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Violence Against Women in Liberia: Characteristics, Contributing Factors, Service Utilization, and Interventions (2020 - 2025)

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Abstract

The issue of violence against women (VAW) in Liberia is an urgent human rights and public health issue that requires immediate attention at the individual, community, organizational, and governmental levels. This study examines the causes and consequences of violence against women in Liberia. It presents the characteristics of women who experience violence in Liberia. The study also examines the risk factors and consequences, including physical and psychological health impacts. The literature related to how women experience violence, societal response (including the government and public), and the barriers to the utilization of existing services is also reviewed. Findings from the literature review indicate that poverty, lack of education, and partners' substance abuse contribute to violence against women in Liberia, and systemic and cultural barriers keep them from accessing the already skewed and limited resources. The results underscore the importance of implementing survivor-centered strategies with urgency, ensuring effective policy implementation, and securing sustainable funding. Thus, helping professionals and policymakers must consider interventions and services that provide culturally appropriate training accessible to all levels and that target Liberia's social structures, including families, schools, churches, and other key institutions.

Keywords: Gender-based violence, Intimate Partner Violence (IPV), Liberia, Prevention, Service utilization, Survivor-centered services, Sustainable Development Goals

Introduction

Violence against women is one of the most widespread violations of human rights in the world, which erodes the health, dignity, security, and participation of women in socioeconomic development. The United Nations (2026) defines it as any gender-based violence carried out privately or publicly using threats, coercion, or deprivation of freedom that leads to physical, sexual, or mental harm or suffering among women. Worldwide, one out of every three women (30%) is physically or sexually abused at some point in her life, and one third (27%) of women between the ages of 15- and 49-years' experience physical or sexual violence by their intimate partner [1]. Violence against women also includes intimate partner violence (IPV), which is perpetuated by an intimate partner through physical aggression, sexual coercion, psychological abuse, and controlling behaviors. It also includes sexual violence, defined as any sexual act, attempt, or other act targeting a person's sexuality in any setting using coercion, irrespective of the relationship, including rape [1].

The risks for violence against women are an outcome of interactive factors on the individual, community, and societal levels, often intensified by weak institutions, gender inequalities, and trauma cycles of intergenerational trends in fragile and post-conflict states. The case of Liberia, with its history of two long civil wars between 1989 and 2003, illustrates this difficulty. The wars destroyed infrastructure, displaced populations, and made high rates of sexual and gender-based violence acceptable. In most cases, women and girls became victims of larger campaigns of war-related cruelty [2]. Improving the understanding of how violence against women is experienced and mitigated will contribute to evidence-based practice, reduce its prevalence, and enhance the well-being of women in Liberia.

The gaps identified in this paper are addressed by synthesizing historical and recent evidence to provide a comprehensive overview of VAW in Liberia. In particular, it discusses (1) the nature and trends of IPV, (2) the health costs of IPV, (3) structural and sociocultural impediments to its prevention and service usage, (4) the existing services, and (5) the interventions taken by the governments, non-governmental organizations, and the international community. The paper concludes with policy and practice implications, including ways in which Liberia can strengthen survivor-centered services, scale up prevention programs, and fulfill its commitments under Sustainable Development Goal (SDG) 5.2.

Significance and Contribution of Research

Despite the fact that the existing literature on the topic of violence

against women in Liberia has generally concentrated on prevalence and risk factors, most of the data relies on the Demographic and Health Survey (DHS) data, and the studies are commonly viewed in terms of their isolation, rather than in the context of health outcomes, service use, policy implementation, and effectiveness of interventions [3, 4]. Moreover, a significant portion of evidence on interventions and service delivery is scattered in gray literature and program reports, which decreases access to this evidence in comprehensive scholarly and policy investigations [5, 6]. Consequently, their intersection with perpetuating intimate partner violence (IPV) in Liberia is a critical gap in the knowledge base.

This research fills this gap by offering an evidence synthesis across multiple levels, covering 2020–25 trends in violence, health outcomes, structural determinants, service use, and intervention approaches within a unified analytical framework. This work provides a more holistic, policy-relevant perspective on IPV in a post-conflict setting by going beyond descriptive epidemiology to explore the interactions among systems, cultural norms, and institutional responses. The research will add value to the scientific community by translating piecemeal evidence into practical actions, explaining why violence persists despite the presence of policies and programs, and identifying ways to enhance survivor-centered responses in line with Sustainable Development Goal 5.2.

Characteristics of violence Against women in Liberia

Background

Although Liberia has had almost 20 years of peace and democratization, VAW remains rampant. According to the statistics of the 2019-2020 Demographic and Health Survey (DHS), over 33 percent of health survivors and women reported physical or sexual intimate partner violence (IPV) in the past 12 months, and over 50 percent experienced lifetime IPV victimization [3, 4] and physical violence [7]. This is similar to the results from a previous study, which strongly indicated widespread violence against women and girls, including non-sexual domestic abuse, rape outside of marriage, and marital rape across Montseraddo and Nimba counties, with husbands and boyfriends identified as the perpetrators of rape among 98% of the participants. In comparison, strangers accounted for less than 2% [8]. Recent reports indicate there are ongoing mental health consequences to service utilization, with approximately sixty percent experiencing physical violence, the majority involving women and girls [9, 10]. Such prevalence levels are higher than in some neighboring countries, although Liberia is among the countries with the highest number of elected women in West Africa. IPV is found in both rural and urban locations, in younger and older women, and with a very high degree of differences according to socioeconomic status and partner attributes. Low education, poverty, and alcohol use by partners are among the list of risk factors that not only render women more vulnerable but also restrict their access to help [3]. Low levels of education contribute not only to the experience of sexual violence but also to its perpetuation [1]. Other factors that increase the likelihood of VAW perpetuation and experience are a history of child maltreatment and family violence. Intimate partners with antisocial personality disorder and harmful masculine behaviors are more likely to participate in violence against women. Limited access to paid employment and low gender equality, both supported by discriminatory policies, constitute structural risk factors for VAW in Liberia. A recent study identified emotional violence as an important risk factor associated with domestic violence against women in Liberia [7].

Mental Health

In Liberia, the overlap between the violence against women and mental health is significant. Intimate partner violence is linked to adverse psychological effects, such as depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal thoughts [4]. Post-conflict societies, defined by war-related trauma and ongoing instability, worsen the psychological burden. The years of civil war in Liberia caused great exposure to violence, displacement, and loss, making most women vulnerable to situations of trauma even before the intimate partner violence in their households [2]. Although this has increased the demand, the mental health facilities in Liberia are severely poor. The nation faces a lack of trained personnel, insufficient institutions, and little access to mental health services and primary care [11]. Liberia's poor mental health infrastructure is mostly attributed to the lack of mental health space, electricity, mobile phone networks, transportation, and a positive attitude toward people experiencing mental health issues [12]. Even basic counseling is often not accessible to survivors, and due to stigma about intimate partner violence and mental illness, not all survivors will disclose. Most women are unheard without proper psychosocial support, and untreated mental illnesses dull their desire to pursue justice, employment, or family care. In Liberia, long-term exposure to traumatic events (war-related trauma and community violence) may contribute to increased experiences of recent IPV, which provides evidence to support trauma-informed counseling, including violence and mental health during pregnancy and multilevel transformative public health approaches [13]. Most IPV survivors desire to live in peace with their husbands. As a result, researchers suggest IPV preventative and cessation interventions that help perpetrators change rather than interventions that focus on ending the violent relationship [14]. Evidence suggests that the response to intimate partner violence should be comprehensive, involving the legal and health sectors, as well as effective mental health services [15]. This integration is particularly urgent in Liberia: without the integration of mental health into the services of intimate partner violence, there will be no survivor-centered care. Increasing access to counseling, trauma-informed health care, and community-based psychosocial intervention is, thus, an imperative aspect of prevention and response.

The impact of IPV in Liberia spans several spheres. Physically, the survivors experience acute injuries like fractures and lacerations, and reproductive problems like miscarriage and unwanted pregnancy. The psychological impacts of IPV include depression, anxiety, posttraumatic stress, and poor quality of life [4]. IPV reduces women's productivity and household stability and increases cycles of dependency [11]. Poor access to social services, healthcare, and justice worsens these effects. Even though the legal system criminalizes rape, including spousal rape, and national policies targeting gender-based violence (GBV) are in place, victims often face stigma, societal pressures to stay in abusive relationships, and social system vulnerabilities that weaken the justice delivery process [5].

Liberia's national and international commitments have identified VAW as a priority for both domestic and human rights issues. The government has signed the Anti-SGBV Roadmap, ensured the implementation of gender-inclusion policies across ministries, and participated in the Beijing +30 Review [5, 16]. Globally, Liberia is the subject of Sustainable Development Goal (SDG) 5.2, which demands that violence against women and girls should be done away with in all ways. Even so, progress has been inconsistent, with lax enforcement, limited donor funding, and fragmented coordination continuing to impede implementation.

Although a growing body of literature exists, significant gaps remain in recent scholarship (2020-2025). Evidence on IPV in Liberia is based on extensive DHS data and program evaluation reports, as well as on fewer peer-reviewed analyses that incorporate health, social, and policy dimensions. The research is also limited in scope, particularly regarding prevalence and risk factors, as it pays little to no attention to service utilization patterns, survivors'

experiences, and the effectiveness of multilevel interventions [3, 6]. Additionally, NGOs and international partners publish reports on program outcomes; however, they are typically disseminated in grey literature and project reports, making them difficult for policymakers and practitioners to access and use. The identified gap highlights the need for holistic syntheses that integrate epidemiological data, health outcomes, obstacles, service alternatives, and intervention models into a unified framework, with policy implications.

Substance Abuse

The use of substances, especially the detrimental drinking of perpetrators, continues to be a recurrent correlate of intimate partner violence (IPV) in Liberia. The results of the 2019–2020 Demographic and Health Survey show that women whose partners are involved in frequent or heavy drinking are at a high risk of experiencing physical and sexual violence [3]. Alcohol not only softens inhibitions and increases aggression but also intensifies the level of abuse in acts of violence. The survivors explain that the incidences of IPV are higher and more dangerous in cases where the partners are under the influence of alcohol. Thus, the household experiences a continuous cycle of fear and unpredictability. The effects of substance use are more than just the potential threat of violence. The misuse of alcohol by the partner tends to drain the household finances because the money that could be used in other vital areas, like food, education, or health care, is instead used to buy alcohol. This financial hardship increases women's vulnerability by lessening their ability to free themselves of abusive partners and access funds that can be used to seek medical care, legal services, or transportation services [11].

Alcohol misuse is therefore not just a behavioral risk factor but also an economic determinant of dependency and inhibition of service use. Alcohol-related harms have clear connections with IPV, but Liberia has insufficient infrastructure to deal with them. Addiction treatment or harm reduction programs are also few, particularly in rural settings, and are rarely combined with IPV prevention or response interventions. Religions face the problem of alcohol abuse occasionally in the framework of spiritual counseling, but these measures are rarely included in gender-based violence (GBV) interventions [16]. The identification of substance use as a risk factor and service engagement barrier supports the need for integrated interventions. Including alcohol awareness, treatment options, and family support as part of the IPV prevention programs may reduce violence occurrence and severity, as well as improve overall literacy levels of the household. Without the consideration of this intersection, the prevention of IPV and support of survivors will be incomplete.

Barriers and Contributing Factors

To successfully address and implement interventions targeting the Violence Against Women (VAW) issue in Liberia, careful attention must be paid to the complex set of barriers and contributory factors that determine the vulnerability of women to violence and their inability to access help. These determinants exist on individual, household, community, and institutional levels, thus forming a complicated milieu within which intimate partner violence (IPV) continues to exist.

Education

Educational attainment is always a protective factor against IPV. Women with primary education or higher education are better placed to detect abuse, understand their rights, and negotiate systems of service as compared to women with no formal education [4]. Women with little or no education, on the other hand, face more risks of IPV because, due to a lack of literacy, they have fewer opportunities to access information about available services, legal remedies, and support systems. Increased education also increases women's employment prospects and reduces poverty. Also, men who have lower education levels tend to participate in detrimental habits and less likely to promote gender equality [3]. This cycle strengthens the intergenerational patterns of violence, as children who are exposed to a family with IPV learn to accept violence as a normal social aspect.

Poverty and Fiscal Dependence

In Liberia, poverty is a cause as well as an effect of IPV. Poverty increases the level of reliance of women on abusive partners for shelter, food, and financial well-being, which reduces their chances of leaving their violent partners [11]. Survivors often complain that transportation costs, legal expenses, and medical expenses are prohibitive barriers to accessing services. For females in rural areas, the financial burden of traveling long distances to police stations or clinics heightens the problem. Poverty also raises household stress, which can lead to more partner conflict and violence. Liberia has the highest unemployment and underemployment rates, which create economic precarity at the structural level that perpetuates power imbalances based on gender and restricts the autonomy of women.

Policy Implementation Gaps

Despite the progressive policies adopted in Liberia, such as the Anti-SGBV Roadmap and cross-ministerial Gender and Social Inclusion strategies, the government demonstrated limited speed and competence in its implementation [5, 16]. Capacity gaps within ministries have compromised full operationalization, as have insufficiently trained personnel and unreliable funding. The survivors usually face poor referral pathways, discontinuous case management, and slowness in seeking justice or medical care. Moreover, donor financing creates instability in programs; once donors complete their projects, services often end or are lost, leaving survivors with no reliable or sustainable support. Such a gap between policy approval and adoption breeds distrust of government institutions and strengthens reliance on informal structures.

Social Acceptance and Culture

In Liberia, the dynamics of IPV are significantly influenced by cultural norms. Wife beating remains normal in society because of the traditional dispute-resolution mechanisms, which promote violence at home [3]. In cases where an intimate partner perpetuated VAW, women and girl survivors were more likely to disclose to other family members, friends, and neighbors and less likely to inform formal authorities such as the police, court, or community leaders [8]. Current research states incidents still go unreported, with most relying on informal networks due to fear, stigma, and structural barriers [17]. Meanwhile, if strangers perpetuated the violence, women and children's survivors were fifty times more likely to report the crime to the police. Most communities consider IPV to be a domestic issue and not a crime. Consequently, families pressure victims to reconcile with the perpetrator rather than encourage them to pursue legal action. These norms suppress the voice of women, breed stigmatization, and provide a space in which abusers can operate without shame. The unity of the family or harmony within the community may be favored over women's safety by customary courts or local leaders, who are often the first line of defense for survivors seeking justice by official channels [2]. Several multilevel factors influence the decision of women who experience IPV. At the individual or micro level, IPV survivors are influenced by emotional factors, cultural beliefs, and their knowledge of their rights and options. Whereas, at the relational or mezzo level, their neighbors, family, and friends play an important role in the emotional support and practical assistance they receive; at the community level, influence comes from formal structures, including chiefs and women's groups. Meanwhile, the structural or macro-level barriers that influence both IPV survivors' decision-making and the government's response include a poorly functioning criminal justice system and a social system that permits children to remain with their fathers [14, 18-20].

Social Support Networks

Informal social networks, such as family members, neighbors, and

faith communities, are significant sources of support for survivors. The harm can be mitigated by positive forms of support that provide respite, such as temporary shelter, emotional support, or companionship, alongside health and legal services. Nevertheless, these networks often recreate harmful norms. The reason survivors are sometimes asked to stay in abusive relationships is because of children, family pride, or financial frequently [4]. Unless they are trained in survival-focused responses, faith leaders may prioritize forgiveness and reconciliation over safety and accountability [16]. This practice causes harm among gender-based violence survivors, as it discourages reporting the abuse, postpones access to formal services, and can, in the long run, lead to worse violence and outcomes.

Service Options and Utilization

Liberian survivors of violence against women face a broken and discontinuous network of health, legal, and social services. On the one hand, national policies encourage the significance of survivor-centered care; on the other hand, the implementation of and access to services are still low because of the stigma, distance, cost, and institutional weaknesses. The channels that survivors use, be they clinics, police, one-stop centers, NGOs, or faith leaders, demonstrate the gains that have been achieved and also the problems that linger in the way of meaningful interaction with formal systems.

Health and Medical Services

The survivors of acute injuries or reproductive health complications often have health facilities as their first point of contact. Some services, such as treatment of injuries, HIV postexposure prophylaxis, and reproductive health care, are available in clinics and hospitals in urban locations, especially those found in Monrovia. Nevertheless, research indicates that IPV-impaired injuries are underreported, as most survivors fail to report violence because of stigmatization and fear of retaliation [3]. IPV screening protocols are not consistently implemented, and most providers lack training in survivor-centered care [4]. Women in rural areas, where health facilities are few and underfunded, also have other obstacles, such as long travel, insufficient medical supplies, and a lack of privacy to conduct consultations. Through these loopholes, most women put off or refuse to seek medical attention, including for severe injuries.

Justice and Law Enforcement Services

Courts and police stations have a formal mandate to respond to instances of both IPV and sexual violence. However, survivors report that the system is intimidating, corrupt, or unresponsive [2]. Some police units have special Women and Children Protection Sections (WCPS), but these are not widely represented beyond large cities. Survivors may be required to pay unofficial fees to pursue their cases or pressured to drop their complaints during mediation with families or local leaders. There is a high rate of case attrition and IPV; very few cases are ever convicted. Such realities deter several survivors from reporting cases of violence in any official manner, which perpetuates impunity.

One-Stop Centers and Models

The creation of One-Stop Centers has been a viable model for providing medical, psychosocial, and legal services in a single location. These centers will reduce the burden of accessing multiple institutions to access care by leveraging support from international partners [16]. Medical treatment, counseling, police reporting, and legal assistance are all available to survivors under one roof. Donor funding concentrates these few centers in urban areas. This means that these holistic services are available at the national and local levels, but are not accessible to rural and surrounding areas.

Community-based Services and Non-Governmental Organizations (NGOs)

NGOs are useful in providing services where the government fails to do so. UN agencies and other international donors fund organizations and establish shelters, crisis hotlines, mobile outreach programs, and legal aid clinics [21]. They also support survivors through psychosocial counseling, community awareness programs, and support groups. Nevertheless, the services provided by NGOs are unevenly distributed, concentrated in cities, and reliant on cycles of external funding. This raises doubts concerning the sustainability and continuity of services. In rural counties, survivors tend to rely on alternative temporary mobile outreach or community volunteers when NGO resources are limited.

Faith-Based and Informal Services

Religious leaders and community elders remain silent regarding the survivors' decision. Since Liberia is a highly religious country, it is common to find churches and mosques as one of the earliest places where victims will share their experiences and seek intervention. Religious officials offer emotional support, assist congregants with securing shelter, or refer survivors to formal services. However, lacking training in survivor-focused procedures, leaders give priority to reconciliation and pardon over severing ties or legal accountability [16]. Informal family and community support systems typically adopt a hands-on, take-charge approach, with community respect coming first, frequently benefiting [14, 18].

Patterns and Barriers of Utilization

General use of formal services endures low relative to the prevalence of IPV. A number of the survivors do not even seek formal help and depend on informal networks that support the silence. In cases where survivors seek services, they are discouraged from following through by the barrier of stigma, lack of confidentiality, geographic isolation, and the costs of transportation or legal proceedings [11]. Moreover, poor coordination within the health facilities, police, and NGOs, as well as community players, implies that victims are usually left to traverse a fragmented and confusing system by themselves. This disintegration not only undermines trust in formal systems but also causes secondary victimization.

Interventions

Addressing violence against women in Liberia has required a combination of community-level prevention, faith-based engagement, government-driven strategies, and nonprofit or NGO interventions. Between 2020 and 2025, these efforts have shown both progress and lasting challenges.

Community-Level Prevention

Community-based prevention initiatives have earned support as a means of addressing the underlying social principles and economic drivers of IPV. Multi-component programs that combine gender norm transformation, economic empowerment, and linkages to health and legal services have demonstrated measurable reductions in IPV in targeted populations [6]. For example, pilot programs in rural counties integrated group-based discussions on gender equality for men and women, coupled with microfinance support and referral systems to formal services. These interventions not only reduced the acceptance of wife-beating but also improved household decision-making dynamics.

Evidence suggests that prevention is most effective when programs are holistic rather than single-focused. Interventions that address economic empowerment without challenging gender norms may inadvertently increase household tensions, while norm-change programs without economic support may lack sustainability in contexts of poverty [11]. The integration of multiple community-level strategies economic, educational, and behavioral has therefore been critical to reducing IPV prevalence in Liberia.

Faith-Based Engagement

Given Liberia’s high levels of religious participation, faith

institutions are influential in shaping attitudes and behaviors toward IPV. Faith-based interventions have engaged pastors, imams, and lay leaders to challenge harmful norms and promote survivor-centered responses. Training programs emphasize confidentiality, safe disclosure pathways, and referral to formal services. UN Women Liberia [16] reports that engagement by faith leaders has increased referrals to health and legal services in some communities, while simultaneously shifting congregational attitudes toward recognizing IPV as a social problem rather than a private family matter.

However, the role of religious institutions is complex. Without structured training and monitoring, faith leaders may continue to encourage reconciliation and forgiveness, reinforcing silence around IPV. Successful faith-based interventions in Liberia highlight the importance of pairing religious influence with clear survivor-centered protocols and linkages to external services. International evidence also suggests that multi-country faith-engagement models, when adapted to the Liberian context, can contribute meaningfully to norm change [5].

Government-Based Strategies

The Liberian government has taken steps to strengthen policy frameworks and institutional responses to VAW. Core initiatives include the Anti-SGBV Roadmap, sectoral Gender & Social Inclusion policies, and justice-sector reforms. These frameworks aim to improve policing, expand survivor services, and standardize case management across institutions [5]. Specialized Women and Children Protection Sections (WCPS) within the police have also been established to handle cases of IPV and sexual violence more sensitively [2]. In a study of the Liberian government, in collaboration with the United Nations Children's Fund (UNICEF) and other international partners, established the Women and Children Protection Section (WACPS) of the Liberian National Police (LNP) to address rape and all forms of VAW, including domestic violence [18, 20, 22]. In Liberia, the complexity of the decision-making process for police in this department is influenced by patriarchy, corruption, the gravity of the offense, the need to protect their jobs, and the victims' preference and unwillingness to support prosecution, as well as the economic hardship that poor women and children might endure when separated from abusers [18, 20, 22].

Despite these policy advances, implementation has been hindered by inadequate resources, uneven political will, and dependency on donor support. Budget allocations for GBV remain inconsistent, and inter-ministerial coordination is weak. Furthermore, rural areas often lack the institutional presence to operationalize government policies. Thus, while the legislative and policy environment is relatively progressive, the gap between endorsement and practice continues to undermine effectiveness.

Nonprofit and NGO Interventions

Nonprofits and NGOs remain central to Liberia's IPV response, particularly in delivering direct services. NGOs operate crisis hotlines, shelters, legal aid clinics, and psychosocial support programs, often in collaboration with international donors and UN agencies [20]. These organizations have likewise played a critical role in advocacy, pushing for government accountability and aligning data collection with SDG 5.2 monitoring frameworks [15].

Mobile outreach initiatives have been highly effective in extending services to rural and hard-to-reach communities, where formal government presence is weak. NGOs also act as crucial partners in piloting innovative interventions, such as community dialogue programs or survivor livelihood initiatives, which can later be scaled nationally if proven effective. However, dependence on external funding raises concerns about sustainability. When donor cycles end, many services contract, leaving survivors without consistent access to critical supports.

Implications for Policy and Practice

The research outcomes of this review have immense implications for health providers, policymakers, community leaders, and nonprofit organizations that are dealing with violence against women in Liberia.

Implications for the health sector emphasize the urgent need to bolster frontline providers' capacity to identify and respond to IPV. The practice of routine violence screening is quite uncommon in the health facilities of Liberia, which leads to a lack of detection of violence-related injuries and psychological distress [3]. Policies must then require standard IPV screening procedures in primary health care, accompanied by training programs that prepare health workers with survivor-centered, trauma-informed strategies. In addition to the physical injury treatment, mental health services, including substance abuse interventions, should be included in the regular care, as there is a high rate of symptoms of depression, stress, and trauma among survivors [4]. Further development of the One-Stop Centers and building capacity to establish more effective referral networks among clinics, shelters, psychosocial support services, and legal services would contribute to improved care for survivors.

Implementing justice and legal reforms is also crucial. Although rape and intimate partner violence are criminalized in Liberia, there is unequal enforcement because of loss of cases, stigma, and judicial capacity [2]. The policy should focus on the creation of specialized gender-based violence courts as well as survivor protection systems, such as restraining orders and witness protection programs. Enhancing case management systems and the capacity of police officers, prosecutors, and judges to appropriately address IPV cases would reduce secondary victimization and improve accountability.

Addressing deeply embedded cultural norms in the community that normalize wife beating and non-reporting is critical through community engagement and education strategies [3]. Norm-change campaigns targeting men and boys, as well as school-based curricula that promote gender equality, can play a significant preventive role. Economic empowerment programs (such as microfinance programs and vocational training) have proven to significantly decrease the economic reliance of women on their abusive partners [11]. Also, faith leaders with high social authority in Liberia should be systematically engaged in prevention and respected. This is true in Liberia and other contexts, where religious leaders have been trained in survivor-centered responses and provided with referral protocols, which can change community attitudes toward survivor disclosure [16].

The policy and government intervention should focus on enhancing cross-ministerial coordination and providing sustainable funding. Despite signing anti-SGBV roadmaps and Gender and Social Inclusion policies, Liberia has not effectively implemented them due to limited capacity and fragmented coordination [9]. To bridge this divide, the national leadership must consider designating GBV as a cross-ministerial issue (e.g., health, justice, education, and social protection), with well-defined accountability structures and specific budgetary allocations. Reducing donor reliance is essential; the lack of sustainable domestic funding increases the risk of service interruptions and an uneven geographic distribution of services. Robust GBV data systems aligned with SDG 5.2 indicators will enable policymakers to track progress, reallocate resources, and enhance accountability [15].

Nonprofit and other NGO actors will continue to play a crucial role in crisis response. Shelters, legal assistance, hotlines, and psychosocial services offered by NGOs are among the most accessible services for many survivors, especially those in rural regions that are underutilized by government systems [21]. There is a need to strengthen collaboration between NGOs and government agencies to enhance coordination and minimize service duplication. In addition, interventions led by nonprofits must include rigorous monitoring and

evaluation to generate evidence of effectiveness. This evidence can, in turn, redirect resources to the model, thereby demonstrating IPV reduction, for example, through multifaceted interventions observed in Liberia [6].

Collectively, these findings demonstrate that Liberia requires a multi-level intervention to address VAW, one that integrates survivor-focused health care, justice-sector initiatives, norm-change interventions, and long-term relationships between governments and NGOs. Liberia can achieve these goals by making a concerted effort to address the prevalence of IP, safeguard survivors, and fulfill its obligations under SDG 5.2.

Discussion

This research is a synthesis of the existing evidence on violence against women (VAW) in Liberia to prove that the intersection of educational disparities, economic instability, sociocultural norms, and systemic gaps in services is what perpetuates intimate partner violence (IPV). Although previous research has focused on prevalence and correlates, this study shows how prevalence and correlates interact at multiple levels, further affirming IPV as a behavioral and structural problem that requires coordinated action [3, 4].

Education plays a major protective role. Females who were more educated are more likely to identify abuse, seek services, and be autonomous, and males who had higher education were less likely to support detrimental gender norms. Nonetheless, obstacles such as poverty and geographic inequalities continue to restrict access to education, especially in rural regions, contributing to vulnerability. These gaps should be addressed by increasing education and transforming gender.

Poverty is a contributing factor to IPV as it creates more stress in the household and solidifies economic dependence. Financial insecurity prevents women from quitting abusive relationships and prevents access to services such as healthcare and legal assistance [11]. Economic hardship also adds to the psychological impact of IPV, resulting in stress and depression [4].

Although there is access to services such as healthcare facilities, law enforcement, NGOs, and faith-based organizations, these services are underutilized [2, 16]. Informal networks are frequently used by survivors and might deter reporting and stigmatization. Engagement with formal systems is constrained by barriers such as cost, distance, and mistrust of institutions.

To enhance utilization, there is a need to raise awareness, expand rural reach, and improve service quality. Interventions that focus on multi-sectoral strategies are promising, especially the ones that involve economic empowerment and norm change [6]. It is also important to have faith-based engagement and enhanced government implementation structures [5]. Longitudinal and qualitative studies should be the focus of future research to better understand survivors' experiences and assess the effectiveness of interventions.

Limitations

There are several limitations to this research that should be taken into account when interpreting the findings. To begin with, it relies on secondary sources, such as studies based on the Demographic and Health Survey (DHS) and program reports, which may be inadequate for capturing subtle, context-based survivor experiences. Second, much of the available evidence is cross-sectional, which limits understanding of causality and the ability to evaluate changes over time. Third, the use of gray literature, i.e., reports by international organizations and NGOs, introduces diversity in methodological rigor and reporting standards, yet these sources offer valuable contextual background information. Also, differences in demographic reporting across studies limit the ability to comprehensively analyze disparities by age, geographic location, and other social determinants. Lastly, although attempts were made to synthesize all relevant studies, not all were found due to differences in terminology or accessibility. Irrespective of these limitations, the current research provides a unified, policy-oriented synthesis that identifies critical patterns, gaps, and research and intervention opportunities for future studies.

Conclusion

The results obtained since 2020 paint an ugly picture of the reality of violence against women in Liberia: intimate partner violence (IPV) is widespread, with deep cultural roots, and supported by structural inequalities. Over fifty percent of women in Liberia state that they have been exposed to IPV throughout their lives, and one-third of them have experienced physical or sexual violence in the last year [3, 4]. These exceed those of neighboring West African nations, indicating that Liberia is among the most affected contexts in the region. The physical injury and reproductive-health complications experienced by survivors have both immediate and long-term negative effects: at the individual level, they are accompanied by psychological trauma and reduced economic productivity, not to mention decreased involvement in society [11].

The ongoing issue of IPV indicates the presence of several intersecting impediments. The less educated and less economically advantaged women are more vulnerable and have a lower capacity to navigate services. Dependence on abusive partners is reinforced by poverty, and the silence of the survivors is supported by cultural norms, according to which wife-beating and family cohesion should be prioritized over individual safety [3, 4]. Institutional weaknesses further compound these risks: despite Liberia's adoption of progressive gender policies and justice reforms, these have been undermined by resource constraints, poor coordination, and dependence on agencies [5, 16]. Although needful, informal social support networks tend to recreate damaging norms, making survivors unwilling to report or abandon violent relationships.

Nevertheless, even in the face of these difficulties, the years 2020-2025 also present significant advances in the prevention and response. Community-based programs on norm change, economic empowerment, and referral pathways have demonstrated quantifiable reductions in IPV [6]. Religious leaders have demonstrated the capacity to change attitudes and encourage survivor support when properly trained and provided with guidelines [16]. NGOs continue to play a central role in service delivery, providing shelters, hotlines, and outreach, while government structures, including the Anti-SGBV Roadmap and Gender and Social Inclusion policies, provide an enabling environment for reform [2, 21]. However, the sustainability of these initiatives is weak, as they are often centralized in urban centers and rely on donor subsidies.

In the future, Liberia faces both a short-term crisis and a long-term opportunity. An intersectoral, concerted effort to integrate the capabilities of all actors, as well as systemic shortcomings, is needed. In the health sector, this entails the institutionalization of IPV screening, the training of trauma-sensitive care providers, and the integration of mental health services into primary care. Within the justice system, it demands that laws be enforced uniformly, that specialized GBV courts be established to protect survivors, and that measures be adopted to limit impunity. At the community level, norm-change campaigns must be scaled, and economic empowerment programs must be implemented to reduce women's dependence and increase their agency. Preventive and responsive activities should systematically involve faith leaders as key players in their communities. NGOs need to continue innovating and expanding services, but they demand greater collaboration with the government to ensure sustainability.

At the national policy level, Liberia needs to shift its policy endorsement strategy toward operationalizing GBV frameworks. This includes sufficient domestic investment, cross-ministerial coordination, and robust data architectures, as indicated by SDG

indicator 5.2 [15]. Consistent government investment in services will minimize dependence on donor funding, which will remain significant. The mechanisms of accountability are also essential: progress must be tracked not only through reporting to international structures (such as the Beijing +30 Review), but also through evaluation made available to civil society.

Overall, women cannot be perpetually subjected to violence in Liberia; it can be avoided. By implementing evidence-based interventions, survivor-centered services, and political determination, Liberia can ensure that IPV rates decrease, survivors are safeguarded, and its gender equality and human rights obligations are met. A lack of decisive action will perpetuate the cycle of damage and undermine the country's development agenda. Instead, success will not only protect women's dignity and welfare but also strengthen families, communities, and the country.

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