

Personal determinants of gender-based violence: a review of intimate partner violence in South Sudan

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Submitted: July 2025

Accepted: October 2025

Published: November 2025

ABSTRACT

Intimate partner violence is an important health concern and a human rights violation in South Sudan. It is a major form of gender-based violence with serious consequences such as physical injuries, psychological distress, and loss of employability. This study identified personal determinants that perpetuate intimate partner violence in South Sudan. The study focused on the individual factors in the context of Haise's Social Ecological Model. Literature from South Sudan and relevant contexts was used to provide factual bases for the study. The personal factors identified that influence intimate partner violence include alcohol abuse, young age, witnessing violence in childhood, and having been a victim of child abuse. Intimate partner violence is an important health problem to address to achieve equal gender relations. This is only possible when the root causes or violence determinants are identified, understood, and addressed using evidence-based strategies.

Keywords: South Sudan, sexual violence, intimate partner violence, ecological model.

Introduction

Gender-based violence (GBV) is defined as any act of violence that is inflicted upon an individual because of his or her gender or sexual orientation.^[1] It includes different forms of violence, such as physical, sexual, or psychological, and harmful practices, such as child marriage, female genital cutting, sex trafficking, selective abortion, and honour killings.^[2]

Intimate partner violence is defined as a pattern of abusive behaviour in an intimate relationship, including marriage, where one person uses to gain or maintain power and control over the other person.^[1] Thirty-five percent of women suffer intimate-partner violence (IPV) in their lifetime worldwide.^[2-4] Intimate partner violence is the major form of gender-based violence around the globe. However, the estimates for the prevalence of different forms of IPV vary by country, with some countries having lower rates of violence compared to others. Annually, it is estimated that 20-69% of women are physically assaulted, while intimate partners sexually violate between 6% and 47%.^[5] IPV is rooted

Citation: Adong. Personal determinants of gender-based violence: a review of intimate partner violence in South Sudan. *South Sudan Medical Journal*, 2025;18(4):208-213
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in gender inequality in male-controlled relationships that make women dependent on their intimate partners.^[3] IPV is historically accepted as a normal act of enforcing discipline, and is considered a private family affair that does not need the involvement of a third party.^[3] Fortunately, there is a growing international acknowledgement that IPV is an important public health issue and a human rights violation that needs to be addressed.^[5,4,6]

Although it receives less emphasis, IPV is the most prevalent form of gender-based violence in South Sudan.^[7,8-10] Studies estimate that 47% of women are physically assaulted, 13% are sexually abused, while 40% experience psychological violence. Gender inequality is the main driver of violence, but it is also reported that long-standing conflict in the country has contributed significantly to the increased occurrence of IPV.^[8,9]

While there is growing advocacy against IPV, cultural practices continue to frustrate efforts to tackle IPV as a national health problem and a human rights abuse that needs external intervention. This way, women in South Sudan suffer IPV at the hands of their husbands without adequate protection from a third party or the law.^[7]

Physical violence is the most dominant form of IPV that affects women in intimate relationships in South Sudan. It is estimated that 90% of men beat their wives for reasons such as insults, refusal to cook, sex denial, or child care neglect.^[11] South Sudanese cultures condone and accept acts of violence as a way of ensuring discipline in the family.^[11] Because of age-old cultural subjugation, women accept an inferior status in society, as 68% women agree that women deserve to be beaten by men for any reason.^[7] These forms of physical violence include blows with fists, dragging, kicking, and beating with sticks. Ill-health consequences that result from physical violence include pain, body wounds, fractures, as well as psychological trauma.^[7,10,12-14] At the family level, physical violence negatively impacts incomes because ill health puts a burden on finances and reduces labour as working hands decrease due to complications of physical injuries. It may also impede economic growth and development as the vast majority of women subjected to physical violence no longer perform their tasks to the utmost best because of injuries, psychological trauma, and resultant loss of employability.^[7,10,11] Violence against women results in the loss of 1.8 million working days per year, as survivors of violence are unable to engage in regular economic productivity. The economic costs of survivor services are as high as US\$1.2 million in out-of-pocket expenses, thereby exacerbating the impoverishing effects on the already impoverished

population of South Sudan.^[15]

Physical violence also results in severe consequences to pregnant women whose husbands engage in physical abuse.^[16] In 2017, it was reported that 7% of women lost pregnancies due to violence in intimate relationships in South Sudan. This is because trauma affects the viability of the foetus, resulting in loss of pregnancy.^[16]

Sexual violence in a marital context includes rape, sexual harassment, and sexual assault. Rape in a marital context is unreported in South Sudan because it is usually considered a bedroom affair that does not warrant discussion or description whatsoever.^[7,8,10] Sexual violence is under-reported due to high levels of stigma and shame attached to it. It is the survivor that carries stigma and shame, while the perpetrator retains unchecked social standing because cultural norms do not consider it a serious offence.^[17]

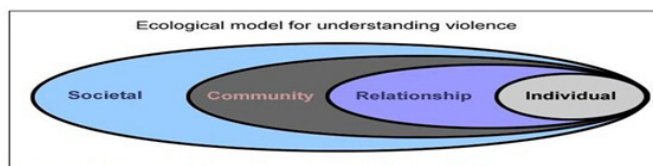
Another form of IPV is emotional violence, in which women experience psychological harm because of abusive words or rude behaviours displayed by spouses. Women are psychologically tormented with insults, humiliation in front of others, intentional intimidation, threats with weapons, and severe restriction from friends and strangers.^[7,8-10] This results in mental personality disorders that impact women's quality of life and length of life. Mental disorders like chronic stress and worries lead to depression, resulting in health complications such as hypertension.^[11]

This study sought to answer the question: What are the factors influencing IPV and effective interventions in South Sudan? The answer to this question helps in deciding effective strategies for IPV prevention in South Sudan.

Method

This research is a literature review that combines both published peer-reviewed articles and grey literature (i.e., that is not published through the usual academic processes). The search engines used to ascertain articles included PubMed/Medline, VU library, Google Scholar, and the Ministry of Health websites to obtain relevant IPV literature in South Sudan and other relevant contexts. Articles published in the last ten years (2010 – 2019) in the English language were preferred as there is little change in attitudes, beliefs, and cultural norms related to IPV in South Sudan over this period.

The Heise's Integrated Ecological Framework (Figure 1) was chosen for this review since it is more relevant for the analysis of IPV in the context of South Sudan. However, the focus has been on the analysis of individual factors: age,



Source: Heise et al., 1999; Krug et al., 2002; CDC, 2004

Figure 1. The Social Ecological Model.^[18]

family history of violence, victim of child abuse, alcohol, refugee, or internally displaced person. The remaining factors, such as interpersonal, community, policies and society, were not included.^[20]

Results

The first level of the framework explored the individual factors. The highlighted factors focused on age, family history of violence, victim of child abuse, alcohol abuse, and refugee or internally displaced person. These individual factors are known to contribute to IPV.

Age

In South Sudan, the marital age difference was found to be associated with IPV in relationships.^[8] Women older than 34 years were less at risk of violence compared to younger women.^[19] Additionally, young girls forced into marriages were more at risk of violence from their husbands.^[8]

A WHO multi-country study also established that an age difference is a predictive factor for IPV among women in intimate partner relationships. IPV was more likely when a woman was younger than her partner by more than five years.^[20] Women who were 15 years old or younger were four times more at risk of violence compared to women who were more than 15 years old.^[21]

A systematic review of IPV in low- and middle-income countries also found that young women below the age of 20 years were more at risk of IPV than older women.^[22] IPV was also associated with women who had been married for more than five years compared to women whose marital durations were less than five years.^[21]

Looking at the types of violence perpetrated in relation to age, a multi-country research in low- and middle-income countries found that emotional IPV was less likely associated with women below 19 years old, while physical and sexual violence were associated with women aged between 25-29 and 30-34, respectively.^[21] Generally, the risks of IPV decreased with increasing age of men compared to men who were younger than 34 years old, in urban Tanzania.^[23] Additionally, increasing age was also

associated with reduced risks of forced sexual violence, resulting in lower odds of unwanted sex.^[24]

Family history of violence

Violence at the family level was reported to be rampant in South Sudan since almost every adult in an intimate partner relationship had witnessed it first-hand.^[25] Several studies indicate that the history of violence in the family was strongly associated with IPV.^[2,20,26] There was evidence that violence was high among couples who, in their childhood, witnessed their father abusing their mother.^[2,20,26] Since the outbreak of war, 24.4% of children reported that they witnessed killings in their communities. Additionally, children admitted that they saw their fathers hitting their mothers in the household, resulting in severe physical IPV.^[25]

The WHO multi-country study indicated that IPV was highest where couples admitted that both their mothers and grandmothers experienced IPV.^[20] It is important, however, to note that IPV also occurred even though partners were not aware whether their parents experienced violence in the past.^[20] Girls who witnessed violence in childhood and boys who witnessed someone being physically abused during their childhood were more likely to be abused or to engage in violence in intimate partner relationships compared to their counterparts who did not undergo the same experiences.^[20]

Victim of child abuse

Corporal punishment of children was banned through provisions enshrined in the national constitution of South Sudan, but the implementation of these laws faced challenges.^[19] The victims of childhood physical violence were more likely to perpetuate physical violence on their children in their families.^[19] Boys and girls in the households were found to be victimised equally in their childhood, and mothers were more likely to inflict physical violence on children compared to fathers.^[19] Childhood victims of physical violence were more likely to inflict physical and psychological harm on their spouses later in life.^[19] Studies also found that much of child abuse happens in the household.^[10,14] It was also found that boys sustained severe injuries from being hit with objects by parents in the household than girls.^[25]

In Uganda, the major forms of child abuse were physical and emotional violence, as children were beaten and insulted with abusive words. Schools also abused children physically, as well as sexually, as some teachers were found to defile young girls in exchange for higher grades.^[27]

Children with a history of physical, sexual, or emotional abuse were more likely to experience or engage in IPV in their families.^[28]

Some multi-country studies recognized that children who had experienced violence in their lives were likely to be abused or inflict violence later in their families compared to children who had a childhood free from violence.^[2,20] Young girls who experienced different kinds of physical, sexual, or emotional violence were more likely to experience IPV from their spouses compared to women who were not abused in their childhood.^[20]

A study in Ethiopia found that women whose spouses were beaten during childhood by someone were more likely to experience IPV than women whose husbands were never physically abused by someone in childhood.^[29] Although not all boys who were abused during their childhood became perpetrators of violence, some of them engaged in IPV.^[20]

Alcohol abuse

In South Sudan, men were found to be more likely to drink alcohol and inflict social harm or IPV against women. Men above the age of 25 years were more likely to abuse alcohol, resulting in physical and sexual IPV compared to men below the age of 25 years.^[30] The unemployed were more at risk of excessive alcohol consumption with resulting mental disorders like depression and IPV, compared to men who were employed.^[30] Additionally, a study in the South Sudanese refugee settings in Uganda concluded that excessive drinking of alcohol was associated with sexual IPV, including rape.^[27]

The WHO multi-country study found that women in relationships where men drank alcohol were at increased risk of IPV compared to women in relationships where neither of the couple drank alcohol.^[31] Additionally, men who drank alcohol were more likely to inflict IPV compared to women who drank alcohol.^[20] A systematic review of gender norms in low- and middle-income countries also confirmed that women in intimate relationships with husbands who drank alcohol were at higher risks of IPV compared to women in relationships where the husbands did not drink alcohol.^[21]

A study in conflict-ridden communities of northern Uganda stated that 30% of women who experienced IPV reported that their husbands were intoxicated with alcohol.^[27] Also, in a study conducted in the Sudan, men who abused alcohol were more likely to engage in physical, sexual, and emotional violence against their wives compared to men who did not abuse alcohol.^[32]

Refugee or internally displaced person

A recent study about internally displaced persons (IDP) camps in South Sudan found that IPV was high among young women.^[31] The study also established that women were more at risk of sexual IPV (35.2%) compared to physical IPV (30.4%) in the IDP settings in Juba.^[31]

A multi-country study in refugee camps found that men in the refugee camps were more likely to have forced sex with their wives compared to men in the general population.^[33] Women in the refugee and IDP camps were at a higher risk of emotional IPV compared to women in the general population.^[13] Additionally, men in the IDP camps were more likely to inflict physical IPV on their wives.^[13]

Discussion

This literature review shows that IPV is the leading cause of gender-based violence in South Sudan, confirming the global trends where 1 in 3 women (35%) experiences violence at the hands of their husbands. Additionally, it was noted that a study in South Sudan's IDP camps indicates that sexual violence against women was higher than other forms of IPV. This is contrary to nationwide IPV trends, where physical and emotional IPV are consistently the main forms of IPV. This finding could partly be because there is more sensitization about sexual violence in the IDP camps and partly because of improved recording and reporting of IPV incidents in the camps compared to the situation in the general population, where women are conditioned to silence by cultural norms as a way of avoiding gossip and stigma.

At the individual level of the ecological framework, child abuse is an important factor that needs to be addressed to avoid creating aggressive masculinities and loss of empathy in children. Parents should be counselled and trained on parenting programmes through group training, to avoid harsh punishment of children. This aggressive upbringing of children hardens male-dominant masculinities that are associated with IPV. It also perpetuates the cycle of violence from parents to children. Improved parenting reduces the family history of violence, which is also a significant factor influencing IPV.

Mitigation of alcohol consumption through health facility-based counselling is an effective strategy of persuading alcohol addicts to reduce or give up drinking. Alcohol consumption perpetuates all forms of IPV and also contributes to household poverty, which is also a potential cause of parental conflict and IPV.

There is a need to strengthen health facility-based counselling programmes for couples to reduce the levels of couples' frustration and sexual violence that are seen to be high. Women from IDP and refugee camps also face IPV from men returning from war with militarised masculinities. This requires advocacy and political commitment to peace building, accountability, and good governance, including the provision of economic opportunities to ex-combatants and holding perpetrators of IPV to account.

Conclusion

IPV in South Sudan is predominantly driven by personal determinants rooted in personal histories, age, and educational disparities between couples. Early childhood exposure to violence sets the precedent for the perpetuation of domestic violence. Additionally, alcohol abuse not only spurs violence, but also has a profound effect on family savings – resulting in frustration that feeds the cycle of violence. Women's low educational capacity is a risk factor for violence as it diminishes their capacity to negotiate and communicate in intimate relationships and reinforces economic dependence and vulnerability. Any interventions aimed at alleviating the vices of IPV should also address the IPV personal factors identified in this paper.

References

1. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R. World report on violence and health Edited by. World Heal Organ Geneva. 2002.
2. Krantz G, Garcia-moreno C. Violence against women. *J Epidemiol Community Health*. 2005;(August 2004):818–21.
3. Harvey A, Garcia-Moreno C, Butchart A. Primary prevention of intimate-partner violence and sexual violence : Background paper for WHO expert meeting. Geneva World Heal Organ. 2007;1–38.
4. Partners H. User Guide: How to Support a Survivor of Gender-based Violence when there is no GBV actor in your area. 2012.
5. Ashraf N, Bau N, Nunn N, Voena A. Bride price and female education. *Journal of Political Economy*. 2020 Feb 1;128(2):591–641. Bride Price and Female Education | *Journal of Political Economy*: Vol 128, No 2
6. García-Moreno C, Stöckl H. Protection of sexual and reproductive health rights: Addressing violence against women. *Int J Gynecol Obstet*. 2009;106(2):144–7.
7. Deng D, Willems R. Sexual and gender-based violence (SGBV) in Unity State, South Sudan. University for Peace UPEACE Centre The Hague, the South Sudan Law Society (SSLS) and PAX: March. 2016 Mar:4. sgbv-in-unity-state-policy-brief.pdf
8. Ministry of Health NB of S. South Sudan Household Health Survey, 2010. Vol. 91. 2013.
9. Jervase A, Tahir H, Modi JK, Almobarak AO, Mital D, Ahmed MH. HIV / AIDS in South Sudan past, present, and future : a model of resilience in a challenging context. *J Public Heal Emerg*. 2018;(December):2–6.
10. Salman SMA. The new state of South Sudan and the hydro-politics of the Nile Basi. *Water Int*. 2011;36(2):154–66.
11. Stern OM. Gender, Conflict and International Humanitarian Law: A critique of the 'principle of distinction'. Routledge; 2018 Jul 27.
12. Rolandsen ØH, Glomnes HM, Manoeli S, Nicolaisen F. A year of South Sudan's third civil war. *Int Area Stud Rev*. 2015;18(1):87–104.
13. Tol WA, Stavrou V, Greene MC, Mergenthaler C, Van Ommeren M MC. Sexual and gender-based violence in areas of armed conflict: a systematic review of mental health and psychosocial support interventions. *Confl Health*. 2013;7(1).
14. Gurman TA, Trappier RM, Acosta A, McCray PA, Cooper CM, Goodsmith L. "By seeing with our own eyes, it can remain in our mind": Qualitative evaluation findings suggest the ability of participatory video to reduce gender-based violence in conflict-affected settings. *Health Educ Res*. 2014;29(4):690–701.
15. Elmusharaf, K., Scriver, S., Chadha, M., Ballantine, C., Sabir, M., Raghavendra, S., Duvvury, N., Kennedy, J., Grant-Vest, S. and Edopu, P., 2019. Economic and social costs of violence against women in South Sudan: technical report. Economic and social costs of violence against women in South Sudan: Technical report
16. West G. A mixed methods assessment of barriers

- to maternal , newborn and child health in. *Reprod Health*. 2017;1–13.
17. Eyobo MB, Bepo E, Lako RL, Wani G, Julla AI, Remijo CD, et al. Malaria indicator survey 2009, South Sudan: baseline results at household level. *Malar J*. 2014;13(1):45.
 18. Terry MS. Applying the Social Ecological Model to Violence against Women with Disabilities. *J Women's Heal Care*. 2014;3(6).
 19. Ndoromo O, Österman K, Björkqvist K. Low Intensity Intimate Partner Aggression as a Mediating Factor for the Intergenerational Transmission of Physical Punishment of Children in South Sudan. *Eurasian Journal of Medical Investigation*. 2018;2(4):183-9. Low Intensity Intimate Partner Aggression as a Mediating Factor for the Intergenerational Transmission of Physical Punishment of Children in South Sudan-35220.pdf
 20. Jansen HA, Garcia-Moreno C, Devries K, Heise L, Kiss L, Abramsky T, et al. What factors are associated with recent intimate partner violence? findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health*. 2011;11(1).
 21. Semahegn, A., Torpey, K., Manu, A., Assefa, N., Tesfaye, G. and Ankomah, A., 2019. Are interventions focused on gender-norms effective in preventing domestic violence against women in low and lower-middle income countries? A systematic review and meta-analysis. *Reproductive health*, 16(1):93.
 22. Ho U, Valladares E, Pen R, Lars A. Violence against pregnant women : prevalence and characteristics . A population-based study in Nicaragua. *BJOG An Int J Obstet Gynaecol*. 2005; (September): 112:1243–8.
 23. Hill C. Associations between peer network gender norms and the perpetration of intimate partner violence among urban Tanzanian men: A multilevel analysis. *Matern Child Health J*. 2019;19(4):427–36.
 24. Lindsay Stark, Khudejha Asghar, Gary Yu, Caroline Bora, Asham Assazenew Baysa KLF. Prevalence and associated risk factors of violence against conflict – affected female adolescents : a multi – country, cross – sectional study. *J Glob Health*. 2017;7(1).
 25. Ndoromo O, Österman, Karin KB. Domestic Violence as a Risk Factor for Children Ending up Sleeping in the Streets of Post-War South Sudan. *Journal of Child & Adolescent Behavior*. 2017.
 26. Fulu E, Jewkes R, Roselli T, Garcia-Moreno C. Prevalence of and factors associated with male perpetration of intimate partner violence: Findings from the UN multi-country cross-sectional study on men and violence in Asia and the Pacific. *Lancet Glob Heal*. 2013;1(4):e187–207. Available from: [http://dx.doi.org/10.1016/S2214-109X\(13\)70074-3](http://dx.doi.org/10.1016/S2214-109X(13)70074-3)
 27. Gottschalk N. Uganda : early marriage as a form of sexual violence. *Forced Migr Rev*. 2016;
 28. Annan J, Brier M. The risk of return : Intimate partner violence in Northern Uganda's armed conflict. *Soc Sci Med*. 2010;70:152–9.
 29. Abeya SG, Afework MF, Yalew AW. Intimate partner violence against women in western Ethiopia: prevalence, patterns, and associated factors. *BMC Public Health*. 2011;
 30. Lien L, Hauff E, Martinez P, Eide AH, Swarts L, Ayazi T. Alcohol use in South Sudan in relation to social factors, mental distress and traumatic events. *BMC Public Health*. 2016;1–7.
 31. Ali AA, Yassin K, Omer R. Domestic violence against women in Eastern Sudan. *BMC Public Health*. 2014;4–8.
 32. Wachter K, Horn R, Friis E, Falb K, Ward L, Apio C, Wanjiku S, Puffer E. Drivers of intimate partner violence against women in three refugee camps. *Violence Against Women*. 2018 Mar;24(3):286-306. <https://doi.org/10.1177/1077801216689163>
 33. Murphy M, Bingenheimer JB, Ovince J, Ellsberg M, Contreras-Urbina M. The effects of conflict and displacement on violence against adolescent girls in South Sudan: the case of adolescent girls in the Protection of Civilian sites in Juba. *Sexual and reproductive health matters*. 2019 Jan 1;27(1):181-91. <https://doi.org/10.1080/26410397.2019.1601965>