survey, 2025

Table 4.3 shows that the majority of respondents (78%) agreed that counseling and emotional support services are available to victims of intimate partner violence in Iguadolor community. This finding supports NASW (2018), which emphasizes counseling as a core social work intervention strategy for IPV survivors.

4.3 Nature of Social Work Intervention Strategies

Table 4.4: Client-Centered Nature of Interventions

Response	Frequency	Percentage (%)
Strongly Agree	42	42
Agree	33	33
Disagree	15	15
Strongly Disagree	10	10
Total	100	100

Source: Field Survey, 2025

The data in Table 4.4 indicate that 75% of respondents believe that social work interventions are tailored to meet the specific needs of victims. This reflects the

application of ecological systems theory, which emphasizes individualized and context-specific intervention approaches (Bronfenbrenner, 1979).

4.4 Impact of Social Work Intervention Strategies

Table 4.5: Impact of Interventions on Victims' Well-being

Response	Frequency	Percentage (%)
Strongly Agree	35	35
Agree	37	37
Disagree	18	18
Strongly Disagree	10	10
Total	100	100

Source: Field Survey, 2025

Findings reveal that 72% of respondents agreed that social work interventions helped victims regain confidence and independence. This aligns with feminist theory, which emphasizes empowerment as a key outcome of intervention (hooks, 1981).

4.5 Challenges Faced by Social Workers

Table 4.6: Challenges Affecting Effective Intervention

Challenge	Frequency	Percentage (%)
Limited funding/resources	82	82
Cultural barriers	78	78
Lack of trust from victims	64	64
Inadequate training	70	70

Source: Field Survey, 2025

Table 4.6 highlights limited funding and cultural norms as the most significant challenges facing social workers in implementing IPV intervention strategies. These findings corroborate previous studies by Sibanda (2019) and Oluwole et al. (2020).

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

This study examined social work intervention strategies for victims of intimate partner violence (IPV) in Iguadolor community, Ovia-North East Local Government Area of Edo State. Intimate partner violence remains a serious social problem in Nigeria, particularly in rural and semi-urban communities where cultural norms, economic dependence, and limited access to support services often prevent victims from seeking help. The study was motivated by the need to understand the types of intervention strategies available, how they are implemented, their impact on victims, and the challenges faced by social workers in addressing IPV within the community.

The study adopted a descriptive survey research design. Data were collected using a structured questionnaire administered to 100 respondents in Iguadolor community. The questionnaire consisted of two sections: Section A captured the demographic characteristics of respondents, while Section B addressed issues related to social work intervention strategies, including their types, nature, impact, challenges, and possible solutions. Data collected were analyzed using descriptive statistics such as frequency and percentage, and results were presented in tables.

5.2 Findings

The findings further revealed that social work intervention strategies have had a positive impact on victims of intimate partner violence. Many respondents agreed that interventions have helped victims regain confidence, improve access to support services, and reduce repeated cases of abuse. Despite these positive outcomes, a significant number of victims remain reluctant to leave abusive relationships due to cultural beliefs, fear of stigma, emotional attachment, and economic dependence.

The study identified several challenges affecting the effectiveness of social work intervention strategies in Iguadolor community. These challenges include limited funding and resources, cultural norms that discourage victims from speaking out, difficulty in gaining victims' trust, and lack of specialized training for social workers. These factors limit the ability of social workers to provide comprehensive and sustainable support to victims of intimate partner violence.

Based on the findings, the study suggested several possible solutions to improve social work intervention strategies. These include increased government funding, regular training and capacity-building programmes for social workers, intensified public education and awareness campaigns, and stronger collaboration among social workers, NGOs, healthcare providers, and law enforcement agencies. The study concluded that strengthening social work intervention strategies is essential for

effectively addressing intimate partner violence and improving the well-being and safety of victims in Iguadolor community.

The study found that counseling, legal advocacy, referrals, and rehabilitation services are the major social work intervention strategies available in Iguadolor. While these interventions have positively impacted victims' confidence and access to support services, their effectiveness is constrained by limited resources, cultural resistance, and inadequate training.

5.3 Conclusion

This study examined social work intervention strategies for victims of intimate partner violence (IPV) in Iguadolor community, Ovia-North East Local Government Area of Edo State. Intimate partner violence remains a serious social problem that threatens the physical, psychological, social, and economic well-being of individuals, particularly women. In rural and semi-urban communities such as Iguadolor, the problem is often worsened by cultural norms that promote silence, economic dependency, fear of stigma, and limited access to formal support services. This study was therefore conducted to assess the types of social work intervention strategies available, the nature of these interventions, their impact on victims, the challenges faced by social workers, and possible solutions to improve service delivery.

The findings of the study revealed that various social work intervention strategies are available in Iguadolor community. These include counselling and emotional support services, legal aid and advocacy, referral to medical and shelter facilities, and limited rehabilitation and reintegration programmes. These strategies demonstrate that social work practice plays a crucial role in responding to cases of intimate partner violence within the community. However, the study also revealed that while immediate support services exist, long-term recovery and empowerment interventions are not sufficiently developed or accessible to all victims.

The nature of social work intervention strategies in the community was found to be largely crisis-oriented, focusing on immediate response to abuse rather than sustained recovery. Although interventions are often guided by ethical and professional standards and involve collaboration with healthcare providers and law enforcement agencies, the emphasis on emergency response limits the ability of victims to achieve lasting independence and safety. This highlights the need for a more holistic and preventive approach that addresses both the immediate and long-term needs of victims.

The study further established that social work intervention strategies have had a positive impact on victims of intimate partner violence in Iguadolor community. Many victims have benefited from counselling, increased access to support services, and reduced recurrence of abuse. These outcomes show that social work

interventions can make a meaningful difference in the lives of victims. However, despite these positive impacts, a significant number of victims remain reluctant to leave abusive relationships. This reluctance is largely influenced by cultural beliefs, emotional attachment, fear of social judgment, and economic dependence on abusive partners. These factors continue to undermine the effectiveness of intervention efforts.

Several challenges were identified as major barriers to effective social work intervention in Iguadolor community. These challenges include limited funding and resources, cultural norms that discourage victims from speaking out, difficulty in gaining victims' trust, and lack of specialized training for social workers. These constraints reduce the capacity of social workers to provide comprehensive, sustained, and victim-centered services. Without adequate support from government and relevant institutions, social workers are often forced to operate under difficult conditions that limit their impact.

In conclusion, while social work intervention strategies in Iguadolor community have contributed positively to addressing intimate partner violence, they remain inadequate in fully meeting the needs of victims. Addressing IPV requires a comprehensive, multi-level approach that goes beyond crisis intervention to include prevention, empowerment, rehabilitation, and structural change. Strengthening social work practice through increased funding, continuous training, community education,

policy enforcement, and inter-agency collaboration is essential for improving outcomes for victims. Ultimately, reducing intimate partner violence in Iguadolor community will require sustained commitment from government, social workers, community leaders, and society at large to promote justice, equality, and the protection of human dignity.

5.4 Recommendations

Based on the findings of this study on social work intervention strategies for victims of intimate partner violence (IPV) in Iguadolor community, the following recommendations are made to improve the effectiveness, sustainability, and reach of social work interventions. These recommendations are directed at the government, social workers, community leaders, non-governmental organizations, and other relevant stakeholders.

1. Increased Government Funding and Resource Allocation: The government at both state and local levels should increase funding allocated to social welfare departments and agencies responsible for addressing intimate partner violence. Adequate funding is necessary to support counselling services, legal aid, shelter provision, and rehabilitation programmes for victims. Financial resources should also be used to employ more trained social workers and provide necessary logistics such as transportation, office facilities, and communication tools. Improved funding will

enable social workers to respond more effectively and promptly to cases of IPV, particularly in rural communities like Iguadolor.

2. Strengthening Rehabilitation and Reintegration Programmes: There is a need to move beyond crisis-oriented interventions to long-term rehabilitation and reintegration programmes for victims of IPV. Social workers, in collaboration with government agencies and NGOs, should establish programmes that focus on economic empowerment, skills acquisition, vocational training, and microcredit schemes for victims. These initiatives will help victims gain financial independence, reduce dependence on abusive partners, and improve their ability to rebuild their lives with dignity.

3. Continuous Training and Capacity Building for Social Workers: Regular training and professional development programmes should be organized for social workers handling IPV cases. These trainings should focus on trauma-informed care, crisis intervention, risk assessment, case management, ethical practice, and culturally sensitive counselling. Specialized training on the implementation of the Violence Against Persons (Prohibition) Act (VAPP) should also be provided to ensure that social workers are knowledgeable about legal procedures and victims' rights. Capacity building will enhance the competence and confidence of social workers and improve service delivery.

4. Community Education and Awareness Campaigns: Public education and awareness campaigns should be intensified within the Iguadolor community to challenge harmful cultural norms and beliefs that normalize or justify intimate partner violence. Social workers should collaborate with community leaders, religious institutions, youth groups, and women's associations to organize workshops, seminars, town hall meetings, and media campaigns that educate the public on the dangers of IPV, victims' rights, and available support services. Increased awareness will reduce stigma, encourage reporting, and promote positive behavioral change within the community.

5. Strengthening Collaboration and Inter-Agency Coordination: Effective intervention against IPV requires strong collaboration among social workers, healthcare providers, law enforcement agencies, legal practitioners, NGOs, and community-based organizations. A coordinated referral and case management system should be established to ensure that victims receive comprehensive support without unnecessary delays. Regular inter-agency meetings and joint training programmes should be organized to improve communication, clarify roles, and enhance cooperation among stakeholders.

6. Improvement of Legal Support and Enforcement Mechanisms: Legal aid services for victims of intimate partner violence should be strengthened and made more accessible within the community. Social workers should work closely with legal

practitioners and the police to ensure that cases of IPV are properly reported, investigated, and prosecuted. The enforcement of existing laws, particularly the Violence Against Persons (Prohibition) Act, should be strengthened to deter perpetrators and protect victims. Legal processes should be victim-friendly and sensitive to reduce secondary victimization.

7. Establishment of Safe Spaces and Temporary Shelters: Government and non-governmental organizations should establish safe spaces and temporary shelters within or near the Iguadolor community for victims who need immediate protection. These shelters should provide basic necessities, psychological support, and access to medical and legal services. Having accessible shelters will encourage victims to seek help and reduce the risk of further abuse.

8. Building Trust between Social Workers and Victims: Social workers should adopt client-centered and confidential approaches to build trust with victims of intimate partner violence. Efforts should be made to ensure privacy, respect, and non-judgmental attitudes during service delivery. Trust-building is essential for encouraging victims to disclose abuse, cooperate with intervention efforts, and follow through with support programmes.

9. Inclusion of Men and Boys in Prevention Programmes: Intervention strategies should not focus solely on victims but also include men and boys in prevention and

behavioral change programmes. Social workers should organize community dialogues, workshops, and counseling sessions that promote healthy relationships, non-violent conflict resolution, and gender equality. Engaging men and boys will help address the root causes of IPV and promote long-term societal change.

10. Monitoring, Evaluation, and Documentation of IPV Interventions: There should be proper monitoring and evaluation of social work intervention programmes to assess their effectiveness and identify areas for improvement. Social workers should document cases, interventions, outcomes, and challenges systematically. Data generated from such documentation can be used for policy formulation, programme improvement, and future research.

11. Policy Development and Advocacy: Social workers and professional associations should engage in continuous advocacy for policies that promote gender equality and protect victims of intimate partner violence. Advocacy efforts should focus on the domestication and effective implementation of IPV-related laws, increased budgetary allocation for social welfare services, and inclusion of IPV education in school curricula. Strong policies will create an enabling environment for effective intervention.

5.5 Suggestions for Further Studies

Finally, further research should be conducted on intimate partner violence in other rural and semi-urban communities in Edo State and Nigeria at large. Comparative

studies will help identify best practices and inform more effective and culturally appropriate intervention strategies. Research should also explore the experiences of male victims and the long-term outcomes of social work interventions.

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QUESTIONNAIRE

DEPARTMENT OF SOCIAL WORK

FACULTY OF SOCIAL SCIENCES

UNIVERSITY OF BENIN, BENIN CITY

Dear Respondent,

My name is IMARIAGBE, David Osaigbokhan, an undergraduate student of the Department of Social Work, University of Benin. I am carrying out an academic research on 'Social Work Intervention Strategies for Victims of Intimate Partner Violence in Iguadolor Community in Ovia-North East Local Government Area of Edo State.'

Participation in this study is voluntary. You are free to withdraw at any time. All information provided will be treated with strict confidentiality and used strictly for academic purposes.

IMARIAGBE, David Osaigbokhan

(Researcher)

SECTION A: DEMOGRAPHIC INFORMATION

Instruction: Please tick (✓) the most appropriate answer.

1. Sex: ( ) Male ( ) Female

2. Age: ( ) 18–25 ( ) 26–35 ( ) 36 and above

3. Religion: ( ) Christianity ( ) Islam ( ) Traditional African Religion

4. Occupation: ( ) Employed ( ) Unemployed ( ) Self-Employed

5. Educational Qualification: ( ) SSCE ( ) ND/NCE ( ) HND/B.Sc ( ) PG ( ) Others _____

SECTION B: RESEARCH QUESTIONS

Instruction: Please tick (✓) the column that best represents your opinion.

Key: SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree

1. Counseling and emotional support services are available to victims of intimate partner violence in Iguadolor. SA ( ) A ( ) D ( ) SD ( )

2. Legal aid and advocacy services are part of the intervention strategies used in the community. SA ( ) A ( ) D ( ) SD ( )

3. Social workers in Iguadolor offer referral services to medical and shelter facilities for victims. SA ( ) A ( ) D ( ) SD ( )

4. Rehabilitation and reintegration programs are provided for victims to rebuild their lives. SA ( ) A ( ) D ( ) SD ( )

5. Intervention strategies are usually tailored to meet the specific needs of each victim. SA ( ) A ( ) D ( ) SD ( )

6. Social workers collaborate with healthcare professionals and law enforcement to support victims. SA ( ) A ( ) D ( ) SD ( )

7. Most interventions focus more on crisis response than on long-term recovery. SA ( ) A ( ) D ( ) SD ( )

8. Social work practices in Iguadolor follow ethical and professional standards when dealing with intimate partner violence. SA ( ) A ( ) D ( ) SD ( )

9. Social work interventions have helped victims regain their confidence and independence. SA ( ) A ( ) D ( ) SD ( )

10. There has been a reduction in repeated cases of intimate partner violence due to effective intervention. SA ( ) A ( ) D ( ) SD ( )

11. Victims who received intervention reported improved access to support services. SA ( ) A ( ) D ( ) SD ( )

12. Some victims remain reluctant to leave abusive relationships despite available intervention efforts. SA ( ) A ( ) D ( ) SD ( )

13. Limited funding and resources hinder effective implementation of intervention strategies. SA ( ) A ( ) D ( ) SD ( )

14. Cultural norms and beliefs discourage victims from seeking help or speaking out. SA ( ) A ( ) D ( ) SD ( )

15. Social workers face difficulties in gaining the trust and cooperation of some victims. SA ( ) A ( ) D ( ) SD ( )

16. Lack of specialized training on intimate partner violence reduces the effectiveness of interventions. SA ( ) A ( ) D ( ) SD ( )

17. Increased government funding is needed to strengthen intervention services for victims. SA ( ) A ( ) D ( ) SD ( )

18. Regular training and capacity-building programs should be organized for social workers. SA ( ) A ( ) D ( ) SD ( )

19. Public education and awareness campaigns can help reduce stigma and encourage victims to seek help. SA ( ) A ( ) D ( ) SD ( )

20. Strengthening collaboration among social workers, NGOs, police, and health professionals will improve outcomes. SA ( ) A ( ) D ( ) SD ( )