

Predicting and Preventing Intimate Partner Homicide: Learning from Perpetrators and Survivors

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Abstract

Background

Intimate partner homicide (IPH) has emerged as a significant public health and social concern globally, with women disproportionately affected. In Rwanda, despite significant progress in addressing intimate partner violence (IPV) through various national strategies, IPV continues to pose serious challenges, sometimes escalating to IPH. This study seeks to explore the risk factors associated with IPH and identify effective strategies for its prevention.

Methodology

A qualitative research design employing a phenomenological approach was used to gain deep insights into participants' lived experiences. Data were collected from 22 participants through in-depth interviews and were analysed thematically, supported by the use of Atlas.ti software for coding and data management.

Results

The major themes that emerged from the analysis included: Participants' perspectives on (1) warning signs and predictors of intimate partner homicide these included reunions following a partner's imprisonment, jealousy or perceived infidelity, communication avoidance, polygamy, financial irresponsibility, and sexual denial; and (2) alternative actions that perpetrators or survivors could take to prevent IPH, along with their proposed strategies for reducing or eliminating its occurrence. These strategies included early identification of relationship conflicts, engagement in preventive counselling, fostering open communication, ensuring financial autonomy, abstaining from alcohol, and, in high-risk situations, considering pre-emptive divorce.

Conclusion

Early intervention, preventive counselling, and financial empowerment are essential in mitigating the risk of intimate partner homicide. Policymakers, researchers should prioritize these strategies in designing comprehensive prevention programs that address both individual and relational factors of IPH.

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Background

Intimate partner homicide (IPH) remains a critical global health concern, with recent data indicating persistent and alarming trends. In 2023, approximately 85,000 women and girls were intentionally killed worldwide; notably, 60% of these homicides, totaling around 51,000 victims, were perpetrated by intimate partners or family members.[1–3] This equates to an average of 140 women and girls being killed daily by someone they knew and trusted.

Regional disparities are evident in these figures. Africa reported the highest number of female victims of intimate partner or family-related homicides in 2023, with approximately 21,700 cases. The Americas followed with 9,300 cases, and Oceania reported 300 cases.[2] These statistics underscore the pervasive nature of IPH across different continents.

In Rwanda, intimate partner violence (IPV) continues to be a significant issue. Recent studies indicate that Rwanda is among the countries with the highest rates of IPV against women globally.[4–6] This persistent prevalence highlights the need for targeted interventions and continued research to address IPV's underlying causes and consequences in the Rwandan context. According to Bahati and colleagues in 2022, the prevalence of spousal violence among ever-married women increased from 40% in 2014–15 to 46% in 2019–2020.[4]

The consequences of IPV are profound, affecting not only the immediate victims but also their families and communities. Exposure to IPV has been linked to adverse mental health outcomes in children, including increased risks of developing emotional and behavioral difficulties.[7] Furthermore, IPV is associated with various reproductive health issues, such as heightened risks of HIV and other sexually transmitted infections, unintended pregnancies, and pregnancy losses.[8]

Efforts to prevent IPV and IPH have been implemented globally.[9] In Rwanda, interventions such as evening program forums have been integrated into early child development initiatives to reduce violent discipline and IPV.[10,11] However, some prevention programs have yielded unintended consequences. For instance, a randomised controlled trial evaluating a 22-week couples' training program in Rwanda found unexpected increases in IPV incidents, highlighting the complexity of addressing this issue and the necessity for careful program design and evaluation. [12] Despite existing prevention strategies, the persistent prevalence of IPV and IPH underscores the need for innovative approaches. Understanding the perspectives of perpetrators and survivors is crucial in developing effective prediction and prevention mechanisms. By exploring the motivations and circumstances that lead to such violence, more targeted and impactful interventions can be designed to mitigate this pressing public health issue. This study therefore, aimed to explore the risk factors of intimate partner homicide and possible alternative solutions that could have prevented the crime.

Methodology

Research design and approach

The study adopted an interpretive phenomenological approach, asserting that researchers cannot separate the description of a phenomenon from their interpretation. It acknowledges that preconceptions and prior understandings are inherently part of the research process.[13] However, researchers actively managed their preconceptions to enhance rather than distort their understanding. To explore the perceived causes and risk factors associated with intimate partner homicide, along with potential strategies or interventions that might have prevented the crime, researchers carried out in-depth individual interviews with perpetrators and survivors of intimate partner homicide.

Study population and study sites

The study population consisted of perpetrators who had committed or attempted the intimate partner homicide (IPH); and survivors, referring to individuals who were targeted in an IPH attempt but survived the attack. Researchers purposefully selected two of Rwanda's five provinces for the study sites: The Northern Province and the City of Kigali. These provinces were chosen because cases of intimate partner violence are frequently reported in various media outlets, including television, radio, and local newspapers.

Sampling and sample size

This study used purposive sampling as one of the most common sampling strategies employed in qualitative studies. The pre-selected criteria for the sample of this study were: 1) A person (male or female) who had been sentenced for committing intimate partner homicide (Perpetrator), and 2) A person (male or female) who survived the intimate partner homicide committed by his/her partner (Survivor). The sample sizes were determined based on theoretical saturation when new data no longer brought additional insights to the research questions. However, the study aimed to have an equal number of perpetrators and survivors. Twenty-two informants participated in this study, comprising eleven perpetrators and eleven victims. The study did not necessarily include both individuals in the same couple; it only considered whether the informant was a perpetrator or a survivor of IPH.

Data collection

An interview guide was used for data collection. After obtaining ethical clearance and securing permission to conduct the study at the selected study sites, the research team engaged site management to support the identification of potential informants, including both perpetrators and survivors. In each province chosen, correctional services were approached to reach perpetrators. To identify survivors, the research team was assisted by the police and the district social affairs department,

who facilitated contact with eligible individuals for interviews. Having identified the participants, the researchers clearly explained to them the aim of the study and asked them to participate voluntarily. Those who agreed were given informed consent forms to sign. Thereafter, the leaders were requested to avail a quiet space for interviews. Each in-depth interview lasted approximately 45 minutes. The participants were given enough time to express their ideas without rushing. Only three interviews were scheduled per day. Two interviews were conducted in the morning, and one in the afternoon. It took three weeks to complete all the interviews, as the researchers conducted the interviews, transcribed them, before returning to the study setting to continue with data collection. As this is a sensitive subject, the mental health staff were always ready to assist any person who presented any signs of distress or anxiety during the interview. Furthermore, the research team planned to stop the interviews once the interviewee revealed signs of increased anxiety.

Data analysis

A thematic analysis, supported by Atlas.ti software was used for data analysis. The conceptual framework for thematic analysis was primarily based on the theoretical approach of Braun and Clarke. [14] According to these authors, thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within the data. It is a widely used in qualitative analysis approach, particularly in methodologies such as interpretive phenomenology. Following Braun and Clarke's framework,[14] thematic analysis in this study was conducted in six stages: familiarizing with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. Two researchers independently conducted the first three steps, while the final three steps were carried out collaboratively by the entire research team to refine and report the findings.

Ethical considerations

Ethical approval for this study was obtained from the University of Rwanda, College of Medicine and Health Sciences (CMHS) Institutional Review Board, under approval No. 367/CMHS IRB/2022. Permissions to collect data were also secured from the management of all study sites. The nature and purpose of the study were explained to both sites management and participants. Informed consent was obtained from all participants, and anonymity was ensured by excluding personal identifiers from the data collection tools, making it impossible to trace any information back to an individual. Participants were informed that their participation was strictly voluntary and that choosing not to participate would not result in any penalty or loss of benefits. They were also informed of their right to withdraw from the study at any time and to refuse to answer any specific questions. All data collected were stored securely in a locked cupboard, accessible only to the research team.

Audio recordings were kept confidential on password-protected computers belonging to the research team, ensuring that no authorised individual could access the information.

Results

The results describe sociodemographic characteristics of the sample and key findings of the study.

Sociodemographic characteristics of the sample

The findings presented in Table 1 indicate that half of the participants were perpetrators, and the other half were survivors of IPH. Most participants had a primary level of education, and the majority were casual workers. Additionally, most participants were aged 41 years and above.

Table 1. Characteristics of participants

Variable		n (%)
Status	Perpetrators (6 males & 5 females)	11(50%)
	Survivors (all females)	11(50%)
Gender	Male	6(27.3%)
	Female	16(72.7%)
Education	No formal education	5(22.7%)
	primary education	15(68.2%)
	Secondary education	2(9.1%)
Employment status	Farmer	6(27.3%)
	Casual work	9(40.9%)
	Private job	7(31.8%)
Age	18-30 years	4(18.2%)
	31-40 years	6(27.3%)
	41 and above	12(54.5%)

Themes from qualitative data analysis

Qualitative data analysis identified and organized the results into two themes as follows: (1) Perspectives of warning signs and predictions of intimate partner homicide, and (2) Perspectives of alternative solutions that perpetrators or victims could take to prevent IPH and strategies to reduce or eliminate it.

Theme 1: Respondents' perspectives on warning signs of intimate partner homicide

The first theme elucidates respondents' perceptions of the warning signs preceding intimate partner homicide. These include reunions following a partner's imprisonment, during which perpetrators often exhibited heightened aggression, and the escalation of death threats arising from recurrent verbal abuse and physical violence.

Additionally, factors such as jealousy or perceived infidelity, communication avoidance, polygamy, financial irresponsibility, and sexual denial were reported to exacerbate marital discord, thereby increasing the likelihood of lethal outcomes. The subthemes below further delineate these indicators as experienced and interpreted by both survivors and perpetrators.

1.1 Reunion after imprisonment

Participants disclosed that reuniting after a partner's imprisonment often intensified previous conflicts, as the emotional distance and unresolved issues from before incarceration resurfaced.

One participant explained:

"If the conflict escalates to the point where one partner is imprisoned, it becomes difficult to revive the love from where it began or to love each other as before; it's not an easy task." (Female survivor #4).

Another added that imprisonment sometimes worsened the partner's behavior upon return, stating:

"When he was imprisoned, released, and returned home, he became even a worse person than before; the experience of imprisonment changed him for the worse." (Female survivor #7).

1.2 Siding with the perpetrator

Respondents noted that family or community members sometimes sided with the perpetrator, reinforcing abusive behaviour and diminishing victims' protection. As one female survivor explained:

In the family, they ignored what I told them and sided with their son. It might have made a difference if a parent or relative had voiced that this was not good. However, this did not happen because the family itself supported their son. (Female survivor #5).

Another participant echoed this lack of protection from the wider community, adding:

"But the local authorities protected him because he was part of the village committee." (Female survivor #8).

1.3 Hiding conflicts

Participants revealed that social pressure to conceal family issues often prevented them from seeking help or mediation. One participant stated that:

If I had spoken up, they might have done something. But because of the pressure to keep the family's secrets, I never said anything. I would just run to my friends' house and hide in their room. After the quarrel stopped, we would quietly go back home. (Female survivor #11).

Another participant explained that withholding information also limited the effectiveness of informal interventions, noting, *"Neighbors came and tried to mediate, but I didn't tell them what the issue was, so they couldn't help us effectively, and the conflicts continued"*. (Female perpetrator #4).

1.4 Fear of infidelity or infidelity

Jealousy and suspicion of infidelity emerged as major triggers of violence. Participants described how real or perceived acts of infidelity sparked intense conflict within their relationships.

One male participant recounted the escalation that followed a late-night phone call:

It was midnight when someone called my wife. I thought it was a man, so I tried to snatch the phone from her. We struggled over it, and I ended up hitting her, causing her to get injured and losing a tooth. (Male perpetrator #1).

A female participant similarly shared that infidelity and polygamy were key sources of conflict, stating, *"The fact that husbands go and find other wives is something I have experienced myself, as he has a second wife, and this was a major cause of conflict at home"*. (Female perpetrator #5).

Another participant described an extreme case of betrayal that deeply affected him:

"The problem was infidelity; imagine having sex with another man right in front of you." (Male perpetrator #6).

For some, the discovery of infidelity provoked violent reactions. As one participant explained,

"He was imprisoned because of his adulterous behaviour, which escalated to the point of bringing other women into our house. The conflict worsened when I came home from work and found another woman there." (Female survivor #2).

1.5 Infertility

Infertility was also cited as a source of tension that could escalate conflict, as reflected in one participant's account, *"The problem that caused the conflict between me and my wife is our inability to have a child."* (Male perpetrator #1).

1.6 Communication avoidance

Failure to communicate effectively was commonly associated with growing misunderstanding and unresolved tensions. Participants explained this challenge in the following ways:

"Communication is an issue when a husband and wife cannot find time to discuss their problems" (Female survivor #5).

"Sometimes it stems from lack of communication between spouses, or we do not agree on some decisions." (Male perpetrator #3).

1.7 Polygamy

Polygamous unions often introduced jealousy and competition, heightening tensions between partners. As one participant stated,

"The quarrel began when he married another wife." (Female perpetrator #5).

1.8 Financial irresponsibility

Financial mismanagement or a lack of transparency regarding household income frequently contributed to disputes. As one male participant noted, *"Misuse of the family's money. I don't know where she spends it; she can't even buy me anything."* (Male perpetrator #6).

Similarly, a female participant described long-standing financial secrecy, stating, *"The conflict arose because I didn't know where the money was going. Over the years, we grew potatoes, and he built houses, but I didn't know what he was doing with the money."* (Female perpetrator #5).

1.9 Giving birth to children of the same sex

Gender preference for children was another cause of discord, particularly when participants described how pressure to give birth to children of a desired sex placed significant strain on their relationships. One female survivor shared;

"The conflict started because I only have children of the same sex. I only have boys, and he wanted girls. He then wanted to divorce me so he could marry a woman who could have girls. That's how the conflict began." (Female survivor #2).

1.10 Sexual denial

Lack of sexual intimacy was perceived as both a symptom and a cause of relationship deterioration, often signaling deeper emotional distance between partners. A female survivor described this dynamic, noting, *"In my case, the problem is that he couldn't even fulfill his marital responsibilities."* (Female survivor #4).

Similarly, a male perpetrator emphasized how the absence of intimacy can heighten tension, explaining, *"When a husband and wife no longer have sex and sleep separately, it is not a good sign. Even over small issues, they can become hostile towards each other."* (Male perpetrator #6).

1.11 Educational disparity

Unequal educational attainment created power imbalances and fueled verbal and psychological abuse. One participant described how her partner weaponized education to belittle and control her:

"When we separated, he insulted me, saying I was uneducated while he was educated, calling me a book trampler. I endured these insults, and then he stopped providing food and paying rent. Everywhere I went, I was evicted. Eventually, I decided to separate because our constant quarrels were troubling our neighbors." (Female survivor #9).

1.12 Death threats

Repeated verbal threats of death were recognized as clear precursors for fatal violence.

A participant explained:

The warning signs occur when the man gets drunk and begins saying things like 'I will kill you' and 'I'll end up in prison.' When he kept repeating these words, I decided to leave him to ensure my safety and that of my children. (Female survivor #3).

1.13 Emotional abuse/verbal abuse

Acts of degradation and humiliation were also highlighted as common precursors to physical violence. As participants admitted: *"To insult the person you are in a relationship with, to belittle and humiliate him in public, for example, I insulted him by calling him a dog, not a man."* (Female perpetrator #5).

"It's always the same issue: he finds me in the market and starts insulting me with hurtful words" (Female survivor #3).

1.14 Physical violence

Participants emphasized that recurring physical assaults often signaled an imminent risk of homicide. Female participants shared:

"When he starts beating you, sometimes he hits you in places where it could be life-threatening. This physical abuse is the first warning sign." (Female survivor #7).

"This pattern of beating and coming home threatening to kill you may escalate to him doing it one day." (Female survivor#10).

Theme 2: Respondents' perspectives on alternative actions to prevent intimate partner homicide and proposed strategies to reduce its occurrence

This theme presents perspectives on alternative actions that perpetrators or survivors could take to prevent IPH, along with their proposed strategies for reducing or eliminating its occurrence. Respondents emphasized that preventing early identification of relationship conflicts and proactive intervention through preventive counselling to address underlying issues before they escalate. They highlighted the importance of fostering open communication, ensuring financial autonomy, and abstaining from alcohol as critical strategies to reduce risk factors.

In cases where the threat of violence remains imminent, participants suggested that pre-emptive divorce may serve as a protective measure to safeguard victims' lives. The following subthemes illustrate the specific preventive approaches proposed by respondents.

2.1 Abstain from alcohol

Many participants identified alcohol consumption as a key factor contributing to the onset or escalation of violent behavior within relationships. Participants reflected on this, stating:

"I think I should have avoided drinking alcohol because it was the first time we experienced this kind of conflict, and it was caused by alcohol." (Male perpetrator #6).

"Unless she stops drinking alcohol and ceases to have sex with other men. There was a time she was married to another man, and it took considerable effort to bring her back home." (Male perpetrator #3).

Actually, in all of this, it would only work if he stopped drinking. He is normal when he doesn't drink; you can meet and talk, and he gives good advice. But once he starts drinking, everything changes. Even if a child stands in front of him, he tells them, 'Get out of my way,' as if he wasn't his father. (Female survivor #8).

2.2 Pre-emptive divorce

Both survivors and perpetrators viewed timely separation or divorce as a potential measure to prevent violence from escalating to homicide. Participants urged for simpler legal procedures and reduced pressure to reconcile in high-risk relationships. A participant expressed this as follows:

"Yes, what I should have done was to let her continue with the formal divorce proceedings in court because we had already separated; the only thing left was to go to court. The problem was that we delayed the divorce." (Male perpetrator#2).

Another participant stressed the importance of separating early: *"The only thing we could have done was to separate before the situation escalated."* (Female survivor #10).

While a male participant called for government action stating:

"Instead of allowing conflicts to escalate to the point where one partner might harm the other, it would be better for the government to streamline the divorce process." (Male perpetrator #4).

Additionally, another participant highlighted concerns about enforced reconciliation: *"When people approach local authorities wishing to separate, there is no need to attempt to reconcile"* them (Female survivor #7).

2.4 Reforming fidelity

Participants described fidelity as an essential factor in maintaining relationship stability and reducing conflict. Multiple relationships were seen as a direct cause of financial strain and emotional distress. One participant illustrated this point:

"You know, when a man is involved with multiple women, he won't have enough money to feed all of them. With the little money he earns, he can't support three households." (Female survivor #8).

2.5 Frank communication

Open and consistent communication between partners was highlighted as a foundation for mutual understanding and conflict resolution. Participants associated communication breakdown with mistrust, emotional distance, and escalating tensions. A participant shared:

Whatever he was supposed to do, it should have been to talk like a couple at home. We needed to talk, but it didn't happen; we had no conversations at home. When I asked to talk, he would tell me he didn't have time. If I asked again, he would say, I'm tired; I don't want to hear about your issues.' So, there wasn't much more we could do. (Female survivor #3).

2.6 Financial autonomy

Several survivors emphasized the role of financial independence in empowering individuals to make safer choices and avoid dependence on abusive partners. One participant reflected:

"Unless I had a good job where I could afford to pay for rent and food, and he only came to sleep, maybe that could have been a solution." (Female survivor #3). Another echoed this sentiment, stating:

"No, I don't have the power to confront him unless I have the financial ability to support myself and live my own life" (Female survivor #11).

2.7 Early identification of conflicts

Participants called for greater vigilance and early detection of family conflicts at the community level. They emphasized that local authorities should intervene before violence escalates by taking proactive steps to mediate and de-escalate tensions.

A participant explained: *"Often, it is not appropriate for local authorities to wait until conflicts escalate to the point of potential harm. Local authorities should take proactive measures to report families experiencing quarrels and resolve situations as early as possible."* (Female survivor #7).

Discussion

This study aimed to understand intimate partner homicide from the perpetrators' and survivors' perspectives. It explored the underlying risk factors associated with intimate partner homicide and potential preventive actions that might have averted its occurrence. The findings were organized into two main themes: (1) Participants' perspectives on warning signs and predictions linked to intimate partner homicide, and (2) perspectives on alternative actions and proposed solutions that perpetrators or survivors could take to prevent or reduce IPH.

Our findings on the warning signs and predictors of intimate partner homicide are consistent with a growing body of international literature that highlights the multifactorial nature of IPH. For example, risk factors identified in this study, such as jealousy or suspected infidelity, financial stress, recurrent physical and verbal abuse,

alcohol misuse, and previous violence, are widely reported in global research as key precursors to lethal outcomes in intimate relationships. Studies across low-and middle-income countries have shown similar patterns, noting that behavioral factors, family-related factors, and community-level factors significantly increase the risk of IPH .[15] These parallels reinforce the relevance of our findings within broader regional and global contexts.

The findings also align with existing evidence on IPV in Rwanda. Prior research by Mukashema[6] and Bahati et al.[4] similarly reported that repeated violence, emotional abuse, social tolerance of male authority, and economic dependence are major drivers of IPV escalation. This convergence underscores that the warning signs identified in our study are not isolated events but reflect entrenched relational and community dynamics observable across multiple studies in Rwanda.

Our findings on jealousy, infidelity, and communication breakdown mirror results from studies in other settings. For example, Weizmann-Henelius et al.[16] found that jealousy and partner control were among the strongest predictors of IPH in Finland, while Loinaz et al.[17] highlighted that emotional and psychological abuse consistently precede lethal violence. These similarities indicate that certain relational patterns, such as controlling behaviors, repeated threats, and unresolved conflict, are universal predictors of IPH, even though cultural variations may influence how they manifest.

The link between alcohol use and violence identified by respondents in our study is also strongly supported in global evidence. Alcohol use is widely recognized as a major trigger for IPV and IPH, with studies in both high- and low-income countries showing that harmful drinking patterns significantly increase the severity of violence. For example, Lira et al.[18] demonstrated a strong association between alcohol policy environments

and alcohol-related IPH in the United States, while Cadri et al.[19] found similar associations in Papua New Guinea. These findings reinforce the need for integrating alcohol-use reduction strategies into IPV and IPH prevention programs.

Participants' emphasis on preventive counseling, early intervention, and pre-emptive divorce aligns with the global prevention frameworks. The WHO's guidance on preventing violence against women [20] stresses the importance of early detection, counseling, and strong support systems to interrupt violence trajectories before they escalate. Similarly, the suggestion that financial autonomy empowers survivors is supported by literature indicating that women's economic empowerment reduces vulnerability to violence and improves exit options from abusive relationships.[21]

The recommendations for early identification of conflicts also echoes findings from transdisciplinary teams working on IPH prevention. Pizarro et al.[9] highlight that identifying high-risk cases early and ensuring rapid coordinated responses are essential to preventing homicide. Loinaz et al.[17] further emphasize the need for validated risk-assessment tools that help detect danger levels before violence turns fatal.

Strengths and Limitations of the study

This study reveals notable strengths, including the use of an interpretive phenomenological approach that enabled an in-depth exploration of the lived experiences of both perpetrators and survivors of IPH, yielding rich and nuanced insights into the warning signs, underlying dynamics, and potential preventive actions associated with IPH. The inclusion of both groups further enhanced the comprehensiveness of the findings. This dual perspective provided a more holistic understanding of the relational and contextual factors on the dynamics that precede IPH. Additionally, the purposive selection of the study sites with frequent IPV reports increased the likelihood of capturing diverse and information-rich cases, thereby strengthening the credibility and depth of the derived themes.

However, several limitations should be acknowledged. As a qualitative study with a relatively small sample, the findings cannot be generalized to the wider Rwandan population. Given the sensitive and traumatic nature of IPH, participants' narratives may have been influenced by recall bias or social desirability bias. The sample included only female survivors and few female perpetrators, limiting insights into male victimization and gendered patterns of perpetration. Moreover, conducting the study in only two provinces may not fully capture regional variations in cultural norms or responses to IPV. The sensitivity of the subject matter may have constrained full disclosure among some participants, and the absence of triangulation with official police, court, or medical records limits the ability to corroborate self-reported accounts. Despite these limitations, the study provides valuable contributions to understanding risk factors and preventive pathways for intimate partner homicide in Rwanda.

Conclusion

This study aimed to explore the risk factors and causes of intimate partner homicide (IPH) and possible alternative solutions that could have prevented the crime. It was identified that personal, family, and community behaviors may serve as warning signs for potential IPH. Participants highlighted that both perpetrators and victims could have taken necessary measures to reduce the risk of IPH, such as reducing alcohol use, pursuing preemptive divorce, or empowering women. They also suggested adopting healthy behaviors to limit the risk of IPH, such as preventive counseling and early identification of conflicts, allowing for action before conflicts escalate to violence. This underscores the importance of involving various entities, from family and community levels to policymakers and judicial authorities, in preventing homicide before it occurs. There is also a need for continued awareness in the community about the importance of avoiding conflict escalation and taking preemptive measures to prevent such crimes.

Further research should build on the findings of this study by exploring IPH using larger, and diverse samples across additional provinces to capture variations in cultural norms, gender dynamics, and community responses. Mixed methods or longitudinal studies could help quantify the prevalence and predictive strength of the warning signs identified and examine how these evolve over time. Further studies should also involve male survivors who were underrepresented, to provide a more comprehensive understanding of the gendered patterns of IPH. Additionally, research evaluating the effectiveness of preventive counseling, community mediation mechanism, early conflict detection system, and legal interventions, including divorce procedure would offer practical guidance for strengthening prevention efforts. There is also a need to develop and validate culturally appropriate IPH risk assessment tool.

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Authors' contribution

PMU, GN, VB, CK, DK, and MM have played a significant role in the conception, design, data analysis and interpretation, and writing of the manuscript.

Conflict of interest

All authors affirm that there is no actual or potential conflict of interest

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