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Experiences of Intimate Partner Violence, Associated Risk Factors, and Effectiveness of Reporting Systems Among University Students in South-South Nigeria

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ABSTRACT

Background: Intimate Partner Violence is a growing public health and human rights problem, signifies one of the most severe violations of human security globally.
Aim: This study is to assessed the experiences of Intimate Partner Violence, associated risk factors, and effectiveness of reporting Systems Among University Students.
Methodology: A descriptive cross-sectional study was conducted among 368 undergraduate students. Participants were selected using a three-stage sampling technique. Data were collected with a structured interviewer-administered questionnaire and analyzed using IBM SPSS version 27 and level of significance was set at $P \leq 0.05$. Descriptive statistics summarized the data.
Results: A total of 368 respondents participated in the study, 292 (79.3%) age group of respondents was 18 – 22 years with mean age (SD) = 21.4 ± 4.0, 284(77.2%). Most 313(84.8%) of the respondents demonstrated good knowledge (>60%), while only a few 55(15.2%) had poor knowledge (<60%). About a quarter, 100(27.2%) reported to have experienced at least one form of IPV on campus, 332(90.2%) believed that alcohol or drug usage contributes significantly to IPV on campus and only 96(26.1%) of respondents had good knowledge of the official reporting procedures for sexual violence on campus.
Conclusion: This study revealed a high prevalence and of Intimate Partner Violence while only of the respondents had experienced of Intimate Partner Violence. Majority of the respondents had been in a relationship between 1-5 years while a few were homosexual and bisexual. Government at all levels should enact laws and policies aimed at discouraging Intimate Partner Violence.

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KEYWORDS:
Intimate Partner Violence, Experience, Risk factors, University, Students, Nigeria.

INTRODUCTION

Intimate Partner Violence (IPV) is a serious public health concern that is receiving increasing attention in medical research.[1,2] According to the World Health Organization, Intimate Partner Violence refers to behaviour by an intimate or ex-partner causing physical, sexual or psychological harm, also involving physical aggression, sexual coercion, psychological abuse and controlling behaviours.[2] Intimate Partner Violence Intimate partner violence occurs across all racial, ethnic, regional, and socioeconomic boundaries.

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It can be committed by men, women or both in an intimate relationship irrespective of marital status, age or sexual orientation. Intimate partner relationships may involve current or former spouse, boyfriends/girlfriends and ongoing sexual partners.[3,4] Individuals in the relationships may or may not be cohabiting and can be of the opposite or same-sex.[5] Intimate Partner Violence is of great importance in Public Health research and is one of the most common forms of violence among couples (married and unmarried) and includes physical violence, sexual violence, stalking, and psychological aggression by an intimate partner.[3,5,6] These acts may occur without the victim's consent, including cases in which the victim is unable to give consent which may be due to intoxication with alcohol or drugs.[7,8]

Men and women are both victims of IPV but, the overwhelming global burden of IPV is borne by women.[2,4,9] The National Violence Against Women Survey (NVAWS)

found that women who were physically assaulted by an intimate partner averaged 6.9% by the same partner, while men who were assaulted averaged 4.4% assaults.[2] The survey also found that more women who were physically assaulted by an intimate partner were injured during their most recent assault, compared to the men.[10] It's worth noting that the majority of violence perpetrated by women against men remains unreported or goes unnoticed entirely, perhaps due to cultural and societal norms where women are viewed as nurturers rather than aggressors.[11,12]

Intimate Partner Violence occurs in all settings and among all socioeconomic, religious and cultural groups. Currently, it is well-documented that it can cause extensive mental health consequences among its victims, such as interpersonal trauma, posttraumatic stress disorder (PTSD) along with other comorbid symptoms such as depression, anxiety, suicidal ideation and attempts, substance abuse and sleep disturbances.[7,8]

In the USA, approximately 1 in 10 men experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime and reported some form of IPV-related impact.[3] Other studies in United States showed that nearly twenty people per minute are physically abused by an intimate partner and during one year, this equates to a great number of women and men.[6,7] Studies conducted in Ghana and South Africa showed that the impact of IPV was more on the youths who make up the bulk of the workforce of a nation which in turn will impact negatively on national development.[9,10] The National Bureau of Statistics (NBS) in 2025 national demographic and health survey report, estimated women's lifetime exposure to IPV from their current husband or partner was at 19.0% for emotional IPV, 14.0% for physical IPV, and 5.0% for sexual IPV.[11] In certain areas, IPV is used interchangeably with domestic abuse; hence research on the IPV is not fully or properly explored and researches focused on students' awareness, perception and factors influencing IPV in Nigeria are limited. Therefore, this study will benefit the general public as it aims to improve on the burden of knowledge about IPV among a fast-rising young population in Nigeria.

METHODOLOGY

Study Area

The study was conducted Igbinedion University, Okada, Edo State, Nigeria which contribute to its prominence as an academic and health institutional centre. The population of students in 2025/2026 session exceeds 5000 and comprises of both undergraduates and postgraduates from across Nigeria and neighbouring countries. The university offers courses at both undergraduate and post graduate levels, it is made up of seven colleges, which includes law, health sciences, business and management studies, arts and social sciences, pharmacy, natural and applied sciences and engineering. The presence of both academic and health institution made the university an appropriate setting for assessing experience and risk factors influencing IPV.

Study Design and Population

A descriptive cross-sectional study design was employed to assess the experience and risk factors influencing Intimate Partner Violence (IPV) among students of Igbinedion University, Okada. This design was suitable because it enabled the collection of data at a single point in time from a representative group. The target population comprised undergraduate students from the seven colleges; law, health sciences, business and management studies, arts and social sciences, pharmacy, natural and applied sciences and engineering.

Participants included only those who were eighteen years and above before the study period and who provided informed consent to participate.

Sample Size Determination

The minimum sample size was determined using the formula for estimating a single proportion:

$$n=\frac{(Z)^2pq}{d^2}$$

where n is the desired sample size, Z represents the standard normal deviation at 95 percent confidence (1.96), p is the estimated prevalence of IPV participation (41.0 percent based on a previous study among students of Obafemi Awololo University)[12], q is $1 - p$, and d is the degree of precision set at 5 percent (0.05). Substituting these values yielded a sample size of 334. After adjusting for a 10 percent non-response rate, the final sample size was 371 respondents. However, the response was 99.2 percent (368).

Sampling Technique

A three-stage sampling technique was used to select participants. In the first stage, simple random sampling technique using balloting was used to select two colleges (College of Pharmacy and Law) from seven colleges in school. In the second stage, stratified sampling technique was used to select respondents in terms of levels and gender. Level stratification, the total number of students in the levels of the selected colleges was obtained from the class attendance sheets and proportional allocation was used to determine the number of respondents selected in each level. Gender, the number of male students to sampled = sampling fraction x number of male students and the number of female students to sampled = sampling fraction x number of male students. All the students within the selected colleges were included in the sampling frame until the sample size of 371 was achieved.

Data Analysis

All completed questionnaires were checked for accuracy, coded, and entered into IBM SPSS Statistics version 27 for analysis. Descriptive statistics such as frequencies and

percentages were used to summarize categorical variables. Inferential statistics were conducted using the Chi-square test to determine associations between selected socio-demographic factors and IPV participation. Statistical significance was set at $p < 0.05$.

Ethical Consideration

Ethical approval was obtained from Igbinedion University Teaching Hospital, Okada (Reference Number: **IUTH/R.24/VOL.I/157**. Each participant provided informed consent after being adequately briefed on the purpose and procedure of the study. Participation was voluntary, and respondents were assured of anonymity, confidentiality, and the freedom to withdraw at any stage without any form of penalty.

Limitation of the Study

Information bias may occur during data collection, concerning sensitive questions about sexual health practices. To minimize this bias, utmost confidentiality will be assured and all questions will be phrased with care to avoid stigmatization or causing discomfort. Self-reported data may be prone to recall bias and social desirability bias, as participants may feel inclined to respond in a manner they perceive as socially acceptable.

RESULT

Table 1: Socio-Demographics Characteristics Of Respondents

VARIABLE	Frequency (n = 368)	Percent
Age group		
18 – 22	292	79.3
23 – 27	64	17.3
28 and above	12	3.4
Mean age (SD) = 21.4 ± 4.0		
Gender		
Male	84	22.8
Female	284	77.2
College		
Pharmacy	176	47.8
Law	192	52.2
Class level		
200L	60	16.3
300L	120	32.6
400L	76	20.7
500L	112	30.4
Marital status		
Single	332	90.2
Married	32	8.7
Widowed	4	1.1
Ethnicity		
Hause/Fulani	12	3.3
Yoruba	104	28.3
Igbo	104	28.3
Bini	56	15.3
Esan	50	13.6
Others*	42	11.2
Sexual Orientation		
Heterosexual	320	87.0
Homosexual	24	6.5
Bisexual	8	2.2
Questioning	12	3.3
Other	4	1.1

* = *Nupe, Itshekiri, Isoko, Urhobo, Ijaw, Ika, Idoma, Efik, Ibibio, Urhobo.*

The predominant 292 (79.3%) age group of respondents was 18 – 22 years with mean age (SD) = 21.4 ± 4.0, 284(77.2%) were female, 192(52.2%) were from the College of law, 120(32.6%) were from 300 level 405(97.0%), 332(90.2%)

were single while 32(8.4%) and 4(1.1%) were either divorced or separated. Almost all 320(87.0%) of the respondents were heterosexual, 24(6.5%) were homosexual, 8(2.2%) were bisexual, Yoruba and Igbo 104(28.3%) and Igbo 114(28.3%) had the highest proportion of respondents respectively.

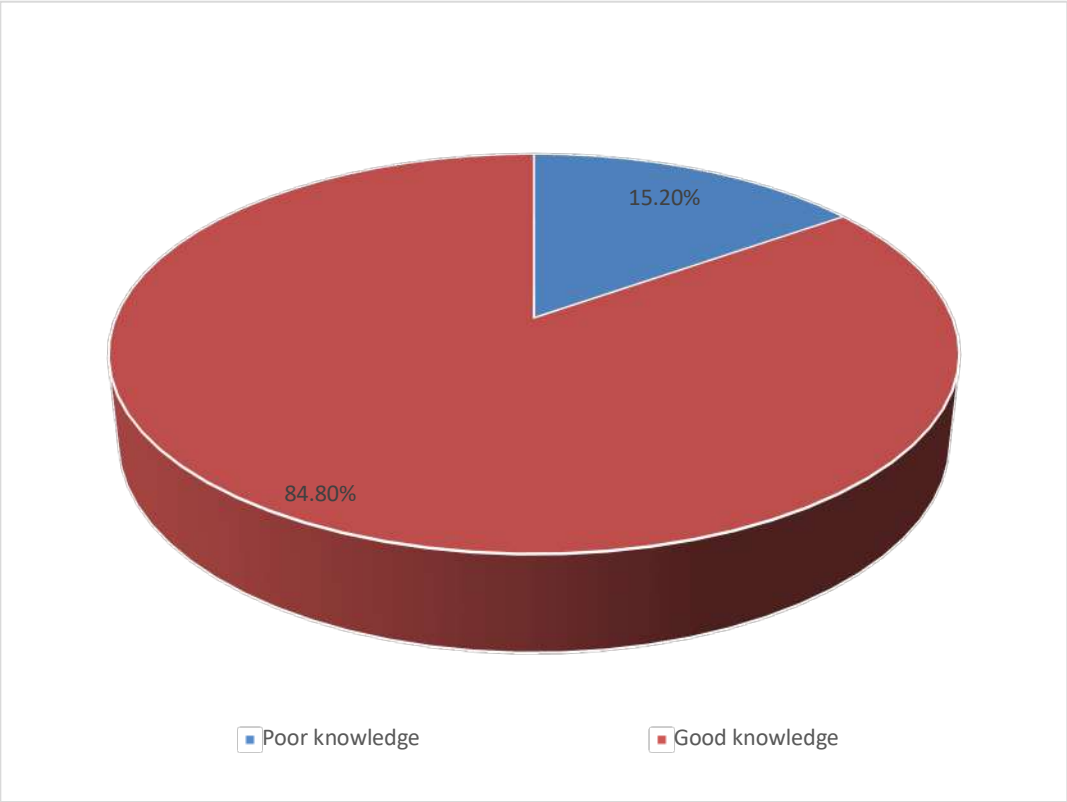

Figure 1: Composite Knowledge Score Of Sexual Violence

Most 313(84.8%) of the respondents demonstrated good knowledge (>60%), while only a few 55(15.2%) had poor knowledge (<60%).

Table 2: Experience Of Intimate Partner Violence

Response	Frequency (n = 368)	Percentage (%)
Respondents who ever experienced at least one form of sexual violence on campus		
Yes	100	27.2
No	268	72.8
Frequency of sexual violence on campus		
All the time	8	2.2
Sometimes	55	14.9
Rarely	37	10.1
Witnessed or heard about another student experiencing sexual harassment or sexual violence on campus		
Yes	236	64.1
No	132	35.9
Raped (coerced into sex without consent		
Yes	24	6.5
No	344	93.5
Experienced attempted rape (coerced into sex after withdrawn consent)		
Yes	84	22.8
No	284	77.2
Sexually harassed (inappropriate sexual comments and gesture)		

Yes	212	57.6
No	156	42.4
Sexually assaulted (touched sexually without consent, unwanted kissing)		
Yes	160	43.5
No	208	56.5
Forced to watch pornographic materials without consent		
Yes	4	1.1
No	364	98.9
Threatened to blackmailed with nudes' picture/videos		
Yes	16	4.3
No	352	95.7

Over a quarter 100(27.2%) of the respondents reported to have experienced at least one form of IPV on campus, 212(57.6%) admitted to have experienced sexual harassment through inappropriate comments or gestures and 160(43.5%) reported to have been sexually assaulted by non-consensual touching or kissing. Above one fifth 84(22.8%) had experienced attempted rape, coercion after consent was withdrawn, 24(6.5%) had been raped, 16(4.3%) had been blackmailed with their own nude content and 4(1.1%) were forced to watch pornographic materials without consent. Furthermore, majority 236(64.1%) of the respondents had either witnessed or heard of peers experienced sexual violence, however, 63(17.1%) believed such incidents occurred frequently or all the time on campus.

Table 3: Risk Factors Influencing IPV Among Respondents

Response	Frequency (n=368)	Percentage (%)
Alcohol or drug use contributes to sexual violence on campus		
Yes	332	90.2
No	12	3.3
Don't know	24	6.5
Social events or parties contribute to sexual violence on campus		
Yes	252	68.5
No	88	23.9
Don't know	28	7.6
Gender inequality contributes to sexual violence on campus		
Yes	184	50.0
No	100	27.2
Don't know	84	22.8
Certain dress or behaviors can make someone more responsible for being sexually assaulted		
Yes	56	15.2
No	248	67.4
Don't know	64	17.4
There is a culture of victim-blaming on campus		
Yes	196	53.3
No	68	18.5
Don't know	104	28.3
Staying on campus contributes to sexual violence		
Yes	56	15.2
No	248	67.4
Don't know	64	17.4
Staying off campus contributes to sexual violence		
Yes	80	21.7
No	184	50.0
Don't know	104	28.3

Single students are more affected		
Yes	52	14.1
No	160	43.5
Don't know	156	42.4
Married students are more affected		
Yes	4	1.1
Single students are more affected		
No	188	51.1
Don't know	176	47.8
People with multiple partners are more affected		
Yes	60	16.3
No	100	27.2
Don't know	208	56.5

The predominant 332(90.2%) respondents believed that alcohol or drug use contributes significantly to IPV on campus, 252(68.5%) identified social events or parties as contributing factors, 184(50.0%) acknowledged gender inequality as a determinant and 196(53.3%) believed victim-blaming culture exist on campus. Majority 56(15.2%) attributed irresponsibility dressing or behaviour, 56(15.2%) believed staying on campus increased the risk of IPV, 52(14.1%) believed single students were more vulnerable and 60(16.3%) of the respondents believed individuals with multiple partners were more affected.

Table 5: Relationship Between Sociodemographic Characteristics and Experience of IPV Among Respondents

Factors	B (regression co-efficient)	Odds ratio	95% CI for OR		p-value
			Lower	Upper	
Age					
< 23 years	-0.453	0.636	0.297	1.361	0.243
> 23 years		1			
Gender					
Male	-1.116	0.327	0.164	0.654	0.002
Female		1			
Marital Status					
Single	0.588	1.800	0.589	5.497	0.302
Married & Widowed		1			
Department					
Pharmacy	0.779	2.179	1.218	3.899	0.009
Law		1			
Level of study					
200L	-0.249	0.780	0.350	1.735	0.542
300L	-1.077	0.341	0.172	0.673	0.002
400L	-1.925	0.146	0.068	0.314	0.000
500L		1			
Religion					
Christianity	0.655	1.925	0.825	4.491	0.130
Islam		1			
Sexual orientation					
Heterosexual	0.364	1.439	0.620	3.341	0.397
Homosexual/Bisexual/Questioning		1			

There was no statistically significant association between age and experience of IPV (OR = 0.636, p = 0.243). Respondents younger than 23 years were less likely to be involved in IPV compared to older colleagues. Males were less likely (OR = 0.327, p = 0.002) to be involved in IPV report good compared to females and this finding was statistically significant association between gender and IPV. Marital status and department were not significantly associated with though,

singles were 1.8 times more likely to be involved in IPV than married or widowed respondents, while pharmacy students were more likely to be involved in IPV compare to Law students.

Level of study showed a statistically significant association with IPV, 300 level (p = 0.002; OR = 0.341) and 400 level (p = 0.000; OR = 0.146) were less likely to be involved in IPV compared to those in 500 level and the involvement in IPV increases with the level of class.

Religion and sexual orientation were not significantly associated with IPV (OR = 1.925, p = 0.130), (OR = 1.439, p = 0.397), though Christians were more likely (OR = 1.925) to be involved in IPV compared to Muslims while heterosexual respondents were more likely to be involved in IPV compared to those who identified as homosexual, bisexual, or questioning.

Table 6: Availability and Effectiveness of IPV Reporting Systems On Campus

Response	Frequency (n=368)	Percentage (%)
Awareness of the official reporting procedures for sexual violence on campus		
Yes, very aware	96	26.1
Yes, somewhat aware	76	20.7
no, not aware	196	53.3
Source of information		
Campus website	8	2.2
Orientation/timing	32	8.7
Posters/flyers	64	17.4
Faculty/staff	28	7.6
Student organizations	60	16.3
Friends/peers	32	8.7
Unawares of any reporting procedures	144	39.1
Ease in finding information about reporting sexual violence on campus		
Very easy	24	6.5
Easy	32	8.7
Neutral	164	44.6
Difficult	88	23.9
Very difficult	60	16.3
Awareness of the different reporting options available (e.g., online, in-person, anonymous)		
Yes	132	35.9
No	176	47.8
Not sure	60	16.3
Reporting systems are easily accessible to all students, including those with disabilities or language barriers		
Yes	80	21.7
Neutral	136	37.0
No	152	41.3
Reports of sexual violence are taken seriously by campus authorities		
Confident	60	16.3
Neutral	108	29.3
Not confident	200	54.3
Reporting process is fair and impartial		
Yes	32	8.7
Neutral	216	58.7
No	120	32.6
Survivors are adequately supported during and after the reporting process		
Yes	52	14.1

No	152	41.3
Neutral	164	44.6
Satisfaction with the confidentiality measures in place for reporting sexual violence		
Yes	32	8.7
No	128	34.8
Neutral	208	56.5
Respondents who have personally used the campus reporting system for sexual violence		
Yes	12	3.3
No	316	85.9
Prefer not to say	40	10.9
Experience with reporting system		
Neutral	4	33.3
Very negative	3	25.0
Not applicable	5	41.7
Primary reasons for hesitance to report an incident of sexual violence		
Fear of retaliation	24	6.5
Lack of trust	80	21.7
Concern of confidentiality	100	27.2
Belief that nothing will be done	136	37.0
Shame or embarrassment	28	7.6

Above one quarter 96(26.1%) of respondents were aware of the official reporting procedures for sexual violence on campus, 64(17.4%) reported posters/fliers as their sources of information, 60(16.3%) reported student organizations source of information and 88(23.9) said it was difficult to find information on reporting IPV on campus. About one fifth, 80(21.7%) believed that the reporting systems were easily accessible to all students, 60(16.3%) were confident that the reports were taken seriously by the university authorities, 32(8.7%) believed the reporting process was fair and impartial and 52(14.1%) of the respondents' felt survivors were adequately supported during and after reporting. Few,12 (3.3%) of respondents had personally used the campus reporting system, 136(37.0%) said the primary reasons for hesitancy to report were that nothing will be done, 100(27.2%) concern about confidentiality, 80(21.7%) lack of trust, 24(6.4%) fear of retaliation and 28(7.6%) shame or embarrassment.

DISCUSSION

Intimate partner violence (IPV) is a pervasive public health and global issue yet preventable. Individuals who are subjected to IPV may have lifelong consequences, including emotional trauma, lasting physical impairment, chronic health problems, and even death. In this study, majority of respondents were aged 11–22 years, with mean age (SD) = 21.4 ± 4.0 and predominant of the respondents were females. This was similarly reported in various studies carried out in Nigeria, Ghana, South Africa where most of the respondents were within the same age and females were predominant.[10,12,13] The socio-demographic characteristics of respondents in this study were also consistent studies among students in Kenya, Indonesia. Philippines and Minnesota State University, Kenya, and Nigeria universities.[6,14-16] The similarity could be attributed to the fact that the studies were all conducted in tertiary institutions and also may be due to the fact that majority of the University students are within the same age group and thus would naturally form a greater part of the study population. This age bracket is the late adolescent stage when young men and women might be trying to start an intimate partner relationship, for possible marriage, with the opposite sex. This finding also agreed with an earlier reported finding of women at risk of IPV at this age.[17,18] A few of the respondents were homosexual and bisexual. This finding was similar to a study conducted in Benin which showed only about a tenth of the respondents to be homosexual and bisexuals.[19] These findings may not be entirely accurate as most respondents may not have identified truly with their sexual orientation and thus not forthcoming with information about their sexuality. The good knowledge among the respondents is commendable and it is the first step in ending the menace of sexual IPV. However, with there is need for more dissemination of information via social media and social campaigns in the university setting.

This study documented a 27.2% overall prevalence rate of IPV experience among respondents. When disaggregated by specific forms, the data revealed: experienced sexual harassment (unwanted comments or gestures), experienced sexual assault (unwanted touching or kissing), experienced rape and experienced attempted rape. This is consistent with

the national range reported in other Nigerian tertiary institutions; Ekiti and Abakaliki.[18,20] However, the rape prevalence reported in the study was lower than the one recorded in Kaduna.[21] The high sexual harassment rate is especially troubling as it creates a hostile learning environment, even when incidents do not escalate to physical violence. Also, the risk of unwanted pregnancy, abortion, spread of Sexually Transmitted Disease (STI) associated with rape and other forms of IPV calls for the immediate attention of the university, the government and the general public. Gender disparities showed evident that female respondents reported experience of IPV than the male respondents. However, the male victimization rate was significant, challenging the stereotype that only women suffered IPV.[22,23] Almost all respondents linked alcohol and drug usage to incidents of sexual violence. This supports prior research showing that intoxication heightens perpetrator aggression and reduces victim capacity to resist or report.[24,25] Parties and social gatherings were identified as high-risk settings by majority of students, consistent with a Minnesota-based study, that found majority of campus assaults occurred during such events.[6] Half of the respondents recognized gender inequality as a core cause, as highlighted in other Nigerian and Kenyan studies.[19,23] Moreover, over half observed a culture of victim-blaming on campus, similar to trends documented in Ekiti, Abakaliki and Kaduna.[18,20.21] These findings reflect institutional critiques from global academia, where power imbalances perpetuate abuse and silence.[17,21] Despite good knowledge of IPV among the respondents, actual reporting practices was notably inadequate. Existing literature confirms that under-reporting is a persistent and nationwide, with only a few of rape cases in Nigeria resulting in convictions.[26,27] More than half of respondents admitted to been unaware of official reporting procedures, while only one-quarter reported having good of available reporting systems. This alarming knowledge gap exceeds the findings of a multi-center study across eighteen Nigerian institutions.[26] The absence of a reporting systems makes reporting of sexual violence more difficult and uncomfortable for victims along with the stigma associated with reporting.

Institutional trust was also critically low. Only a few of respondents believed their reports would be taken seriously and a concernedly, more than half expressed active distrust in the university's response systems. These perceptions are consistent with patterns reported in Nigerian universities, and even internationally, such as in a USA where campus study showed just 7 out of 115 survivors came forward to law enforcement.[6,28,29] This calls for attention, as victims would not report when they cannot trust the reporting system. Failure of reporting would only encourage perpetrators of IPV to continue. About two-fifths of students reported that the existing mechanisms were difficult to access. This falls short of WHO's recommended standards for inclusive and survivor-cantered care.[26,27] The cumulative effect of these failures is a self-perpetuating cycle of silence and inaction. Only few respondents had ever attempted to use the university's reporting system and among them, a quarter described the experience as very negative. When survivors are silenced and their experiences mishandled, under reporting persists, official statistics remain deceptively low, and institutions feel little pressure to initiate reforms.

There was a statistically significant association between gender and experience of IPV. Males were less likely to involved in IPV compared to female respondents. This was similarly reported in studies conducted in Ghana and South Africa, where more females were involved in IPV than males.[9,10] This again emphasizes that although male may be victims of sexual violence, females are more vulnerable, and are therefore an important focus group for interventions. Pharmacy students were more likely to involved in IPV compared to Law students. This observation disagreed with other studies in Nigeria where health science students scored higher in both attitudes and involvement related to gender-based violence than students in non-health disciplines.[27,30] Incorporating gender violence modules across all faculties could help balance this academic disparity. The respondents in 200 level, 300 level and 400 level were less likely to involved in IPV compared to 500 level students. This trend indicates a reduction in positive behaviours as students advance, possibly due to desperation for a partner. Report in Ghana and South Africa studies did not follow similar trend where final year students had more responsible attitudes and behaviours than junior peers, suggesting that consistent institutional engagement has cumulative impact over academic years.[7,8] There was no statistically significant association between age and involvement in IPV. However, the odds ratio showed that respondents younger respondents, 18-22 years were less likely to involve in IPV compared to their older colleagues. Conversely, older students may feel more emboldened or desensitized due to longer campus exposure, peer dynamics, or reduced institutional fear. These findings imply that prevention strategies should not only target younger students but also reinforce accountability and behavioural standards across all age groups. Respondents with good knowledge of IPV were more likely to experience IPV than respondents with poor knowledge. This finding was similarly reported by studies done in Ekiti and Abakaliki, Nigeria, were respondents who had experienced IPV, showed good knowledge on preventative measures.[18,20] This may be knowledge gain only after being exposed to or surviving IPV. This reactive knowledge acquisition points to a gap in preventive education, highlighting the need for proactive, comprehensive IPV education before exposure occurs. It also underscores the importance of trauma-informed interventions, as survivors may seek information post-incident to understand, cope with, or prevent recurrence.

CONCLUSION

This study revealed good knowledge of IPV however, there was poor understanding of the different forms of sexual violence. Majority of the respondents acknowledged that men could also be victims. The experience of IPV was high, with significant proportions experiencing sexual harassment, assault, and attempted rape, while a smaller but still concerning percentage reported rape. Female respondents reported higher experience, although male victimization was also present. Alcohol, drug use, social gatherings, gender inequality, and victim-blaming were all recognized as contributing factors to the experience of IPV. There was identified significant associations between demographic factors and experience of IPV; males, younger age group, singles, and homosexuals/bisexuals were less likely to involved in IPV. All schools should urgently set up a comprehensive sexual misconduct policy, student-centered, confidential, and easily accessible reporting framework that aligns with international human rights principles and the targets of Sustainable Development Goal 5.

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