

Family Functioning and Coping Strategies as Predictors of Intimate Partner Violence (LPV) Among Married University Lecturers

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Abstract

This study investigated family functioning and coping strategies as predictors of intimate partner violence (IPV) among married university lecturers. One hundred and two participants (39 males, 63 females), aged 29–51 years ($M = 37.10$, $SD = 6.234$), were selected using purposive sampling. Instruments included the Intimate Partner Violence Attitude Scale—Revised (IPVAS), Beavers Self-Report Family Inventory (SFI), and the Brief COPE Scale. Correlational design and hierarchical multiple regression analyses were conducted using SPSS Version 27. Results revealed that family functioning significantly predicted the abuse dimension of IPV: health/competence positively ($St\beta = 8.885^$, $t = 2.737^*$), while conflict ($St\beta = -7.672^*$, $t = -2.678^*$) and leadership ($St\beta = -2.325^*$, $t = -2.848^*$) negatively predicted abuse ($p < .05$). Family functioning did not predict the violence or control dimensions. Emotion-focused coping positively predicted the control dimension ($St\beta = .692^{**}$, $t = 3.281^{**}$, $p < .001$), while problem-focused coping was not significant. Combined, family functioning and coping strategies jointly predicted abuse ($F = 12.802^{***}$, $p < .001$) and control ($F = 5.871^{***}$, $p < .001$) dimensions. The findings suggest that functional family dynamics may reduce abuse tendencies, while reliance on emotion-focused coping can intensify controlling behaviours. Enhancing adaptive coping and promoting healthy family processes are critical for mitigating IPV.*

Keywords: *intimate partner violence, family functioning, coping strategies, abuse, control, married couples*

Introduction

Violent acts and abusive behaviours that take place in romantic relationships are included under the term "intimate partner violence" (IPV) (Matters, 2024). It also includes sexual, emotional, psychological, and physical abuse are some of the ways that IPV can appear (Mazza et al., 2021). Thus, according to Breiding et al. (2015), IPV can involve a variety of activities. Physical violence occurs when one partner uses physical force to harm or attempt to harm the other partner. Sexual violence includes coercing a partner into executing an unpleasant/unwanted sexual act or activities, inappropriately touching them, or engaging in non-physical sexual activities (such as sexting) without their consent or when they are unable to provide it.

According to Oadini et al. (2018), in Nigeria, IPV occurrence varies from 33% to 68%, although it is 30% worldwide. In Nigeria, there is a high incidence of 33.8%, despite reports of a high prevalence of 79.4% (Ikekwuibe & Okoror, 2021). The types of IPV most prevalent in Nigeria are psychological and emotional, rather than sexual or physical abuse (Aihie, 2010; Yaya et al., 2021).

Out of those who reported IPV, around 11 million men and 16 million women said that they had first come into contact with domestic violence before turning 18 years old (Huecker et al., 2023). Violence is a general issue that affects people at different ages; however, some groups and communities are more susceptible (in terms of specific social and structural factors that affect their environment) because of the particular psychosocial variables which predispose individuals to increased risks of violence.

IPV is linked to numerous other detrimental health consequences. They include disorders that impact the digestive, reproductive, and neurological systems and other body organs; many of them are chronic (Jack et al., 2018). Survivors either exhibit or are at risk for mental health conditions such as Post Traumatic Stress Disorder. Also get involved in unhealthy behaviour such as substance use, addiction to alcohol and smoking, and sexual risk behaviour (Niolon et al., 2017). Individuals who belong to marginalised groups, such as members of racial and ethnic minorities, are more likely to experience negative outcomes (Stockman et al., 2015). In their study, Cjuno et al. (2023) discovered a negative correlation between IPV and family-related characteristics.

Family functioning is a significant determinant for evaluating the overall quality of the family environment (Wang & Chen, 2024). Family members' responsibilities, communication patterns, emotional responses, problem-solving skills, and behaviour control are just a few among numerous constituents (Zaider et al., 2020). A family's functioning reflects the intricate web of relations and interactions that dictate how members care for one another. This entails maintaining open channels of communication, caring for and loving people, and being understanding.

Family functioning is defined as the way family members interact, communicates and solve problem. Some of these processes are the interactions between members, conflict management strategies, and cooperation in decision-making capacity. The idea also outlines how families accomplish problems and function in maintaining their relationships through mutual responsibility and collaboration (Alderfer et al., 2007; Du et al., 2022).

Family functioning includes not only communication and decision-making styles but also daily tasks and duties each member does because families are functioning units. This entails comprehension and negotiation of the emotional life of the family, which can extend from displays of warmth and happiness to coping with tension and stress caused by conflict. As Baucom et al. (2021) follow, the affective climate of the family is important in shaping the psychological well-being and overall health of each member. We can learn more about how family environments support or undermine people's development and mental health by exploring these complex relationships.

Family does a lot of things and plays a significant role in the general development and well-being of its members. Financial support for the family, including provision of resources and economic security for living, is among the key responsibilities. This includes provision of a sufficient diet, shelter, healthcare, and other necessities that go into making a warm and safe home.

In addition to economic support, families also confer social status upon their members. This aspect involves the family's influence on social identity and how individuals perceive themselves and are perceived by society based on their family background. Family functioning encompasses the active engagement of families in multiple activities together. The processes include not only transactions between family members but also how the family collectively manages disagreements, or when they arrive at decisions or take actions collectively. In addition, this construct explores the extent to which families are effective in working together toward collective problem solving, as well as their ability to sustain cooperative family relationships, so that they collectively resolve problems and share responsibilities (Alderfer et al., 2007; Du et al., 2022). Given that families work from a systems perspective, family

functioning not only includes, how a family interacts with each other and makes decisions, but also, how roles and responsibilities are enacted on a daily basis. This also includes understanding the emotional world of the family, which exhibits the full range from expressions of joy and warmth to bouts of stress and tension arising from family disagreements. The psychological health and the well-being of family members can be influenced by feelings surrounding it (Baucom et al., 2021). In studying those rich complexities, we understand more deeply how family environments promote or inhibit the psychological growth and health of people. To be clear, the functions of families are quite complex, but these functions are often essential to our development and well-being. One important function of the family that we acknowledge is meeting the economic needs of the family. In this instance, meeting the economic needs of the family involves providing a stable economic environment as well as resources that meet the basic needs in daily living. For example, housing, food, health care, and other economic goods and services, each of which contributes to an overall comfortable and secure environment.

Along with providing economic resources, families also provide social status for their children. This characteristic concerns the family's role in defining social identity. In this sense, families legitimized what people think of themselves and how society perceives them, by their family background. Families can help define social networks, which lead to belonging and community.

Families are also involved in planning a child's education and social upbringing and ensuring the child develops the knowledge, skills, and values needed to engage well in the world. We consider family actions in decision-making, but also in ways families encourage lifelong learning and inducement to be intellectually curious. Participating in leisure time together is also important for families to nurture familial bonds and encourage emotional wellness as well. One family, even if separated by distance, that participates in some leisure activity together can develop a shared history and bond through collective remembrance that is key to all interpersonal relationships.

In addition to these functions, it is the family's responsibility to keep its members from harm, either physical or emotional. This is the role of protection so that they feel safe and worth living and worth being valued.

In another way, families provide nurture. Families foster an environment full of love which encompasses warmth and healthy expressions of intimacy. Having a love-filled environment enables family members to build strong relationships and emotional connections. Building strong relationships and emotional connections foster the development of overall psychological health and resilience (Bulut, 1993; Çelik, 2023).

On all continents, societies rely on families to fulfill many different functions, all of which are essential to the social foundations and individual development of the unique members of the world. The primary functions of families can be classified into several significant roles (encyclopedia.com, 2024):

Overall, the system is a proponent for romantic relationships, a nurturing place and first teacher of an education for children, a link to the marketplace, and an opportunity for economic and social capital. Families are a remedial center for members who cannot live well, and families are a hospice where the sick and dependent can live within the family (encyclopedia.com, 2024). In all these ways, families make a vital contribution to individuals' lives and society.

Dysfunctional families often find themselves stuck in a pattern of problems that may erode family functioning and the overall health of the family. Families do confront issues and this may include problems with family miscommunication and conflicts among family members that are considered chronic, leading to an antagonistic atmosphere, along with perception of overall tension and misunderstanding.

Poor communication practices, such as avoidance or hostility, inhibit the healthy expression of emotions, leaving members feeling isolated and unsupported. Individual needs may become unrecognized, resulting in feelings of neglect and resentment among family members (Nguyen et al., 2021).

Intimate partner violence (IPV) has become a significant social and public health problem that threatens the stability and wellbeing of families across the world. It encompasses physical, emotional, psychological, sexual, and economic abuse that occurs between partners in an intimate relationship. IPV often results in severe consequences such as physical injuries, emotional trauma, depression, reduced productivity, and in extreme cases, death. Despite global efforts to curb this menace, the prevalence of IPV continues to rise, especially in developing nations where socio-economic pressures, cultural norms, and family dynamics often intensify the problem. The family is the primary social unit and plays a critical role in shaping the behaviour, emotional adjustment, and conflict management patterns of its members. The level of *family functioning* which includes cohesion, adaptability, leadership, communication, and emotional bonding—determines how effectively couples handle stress and resolve disagreements. When family functioning is healthy, partners are likely to communicate openly, express empathy, and resolve conflict peacefully. Conversely, families characterized by poor communication, conflict, and lack of emotional support are more vulnerable to violent interactions between partners. Dysfunctional family patterns such as authoritarian leadership, emotional neglect, or persistent conflict may therefore increase the risk of intimate partner violence.

Similarly, *coping strategies* refer to the specific behavioral and psychological efforts individuals use to manage stress and interpersonal tension. Coping strategies are often categorized into *problem-focused* and *emotion-focused* approaches. Couples who adopt problem-focused coping strategies such as open communication, negotiation, and seeking solutions are more likely to prevent escalation of conflict. On the other hand, those who depend on emotion-focused coping strategies such as withdrawal, denial, avoidance, or aggression tend to experience higher levels of tension, which can trigger violent behavior. Thus, the way couples cope with marital stress may determine whether disagreements are resolved constructively or result in violence. It is therefore reasonable to suggest that both family functioning and coping strategies jointly influence the occurrence of intimate partner violence. Families with poor organization, weak leadership, and unhealthy coping mechanisms are more likely to experience IPV. On the contrary, healthy family functioning and the use of adaptive coping strategies may help partners handle stress, control emotions, and prevent violent responses. Given the devastating effects of IPV on individuals, families, and society, it becomes important to investigate the predictive relationship between family functioning, coping strategies, and intimate partner violence among married couples. Understanding how these variables interact will provide insight into preventive interventions and inform marital counselling programs aimed at promoting healthy family relationships and reducing violence. The Power and Control Theory of Intimate Partner Violence (IPV) is adopted in this study. It suggests that IPV is a pattern of behavior used by one partner to gain and maintain power and control over the other partner. According to the theory, abusers use various tactics to establish and maintain power over their partners. Abusers employ strategies to control their partners' behaviors, emotions, and decisions. Important ways IPV is noticed includes; Insults, name-calling, and belittling. Limiting contact with friends, family, or other support networks. Controlling finances, employment, or education. Using threats, gestures, or physical aggression. Downplaying the abuse or shifting responsibility. Major implications of this theory are that recognizing the power dynamics and control mechanisms helps identify IPV. Acknowledging the power imbalance informs effective support strategies. Holding abusers accountable for their actions. The Power and Control Theory provide a framework for

understanding the complexities of IPV and developing effective interventions. Thus, these hypotheses

- I. Family functioning will significantly predict intimate partner violence among married people.
- II. Coping strategies will significantly predict intimate partner violence among married people.
- III. Family functioning and Coping strategies will significantly predict intimate partner violence among married people.

Method

Participants

One hundred and two (102) married persons participated in the study. The participants comprised thirty-nine (39) males and sixty-three (63) females. Participants were drawn from four higher institutions within Enugu namely; Caritas University (5 participants), Enugu State University of Science and Technology (37 participants), Institute of Management and Technology (28 participants), and University of Nigeria, Enugu campus (32 participants). Their ages ranged from 29-51 years with mean age of 37.10 and a standard deviation of 6.234. Purposive sampling techniques was used in selecting the participants. The choice of using purpose sampling is because participants are only married persons who have been involved in IPV. Inclusion and exclusion criteria were included in order to ensure that only qualified participants are selected. Demographic information such as age, gender was obtained from the participants.

Instrument

A questionnaire comprising three instruments and demographic information was used. The instruments include; Intimate Partner Violence Attitude Scale (IPVAS)—Revised; Beavers Self Report Family Inventory (SFI); Carver et al., (1989) The Brief-Cope Scale

The Intimate Partner Violence Attitude Scale (IPVAS)—Revised (Smith et al. 2005)

Intimate Partner Violence Attitude Scale (IPVAS)—Revised is a 17-item measure of attitudes of college students towards intimate partner violence. This scale is based on the Intimate Partner Violence Attitude Scales (IPVAS) developed by Smith et al. (2005). The tool is designed to gauge people's attitudes toward intimate partner violence. This updated scale builds on the original IPVAS framework established by Smith et al. back in 2005. The scale has three dimensions namely; Abuse, violence and control. Sample items include; Abuse - As long as my partner doesn't hurt me, "threats" are excused. During a heated argument, it is okay for me to bring up something from my partner's past to hurt him or her. Violence - It would never be appropriate to hit or try to hit one's partner with an object. It would not be appropriate to ever kick, bite, or hit a partner with one's fist. Control - I would never try to keep my partner from doing things with other people. I would be flattered if my partner told me not to talk to someone of the other sex. The scale is a 5-point Likert scale ranging from Strongly disagree = 1; Agree = 2; Undecided = 3; Agree = 4; Strongly agree = 5.

Beavers 'Self-Report Family Inventory (SFI) (Beavers & Hampson, 2000).

It is a 36-item self-report questionnaire that family members who are 11 years of age or older can fill out. In order to respond, respondents use a 5-point Likert scale that goes from "Yes: fits our family well" to "No: does not fit our family." Health/competence, conflict, cohesiveness, leadership, and emotional expressiveness are the five dimensions that the SFI evaluates (Beavers & Hampson, 2000).

The Brief-Cope Scale (Carver et al. 1989)

The Brief-Cope scale was developed as a short version of the original 60-item COPE scale (Carver et al., 1989). It is a 28-item Likert format that measures the effective and ineffective ways to cope with stressful life events. with a 4-point response format. It was developed by Carver in 1997 and validated by Joseph et al (2019). This consists of 14 major subscales, which include denial, substance abuse, self-blame, emotional support, instrumental support, active coping, self-distraction, venting, positive reframing, humour, planning, acceptance, religion, and behavioural disengagement. Each subscale requires a response to 2 questions in the questionnaire, making a total of 28 coping behaviours, rated on a 4-point Likert response format. These can be stratified into problem-focused (active coping, instrumental support and planning) and emotion-focused (the remaining eleven) coping mechanisms.

Reliability and Validity of Test Instrument

Test-retest reliability of .85 or higher and Cronbach alphas ranging from .84 to .93 were recorded for family functioning according to the developer. Intimate partner violence principal-components analysis was conducted on two subsamples and three principal components were extracted. The items were summed to create the abuse ($\alpha=.91$), violence ($\alpha=.77$), and control ($\alpha=.71$) subscales that had been identified. Test-retest reliability was found for the subscales (abuse=.53, violence=.39, control=.58). To ensure the instrument's reliability, a pilot test was conducted on 20 participants drawn with the aid of purposive sampling techniques from five public schools in Anambra State, and it yielded a Cronbach alpha of 0.75 to 0.84 for family functions, a reliability Cronbach alpha coefficient of .960 on problem-focused and .983 on emotion-focused and a Cronbach alpha of 0.85 to 0.72 for intimate partner violence. Correlating the Beavers System Model's observational scales was used to assess validity, and the results show that family constructs from the two approaches converged to a high degree (.62 or higher) (Beavers & Hampson, 2000). The three subscales of intimate partner violence were positively intercorrelated, at levels that suggest good convergent and discriminate validity. Principal components analysis identified two dimensions in a modified version of the Brief COPE, with appropriate construct validity and a high level of reliability (Cronbach's alpha: 0.72 to 0.82) (Wise et al., 2023).

Procedure

The researchers through a letter of introduction from the Head, Department of Sociology/Psychology Godfrey Okoye University Enugu obtained a written permission from the four selected higher institutions. Participant's consent was obtained through an informed consent form they filled and signed indicating their willingness and agreement to participate in the study. Participants were assured that every information from them will be treated with confidentiality, that their participation is voluntary and that they are free to withdraw at any time. Five research assistants (members of National Youth Service Corps, NYSC) were recruited to assist in the study. The research assistants were properly trained on the methods of administering the questionnaire and collecting them. The research assistants aided in distributing and retrieving the copies of the instruments from the participants, and ensuring that participants filled the questionnaire properly. The researchers provided comprehensive instructions to the research assistants, and they introduced themselves properly and aim of the study before administering to the participants before drawing participants from the selected institutions using purposive sampling technique. One hundred and eight (108) copies of the questionnaire were distributed. One hundred and six (106) questionnaires were returned, which were scrutinized and only one hundred and two (102) questionnaires were from married persons with intimate partner violence. The 102 questionnaires were used for the data analysis. The participants were individually thanked for contributing to knowledge.

Design/Statistics

Correlational design was employed as the researchers examined the intricate relationships between various variables, observing how they interact without exerting control or manipulation over either. The statistical test that was used for data analysis is hierarchical multiple regression using Statistical Package for Social Sciences (SPSS) Version 27 software. Regression analysis is a statistical method that allows researchers to test for the of interaction between the two predictor variables on a criterion variable. In the case of IPV, and predictor variables of family functions and coping strategies (problem and emotion-focused). This can help identify important factors that might influence the strength or direction of a relationship between variables (Nie et al., 2010).

Chapter Four Results

This chapter presents data obtained from participants, analysis of data and results interpretations. Descriptive statistics (mean and standard deviation) and correlations among the study variables are presented in different tables; along with the results of the hierarchical multiple regressions conducted to test the hypotheses are presented. The dependent variable for the analysed result is intimate partner violence. While the predicting variables are family function and coping strategies, and demographic variables of age, gender, educational qualification, years of marriage, employment status, and years of experience.

TABLE 1: The table below shows the descriptive and correlation statistics

S/N		Mean	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	Abuse	15.10	4.102	1	-.237	-.275	-.123	-.059	.044	.031	-.147	-.172	-.185	-.629**	.087	-.488*	-.088	-.156	.084
2	Violence	16.90	3.453	1		.011	.026	-.017	-.029	-.010	.040	.146	.059	.236	.242	.299*	-.078	-.302*	-.218
3	Control	15.80	2.060			1	.203	.419**	-.178	-.300*	.219	-.588	.247	.685**	-.618*	-.161	.276	-.196	-.363**
4	Problem-focused	15.28	3.017				1	.792**	.061	.037	.124	-.061	.057	.281*	-.172	-.072	-.013	-.147	-.156
5	Emotion-focused	45.84	7.812					1	.027	-.082	.337*	-.627	.350	.325*	-.413*	-.258	-.051	-.197	-.176
6	Health/competence	41.10	11.93						1	.973**	.663*	.093	.591	.172	.308*	.244	-.123	-.251	.247
7	Conflict	25.50	9.910							1	.485*	.316	.406	.100	.483*	.370*	-.072	-.153	.318*
8	Cohesion	13.80	3.522								1	-.574	.995*	.401**	-.375*	-.160	-.287*	-.497*	-.139
9	Expressiveness	7.000	2.108									1	-.613	-.218	.794*	.640*	.156	.333	.311
10	Leadership	9.300	3.267										1	.415	-.435	-.187	-.297	-.505	-.183
11	Gender	1.70	.463											1	-.414*	-.030	-.034	-.218	-.324*
12	Age	37.10	6.234												1	.704*	.170	.437*	.610**
13	Years of marriage	8.80	4.422													1	.450*	.289*	.387**

14	Educational qualifications	5.30	.647													1	.156	.117
15	Employment status	1.90	.303														1	.568**
16	Years of experience	9.30	5.515															1

Table 1 above shows that family functions (health/competence $St\beta= 8.885^*$, $t= 2.737^*$) positively and (conflict $St\beta= -7.672^*$, $t= -2.678^*$ and leadership $St\beta= -2.325^*$, $t= -2.848^*$) positively predicted Abuse dimension of IPV at $p> .05$. this indicates that an increase in health/competence dimension of family functions will lead to an increase in abuse, while a increase in conflict and leadership dimensions of family functions will cause an increase in abuse dimension of IPV. The table shows that family function at $r=.759$ was related to the abuse dimension of IPV; it contributes 57.7% variation at $r^2= .577$, and will jointly predict IPV.

Table 2: Coefficient table of family function on the Abuse dimension of intimate partner violence

Variables	Abuse				Violence				Control			
	R	R ²	Stβ	t	R	R ²	Stβ	T	R	R ²	Stβ	t
Health/competence	.759	.577	8.885*	2.737*	.425	.180	-5.116	-1.133	.606	.367	4.135	1.042
Conflict			-	-			4.449	1.116			-4.109	-1.173
			7.672*	2.678*								
Leadership			-	-			1.278	1.125			-.530	-.531
			2.325*	2.848*								

a. Dependent Variable: intimate partner violence, at $p < .05^*$

Table 2 above shows that family functions (health/competence $St\beta = -5.116$, $t = -1.133$, conflict $St\beta = 4.449$, $t = 1.116$, and leadership $St\beta = 1.278$, $t = 1.125$) will predict the violence dimension of IPV at $p > .05$. Family functions $r = .425$ were related with the violence dimension of IPV; it contributes 18% variation to the violence dimension of IPV at $r^2 = .180$

Table 2 above shows that family functions (health/competence $St\beta = 4.135$, $t = 1.042$, conflict $St\beta = -4.109$, $t = -1.173$, and leadership $St\beta = -.530$, $t = -.531$) will predict the control dimension of IPV at $p > .05$. Family functions $r = .606$ were related to intimate partner violence, it contributes 36.7 variation to the control dimension at $r^2 = .367$

Table 3: Coefficient statistics of coping strategies on intimate partner violence

Variables	Abuse				Violence				Control			
	R	R ²	Stβ	T	R	R ²	Stβ	T	R	R ²	Stβ	t
Problem focus	.137	.019	-.203	-.857	.068	.005	.107	.449	.469**	.220**	-.345	-1.634
Emotion-focus			.101	.428			-.102	-.427			.692**	3.281**

Dependent variable= intimate partner variable, at $p < .001^{}$**

Table 3 shows that coping strategies (problem-focus $St\beta = -.203$ $t = -.857$ and emotional focus $St\beta = .101$ $t = .428$) will predict abuse dimension of IPV at $p > .05$. Coping strategies $r = .137$ was not related to abuse dimension of IPV, it contributes 1.9% variance to the dependent variable dimension at $r^2 = .019$. Table 2 shows that coping strategies (problem-focused= .107 $t = .449$ and emotional focus $St\beta = -.102$ $t = -.427$) will predict the violence dimension of IPV at $p > .05$. coping strategies (problem and emotion-focused) $r = .068$ were related to the violence dimension of IPV, it contributes 5% variance to the dimension of the dependent variable at $r^2 = .005$. Table 3 shows that coping strategies (problem-focused $St\beta = -.345$ $t = -1.634$) at $p < .05$ will predict, and emotional focus $St\beta = .692^{**}$ $t = 3.281^{**}$) at $p < .001$ positively predict the control dimension of IPV. This indicates that problem-focused and control dimensions of IPV are related; an increase in emotion-focused coping strategies will cause an increase in the control dimension of IPV. Coping strategies at $r = .469^{**}$ were related to the control dimension of IPV; it contributes 22% variance to the dimension of the dependent variable at $r^2 = .220^{**}$, and coping strategies predict IPV at $p < .001$.

Table 4: Coefficient statistics of family functions and coping strategies as predictors of IPV

Variables	Abuse				Violence				Control			
	R	R ²	Adj R ²	F	R	R ²	Adj R ²	F	R	R ²	Adj R ²	F
Problem-focus	.770** *	.593** *	.546* **	12.802 ***	.428	.183	.091	1.97 7	.633** *	.400** *	.332** *	5.871* **
Emotion-focus												
Conflict												
Leadership												

Dependent variable= intimate partner violence, at p < .001

Table 4 above shows that Coping strategies (problem-focus and emotion-focus) and family functions (conflict, expressiveness and leadership) at $r = .770$ were related to abuse dimension of IPV, they contribute 59.3% variation to the dimension of dependent variable at $r^2 = .593$, it provides 54.6% framework of abuse dimension of IPV at $\text{adj } r^2 = .564$, and they jointly predict abuse dimension of IPV with $f = 12.802^{***}$ at $p < .001$. Table 3 above shows that Coping strategies (problem-focus and emotion-focus) and family functions (conflict and leadership) at $r = .428$ are related to violence dimension of IPV, they contribute 18.3% variation to the dimension of the dependent variable at $r^2 = .183$, it provides 9.1% framework to the dimension of the dependent variable at $\text{adj } r^2 = .091$, and both variables off= 1.977 didn't predict the dimension of dependent variable at $p > .05$. Table 3 above shows that Coping strategies (problem-focus and emotion-focus) and family functions (conflict and leadership) at $r = .633$ were related to control dimension of IPV, they contribute 40% variation to the dimension of the dependent variable at $r^2 = .400$, it provides 33.2% framework of control dimension of IPV at $\text{adj } r^2 = .332$, and they both variables predict of $f = 5.871^{***}$ predicted control dimension of IPV at $p > .001$.

Summary of findings

- I. Family functions (health/competence) positively and (conflict and leadership) positively predicted the Abuse dimension of intimate partner violence. Family functions (health/competence, conflict, and leadership) will predict the violence dimension of intimate partner violence. Family functions (health/competence, conflict, and leadership) did not predict the control dimension of intimate partner violence.
- II. Coping strategies (problem-focused and emotional focus) will significantly predict the abuse dimension of intimate partner violence. Coping strategies (problem-focused and emotional) will predict the violence dimension of intimate partner violence. Coping strategies (problem-focused was predicted, and emotional focus) positively predict the control dimension of intimate partner violence.

Chapter Five

Discussion

The study investigated family functions and coping strategies as predictors of intimate partner violence among married couples with a sample of civil servants. Intimate partner violence (IPV) which encompasses a range of abusive behaviours and aggressive actions occurring within romantic relationships (Matters, 2024), can contribute to some pathological condition if

not checkmated. The first hypothesis tested which stated that family functions will significantly predict intimate partner violence, was confirmed, hence, the hypothesis was accepted.

Intimate partner violence's abuse component was only positively predicted by health and competence, negatively forecasted by conflict and leadership, and jointly predicted by family function, according to the results.

The Beavers Systems Model's definition of the health and competence dimension of family functioning offers a comprehensive assessment of a family's capacity to foster positive interpersonal relationships and support each member's well-being. This dimension covers a spectrum from very dysfunctional situations marked by substantial conflict and neglect to optimal functioning, when families demonstrate appropriate boundaries and efficient communication.

The results of recent studies show a troubling relationship between the rise in the abuse dimension of intimate partner violence and the rise in the health and competence dimension. This connection demonstrates the contradictory impact of overprotection and excessive family support; although families may want to protect their members, these actions can unintentionally foster an atmosphere that encourages the development of abusive dynamics in close relationships. Essentially, these overpowering inclinations may inadvertently promote dependence and maladaptive behaviours instead of resilience and autonomy, which could ultimately result in a rise in intimate partner violence.

The different ways that family members actively oppose and dispute with one another are included in the conflict dimension of family function. The well-being of the family and the normal development of its members are severely hampered by these disputes, which can take many different forms, from intense verbal disagreements that break the peace to more serious problems like physical altercations or emotional abuse. Surprisingly, the results of this study show that the abuse dimension of intimate relationship violence is negatively correlated with this conflict dimension. This finding implies that people who experience conflict in their familial settings intentionally avoid comparable conflicts in their personal interactions. Rather, they actively look for positive ways to resolve conflicts, making an effort to handle arguments carefully and keep them from turning into abuse of any kind.

The study's conclusions highlight the critical role of the leadership dimension in family functions, which includes a number of essential elements: articulating a compelling vision, staying task-oriented, fostering close bonds with others, promoting teamwork, and building strong external support systems. These factors have a significant influence on the dynamics of close relationships in addition to being essential to a family's general success and well-being. In particular, it has been discovered that the leadership dimension is a poor indicator of the likelihood of abuse in intimate partner violence. This brings to light an important realization: people who develop strong leadership qualities within their family structures are better able to handle and settle conflicts that frequently occur under duress. People can lessen the chance that tensions will turn into violent altercations in intimate relationships by cultivating these competences, which provide them the skills they need to handle and diffuse disagreements. This link emphasizes how crucial it is to develop leadership skills as a proactive means of encouraging happier and healthier family relationships.

The results of this study are in good agreement with those of Heru et al. (2007), who also found no connection between intimate partner violence (IPV) occurrences and family functioning. Importantly, though, some aspects of family functioning were found to show variable degrees of correlation with the occurrence of intimate partner violence, much like in the current study. This implies that although there may not be a clear correlation between IPV and a family's general functioning, certain elements—like communication styles, conflict resolution techniques, or emotional support—may still have an impact on the probability of violent

behavior in close relationships. Further exploration of these dimensions could provide valuable insights into the complexities of family dynamics and their impact on intimate partner violence. The second hypothesis tested which stated that coping strategies (problem-focused and emotion-focused) will significantly predict intimate partner violence, was confirmed, hence, the hypothesis was accepted. The result from the study shows that only shows the emotional-focused dimension of coping strategies positively predicts the control dimension of intimate partner violence, while coping strategies jointly predict the control dimension of intimate partner violence.

The findings reveal a significant relationship between emotion-focused coping strategies and the control dimension of intimate partner violence. These coping strategies, which are intended to assist people in controlling their emotional reactions to difficult circumstances, frequently put emotional health ahead of addressing the root causes. Commonly used strategies to deal with distress include introspective writing, mindfulness meditation, and asking friends or family for assistance.

But according to the research, these emotional coping mechanisms may unintentionally encourage a problematic behavioural pattern when applied in close relationships.

One partner may exploit these emotional responses to establish a sense of dominance and manipulation over the other. This form of control can manifest through various tactics, including intimidation, isolation from social networks, and subtle or overt threats. Intriguingly, this dynamic can occur even in the absence of physical violence, highlighting the deep psychological impact of such manipulative strategies in intimate partnerships.

The finding was incongruent with the study of Damra and Abujilban (2023), which found that couples adopt a particular coping strategy to handle violence from an intimate relationship.

The third hypothesis tested which stated that family functioning and coping strategies will jointly predict intimate partner violence was confirmed, hence the hypothesis was accepted. The result shows that both independent variables predict violence dimension of intimate partner violence, also predicted the other dimensions of the dependent variable.

Implications of the findings

This study has three implications: theoretical, empirical, and practical.

The findings elucidated within this study are theoretically congruent with self-determination theory as articulated by Deci and Ryan (1985b, 2000, 2008), which provides a robust framework for understanding the complexities of human motivation. This theory meticulously categorizes motivations for individual behaviour along a nuanced continuum. At one end, individuals may exhibit an absence of motivation, characterized as motivated behaviour, which reflects a lack of engagement or interest.

On the other hand, behavior that is impacted by social pressures, compulsive cravings, and external demands is recognized as controlled motivation, underscoring the important role that external factors play in decision-making.

Autonomous motivation, on the other end of the spectrum, refers to actions motivated by self-awareness, intrinsic choice, and personal approval. This type of motivation demonstrates a person's ability to behave in accordance with their values and interests and signifies a greater degree of self-determination.

The theory also presents the idea of causality orientations, which include impersonal, controlled, and autonomous orientations. These orientations are thought to have a significant impact on how people govern their behavior. The degree to which these orientations support self-determination varies, which has an impact on how individuals react to opportunities and obstacles in their life.

Importantly, this motivating framework is essential in determining the degree of violence people may display and the coping mechanisms they are likely to use. These actions and

reactions seem to happen regardless of a person's family history, which offers important insight into the factors that contribute to intimate violence. In the end, comprehending these dynamics can help resolve and prevent violent incidents in intimate relationships, emphasizing the value of encouraging self-motivation to improve personal agency and judgment.

Empirically, the results show new information that has been added to the literature that future researchers can refer to, as they are divergent with the work of Damra and Abujilban (2023) and others and convergent with the study of Heru et al. (2007).

The results imply that a rise in the abuse feature of intimate partner violence is correlated with an increase in family dynamics' and health. On the other hand, elements like family leadership and conflict may help to lessen this aspect of abuse. Furthermore, even in the absence of physical violence, a partner's attempts to dominate or manipulate the other through threats, isolation, or intimidation can be made worse by a heavy reliance on emotion-focused coping mechanisms.

The prevalence of intimate partner violence is highly related to family function and coping mechanisms. As a result, therapists and marriage counsellors must implement strategies to assist people who are victims of violence in their partnerships. The goal of this support should be to promote the use of problem-focused techniques while lowering dependence on emotion-focused coping mechanisms. These tactics will help address the root causes of violence and promote more positive interpersonal dynamics.

Expanding the variety of leadership styles taught and learned is essential to addressing the problem of intimate partner violence. People can develop critical interpersonal skills, empathy, and conflict resolution strategies that support stronger relationships by being exposed to a variety of leadership philosophies. Parents and other caregivers should also consider how they nurture their children. Although providing for children is essential, providing too much care can unintentionally result in an entitlement mentality. Relationship dynamics may become toxic as a result of this thinking, which may lead people to expect excessive demands from their intimate partners. By encouraging well-rounded care giving techniques, we can lower the likelihood of intimate partner violence by fostering a feeling of accountability and collaboration in future generations.

Limitations of the study

Several factors posed challenges to this study, first is the population sampled. By focusing solely on married couples who have experienced IPV, of which participant pool was significantly limited. The overall participation numbers would likely have been higher had the study been open to all married individuals. The uniqueness of the participants led to the adoption of purposive sampling techniques, because the responding participants did not meet the mean of the intimate partner violence instrument. This affects the number of institutions selected and reduces the number of participants who took part in the study. This study was conducted at a time when numerous institutions were deeply engaged in important school activities, such as examinations. As a result, many institutions declined the opportunity for their staff to participate in the study.

Suggestions for Further Studies

To cut down on searching for study subjects, the upcoming researcher should try to sample victims of marital conflict, either from a marriage court or from a marriage counselling clinic. Future researchers should consider conducting this study outside the constraints of an academic setting. This approach will provide the necessary freedom for investigation and allocate sufficient time for a thorough examination of the subject matter.

Recommendations

The researcher advises that marriage counselors and therapists assist individuals experiencing intimate partner violence in avoiding emotion-focused coping strategies, as these may empower the other partner to employ tactics for establishing dominance and manipulation, frequently through intimidation, isolation, and threats, even in the absence of physical violence. Instead, it is imperative to adopt more problem-focused approaches, as this will assist the client in developing a mechanism to effectively address the issue at hand, or provide a clear understanding of the causal factors and strategies to navigate the situation without resorting to violence in an intimate relationship.

Both partners should cultivate additional leadership characteristics, as this will provide them with the information and strategies necessary to address conflicting aims and situations that may result in violence within an intimate relationship.

Contribution to Knowledge

The study shows that intimate partner violence (IPV) has significant health and competency implications. Victims of IPV often experience physical, mental, and emotional consequences, including increased risk of injuries, substance misuse, and mental health disorders. A person's overall competency may also be impacted by the abuse if it affects their capacity to make decisions, manage everyday life, and maintain good relationships.

The study also demonstrates that people who are victims of intimate partner violence (IPV) frequently employ emotion-focused coping mechanisms, which include addressing the emotional effects of stress, especially in the early phases of coping with the abuse. These tactics can occasionally make it more difficult to get help or leave violent relationships, even though they might be beneficial in certain situations. Victims' use of emotion-focused coping may also be influenced by the control dimension of IPV, which focuses on the abuser's attempts to dominate and exert control over the victim. While emotion-focused coping concentrates on controlling the emotional anguish brought on by the violence, problem-focused coping in the context of intimate partner violence (IPV) entails actively addressing the abusive circumstance. People's coping mechanisms may be impacted by the "control dimension" of IPV, which describes controlling behaviors in a relationship. Emotion-focused coping may be employed more frequently when the abusive situation feels out of control, but problem-focused coping may be more successful when there is a perceived chance of altering it.

This study demonstrated the complexity and frequent overlap between the abuse component of intimate partner violence (IPV) and emotion-focused coping techniques, which are designed to control the emotional stress response. Emotion-focused coping may help people deal with the emotional pain that IPV causes, but in certain situations, it may also be linked to worsening abuse and detrimental effects on mental health.

Conclusion

The study's conclusions show a strong and intricate of intimate partner violence (IPV), coping mechanisms, and family dynamics. While some aspects of family functioning can act as protective factors that lessen the likelihood of IPV, others can increase the risk of it. While dysfunctional family dynamics, including a lack of conflict resolution skills, may contribute to rising tensions, strong family cohesion and open communication, for instance, can create a supportive environment that lowers the chance of violence. Additionally, the study emphasizes the importance of employing effective coping strategies in the face of stress and conflict. Specifically, problem-focused coping strategies, which involve actively addressing and resolving issues, should be promoted within families as a means to diminish the incidence of intimate partner violence. Leadership within family units—whether through parental guidance or collective decision-making—also plays a critical role in modelling positive behaviours and

promoting healthy relationships. By encouraging the cultivation of these positive family functions and coping strategies, we can create a supportive framework that not only addresses existing issues of IPV but also works towards preventing future occurrences.

IIARD

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