



Effectiveness of Cognitive-Behavioral Couple Therapy (CBCT) in Reducing Intimate Partner Violence (IPV) among Married Couples in Nigeria during Economic Hardship

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Abstract. This study evaluates the effectiveness of Cognitive-Behavioural Couple Therapy (CBCT) in reducing IPV among married couples in Nigeria. The study assesses the impact of CBCT on IPV, relationship satisfaction, and conflict resolution skills among married couples experiencing economic hardship. A quasi-experimental design was employed, involving 30 married couples (N=60) experiencing IPV, selected via purposive sampling from Lagos, Nigeria. The CBCT intervention consisted of 12 sessions, delivered over 6 months. Data were collected using the Conflict Tactics Scale (CTS) and Relationship Satisfaction Scale (RSS), validated with Cronbach's alpha values of 0.85 and 0.82, respectively. The ANCOVA result in hypothesis 1 showed that there is a significant difference in IPV scores between treatment and control groups [$F(1, 58) = 4.21, p = 0.045, \eta^2 = 0.12$], with the treatment group exhibiting a notable reduction in IPV scores. ANCOVA result in hypothesis 2 revealed that there is a significant difference in relationship satisfaction scores between the treatment and control groups [$F(1, 58) = 5.63, p = 0.021, \eta^2 = 0.15$]. Result in hypothesis 3 indicate that there is a significant interaction effect between Cognitive-Behavioural Couple Therapy (CBCT) and time on Intimate Partner Violence (IPV) scores among married couples in Nigeria during economic hardship [$F(1, 58) = 4.92, p = 0.031, \eta^2 = 0.12$]. Result in hypothesis 4 indicate that the treatment group (CBCT) showed a significant increase in relationship satisfaction scores from pre-test to post-test compared to the control group [$F(1, 58) = 5.67, p = 0.021, \eta^2 = 0.15$]. The study concluded that CBCT is effective in reducing IPV and improving relationship satisfaction among Nigerian couples facing economic hardship. The study recommended that Nigerian mental health professionals should integrate CBCT into couple

therapy programs and adapt it to local cultural contexts to address couple-related issues effectively.

Keywords: Cognitive-Behavioural Couple Therapy, Intimate Partner Violence, married couples, economic hardship, Nigeria.

1. Introduction:

Intimate Partner Violence (IPV) is a significant global health problem affecting millions of individuals, with married couples being particularly vulnerable WHO, 2021. IPV encompasses physical, emotional, and sexual abuse, with severe consequences for mental and physical health. Studies have shown that IPV prevalence is high among married couples, with rates varying across cultures and contexts. For instance, a WHO study found that 1 in 3 women worldwide have experienced IPV, with married women being disproportionately affected (WHO, 2013). Recent research highlights the complex interplay of factors contributing to IPV, including economic stress, cultural norms, and relationship dynamics (Johnson, 2022). A Nigerian study found that economic hardship and patriarchal norms exacerbated IPV among married couples (Okenwa-Emegwa, Lawoko, & Jansson, 2016; Benebo, Schumann & Vaezghasemi, 2018). Effective interventions like Cognitive-Behavioral Couple Therapy (CBCT) have been shown to reduce IPV and improve relationship satisfaction (Epstein & Baucom, 2022).

In Nigeria, IPV is a significant public health concern, with prevalence rates ranging from 20% to 70% (NPC & ICF, 2018; Okenwa-Emegwa *et al.*, 2016). Intimate Partner Violence (IPV) is indeed a significant public health concern in Nigeria, with prevalence rates varying widely across different

regions. According to recent studies, IPV prevalence rates in Nigeria range from 20% to 70%, with some regions experiencing higher rates than others (Ogundeyi, 2025, Oyediran, 2021). Prevalence rates of IPV by region in Nigeria are North Central region 50% prevalence rate; South West region (20%) prevalence rate; and National average (33.1% to 63.2%) lifetime prevalence rate (Ogundeyi, 2025, Oyediran, 2021).

Economic hardship is a significant predictor of Intimate Partner Violence (IPV) in Nigeria, with research suggesting that financial stress and poverty can exacerbate IPV (Okenwa-Emegwa, Lawoko, & Jansson, 2016; Benebo, Schumann & Vaezghasemi, 2018). The strain of economic hardship can lead to increased conflict and tension within relationships, creating an environment conducive to IPV. A study in Nigeria found that women experiencing economic hardship were more likely to experience physical and emotional abuse from their partners (Antai, Antai, & Okon, 2020; Frost, Fawole, Okedare, Salawu, Kiene, Augusto, & Reed, 2023). The consequences of IPV are far-reaching, affecting not only individuals but also families and society as a whole. IPV can lead to physical and mental health problems, reduced economic productivity, and increased healthcare costs (WHO, 2021). Furthermore, children exposed to IPV may experience behavioral and emotional problems, perpetuating a cycle of violence (Kolawole, Adewumi, & Oladeji, 2022). Addressing economic hardship and IPV requires a multifaceted approach, including economic empowerment, social support, and effective law enforcement (Epstein & Baucom, 2022).

Intimate Partner Violence (IPV) is a complex issue that affects individuals worldwide, with women being disproportionately affected (WHO, 2021). IPV encompasses various forms of abuse, including physical, emotional, and sexual abuse, often resulting in significant physical and mental health consequences (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2020). Research suggests that women are more likely to experience IPV, with prevalence rates varying across different contexts. A global study found that approximately 27% of women aged 15-49 have experienced physical and/or sexual IPV [3]. In Nigeria, studies indicate that IPV prevalence rates range from 20% to 70%, with women being disproportionately affected (Okenwa-Emegwa *et al.*, 2016). The consequences of IPV can be severe, including physical injuries, mental health issues, and increased risk of HIV and other STIs (Ellsberg, Ovince, Murphy, Blackwell, Reddy, Stennes, et al., 2020). Effective interventions, such as Cognitive-Behavioral Couple Therapy (CBCT), have been shown to reduce IPV and improve relationship satisfaction (Baucom, Fischer, & Espeleta, 2020;

Epstein & Zheng, 2017; Hajloo, Rahnejat, Ahmadi, & Pourabdol, 2022).

In Nigeria, Intimate Partner Violence (IPV) is indeed perpetuated by unemployment, poverty, and lack of education, among other factors. Research suggests that economic hardship and financial stress can exacerbate conflicts, often leading to violence (Ogundeyi, 2025; Ad-vocates for Children and Vulnerable Persons Network, 2022). Studies have shown that women from impoverished backgrounds are more vulnerable to IPV due to limited access to resources and support systems. Economic dependence on male partners can trap women in abusive relationships, perpetuating cycles of violence (Ad-vocates for Children and Vulnerable Persons Network, 2022; Adebayo & Joseph, 2024). Patriarchal norms and cultural attitudes also play a significant role in IPV, with societal expectations often reinforcing male dominance and female subservience. Limited education and economic opportunities further exacerbate these inequalities (Oyediran, 2021). Some key findings include poverty creates significant economic stress within households, leading to heightened tensions and conflicts; women with lower levels of education are more likely to experience IPV; and joblessness and financial instability can contribute to increased conflict and violence.

Economic hardship, characterized by unemployment, poverty, and financial stress, can significantly contribute to Intimate Partner Violence (IPV) by increasing stress, anxiety, and conflict within relationships. Research suggests that financial strain is a critical risk factor for IPV, as it can lead to feelings of inadequacy, frustration, and hopelessness, which may manifest as aggression or violence (Byrt, Cook, & Burgin, 2025; National Institute of Justice, 2009). Studies have shown that women in economically disadvantaged neighborhoods are more likely to experience IPV, with a rate of 8.7% compared to 4.3% in more affluent areas. Additionally, financial stress can lead to increased tension, blame, and anxiety about the future, ultimately contributing to more frequent arguments and emotional distance within relationships (National Institute of Justice, 2009; Social Work Institute, 2025).

Key factors contributing to IPV include unemployment, poverty, and financial stress. Economic empowerment programs, such as financial education and job training, can help reduce IPV risk. Addressing systemic issues, like poverty and unemployment, is crucial for IPV prevention. Support services, including counseling and financial assistance, can help survivors of IPV (Byrt, Cook, & Burgin, 2025; Domestic Truth Foundation, 2024;

U.S. Centers for Disease Control and Prevention, 2024).

Cognitive-Behavioural Couple Therapy (CBCT) is indeed an effective intervention for Intimate Partner Violence (IPV), focusing on cognitive restructuring, communication skills, and problem-solving. Studies have shown that CBCT can significantly reduce physical and psychological IPV, with some studies reporting a medium effect size (Nesset, Lara-Cabrera, Dalsbo, Pedersen, Bjorngaard, & Palmstierna, 2019). CBCT typically involves 12-26 sessions, targeting specific skills such as Cognitive Restructuring: Identifying and challenging negative thought patterns; Communication Skills: Active listening, expressing emotions, and conflict resolution; and Problem-Solving: Collaborative goal-setting and negotiation. Research suggests CBCT can be effective in various settings, including community-based agencies and university settings. However, more high-quality randomized controlled trials are needed to confirm its efficacy (Nesset *et al.*, 2019; Palantza, Morgan, Welton, Micklitz, Sander, & Feder, 2025).

Cognitive-Behavioral Couple Therapy (CBCT) has been shown to be effective in reducing Intimate Partner Violence (IPV), improving relationship satisfaction, and enhancing conflict resolution skills. Studies have demonstrated that CBCT can lead to significant improvements in relationship quality, with effect sizes ranging from moderate to large (Nesset *et al.*, 2019; Palantza *et al.*, 2025). Key benefits of CBCT include the facts that, CBCT has been shown to reduce physical and psychological IPV, with some studies reporting a medium effect size; CBCT can improve relationship satisfaction, with 71% of couples showing clinical recovery rates; CBCT teaches couples effective communication skills, problem-solving techniques, and ways to manage stress and conflict (Nesset *et al.*, 2019).

1.1 Problem Statement

Intimate Partner Violence (IPV) is a pervasive and complex issue affecting married couples in Nigeria, with prevalence rates ranging from 20% to 70% (NPC & ICF, 2018; Okenwa-Emegwa *et al.*, 2020). Economic hardship, a common phenomenon in Nigeria, exacerbates IPV, leading to devastating consequences for individuals, families, and society (Kolawole *et al.*, 2022). Despite the severity of IPV, there is a dearth of research on effective interventions addressing IPV among married couples in Nigeria, particularly during economic hardship. Cognitive-Behavioural Couple Therapy (CBCT) has shown promise in reducing IPV, but its effectiveness in the Nigerian context remains unexplored.

Previous studies on Intimate Partner Violence (IPV) Intimate Partner Violence (IPV) include high prevalence of IPV among married couples in Nigeria (NPC & ICF, 2018; Okenwa-Emegwa *et al.*, 2020). Nevertheless, there is limited research on effective interventions addressing IPV in Nigeria (Kolawole *et al.*, 2022); there is lack of culturally adapted interventions addressing IPV in Nigeria (Okenwa-Emegwa *et al.*, 2020); and there is limited study on effectiveness of CBCT in reducing IPV among married couples in Nigeria during economic hardship. Hence, this study aims to fill the research gap by evaluating the effectiveness of CBCT in reducing IPV among married couples in Nigeria during economic hardship, providing insights into the development of interventions and policies addressing IPV.

1.1 Hypotheses

- There is no significant difference in Intimate Partner Violence (IPV) scores between the treatment group (CBCT) and the control group among married couples in Nigeria during economic hardship.
- There is no significant difference in relationship satisfaction scores between the treatment group (CBCT) and the control group among married couples in Nigeria during economic hardship.
- There is no significant interaction effect between the treatment (CBCT) and time (pre-test and post-test) on IPV scores among married couples in Nigeria during economic hardship.
- There is no significant interaction effect between the treatment (CBCT) and time (pre-test and post-test) on relationship satisfaction scores among married couples in Nigeria during economic hardship.

2. Theoretical Framework

The Social Learning Theory (SLT) provides a comprehensive framework for understanding Intimate Partner Violence (IPV), suggesting that individuals learn violent behaviors through observation, imitation, and reinforcement. According to SLT, individuals are more likely to engage in IPV if they observe violent behaviors; modeling violent behaviors they have observed; and if they are being rewarded or reinforced for violent behaviors, or lacking consequences. Research supports the SLT framework, showing that exposure to family violence in childhood is a significant predictor of IPV perpetration and victimization; individuals who witness parental violence are more likely to engage in IPV; and that SLT variables, such as attitudes condoning violence and peer approval of violence, are associated with IPV perpetration

(Gracia & Lila, 2023; Schunk, & DiBenedetto, 2023).

Social Learning Theory (SLT) suggests that Intimate Partner Violence (IPV) is a learned behavior, shaped by environmental factors like economic hardship, power dynamics, and cultural norms. According to SLT, individuals learn violent behaviors through observation, imitation, and reinforcement (Gracia & Lila, 2023; Bandura, 1977). Research supports the SLT framework, showing that exposure to violence in childhood and witnessing parental violence are significant predictors of IPV perpetration and victimization. IPV is a significant issue in Nigeria, exacerbated by economic hardship. CBCT has shown promise in reducing IPV and improving relationship satisfaction. This study aims to evaluate the effectiveness of CBCT in reducing IPV among married couples in Nigeria during economic hardship, providing insights into the development of interventions and policies addressing IPV.

3. Research Methodology

This study employed a quasi-experimental design, specifically a pre-test-post-test control group design, to evaluate the effectiveness of Cognitive-Behavioural Couple Therapy (CBCT) in reducing Intimate Partner Violence (IPV) among married couples in Nigeria during economic hardship. The population of this study consisted of married couples experiencing IPV in Lagos, Nigeria. The sample size was 30 married couples (N=60), selected via purposive sampling from Lagos, Nigeria. The inclusion criteria were married couples experiencing IPV, aged 25-45 years, residing in Lagos, Nigeria' and experiencing economic hardship

4. Results

Hypothesis One: There is no significant difference in Intimate Partner Violence (IPV) scores between the treatment group (CBCT) and the control group among married couples in Nigeria during economic hardship.

Table 1: ANCOVA Results for IPV Scores

Group	N	Pre-test Mean (SD)	Post-test Mean (SD)	F(1, 58)	p-value	η^2
Treatment (CBCT)	30	52.13 (10.21)	38.45 (8.15)	4.21	0.045	0.12
Control	30	51.87 (9.58)	48.23 (9.92)			

Note:

Significant at $p < 0.05$

η^2 = effect size (moderate effect)

Result in Table 1 revealed that the F – statistic is significant at $p = 0.05$, indicating a significant difference in IPV scores between the treatment and control groups. The null hypothesis is rejected. The treatment group (CBCT) showed a significant reduction in IPV scores compared to the control group. The effect size ($\eta^2 = 0.12$) indicates a moderate effect. We then conclude that there is significant difference in Intimate Partner Violence (IPV) scores

Instruments used to collect data for this study include Conflict Tactics Scale (CTS) (Straus, 1979). Conflict Tactics Scale (CTS) measures Intimate Partner Violence by assessing conflict resolution strategies, including physical, emotional, and psychological abuse, within romantic relationships. CTS: Cronbach's alpha = 0.85 (current study), 0.80-0.90 (previous studies). Relationship Satisfaction Scale (RSS) (Henderson et al., 2013). Relationship Satisfaction Scale (RSS) is a measure assessing an individual's satisfaction with their romantic relationship, evaluating aspects such as intimacy, communication, and overall relationship quality.

The Conflict Tactics Scale (CTS) has demonstrated construct validity, correlating with other IPV measures. The Conflict Tactics Scale (CTS) subscales show moderate to high internal consistency (Cronbach's alpha: 0.70-0.90). Relationship Satisfaction Scale (RSS) shows convergent validity with other relationship satisfaction measures (e.g., Dyadic Adjustment Scale). The Relationship Satisfaction Scale (RSS) has high internal consistency (Cronbach's alpha: 0.90) and test-retest reliability.

To collect data for this study, the first stage was the Pre-test where couples completed CTS and RSS. This is followed by Intervention where CBCT treatment was done for 12 sessions in 6 months. Lastly there was the Post-test where couples completed CTS and RSS. Data collected were analyzed using mean, Standard Deviation and frequency counts. Pre-test and post-test data were analyzed using paired t-tests and ANCOVA, with SPSS version 25.

between the treatment group (CBCT) and the control group among married couples in Nigeria during economic hardship.

Hypothesis Two: There is no significant difference in relationship satisfaction scores between the treatment group (CBCT) and the control group among married couples in Nigeria during economic hardship.

Table 2: ANCOVA Results for Relationship Satisfaction Scores

Group	N	Pre-test Mean (SD)	Post-test Mean (SD)	F(1, 58)	p-value	η^2
Treatment (CBCT)	30	42.15 (8.23)	55.67 (8.15)	5.63	0.021	0.15
Control	30	41.92 (7.58)	45.23 (8.45)			

Note:

Significant at $p < 0.05$

η^2 = effect size (moderate to large effect)

Results in Table 2 revealed that the F-statistic (4.21) is significant at $p = 0.05$, indicating a significant difference in IPV scores between the treatment and control groups. The null hypothesis is rejected. The treatment group (CBCT) showed a significant reduction in IPV scores compared to the control group. The effect size ($\eta^2 = 0.12$) indicates a moderate effect. We then conclude that there is significant difference in relationship satisfaction scores between the treatment group (CBCT) and the control group among married couples in Nigeria during economic hardship.

Hypothesis Three: There is no significant interaction effect between the treatment (CBCT) and time (pre-test and post-test) on IPV scores among married couples in Nigeria during economic hardship.

Table 3: Repeated Measures ANOVA Results for IPV Scores

Group	N	Pre-test Mean (SD)	Post-test Mean (SD)	F(1, 58)	p-value	η^2
Treatment (CBCT)	30	25.67 (5.23)	18.45 (4.12)	4.92	0.031	0.12
Control	30	26.15 (5.58)	24.92 (5.23)			

* Significant interaction effect at $p < 0.05$

* η^2 = effect size (moderate effect)

The F-statistic (4.92) in Table 3 is significant at $p = 0.05$, indicating a significant interaction effect between treatment and time on IPV scores. The null hypothesis is rejected. The treatment group (CBCT) showed a significant reduction in IPV scores from pre-test to post-test compared to the control group. The effect size ($\eta^2 = 0.12$) indicates a moderate effect. We then conclude that there is significant interaction effect between the treatment (CBCT) and time (pre-test and post-test) on IPV scores among married couples in Nigeria during economic hardship.

Hypothesis Four: There is no significant interaction effect between the treatment (CBCT) and time (pre-test and post-test) on relationship satisfaction scores among married couples in Nigeria during economic hardship.

Table 4: Repeated Measures ANOVA Results for Relationship Satisfaction Scores

Group	N	Pre-test Mean (SD)	Post-test Mean (SD)	F(1, 58)	p-value	η^2
Treatment (CBCT)	30	42.15 (8.23)	55.67 (7.12)	5.63	0.021	0.15
Control	30	41.92 (7.58)	45.23 (8.45)			

*Significant at $p < 0.05$

* η^2 = effect size (moderate to large effect)

The F-statistic (5.63) in Table 4 is significant at $p = 0.05$, indicating a significant difference in relationship satisfaction scores between the

treatment and control groups. The null hypothesis is rejected. The treatment group (CBCT) showed a significant improvement in relationship satisfaction

scores compared to the control group. The effect size ($\eta^2 = 0.15$) indicates a moderate to large effect. We then conclude that there is significant interaction effect between the treatment (CBCT) and time (pre-test and post-test) on relationship satisfaction scores among married couples in Nigeria during economic hardship.

5. Discussion

The study's findings in Table 1 indicate that Cognitive-Behavioural Couple Therapy (CBCT) is effective in reducing Intimate Partner Violence (IPV) among married couples in Nigeria during economic hardship. This result is consistent with recent empirical research suggesting that CBCT can be an effective intervention for IPV, as it addresses dysfunctional patterns of interaction and promotes communication, problem-solving, and anger management skills (Nesset, Lara-Cabera, Bjorngaard, & Palstierna, 2020). A systematic review of randomized controlled trials found that CBCT led to a small statistically significant decrease in violence, although the overall evidence was not conclusive. Another study highlighted the importance of tailoring interventions to individual survivors' needs and contexts, emphasizing the potential benefits of combining advocacy with psychotherapy (Plantza, Morgan, Welton, Micklitz, Sader, & Feder, 2025). These findings underscore the value of CBCT in addressing IPV, particularly in resource-constrained settings like Nigeria. By targeting couple dynamics and promoting healthy communication, CBCT can help reduce IPV and improve relationship satisfaction.

The study's findings in Table 2 indicate that Cognitive-Behavioural Couple Therapy (CBCT) significantly improves relationship satisfaction among married couples in Nigeria experiencing economic hardship and Intimate Partner Violence (IPV). This result is consistent with recent empirical research suggesting that CBCT can enhance relationship satisfaction by promoting positive communication, problem-solving, and emotional regulation (Epstein & Baucom, 2022). A meta-analysis of 30 randomized controlled trials found that couple therapy, including CBCT, significantly improved relationship satisfaction ($d = 0.59$, $p < 0.001$) [3]. Another study highlighted the effectiveness of CBCT in improving relationship satisfaction among couples experiencing distress, with results indicating significant improvements in relationship satisfaction ($t(29) = 4.21$, $p < 0.001$) (Kolawole, Adewumi & Oladeji, 2022). These findings underscore the value of CBCT in addressing relationship satisfaction and IPV, particularly in resource-constrained settings like Nigeria. By targeting couple dynamics and

promoting healthy communication, CBCT can help improve relationship satisfaction and reduce IPV.

The result in Table 3 indicating a significant reduction in IPV scores among married couples in Nigeria who received Cognitive-Behavioural Couple Therapy (CBCT) is consistent with recent empirical research. CBCT has been shown to be effective in improving relationship satisfaction, reducing conflict, and increasing positive interactions among couples (Dugal, Bakhos, Belager, & Godbout, 2018; NeuroLauch, 2024). Studies have demonstrated that CBCT can lead to significant improvements in dyadic adjustment, marital social skills, and reductions in depression and anxiety symptoms among couples (Dugal et al., 2018). CBCT's focus on enhancing communication, problem-solving, and emotional regulation skills can contribute to reduced IPV and improved relationship quality.

The finding in Table 4 which shows that Cognitive-Behavioural Couple Therapy (CBCT) significantly improved relationship satisfaction scores among married couples in Nigeria is consistent with recent empirical research. CBCT has been shown to enhance relationship satisfaction by promoting positive communication, problem-solving, and emotional regulation (Epstein & Baucom, 2022). Studies have demonstrated that CBCT leads to significant improvements in relationship satisfaction, dyadic adjustment, and reductions in relationship distress among couples (Epstein & Baucom, 2022; Kolawole *et al.*, 2022). The therapy's focus on cognitive restructuring, communication skills training, and problem-solving skills contributes to improved relationship quality.

6. Conclusion

This study examined the effectiveness of Cognitive-Behavioural Couple Therapy (CBCT) on Intimate Partner Violence (IPV) and relationship satisfaction among married couples in Nigeria experiencing economic hardship. The findings indicate that CBCT significantly reduced IPV scores from pre-test to post-test compared to the control group ($F(1, 58) = 4.92$, $p = 0.031$, $\eta^2 = 0.12$); and that CBCT significantly increased relationship satisfaction scores from pre-test to post-test compared to the control group ($F(1, 58) = 5.67$, $p = 0.021$, $\eta^2 = 0.15$). These results suggest that CBCT is an effective intervention for reducing IPV and improving relationship satisfaction among Nigerian couples facing economic challenges. The findings support the integration of CBCT into couple therapy programs in Nigeria. Hence, CBCT can be a valuable tool for addressing IPV and promoting healthy relationships in Nigerian couples.

7. Recommendations

Nigerian mental health professionals should consider integrating CBCT into couple therapy programs to address IPV and improve relationship satisfaction; train Nigerian therapists on CBCT techniques to enhance their skills in addressing couple-related issues; address economic stressors and provide financial counseling alongside CBCT to maximize its effectiveness; Adapt CBCT to Nigerian cultural contexts to enhance its acceptability and effectiveness; conduct longitudinal studies to examine the long-term effects of CBCT on IPV and relationship satisfaction; and policymakers should prioritize funding for CBCT training and implementation in Nigerian mental health settings.

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