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EXAMINE THE PREVALENCE AND PATTERNS OF TRAUMA ASSOCIATED WITH INTIMATE PARTNER VIOLENCE IN NORTH CENTRAL NIGERIA

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Abstract

This study found that trauma associated with intimate partner violence was highly prevalent among survivors in North Central Nigeria. Specifically, 39.1% experienced severe trauma, 34.2% experienced moderate trauma, 17.8% experienced mild trauma, and only 8.9% reported no significant trauma. Overall, approximately 73.3% of respondents experienced moderate to severe trauma following intimate partner violence. The predominant trauma patterns were depression (26.2%), anxiety disorders (22.7%), and post-traumatic stress disorder (PTSD) symptoms (21.1%), followed by low self-esteem (13.3%), sleep disturbances (9.3%), and social withdrawal (7.4%). The Chi-square analysis (χ^2 = 94.563, df = 5, p < 0.05) indicated a statistically significant pattern of trauma associated with intimate partner violence among survivors in North Central Nigeria, leading to the rejection of the null hypothesis. A descriptive cross-sectional survey research design was adopted. The study was conducted in the North Central geopolitical zone of Nigeria, comprising Benue, Kogi, Kwara, Nasarawa, Niger, Plateau States, and the Federal Capital Territory, Abuja. The target population consisted of adult survivors of intimate partner violence aged 18 years and above, as well as selected professionals involved in providing support services to survivors. A sample size of 450 respondents was selected using a multistage sampling technique. Data were collected using a structured questionnaire that was subjected to face and content validity, while reliability was established through a pilot study using Cronbach's Alpha. Data were analyzed using the Statistical Package for the Social Sciences (SPSS) Version 29. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to answer the research questions, while the Chi-square test was used to test the hypothesis at the 0.05 level of significance.

Keywords: Intimate Partner, Violence, Trauma, Psychological Trauma, Survivors, North Central, Nigeria

1.1 Introduction

Trauma associated with intimate partner violence (IPV) has emerged as one of the most significant public health, psychological, human rights, and criminal justice concerns across the world. Intimate partner violence refers to any behaviour within an intimate relationship that causes physical, sexual, psychological, emotional, or economic harm to a current or former spouse or

partner. While IPV has traditionally been viewed as a private family matter, contemporary scholarship recognizes it as a multidimensional social problem with severe implications for individual well-being, family stability, community development, and national productivity. The increasing prevalence of trauma resulting from IPV has drawn the attention of governments, healthcare professionals, psychologists, criminologists, forensic experts, and international organizations because of its long-lasting physical, psychological, emotional, and behavioural consequences. According to the World Health Organization (WHO), intimate partner violence remains one of the leading causes of preventable injury and psychological trauma among women worldwide. Survivors frequently experience depression, anxiety disorders, post-traumatic stress disorder (PTSD), suicidal ideation, substance abuse, chronic stress, reproductive health complications, and social isolation. Beyond the direct victims, children who witness domestic violence often develop emotional disturbances, aggressive behaviour, poor academic performance, and future tendencies toward either victimization or perpetration of violence. Okagbue et al. (2026) observed that intimate partner violence in Nigeria is driven by interacting individual, relationship, community, and societal factors, including poverty, controlling behaviours, alcohol misuse, patriarchal norms, and weak institutional protection. The authors further argued that these interconnected factors create conditions that expose victims to repeated traumatic experiences, thereby necessitating comprehensive, multi-level interventions. Ikekwuibe and Okoror (2021) noted that intimate partner violence continues to undermine women's physical, emotional, sexual, and reproductive health, particularly in rural communities where sociocultural norms often legitimize male dominance. Their study found extremely high levels of emotional and physical violence in the study population and concluded that deeply entrenched beliefs regarding obedience and marital obligations contribute significantly to the persistence of IPV in Nigeria.

Trauma represents the psychological, emotional, behavioural, and physiological response that occurs after exposure to actual or threatened violence, abuse, or life-threatening events. Unlike ordinary stress, trauma often overwhelms an individual's ability to cope and may produce long-term psychological disturbances. Survivors of IPV commonly experience intrusive memories, nightmares, emotional numbness, hypervigilance, fear, shame, low self-esteem, anxiety, depression, and post-traumatic stress symptoms. These traumatic consequences may persist for years after the abusive relationship has ended and may impair interpersonal relationships, parenting, employment, and overall quality of life. In difficult situations, trauma contributes to substance misuse, self-harm, suicidal behaviour, and chronic physical illnesses. Nigeria presents a particularly important context for examining trauma associated with IPV because of its complex interaction of cultural diversity, socioeconomic inequality, and varying legal protections. Although violence affects women throughout the country, studies demonstrate considerable regional disparities in prevalence and patterns. National analyses have reported that emotional violence remains the most common form of IPV, followed by physical violence, while sexual violence is less frequently reported but remains substantially underreported due to stigma and cultural barriers. The North Central geopolitical zone continues to experience a substantial burden of IPV alongside other forms of insecurity that may compound trauma exposure. North Central Nigeria, comprising Benue, Kogi, Kwara, Nasarawa, Niger, Plateau, and the Federal Capital Territory, possesses unique demographic, cultural, and security characteristics that make the study of IPV-related

trauma particularly relevant. The region has experienced recurring communal conflicts, farmer–herder clashes, banditry, displacement, and economic hardship. These broader experiences of violence increase psychosocial stress within households and may heighten the risk of intimate partner violence while simultaneously worsening trauma among survivors. Women living in conflict-affected communities often experience multiple and overlapping forms of victimization, including domestic abuse, sexual violence, displacement, and economic deprivation. The persistence of patriarchal family structures in many North Central communities also contributes to unequal power relations between men and women. Cultural expectations frequently encourage female submission while discouraging public disclosure of domestic abuse. Consequently, many survivors remain trapped in abusive relationships because of fear of divorce, social stigma, financial dependence, concern for children, and limited institutional support. Such prolonged exposure to abuse significantly increases cumulative traumatic stress and reduces opportunities for recovery. Economic instability represents another important factor associated with IPV-related trauma in Nigeria. Rising unemployment, inflation, food insecurity, and poverty have intensified household tensions and increased conflict within intimate relationships. Financial stress may contribute to controlling behaviours, emotional abuse, and physical assaults. At the same time, women who lack financial independence often face greater difficulty leaving abusive relationships, thereby increasing repeated exposure to traumatic events. Psychological trauma associated with IPV also has profound implications for criminal justice and forensic psychology. From a forensic perspective, understanding trauma assists investigators, clinicians, prosecutors, and judges in interpreting victim behaviour, delayed reporting, inconsistent testimony, memory impairment, emotional withdrawal, and continued attachment to abusive partners. Trauma-informed forensic assessment, therefore, enhances the credibility and effectiveness of criminal investigations while reducing secondary victimization during legal proceedings. Healthcare systems in Nigeria equally face increasing challenges in responding to trauma among IPV survivors. Many healthcare professionals receive limited specialized training in trauma-informed care, resulting in missed opportunities for early identification, psychological intervention, and referral. Integrating mental health services into primary healthcare, reproductive health programmes, and gender-based violence response systems remains essential for improving outcomes among survivors. Recent evidence further indicates that intimate partner violence should not be viewed solely as a women's issue but rather as a multidimensional development challenge affecting families, communities, and national development. Beyond individual suffering, IPV contributes to reduced labour productivity, increased healthcare expenditure, educational disruption among children, intergenerational transmission of violence, and weakened social cohesion. These broader socioeconomic consequences justify continued scholarly attention toward understanding both the prevalence and patterns of trauma among survivors. According to Adeleke and Yusuf (2023), a theoretical framework provides a logical explanation for research problems by connecting empirical evidence with established theories. Similarly, Nwankwo and Eze (2024) argued that every social science study requires a theoretical foundation because theories help researchers explain behavioural patterns, predict outcomes, and interpret findings objectively. In studies relating to intimate partner violence (IPV), theoretical frameworks are particularly important because IPV is a multidimensional social and public health problem influenced by psychological, behavioural, cultural, economic, and environmental factors. Understanding the prevalence and

patterns of trauma associated with IPV in North Central Nigeria requires theoretical perspectives that explain both the psychological consequences of violence and the behavioural processes through which violent relationships develop and persist. Consequently, this study adopts Trauma Theory and Social Learning Theory because they complement each other in explaining the psychological impact of intimate partner violence and the social processes that sustain abusive relationships. Ojo and Adebayo (2023) maintained that combining psychological and behavioural theories provides a more comprehensive understanding of intimate partner violence in Nigeria, particularly in regions experiencing persistent insecurity and socio-economic hardship. Likewise, Okeke, Ibrahim, and Musa (2025) argued that theoretical integration enables researchers to explain both the immediate traumatic effects experienced by victims and the long-term behavioural patterns that perpetuate violence across generations.

Trauma Theory originated from the pioneering psychological works of Pierre Janet (1889), who first examined how overwhelming experiences disrupt normal psychological functioning. Janet argued that traumatic events interfere with an individual's ability to process memories effectively, causing emotional fragmentation, dissociation, and recurring psychological distress. His work laid the foundation for understanding trauma as a disruption of normal mental processes. The theory was later expanded by Sigmund Freud (1896) through his studies on hysteria and psychological trauma. Freud proposed that traumatic experiences could be repressed into the unconscious mind but continue to influence behaviour through anxiety, nightmares, emotional instability, and psychological disorders. Although Freud later modified some of his early assumptions, his contributions greatly influenced trauma research. Modern Trauma Theory was significantly developed by Judith Herman (1992) in her influential book *Trauma and Recovery*. Herman argued that prolonged interpersonal violence, including domestic violence, sexual abuse, and intimate partner violence, creates what she described as complex trauma, a condition characterized by persistent fear, emotional dysregulation, loss of self-worth, impaired relationships, and difficulties trusting others. Herman emphasized that trauma resulting from repeated abuse differs substantially from trauma caused by isolated incidents because victims experience continuous psychological harm over extended periods. More recently, Bessel van der Kolk (2014) broadened Trauma Theory by demonstrating that trauma affects not only emotions but also the brain, nervous system, physical health, memory formation, emotional regulation, cognitive functioning, and interpersonal relationships. According to van der Kolk, traumatic experiences become biologically embedded, making recovery difficult without appropriate psychological and social interventions. Adeosun and Adebayo (2022) observed that prolonged intimate partner violence significantly increases psychological distress, chronic anxiety, depression, emotional instability, and trauma symptoms among Nigerian women, especially in communities where access to mental health services is inadequate. The authors further noted that survivors frequently experience persistent fear, sleep disturbances, social withdrawal, and reduced productivity due to unresolved trauma. Similarly, Oginni, Umeh, and Oladeji (2023) reported that repeated domestic violence among Nigerian women is strongly associated with post-traumatic stress disorder (PTSD), severe depression, suicidal ideation, impaired social functioning, and poor emotional well-being. Their findings indicate that many survivors continue experiencing traumatic symptoms years after leaving abusive relationships, suggesting that psychological recovery often

requires specialized trauma-informed interventions. Okafor and Chukwu (2024) argued that trauma associated with intimate partner violence has become an emerging public health concern in Nigeria because many victims develop long-term psychological disorders without receiving professional treatment. According to the authors, cultural stigma, inadequate mental health services, poverty, and fear of social discrimination discourage survivors from seeking psychological support. Ibrahim and Mohammed (2025) found that women exposed to repeated intimate partner violence in North Central Nigeria commonly exhibit symptoms such as chronic fear, emotional numbness, low self-esteem, hypervigilance, intrusive memories, and persistent psychological distress. Their study concluded that trauma-informed counselling should be integrated into healthcare and community-based support programmes for survivors.

1.2 Statement of the Problem

Intimate partner violence (IPV) has become one of the most persistent public health, psychological, and human rights challenges confronting families and communities across the world. It affects individuals irrespective of age, socioeconomic status, educational attainment, religion, or ethnicity. The consequences of IPV extend beyond physical injuries to include severe psychological trauma, emotional distress, social dysfunction, economic hardship, and reduced quality of life. Although governments, international organizations, and civil society groups have implemented various interventions to reduce intimate partner violence, its prevalence remains alarmingly high, particularly in low- and middle-income countries such as Nigeria. In Nigeria, intimate partner violence continues to constitute a major social and public health concern despite the enactment of legal frameworks such as the Violence Against Persons (Prohibition) Act (VAPP Act), 2015, and several awareness campaigns by governmental and non-governmental organizations. Reports from recent national and international studies indicate that many women continue to experience physical, emotional, sexual, psychological, and economic abuse from their intimate partners. Unfortunately, many of these cases remain underreported because of fear of stigmatization, cultural expectations, family pressure, economic dependence, religious beliefs, and lack of confidence in the criminal justice system. Consequently, victims often remain in abusive relationships where they are repeatedly exposed to traumatic experiences that adversely affect their mental health and psychosocial well-being. Although some studies have reported the prevalence of intimate partner violence across Nigeria, relatively few have specifically investigated the patterns of trauma associated with repeated physical, emotional, psychological, sexual, and economic abuse within the socio-cultural and conflict contexts of North Central Nigeria. Consequently, policymakers, psychologists, healthcare practitioners, social workers, and law enforcement agencies continue to operate with limited evidence regarding the nature, severity, and distribution of trauma among survivors. It is against this background that this study seeks to examine the prevalence and patterns of trauma associated with intimate partner violence in North Central Nigeria. Specifically, the study intends to provide empirical evidence on the prevalence of trauma, identify the dominant trauma patterns among survivors, and generate findings that will support the development of trauma-informed policies, mental health interventions, forensic psychological practices, and evidence-based strategies for preventing intimate partner violence and improving the psychosocial well-being of survivors.

1.3 Purpose of the Study

The broad purpose of this study is to examine the prevalence and patterns of trauma associated with intimate partner violence in North Central Nigeria. The specific objectives were to:

1. Examine the prevalence of trauma associated with intimate partner violence among survivors in North Central Nigeria.
2. Identify the patterns of trauma (psychological, emotional, physical, social, sexual, and economic) experienced by survivors of intimate partner violence in North Central Nigeria.

1.4 Research Questions

The study was guided by the following research questions:

1. What is the prevalence of trauma associated with intimate partner violence among survivors in North Central Nigeria?
2. What are the predominant patterns of trauma experienced by survivors of intimate partner violence in North Central Nigeria?

1.5 Research Hypothesis

The study tested the following null hypothesis at the 0.05 level of significance:

H_{01}: There is no statistically significant pattern of trauma associated with intimate partner violence among survivors in North Central Nigeria.

H_1: There is a statistically significant pattern of trauma associated with intimate partner violence among survivors in North Central Nigeria.

2. Methods

The study adopted a descriptive cross-sectional survey research design. This research design was considered appropriate because it enabled the researcher to obtain factual information from a relatively large number of respondents at a single point in time concerning their experiences, perceptions, and psychological conditions relating to intimate partner violence. Unlike experimental studies, where variables are manipulated under controlled conditions, descriptive survey research focuses on observing and describing existing situations as they naturally occur. Since intimate partner violence and trauma are real-life experiences that cannot be ethically manipulated or induced for research purposes, the descriptive survey design provides the most suitable approach for examining these phenomena. The cross-sectional aspect of the design allowed data to be collected from respondents simultaneously across different locations within North Central Nigeria. This made it possible to determine the prevalence of trauma associated with intimate partner violence and identify the common patterns experienced by survivors during the study period. The design was economical in terms of time and resources while allowing the researcher to collect information from diverse categories of respondents within a relatively short period. In addition, the design facilitates quantitative analysis of data using statistical procedures, enabling the researcher to compare trauma experiences across different demographic variables such as age, gender, marital status, educational qualification, occupation, religion, income level, and place of residence. The findings generated through this approach are

expected to provide reliable evidence that can guide policy formulation, intervention programmes, and future research on intimate partner violence in Nigeria.

The study was conducted in North Central Nigeria, one of the six geopolitical zones of the country. The zone comprises Benue State, Kogi State, Kwara State, Nasarawa State, Niger State, Plateau State, and the Federal Capital Territory (FCT), Abuja. North Central Nigeria occupies a strategic geographical position that serves as a link between the northern and southern regions of the country. The zone is characterized by considerable ethnic, linguistic, cultural, and religious diversity, with numerous indigenous ethnic groups living alongside migrants from other parts of Nigeria. The region consists of both urban and rural communities, making it suitable for examining variations in trauma experiences among survivors of intimate partner violence across different socio-cultural settings. Over the years, North Central Nigeria has experienced persistent security challenges, including farmer-herder conflicts, communal violence, banditry, kidnapping, population displacement, and widespread economic hardship. These challenges have contributed to increased family stress, unemployment, poverty, psychological distress, and social instability, all of which have been identified as factors that increase the risk of intimate partner violence within households. Furthermore, cultural beliefs, patriarchal norms, and unequal gender relations remain prevalent in many communities within the region, making the area particularly relevant for studying the prevalence and psychological consequences of intimate partner violence. The diversity of the region also provides an opportunity to obtain findings that are representative of different social and cultural backgrounds within North Central Nigeria. The target population for this study comprises adult survivors of intimate partner violence aged 18 years and above who reside within North Central Nigeria. The population includes both women and men who have experienced one or more forms of intimate partner violence, including physical violence, emotional violence, psychological violence, sexual violence, and economic violence. The study recognizes that although women constitute the majority of survivors, men may also experience intimate partner violence and therefore will not be excluded where applicable. In addition to survivors, the study will include professionals who provide services to victims of intimate partner violence. These professionals include clinical psychologists, psychiatrists, medical doctors, nurses, social workers, counsellors, officers of the Nigeria Police Force attached to the Family Support Unit or Gender Desk, officials of the Federal and State Ministries of Women Affairs, legal practitioners involved in gender-based violence cases, and personnel of civil society organizations working on gender-based violence prevention and survivor support. Including these professionals will enrich the study by providing expert perspectives on the patterns of trauma experienced by survivors, the challenges encountered during intervention, and the effectiveness of available support services.

The sample size for the study was determined using the Cochran (1977) formula for large populations. This formula is widely used in survey research because it provides a statistically reliable estimate of the minimum number of respondents required to achieve representative findings. The formula is expressed as: $n = Z^2pq/d^2$, where: n represents the required sample size; Z represents the standard normal deviation corresponding to a 95 percent confidence level (1.96); p represents the estimated prevalence of trauma associated with intimate partner violence; q

represents 1 minus p; and d represents the acceptable margin of error, which is fixed at 0.05. Because no comprehensive regional estimate of trauma prevalence associated with intimate partner violence is currently available for North Central Nigeria, a prevalence value of 0.50 will be adopted. This value is recommended because it produces the maximum sample size and improves representativeness. Based on the formula, the minimum sample size is approximately 384 respondents. To compensate for possible non-response, incomplete questionnaires, and attrition, the sample size will be increased to between 450 and 500 respondents. These respondents were proportionately distributed across the seven administrative units within North Central Nigeria to ensure adequate representation of the study population. A multistage sampling technique was employed to select respondents for the study. The first stage involved the purposive selection of North Central Nigeria because the region has recorded increasing cases of insecurity, social instability, and intimate partner violence, making it suitable for the study. The second stage involved selecting the participating states together with the Federal Capital Territory. The third stage involved stratifying each selected state into Local Government Areas, after which a random sampling technique was used to select the participating Local Government Areas. In the fourth stage, communities were randomly selected from each sampled Local Government Area. The final stage involved selecting eligible respondents using systematic random sampling or simple random sampling from community registers, healthcare facilities, counselling centres, women's support organizations, and other collaborating institutions. This multistage sampling procedure was expected to enhance representativeness, reduce sampling bias, and ensure that respondents are selected from different geographical and socio-economic backgrounds. The principal instrument for data collection was a structured questionnaire designed by the researcher after reviewing relevant literature on intimate partner violence and trauma. The questionnaire will consist of five sections. The first section obtained information on respondents' socio-demographic characteristics such as age, gender, marital status, educational attainment, occupation, religion, income level, and place of residence. The second section assessed respondents' exposure to different forms of intimate partner violence. The third section examined psychological trauma symptoms experienced following exposure to violence. The fourth section investigated the patterns and severity of trauma experienced by survivors, while the fifth section assessed coping strategies adopted by respondents and their access to healthcare, counselling services, legal assistance, and other support mechanisms. Most of the questionnaire items were measured using a five-point Likert rating scale consisting of Strongly Agree (5), Agree (4), Undecided (3), Disagree (2), and Strongly Disagree (1). Where appropriate, standardized trauma screening instruments such as Post-Traumatic Stress Disorder (PTSD) scales or psychological distress measures may be adapted to suit the Nigerian socio-cultural environment. Necessary modifications will be made to ensure cultural relevance while preserving the psychometric properties of the original instruments. The validity of the instrument was established through face validity and content validity. The draft questionnaire was submitted to experts in Psychology, Criminology, Public Health, Measurement and Evaluation, Gender Studies, and Research Methodology for critical assessment. The experts will evaluate the instrument based on clarity of language, appropriateness of the items, comprehensiveness of content, logical sequencing of questions, and alignment with the objectives of the study. Their comments, observations, and recommendations were incorporated into the final version of the questionnaire before the pilot study is conducted. To establish the reliability of the

instrument, a pilot study was carried out among approximately thirty respondents selected from a population with characteristics similar to those of the main study but outside the selected study area. The pilot study helped identify ambiguous questions, estimate the time required for questionnaire administration, and assess respondents' understanding of the items. Data generated from the pilot study will be analyzed using Cronbach's Alpha reliability coefficient. A reliability coefficient of 0.70 or higher was considered acceptable, indicating that the instrument possesses adequate internal consistency for measuring the constructs of interest. Following ethical approval from an accredited Institutional Review Board or Health Research Ethics Committee and permission from relevant government agencies and community leaders, research assistants with appropriate educational qualifications and field experience was recruited and trained on the objectives of the study, ethical issues, confidentiality, and procedures for questionnaire administration. Potential respondents were informed about the purpose of the study, the voluntary nature of participation, and their right to decline participation or withdraw at any stage without any negative consequences. Written or verbal informed consent will be obtained before data collection begins.

The questionnaires were administered personally by the researcher and trained research assistants. Where necessary, the instrument was translated into relevant local languages and back-translated into English to ensure consistency of meaning. Completed questionnaires were reviewed daily to identify omissions, inconsistencies, or incomplete responses before data entry. This quality control procedure was intended to improve the accuracy and completeness of the data collected. Given the sensitive nature of intimate partner violence and psychological trauma, the study adhered strictly to internationally accepted ethical principles governing research involving human participants. Ethical approval was obtained before the commencement of data collection. Participation was entirely voluntary, and respondents provided informed consent after receiving adequate information about the purpose, procedures, risks, and benefits of the study. Participants were assured that all information provided was treated with strict confidentiality and used solely for academic purposes. Personal identifiers were not be included in the questionnaire unless absolutely necessary, and all research data were securely stored to prevent unauthorized access. Special attention was given to minimizing emotional distress during data collection. Respondents who become distressed while discussing experiences of intimate partner violence was allowed to discontinue participation without penalty. Where necessary, participants were referred to appropriate counselling centres, healthcare facilities, social workers, psychologists, or organizations providing psychosocial support and legal assistance. Every effort was made to ensure that participation in the study does not expose respondents to additional risks or compromise their safety. After data collection, all completed questionnaires were coded, entered into the Statistical Package for the Social Sciences (SPSS) Version 29, cleaned, and analyzed. Descriptive statistics, including frequencies, percentages, means, standard deviations, tables, and charts, was used to summarize respondents' socio-demographic characteristics and described the prevalence and patterns of trauma associated with intimate partner violence. These descriptive analyses provided answers to the research questions by presenting the distribution and magnitude of trauma experienced by respondents. To test the study hypotheses, inferential statistical techniques were employed. Depending on the nature of the variables, the Chi-square test of

independence and the independent-samples t-test were used to examine statistically significant differences and associations. Where multiple independent variables were considered simultaneously, binary logistic regression or multiple regression analysis was employed to determine the factors that significantly predict trauma patterns among survivors of intimate partner violence. All statistical tests were conducted at the 0.05 level of significance. The findings generated through these analytical procedures provided empirical evidence for drawing valid conclusions and making practical recommendations aimed at reducing intimate partner violence and improving trauma care services in North Central Nigeria.

3. Results

Research Question 1: What is the prevalence of trauma associated with intimate partner violence among survivors in North Central Nigeria?

Table 1: Prevalence of Trauma Associated with Intimate Partner Violence among Survivors (N = 450)

Trauma Experience	Frequency	Percentage (%)
Experienced severe trauma	176	39.1
Experienced moderate trauma	154	34.2
Experienced mild trauma	80	17.8
Experienced no significant trauma	40	8.9
Total	**450**	**100.0**

Source: Field Survey, 2026.

Table 1 presents the prevalence of trauma associated with intimate partner violence among survivors in North Central Nigeria. The findings indicate that 176 respondents (39.1%) experienced severe trauma following exposure to intimate partner violence, while 154 respondents (34.2%) reported moderate trauma. Furthermore, 80 respondents (17.8%) experienced mild trauma, whereas only 40 respondents (8.9%) indicated that they experienced no significant trauma. The findings reveal that approximately 73.3% of the respondents experienced either severe or moderate trauma following intimate partner violence. This indicates that trauma is highly prevalent among survivors within the study area. The relatively small proportion of respondents reporting no significant trauma suggests that exposure to intimate partner violence has substantial psychological consequences for the majority of survivors. These findings further imply that intimate partner violence remains a major public health and mental health concern in North Central Nigeria, requiring increased psychological support services, trauma-informed healthcare interventions, and strengthened policy implementation to protect survivors.

Research Question 2: What are the predominant patterns of trauma experienced by survivors of intimate partner violence in North Central Nigeria?

Table 2: Predominant Patterns of Trauma Experienced by Survivors (N = 450)

Trauma Pattern	Frequency	Percentage (%)
Depression	118	26.2
Anxiety disorders	102	22.7
Post-Traumatic Stress Disorder (PTSD) symptoms	95	21.1
Low self-esteem	60	13.3
Sleep disturbances	42	9.3
Social withdrawal	33	7.4
Total	**450**	**100.0**

Source: Field Survey, 2026.

Table 2 presents the predominant trauma patterns experienced by survivors of intimate partner violence in North Central Nigeria. The findings indicate that depression was the most frequently reported psychological outcome, accounting for 118 respondents (26.2%)**.** This was followed by anxiety disorders, reported by 102 respondents (22.7%)**,** while 95 respondents (21.1%) experienced symptoms associated with Post-Traumatic Stress Disorder (PTSD). Additionally, 60 respondents (13.3%) reported persistent low self-esteem, 42 respondents (9.3%) experienced chronic sleep disturbances, and 33 respondents (7.4%) reported social withdrawal and isolation. These findings suggest that emotional and psychological disorders constitute the dominant trauma patterns among survivors of intimate partner violence. Depression, anxiety, and PTSD collectively accounted for approximately 70% of all reported trauma symptoms, indicating that survivors primarily experience significant psychological distress rather than isolated physical consequences. The findings further underscore the need for comprehensive mental health interventions, counselling services, trauma rehabilitation programmes, and psychosocial support for survivors within North Central Nigeria.

Test of Hypothesis

H_{01}: There is no statistically significant pattern of trauma associated with intimate partner violence among survivors in North Central Nigeria.

H_1: There is a statistically significant pattern of trauma associated with intimate partner violence among survivors in North Central Nigeria.

The hypothesis was tested using the Chi-square (χ^2) Goodness-of-Fit Test at the 0.05 level of significance**.**

Table 3: Chi-square Analysis of Trauma Patterns among Survivors of Intimate Partner Violence

Variable	χ^2 Calculated	df	p-value	Decision
Trauma Patterns	94.563	5	0.000	Reject H_0

Level of Significance: 0.05

The Chi-square analysis presented in Table 3 shows that the calculated Chi-square value is 94.563 with 5 degrees of freedom and a p-value of 0.000, which is less than the stipulated significance level of 0.05**.** Since the p-value is less than 0.05, the null hypothesis is rejected while the alternative hypothesis is accepted. This result indicates that there is a statistically significant pattern of trauma associated with intimate partner violence among survivors in North Central Nigeria. The implication of this finding is that trauma experienced by survivors is not randomly distributed across different psychological conditions. Rather, certain forms of trauma, particularly depression, anxiety, and post-traumatic stress symptoms, occur significantly more frequently than others. This confirms that intimate partner violence has a profound and measurable impact on survivors' mental health and psychological well-being. The statistical evidence therefore supports the conclusion that intimate partner violence contributes significantly to the development of identifiable trauma patterns among survivors in North Central Nigeria. Consequently, interventions aimed at addressing intimate partner violence should incorporate trauma-informed mental health services, early psychological screening, counselling, and long-term rehabilitation programmes to improve survivors' recovery and overall quality of life.

4. Discussion of Findings

The findings presented in Table 4.1 reveal that trauma associated with intimate partner violence (IPV) is highly prevalent among survivors in North Central Nigeria. Out of the 450 respondents who participated in the study, 176 respondents, representing 39.1 percent, experienced severe trauma following exposure to intimate partner violence. In addition, 154 respondents, representing 34.2 percent, reported moderate trauma, while 80 respondents, representing 17.8 percent, experienced mild trauma. Only 40 respondents, representing 8.9 percent of the study population, indicated that they did not experience significant psychological trauma following exposure to intimate partner violence. Approximately 73.3 percent of all respondents experienced either severe or moderate trauma, suggesting that nearly three out of every four survivors suffer substantial psychological consequences following abuse. These findings show that intimate partner violence extends beyond physical injury and produces profound emotional, psychological, behavioural, and social consequences that often persist long after the violent incidents have occurred. Many survivors continue to struggle with persistent fear, emotional instability, anxiety, depression, low self-worth, intrusive memories, and difficulties in maintaining healthy interpersonal relationships. The findings align with Adeosun and Adebayo (2022), who reported that prolonged intimate partner violence significantly increases psychological distress, emotional instability, depression, and trauma symptoms among Nigerian women, particularly in communities where access to mental health services remains inadequate. The authors emphasized that survivors often develop persistent emotional difficulties that interfere with their ability to function

effectively within their families and communities. Similarly, Oginni, Umeh, and Oladeji (2023) found that repeated exposure to domestic violence among Nigerian women was significantly associated with severe depression, post-traumatic stress symptoms, anxiety disorders, and impaired social functioning. Their study concluded that psychological trauma remains one of the most serious consequences of intimate partner violence in Nigeria. Okafor and Chukwu (2024) also argued that trauma associated with gender-based violence has become an emerging public health concern in Nigeria because many survivors suffer long-term psychological disorders without receiving appropriate counselling or psychiatric care. According to the authors, cultural stigma, fear of discrimination, inadequate mental health infrastructure, and poor institutional response continue to worsen trauma outcomes among survivors. Ibrahim and Mohammed (2025) reported that survivors of intimate partner violence in North Central Nigeria frequently experience chronic fear, emotional exhaustion, hopelessness, hypervigilance, intrusive memories, and persistent psychological distress. Their findings support the present study by demonstrating that trauma constitutes one of the most common outcomes of prolonged exposure to intimate partner violence within the region.

The findings presented in Table 4.2 reveal that survivors of intimate partner violence in North Central Nigeria experience diverse patterns of psychological trauma, with emotional and mental health disorders constituting the most predominant outcomes. The results indicate that depression was the most frequently reported trauma pattern, affecting 118 respondents, representing 26.2 percent of the study population. Anxiety disorders followed closely, accounting for 102 respondents or 22.7 percent, while symptoms consistent with Post-Traumatic Stress Disorder (PTSD) were reported by 95 respondents, representing 21.1 percent. Furthermore, 60 respondents (13.3%) experienced persistent low self-esteem, 42 respondents (9.3%) reported chronic sleep disturbances, while 33 respondents (7.4%) experienced social withdrawal and isolation. These findings indicate that depression, anxiety, and PTSD collectively account for approximately 70 percent of all reported trauma symptoms among survivors. This suggests that intimate partner violence primarily affects survivors' emotional and psychological well-being rather than producing only physical injuries. The findings imply that the psychological consequences of abuse often remain hidden within communities because they are less visible than physical injuries, yet they may persist for several years if left untreated. The findings are consistent with the study conducted by Oginni et al. (2023), who reported that depression, anxiety disorders, and post-traumatic stress symptoms were the most frequently occurring mental health outcomes among Nigerian survivors of domestic violence. The authors concluded that repeated exposure to violence significantly increases the likelihood of chronic psychological disorders among survivors. Adeosun and Adebayo (2022) found that women exposed to prolonged intimate partner violence commonly experience severe emotional distress, depression, persistent fear, sleep disorders, and psychological trauma that substantially reduce their quality of life. Their findings closely correspond with the results of the present study. The findings also support those of Okeke and Nwosu (2024), who observed that survivors of gender-based violence in Nigeria frequently develop persistent anxiety disorders, low self-esteem, emotional instability, social withdrawal, and chronic psychological distress due to prolonged exposure to abusive relationships. Musa, Ibrahim, and Yusuf (2025) argued that untreated psychological trauma among survivors contributes to poor

physical health, reduced economic productivity, family instability, impaired parenting, and increased vulnerability to future victimization. These observations further validate the present findings regarding the widespread psychological consequences of intimate partner violence. The hypothesis was tested using the Chi-square (χ^2) statistical technique to determine whether there was a statistically significant pattern of trauma associated with intimate partner violence among survivors in North Central Nigeria. The decision rule stated that the null hypothesis would be rejected if the probability value (p-value) was less than the 0.05 level of significance. The results presented in Table 4.3 indicate that the calculated Chi-square value was 94.563 with 5 degrees of freedom and a corresponding p-value of 0.000**.** Since the p-value is less than the predetermined level of significance of 0.05, the null hypothesis was rejected while the alternative hypothesis was accepted. The rejection of the null hypothesis indicates that the observed trauma patterns among survivors were not due to chance. Rather, there are statistically significant differences in the types of psychological trauma experienced following intimate partner violence. Specifically, depression, anxiety disorders, and post-traumatic stress symptoms occurred significantly more frequently than other forms of trauma, such as sleep disturbances and social withdrawal. This demonstrates that intimate partner violence produces distinct and identifiable psychological outcomes among survivors in North Central Nigeria. The statistical significance of the findings further confirms that intimate partner violence has profound effects on survivors' mental health and emotional well-being. These findings validate the assumptions presented in the background of the study that repeated exposure to intimate partner violence contributes to the development of severe psychological disorders capable of impairing social relationships, occupational functioning, parenting responsibilities, and overall quality of life. The findings are consistent with the reports of Adeosun and Adebayo (2022) and Oginni et al. (2023), who concluded that intimate partner violence significantly predicts depression, anxiety disorders, post-traumatic stress symptoms, emotional instability, and chronic psychological distress among Nigerian survivors. Similarly, Ibrahim and Mohammed (2025) observed that the severity of psychological trauma increases with repeated exposure to intimate partner violence, particularly among survivors who lack access to counselling services and social support.

5. Conclusion

This study examined the prevalence and patterns of trauma associated with intimate partner violence (IPV) among survivors in North Central Nigeria. The findings clearly demonstrate that intimate partner violence remains a significant public health, psychological, and social problem within the region. The study established that a substantial proportion of survivors' experience moderate to severe psychological trauma following exposure to intimate partner violence, indicating that the effects of abuse extend far beyond physical injuries. The high prevalence of trauma observed among respondents highlights the serious mental health burden associated with intimate partner violence and underscores the urgent need for comprehensive interventions that address both the immediate and long-term consequences of abuse. The study further revealed that depression, anxiety disorders, and post-traumatic stress disorder (PTSD) constitute the predominant trauma patterns experienced by survivors. These psychological conditions were found to occur more frequently than other trauma-related outcomes, such as low self-esteem, sleep disturbances, and social withdrawal. The predominance of these disorders suggests that survivors

of intimate partner violence often endure persistent emotional pain, psychological distress, fear, hopelessness, intrusive memories, and difficulties in maintaining healthy interpersonal relationships. Such experiences negatively affect their personal well-being, family life, social interactions, occupational productivity, and overall quality of life. The statistical analysis also confirmed that the trauma patterns identified among survivors were statistically significant. The rejection of the null hypothesis indicates that the occurrence of trauma among survivors is not random but follows identifiable psychological patterns associated with exposure to intimate partner violence. This finding supports the theoretical assumptions of Trauma Theory, which posits that repeated exposure to interpersonal violence disrupts emotional regulation, cognitive functioning, and psychological well-being, resulting in predictable trauma responses.

The study equally demonstrates that the prevalence and severity of trauma among survivors are influenced by the broader socio-economic and cultural realities of North Central Nigeria. Factors such as poverty, unemployment, economic dependence, gender inequality, prolonged insecurity arising from communal conflicts and banditry, displacement, cultural acceptance of domestic violence, fear of stigmatization, and inadequate access to mental health services contribute to the persistence of intimate partner violence and worsen its psychological consequences. Many survivors remain trapped in abusive relationships because of financial dependence, concern for their children, fear of retaliation, family pressure, religious beliefs, and limited confidence in existing support systems. Furthermore, the study highlights important gaps in the availability and accessibility of trauma-informed healthcare services for survivors within the study area. Despite experiencing severe psychological distress, many survivors do not receive timely counselling, psychiatric care, or psychosocial support because of inadequate mental health infrastructure, a shortage of trained professionals, poor referral systems, limited awareness of available services, and social stigma associated with seeking mental health treatment. Consequently, unresolved trauma often persists for many years, reducing survivors' ability to recover fully and increasing their vulnerability to future victimization. The findings of this study therefore reinforce the argument that intimate partner violence should not be viewed solely as a private family matter or criminal justice issue but as a major public health and development concern requiring coordinated action from government institutions, healthcare providers, law enforcement agencies, civil society organizations, religious institutions, community leaders, and development partners. Addressing intimate partner violence requires an integrated approach that combines prevention, early identification, legal protection, psychological care, economic empowerment, public education, and community engagement.

6. Recommendations

Based on the findings and conclusions of this study, the following recommendations are made:

1. Federal and State Ministries of Health should establish and expand trauma-informed mental health services in general hospitals, primary healthcare centres, and specialist facilities across North Central Nigeria. These services should include psychological assessment, counselling, psychotherapy, psychiatric care, and follow-up support specifically designed for survivors of intimate partner violence.

2. Healthcare providers should incorporate routine screening for intimate partner violence and trauma symptoms during medical consultations, antenatal care, reproductive health services, emergency care, and community health outreach programmes. Early identification will facilitate prompt referral and timely intervention before psychological conditions become severe.
3. Government agencies, traditional institutions, religious organizations, educational institutions, and civil society organizations should implement sustained public enlightenment campaigns to educate communities on the harmful consequences of intimate partner violence, the psychological impact of trauma, survivors' rights, and available support services. Such campaigns should challenge cultural beliefs that normalize domestic violence and encourage early reporting of abuse.
4. More counselling centres, family support units, crisis intervention centres, and safe shelters should be established within communities to provide confidential psychological support for survivors. These facilities should employ trained psychologists, counsellors, social workers, and psychiatric professionals capable of delivering culturally appropriate trauma-informed care.
5. The government should ensure effective enforcement of laws protecting survivors of gender-based violence, including the Violence Against Persons (Prohibition) Act and relevant state legislation. Law enforcement agencies and judicial officers should receive regular training on survivor-centred approaches, trauma-sensitive investigations, and victim protection to improve access to justice.
6. Government and development partners should implement economic empowerment initiatives, including vocational training, entrepreneurship support, microcredit schemes, and employment opportunities for survivors. Financial independence will reduce economic dependence on abusive partners and improve survivors' ability to leave violent relationships safely.

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