**THE RESILIENCE OF FEMALE SURVIVORS OF INTIMATE PARTNER VIOLENCE IN SOUTHWEST NIGERIA: AN INTERDISCIPLINARY ANALYSIS**

ABSTRACT

Female survivors of intimate partner violence (IPV) in Nigeria are subjected to severe and distressing encounters that have significant implications for their gender-based entitlements and overall welfare. As the phenomenon of Intimate Partner Violence (IPV) continues to endure in the context of Nigeria, it is imperative to recognise that it transcends the boundaries of a mere familial issue, and instead assumes the status of a pressing social and psychological dilemma. The present study sought to investigate the latent fortitude, autonomy, and tenacity exhibited by female survivors from Nigeria, as opposed to focusing solely on their perceived helplessness and susceptibility. Upon careful examination of survey questionnaires, interviews, and secondary scholarship, it becomes evident that a certain cohort of Nigerian female survivors of intimate partner violence (IPV) possess the capacity to effectively manage and cope with the various challenges that arise while navigating through highly stressful and traumatic experiences. The findings additionally demonstrate that the survivors' capacity to flourish and manage stress is not solely derived from personal characteristics and agency, but is also influenced by external support. This study postulates the occurrence of sociocultural change and the consequent empowerment of females. The findings suggest a pressing requirement for interventions and additional investigation pertaining to the advancement of the notion of resilience in female Nigerian survivors of intimate partner violence (IPV).

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CHAPTER 1. INTRODUCTION

Growth and pain are not mutually exclusive but rather inextricably linked in recovery from trauma and loss.

-*Karen Saakvitne, Tennen Howard, and Glen Affleck*

In this study, I explore the coping mechanisms and resilience of female survivors of intimate partner violence in Southwest Nigeria in relation to the trauma they undergo not only from the abuse, but also from the stigmatization they endure. The context of prior research on coping and resilience of Nigerian female survivors of intimate partner violence (IPV) is one that is new as Nigerian scholars have not engaged sufficiently in the research on this topic, especially in the last 20-25 years. Although some of the secondary sources that will be discussed in the later parts of this study have subsidiary parts on female resilience in Nigeria, none gives a comprehensive analysis of the topic. In spite of the available literature on intimate partner violence in Southwest Nigeria, a preliminary examination of articles reveals that inquiries and interventions focused on effects of the adversity on the women and the prevalence of the phenomenon.[1](#page11)Obviously, these have served as steppingstones and the basis for which there is local and global awareness of the menace. There is**,** therefore**,** a research gap in the knowledge of the mechanisms by which female Nigerian survivors of IPV cope with the cultural, social, emotional, and economic hardships they undergo. This thesis focuses on the coping mechanisms and resilience of a selected group of female survivors of IPV in Southwest Nigeria. The main question guiding this research then is, “Why and how do some female survivors of intimate partner violence in Southwest Nigeria cope despite the trauma and stigma, and how does their

1See, Eme Owoaje and Funmilola Olaolorun “Women at Risk of Physical Intimate Partner Violence: A Cross Sectional Analysis of Low-Income Community in Southwest Nigeria,” *African Journal of Reproductive Health 1*6, no.1 (March 2012): 43 -44, ProQuest Central and Olubunmi Alo, Emmanuel Odusina, and Gbadebo “Spousal Violence in Southwest Nigeria: Prevalence and Correlates,” *Journal of Women's Health Care* 1, no. 2 (2012): 3. <http://doi:10.4172/2167-0420.1000110>

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resilience portray their hidden strength?” The extensive purpose of this research positions itself within the emancipation of Nigerian female survivors of violence. One of the goals of this research is to recognize the contributions of survivors to bring about sociocultural change irrespective of their challenges. With this research, the theory and study of resilience goes beyond identifying the strength of female Nigerian survivors of intimate partner violence, but, recreating themselves as being capable of fighting and overcoming the prevailing menace using their agency.

The imposition and the infringement of their human rights raises the question of how female survivors in Nigeria cope with such adversity and the effects of gendered trauma. My research foregrounds that female Nigerian survivors of abuse are strong despite the harsh conditions in which they find themselves and this conclusion is based on the responses received from the interviews and surveys conducted for this study. Also, their responses provided insights into the coping and resilience of other survivors in similar situations. I argue primarily that they exemplify different coping mechanisms to uphold and recreate their lives through resilience. Importantly, they not only depict hidden strength, but also develop agency and empower themselves irrespective of the structures (gender, class, and customs) that limit them. As survivors are the focus of this research, I also argue that their narratives contribute to the production of knowledge and invariably provide indispensable insights into how they exhibit resilience on a daily basis.

Definitions of IPV

Although this study focuses on the resilience of IPV survivors, yet it recognizes the link between domestic violence (DV) and IPV. While there may be much overlap between both concepts, they are distinguishable. Peter Cronholm, Colleen T Fogarty, Bruce Ambuel, and

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Suzanne Leonard Harrison define domestic violence as “a pattern of assaultive and coercive behaviors, including physical injury, psychological abuse, sexual assault, enforced social isolation, stalking, deprivation, intimidation, and threats.”[2](#page13)They maintain that Intimate Partner Violence (IPV) is a form of domestic violence that refers to “a type of domestic violence in which the perpetrator is, was, or wishes to be involved in an intimate or dating relationship with the adult or adolescent survivor.”[3](#page13)The World Health Organization (WHO) defines IPV as “any behavior within an intimate relationship by an intimate partner that causes physical, psychological, or sexual harm to those in the relationship.[4](#page13)Thus, any form of violence by one partner to the other within a relationship is termed IPV. The Centers for Disease Control and Prevention (CDC) similarly describes Intimate Partner Violence as “physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse.”[5](#page13)The FindLaw Website explains that domestic violence is now a public issue that legally used to be considered a family matter in the United States and it defines DV as “violent acts committed by a family or household member against another, such as child abuse or the mistreatment of one’s spouse.”[6](#page13)These explain that IPV and DV are both forms of willful violence against another person**;** therefore DV may occur between parent and child while IPV occurs between partners.[7](#page13)

1. "Intimate Partner Violence." *American Family Physician* 83, no. 10 (2011): 1165. <https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S0002838X11601627>
2. Ibid.
3. World Health Organization, *Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence* (World Health Organization,

2013) <https://apps.who.int/iris/handle/10665/85239>(accessed June 15, 2020)

1. “Intimate Partner Violence,” *Violence Prevention*. <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/>(accessed June 15, 2020)
2. “Domestic Violence Overview,” *Family Law.*

<https://family.findlaw.com/domestic-violence/domestic-violence-overview.html>

1. Olivia Moorer, “Intimate Partner Violence vs. Domestic Violence,” <https://ywcaspokane.org/what-is-intimate-partner-domestic-violence/>(accessed June 13, 2020)

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Faith Owunari Benebo et al. posit that “most reported cases of IPV are perpetrated by men towards women.”[8](#page14)They do not dispute that men can also be victims, but their interest is on women and the violence by men against women. Intimate partner violence is one of the hurdles encountered by women. Martin Schwartz opines that it is important to note that violence is gendered and, in most cases, can be understood within the context of gender inequality.[9](#page14)In the family or intimate partner relationships, women are more likely than men to be victimized by men**,** than men are to be victimized by women, which also means that in patriarchal societies**,** for instance, women are more likely than men to be victims of spousal abuse.

There are different forms of violence directed against women that vary across cultures and settings**,** but there is a general and all-encompassing prevalence of male violence that exceeds violence perpetrated by females against males. Howard L.M. et al. affirm that the prevalence of domestic violence incidents perpetrated by men against women far exceed those perpetrated by women against men and that women are at great risk of repeated coercive, sexual, and severe physical violence.[10](#page14)Jansen Garcia-Moreno et al. agree and show that across a wide range of settings, women are certainly more at risk of violence from an intimate partner than from any other type of abuser. By this, they maintain that apart from been violated by a partner at work or by other acquaintances, intimate partners perpetrate and abuse them more. This explains why the epidemiology and the consequences of domestic violence emphatically differ for women

1. “Intimate Partner Violence against Women in Nigeria: A Multilevel Study Investigating the Effect of Women’s Status and Community Norm,” *BMC Women's Health* 18, no 136 (2018): 1. <https://doi.org/10.1186/s12905-018-0628-7>
2. "The Past and the Future of Violence Against Women," *Journal of Interpersonal Violence* 20, no. 1 (2005): 7. [https://doi-org.iris.etsu.edu:3443/10.1177%2F0886260504268087](https://doi-org.iris.etsu.edu:3443/10.1177/0886260504268087)
3. “Domestic Violence and Severe Psychiatric Disorders: Prevalence and Interventions,” *Psychological Medicine*, 40, no. 6 (2010): 881. <http://dx.doi.org/10.1017/S0033291709991589>

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and men.[11](#page15)Therefore, it cannot be overemphasized that the means of proffering solutions must align with the female gender.

Definition of Resilience

Resilience is the ability to recover from adversity. Several scholars posit different definitions of resilience. Michael Ungar, a family therapist and renown scholar of resilience, contends that it is “a reflection of the individual’s capacity to overcome life challenges**,**” just as both cultural and social contexts help facilitate positive and required development. He maintains that rather than giving in to despair in the face of adversity and trauma, some individuals respond positively, with regards to both personal and environmental factors for sustainability.[12](#page15)In the case of the Nigerian survivors who are the subjects of this study, it is obvious that they forge ahead. Emily Crawford, Margaret Wright, and Ann Masten, define the study of resilience as “a search for knowledge about the processes that could account for positive adaptation and development in the context of adversity and disadvantage.”[13](#page15)

Over the years, the study of resilience has been of interest to researchers who desire to broaden the knowledge of individuals’ mental health and coping mechanisms in regard to adversity. Undoubtedly, Nigerian female survivors of intimate partner abuse fight their way through gender, cultural, and patriarchal norms of the society.[14](#page15)The assumption about survivors’ hidden strength serve**s** as the basis of my understanding of the strength of Nigerian survivors

1. "Prevalence of Intimate Partner Violence: Findings from the WHO Multi-country Study on Women's Health and Domestic Violence," *The Lancet* 368, no. 9543 (2006): 1268. [https://doi.org/10.1016/S0140-6736(06)69523-8](https://doi.org/10.1016/S0140-6736%2806%2969523-8)
2. “Resilience, Trauma, Context, and Culture,” *Trauma, Violence, & Abuse* 14, no. 3 (2013): 255. SAGE
3. “Resilience and Spirituality in Youth*,”* in *The Handbook of Spiritual Development in Childhood and Adolescence*, ed. Eugene Roehlkepartain, Pamela King, Linda Wagener, and Peter Benson (Thousand Oaks: SAGE, 2006), 356. <http://dx.doi.org/10.4135/9781412976657.n25>
4. Esosa Mohammed, “Resilience of Nigerian Widows in the Face of Harmful Widowhood Practices in Southwest Nigeria: An Interdisciplinary Analysis” (Master’s Thesis, East Tennessee State University, 2018), 16. <https://dc.etsu.edu/etd/3508/>(accessed June 13, 2020).

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through the study of resilience theory. As a child witness to IPV, I had always wondered how women who experience IPV thrive. This study investigates the development of strength in Nigerian female survivors of IPV through the lens of the theory of resilience. Research on the resilient outcomes of Nigerian female survivors of IPV is a significant aspect of investigation because it enables survivors to grow amid demanding and adverse circumstances**,** as well as to anticipate positivity. Konstantinos Tsirigotis and Joanna Łuczak observe that resilience is “an individual trait or an epiphenomenon of adaptive temperament. . . a process or force that drives a person to grow through adversity and disruption.”[15](#page16)Nigerian female survivors of IPV exemplify resilience as defined by Tsitigotis and Luczak.

Nigerian Women as Actors in a Patriarchal Society

The genesis of gender abuse has been a longstanding debate among scholars. According to Judith Bennet, a historian in women’s history, “the distant past tells a story of enduring patriarchy” in all parts of the world.[16](#page16)She emphasizes that African women have a lot of recurring gender maltreatment. Other historians such as Pamela Scully and Toyin Falola contend that the genesis of the oppression of African women can be traced to the official establishment of colonial rule.[17](#page16)Falola maintains that regarding gender roles, pre-colonial Nigeria experienced a balanced society as women participated in political, economic, and social activities in societies.[18](#page16) Comparably, Scully affirms that women not only serve as religious figures, but also as traders

1. “Resilience in Women who Experience Domestic Violence,” *The Psychiatric Quarterly* 89, no. 1 (2017): 203. <https://doi.org/10.1007/s11126-017-9529-4>
2. *History Matters: Patriarchy and the Challenge of Feminism* (Philadelphia: University of Pennsylvania Press, 2006), 54.
3. The Colonial Era (1882-1960),” *Religious Literary Project* <https://rlp.hds.harvard.edu/for-educators/country-profiles/nigeria/colonial-era-1882-1960>Accessed July 13, 2020.
4. *Encyclopedia Britannica,* s.v., “The Role of Nigerian Women,” 2007, 1, <https://www.britannica.com/topic/role-of-Nigerian-women-1360615>(accessed January 22, 2020).,

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and farmers in the pre-colonial era.[19](#page17)Both historians maintain that Nigerian women were active in the pre-colonial period as they held several positions in the society. An example is the role women played in the socio-political proceedings in the northern part of Nigeria; Queen Amina of Zazzau and the Southwestern Queen Moremi of Ile-Ife who represent a few of the female leaders of the pre-colonial period as mentioned by Nimah Abdulraheem.[20](#page17)Some scholars claim that regarding gender equality in Nigeria, colonization (1901-1960) instigated the restriction of women’s rights.[21](#page17)In addition, they maintain that the Islamic religion practiced in the northern part of Nigeria and the Islamized regions of Africa subjugated women. Oyeronke Oyewunmi purports that in the pre-colonial southwest region of Nigeria, “aya” had the opportunities to take up men’s jobs such as farming, trading, and hunting.[22](#page17)Nonetheless, limitations placed on women by Islamic and colonial structures not only affected their participation in the public sphere, but also in the private sphere (family) as they could not make decisions for the family.

Other scholars disagree. Maria Rojas, for example, notes that the “societies of pre-colonial Nigeria believed men superior to women and, to some extent, in control of women.”[23](#page17) With religion as a yardstick, Rojas submits that religious convictions served as a means of administering and determining women’s social roles.[24](#page17)Even though Nigerian women were

1. “Should We Give Up on the State? Feminist Theory, African Gender History and Transitional Justice,” *The International Journal of Transitional Justice* (March 2010): 35-36,[https://www.researchgate.net/publication/274042640\_Should\_we\_give\_up\_on\_the\_State\_Feminist\_theory\_African\_](https://www.researchgate.net/publication/274042640_Should_we_give_up_on_the_State_Feminist_theory_African_gender_history_and_transitional_justice) [gender\_history\_and\_transitional\_justice](https://www.researchgate.net/publication/274042640_Should_we_give_up_on_the_State_Feminist_theory_African_gender_history_and_transitional_justice) (accessed January 23, 2020).
2. “Women in the Political Process and Human Rights: The Nigerian Experience,” *Athens Journal of Law* 4 (2018): 4, <https://www.athensjournals.gr/law/2017-1-X-Y-Abdulraheem.pdf>.
3. See, for example, the following works: Funmi Soetan and Bola Akanji, *Gender and Development in Nigeria: One Hundred Years of Nationhood* (London: Lexington Books, 2018), 4; Iris Berger, "African Women's History: Themesand Perspectives," *Journal of Colonialism and Colonial History* 4, no. 1 (2003), Project Muse; Niara Sudarkasa, "The Status of Women in Indigenous African Societies," *Feminist Studies* 12, no. 1 (1986): 91-103. JSTOR.
4. *The Invention of Women: Making an African Sense of Western Gender Discourses* (Minneapolis: University of Minnesota Press, 1997), 55-71, JSTOR; Aya refers to married women.
5. “Women in Pre-Colonial Nigeria,” African Postcolonial Literature in English: In the Postcolonial Web, [www.thecore.nus.edu.sg/post/nigeria/precolowon.html](http://www.thecore.nus.edu.sg/post/nigeria/precolowon.html) (accessed January 23, 2020).
6. Ibid.

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involved in the running of their societies, their participations are still based on the patriarchal structure as their influence were rarely shown in the public. This affirms that female oppression and patriarchy existed before the Western incursions and the establishment of colonies. In the pre-colonial Southwestern and Eastern regions of Nigeria women both participated in economic and political institutions and exercised leadership in these areas. Some of the scholars who affirm this claim are Kamene Okonjo, Oyeronke Oyewunmi, Funmi Soetan and Adetunji Ogunyemi.[25](#page18) In Southwest Nigeria (the Yorubas), women held traditional positions such as ‘Iyaloja’ and ‘Iyalode.’ Foluke Ogunleye describes ‘Iyaloja’ as the ‘mother of the market’ and ‘Iyalode’ as the ‘queen of the ladies.’[26](#page18)A female example in the Southwest was Efunsetan Aniwura**,** who became Iyalode in the 1860s and sold ammunitions to the European warriors. In the Southwest region, Efunsetan Aniwura was a power woman both politically and economically.[27](#page18)Abdulraheem asserts that “the imposition of certain limitations is a testimony to the fact that the powers exercised by women in political activities of some communities were far less than that of their male counterparts.”[28](#page18)For him, the roles that women played in the pre-colonial period did not match up with those of their male counterparts.

With colonization came a different structure that affected gender roles in Nigeria. As opposed to upholding equal gender roles where they existed, it assumed pre-existing structures were inadequate because they were not patriarchal. Because the colonial masters came from

1. Okonjo, “The Dual-Sex Political System in Operation: Igbo Women and Community Politics in Midwestern Nigeria,” in *Women in Africa: Studies in Social and Economic Change*, ed. Nancy J. HafKin and Edna G. Bay (Stanford: University Press, 1976), 46; Soetan and Ogunyemi, “A Centenary of Economic Development: Dynamics of Gender Inequality,” in *Gender and Development in Nigeria: One Hundred Years of Nationhood* (London: Lexington Books, 2018), 214.
2. Foluke Ogunleye, “A Male-Centric Modification of History: ‘Efunsetan Aniwura’ Revisited,” *History in Africa*, 31 (2004): 307, JSTOR.
3. “A Centenary of Economic Development: Dynamics of Gender Inequality,” 53 and *History of the Yorubas (*Lagos, Nigeria: C.M.S Bookshops, 1921), 308.
4. “Women in the Political Process and Human Rights,” 3.

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patriarchal societies, their models and institutions were patriarchal. The introduction of Christianity and Western education brought about changes in the roles women played in societies. Scully posits that the advent of the European colonial masters “reshaped women’s roles” as they were barred from taking part in the occupations introduced by the colonial masters.[29](#page19)

Importantly, colonization (1901-1960) brought with it cash crop farming that allowed

little room for women as the British colonizers made use of a system where men were in control

of the agricultural sector. The British colonizers trained men in the commercialization and

technologies of farming while women planted food crops and dealt with matters on local

levels.[30](#page19)Fredoline Anunobi contends that the grains of male dominance and patriarchy stemmed

from colonialism and it invariably resulted in the systematic subjugation of women while it

favored men socially, politically, and economically.[31](#page19)Anunobi further posits that “tradition was

usually interpreted in ways that favored men’s control over women, allowing men to gain at

women’s expense.”[32](#page19)British colonizers**,** however**,** played a significant role in the growth of

gender inequality in Nigeria, yet, the trend continued after the colonizers passed the baton of

leadership to Nigerians. This emphasizes Scully’s point that “post-colonial state continued to

uphold discriminatory practices against women that colonialism helped institute” and today,

patriarchy has eaten deep into the fabric of the Nigerian society such that it has become a norm

that operates in all areas of the Nigerian woman’s life.[33](#page19)

1. “Should We Give Up on the State?” 35-36.
2. “Women and Development in Africa: From Marginalization to Gender Inequality,” *African Social Science Review* 2, no. 2 (Fall 2002): 45<https://digitalcommons.kennesaw.edu/cgi/viewcontent.cgi?article=1012&context=assr>(accessed January 23, 2020)..

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Ibid., 43.

Ibid., 49.

“Should We Give Up on the State?” 37.

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Irrespective of the divergent view scholars hold on the degree of cultural and social independence that Nigerian women benefited from during the pre-colonial period, historical analysis maintains that the power structure created in Nigeria continues to relegate women to subordinate positions. Over the years, social construction of women’s gender roles and patriarchal ideologies controlled the society’s perception of women and this in turn has a great influence on status of married women and the response they receive in times of adversity.

Statement of the Problem

The menace of intimate partner violence is a global problem that occurs not only in Nigeria, which is a developing country, but also in developed countries. It is strengthened by a culture that allows women to be subordinate in the family, thereby giving ultimate power to men. It is a widespread issue that shows little or no sign of alleviation and the forms in which it takes include physical, sexual, emotional, and mental. The Nigerian government is beginning to investigate it, but the situation seems largely unattended to because of the patriarchal structure of the society which leaves these women at the receiving end of violent actions.

Allan Johnson affirms that a patriarchal society is one that bestows privileges and power to men, thereby allowing for male domination.[34](#page20)This, therefore, creates inequality between men and women. Men tend to fill top positions across all institutions ranging from political, social, and religious settings. Nigerian female survivors of intimate partner violence are encouraged to accept their fate**,** because it is taken as a normal phenomenon and the society stigmatizes any woman who attempts divorce or separation. Catherine Oluyemo and Tolulope Ola also assert that patriarchy allows for the subjugation and subservience of women and as such, leads to the

1. *The Gender Knot: Unraveling Our Patriarchal Legacy* (Philadelphia: Temple University Press, 1997), 5. EBSCO E-Books.

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infringement of their rights.[35](#page21)Interestingly, survivors are expected to strive on in the abusive relationship like nothing wrong ever happened or is happening. This affirms how the societal inequality has eaten deep into the family that naturally should serve as a safe haven. Generally, the family is known to be the basic unit of the society with a strong tie, but it is disheartening that violence erupts from it. Patricia Hill Collins maintains that “one dimension of family as a privileged exemplar of intersectionality lies in how it reconciles the contradictory relationship between equality. . . the traditional family ideally projects a model of equality.”[36](#page21)She argues that family units serve as an instrument for the violation of women. The division that arises from the family unit leaves one questioning the idea of family. According to the Nigerian Matrimonial Causes Act passed by the legislature in 1970 and one that follows the standpoint in England, marriage is “the voluntary union for life of one man and one woman to the exclusion of all others.”[37](#page21)With Nigeria being a culturally sensitive country, the marriage contract is not being fully fulfilled as other members of the family, such as the in -laws**,** play major roles in the family. In-laws and other extended family members play significant roles that limit the sovereignty of the woman in the home. Any form of disregard to any member of the extended family results in violence against the woman. As will be discussed in the analysis chapter, a few of my participants mentioned that their mother in-laws were agents of patriarchy themselves. This means that women themselves perpetrate violence against other women in the home, and by so doing**,** they empower the men to do so as well. Such actions suggest that women themselves are part of the problem of dehumanizing other women as the suppression of women by women

1. “The Rights of Nigerian Women in A Patriarchal Society: Implication for Development,” *Journal of Research in Gender Studies, 4*, no. 2, (2014): 375. ProQuest Central.
2. "It's All in the Family: Intersections of Gender, Race, and Nation," *Hypatia* 13, no. 3 (1998): 64. Project Muse.
3. Harinder Boparai, “The Customary and Statutory Law of Marriage in Nigeria,” *The Rabel Journal of Comparative and International Private Law* 46, no. 3 (1982): 533. JSTOR

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indicates that men are not the only gender to focus on. Therefore, for there to be an improvement in the perception and roles of women, the input of both genders must be examined. Research suggests that the issue of women being violated and subjugated in society is an outcome of a longstanding belief and a global idea that men are superior to women. Therefore, I argue that gender inequality is the basis for all forms of violence against women in the society. I also contend that women are affected by IPV that stems from the patriarchal structure of the Nigerian society and there is a need for women to cope and be resilient even as they undergo the experiences of IPV. Therefore, if they cope, what then are the factors that allow for coping and resilience?

This menace should be attended to because women, especially through their resiliency and hidden strength, can positively affect the growth and development of the nation and the world at large. They are homemakers, custodians of social, cultural, political, and inherent values of the society, and sustainable change is best achieved through them. Without the involvement of women, community development, cooperation and effective participation is impossible. With regard to these, women deserve better and favorable treatment, but the reverse is usually the case in Nigeria. Intimate partner violence affects the physical, social, and psychological wellbeing of the abused women and even that of their children. Regarding personal experiences while growing up in the Southwestern part of Nigeria, undoubtedly, this calls for intervention.

The Rationale for the Study

Essentially, my personal experience and intellectual interest triggered my involvement in the study of intimate partner abuse as it has adverse effects on female survivors in Southwest Nigeria. Wendy Sharer states that “I can encourage new scholars to find topics via their lived experiences, because those experiences help us to recognize what is significant, even if we are

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not able to articulate a rational, ‘neutral’ reason for that significance.”[38](#page23)The experiences I have had as a child in an abusive relationship remains noxious and traumatic for me as it is still somewhat continuous. For me, IPV has been a frightening phenomenon with emotional tension, loneliness, and trauma**,** among other vices. For me, this is a challenging phase of life that has raised curiosity and feelings for other women who find themselves in a similar situation. I am interested in this study, not only because of lived experiences and intellectual interest, but because of the strength, perseverance, and resilience exhibited by Nigerian women in the presence of violence, trauma, and stigmatization. In this regard, I intend to use my role as a young Nigerian who has lived in an abusive home to contribute to the scholarship on resilience and to understand vividly the coping mechanisms they rely on for survival.

As a researcher, I am conscious of my position as one who has lived in an abusive home, who somewhat take similar standpoint with female Nigerian survivors might indirectly impact my ability to objectively convey the information in this research. Sharlene Hesse-Biber, a professor of sociology and a researcher of feminist pedagogy and methodology, interprets reflexivity as a procedure through which researchers become conscious of and are probe to their positions all through the course of the research process.[39](#page23)My position exemplifies the reflexivity defined by Hesse-Bieber.

Goals of The Study

The primary goal of this study is to recognize and understand the factors that enable Nigerian female survivors of IPV to cope with stress and trauma that they undergo as a means to understand why they are resilient. This will invariably expand the literature on IPV survivors’

1. “Traces of the Familiar: Family Archives as Primary Source Material,” *in Beyond the Archives: Research as a Lived Process,* ed. Gesa Kirsch and Liz Rohan (Carbondale: Southern Illinois University Press, 2008), 54. EBSCO ebooks
2. “The Practice of Feminist In-Depth Interviewing,” in *Feminist Research Practice: A Primer*, ed. Sharlene Hesse-Biber (Thousand Oaks: SAGE, 2007), 129. SAGE Research Methods.

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resilience in Nigeria. I thereby intend that this study to contribute to existing knowledge on coping and resilience as related to gender trauma and to serve as a framework for future research in Nigeria and other developing countries. Regarding achieving this goal, I recorded and analyzed the lived experiences of some female Nigerian survivors of IPV in other to uncover factors that hinder their resilience. Here, I analyzed demographics such as age, religion, ethnicity, and level of education with the aim of foregrounding how one’s social background affects ability to cope in the sight of adversity. The second goal was to use my analysis of the lived experiences of interviewees to validate existing scholarship and better understand on the topic.

Theoretical Frameworks

The role a theoretical framework plays in a research process cannot be overemphasized to guide and focus the research process. The interdisciplinary researchers Allen Repko and Rick Szostak opine that the application of a theory in a research process “drives the questions asked and the phenomenon under investigation.”[40](#page24)Moreover, they explain that theory provide disciplinary insights into the problem of the research through its assumptions, methods, and perspectives.[41](#page24)To present and analyze the narratives of Nigerian survivors of IPV and their coping strategies and strength, I have identified theories essential to the interpretive and constructive aspects of this study. I approach this study from the theoretical perspectives of resilience, gendered trauma, and stigma.

1. *Interdisciplinary Research: Process and Theory* 2nd ed. (Los Angeles and London: SAGE, 2017), 60.
2. Ibid.

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Resilience Theory

With a basis in behavioral and social psychology, resilience theory guides the discourse on the exploration of resilience, its definitions, assumptions, concepts, and insights. Linda Liebenberg and Michael Ungar’s model of the ecological approach to resilience emphasizes the interconnectedness of innate and societal factors, that is, of an individual’s innate abilities that allow her to persevere and of the societal or community resources that encourage and allow those abilities that foster resilience.[42](#page25)The ability to withstand and overcome the adverse effects of traumatic events**,** including all forms of domestic violence**,** depends mainly on both hereditary and environmental factors. By nature, some individuals do not give up easily on things, but rather rely on their hopes on something. For example, it could be their religious faith alongside personal traits that keep them going.

Scientists, practitioners, and scholars have studied**,** expanded**,** and modified the phenomenon of resilience to apply to a broad range of perspectives and circumstances. Vivid examples are studies on children (Emmy Werner, Ruth Smith), the Holocaust (Shoah) (Nechama Tec), schizophrenia (Norman Garmezy), the family (Froma Walsh), nursing (Teresa Stephens), and indigenous women (Catherine Burnette).[43](#page25)The diverse and creative use of resilience speaks volumes as resilience relies on different coping mechanisms. The study of resilience is dynamic

1. *Resilience in Action: Working with Youth Across Cultures and Contexts* (Toronto: University of Toronto Press, Scholarly Publishing Division, 2008), 8. EBSCOHost
2. See Nechama Tec, *Resilience and Courage: Women, Men, and the Holocaust* (New Haven: Yale University Press, 2003); Emmy Werner and Ruth Smith, *Vulnerable but Invisible: A Longitudinal Study of Resilient Children and Youth* (New York: McGraw Hill, 1982); Teresa Stephens, “Nursing Student Resilience: A Concept Clarification,” *Nursing Forum* 48, no. 2 (April-June 2013): 125-133; Froma Walsh, “A Family Resilience Framework,” *Family Relations* 51,no. 2 (2002): 130-137; Norman Garmezy, “Stress, Competence, and Development: Continuities in the Study of Schizophrenic Adults, Children Vulnerable to Psychopathology, and the Search for Stress-resistant Children,” *American Journal of Orthopsychiatry* 57, no. 2 (April 1987): 159-174; and Catherine Burnette, “IndigenousWomen’s Resilience and Resistance to Historical Oppression: A Case Example from the United States,” *Affilia Journal of Women and Social Work* 30, no. 2 (2015): 253-258.

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in nature as it pertains to different fields, but the focus of this theory is to examine factors that allow individuals and groups to be resilient.

To conceptualize the lived experiences of Nigerian female survivors of IPV, the social ecology of resilience theory set forth by Michael Ungar provides the most insightful framework. Ungar’s approach is flexible and relevant such that it can be applied to survivors of IPV in Nigeria. He affirms the adaptability of his approach to resilience when he posits that “qualitative studies that identify local phenomena that are associated with coping well with adversity can help broaden our understanding of indigenous patterns of adaption.”[44](#page26)

Michael Ungar is a social and psychological resilience researcher who has been exploring the concept of positive adaption under stress for over twenty-five years. His investigations focus on children, youths, and community across different countries. He has authored several scientific papers, books, and manuals for employers, parents, and educators. As a licensed family therapist, he specializes in excluded young individuals.[45](#page26)

Trauma and Related Theoretical Concepts

In this study, I adopted a trauma-informed theory as a basis for analyzing the resilience of Nigerian female survivors of IPV, as well as principles of trauma-informed care set forth by the Substance Abuse and Mental Health Services Administration’s (SAMSHA) guidelines published in its “Concept of Trauma and Guidance for a Trauma-Informed Care.”[46](#page26)Undoubtedly, the term trauma applies to several contexts, but this study is primarily concerned with the type of trauma

1. “The Social Ecology of Resilience: Addressing Contextual and Cultural Ambiguity of a Nascent Construct.” *American Journal of Orthopsychiatry* 81, no. 1 (January 2011): 12. EBSCOHost
2. *What Works: A Manual for Designing Programs That Build Resilience,* <https://resilienceresearch.org/files/WhatWorks-Ungar-WebVersion.pdf>(accessed May 27, 2020) For list of some of Ungar’s books, see also <https://www.michaelungar.com/books/>(accessed May 27, 2020)
3. <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884?referer=from_search_result>Accessed July 13, 2020

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that Nigerian survivors of IPV concurrently experience as a result of being women and intimate partners.

Dominick LaCapra, a researcher in trauma studies, refers to trauma as “a disruptive experience that disarticulates the self and creates a hole in existence.”[47](#page27)For him, survivors become weakened and are propelled into a state of confusion, thereby causing them to feel disorganized. Intimate partner violence targeted against women undoubtedly leads to gendered trauma that affects women’s economic, cultural, political, and social rights. The patriarchal and oppressive social structures of the Nigerian society cause gender trauma. Anastasia Gage and Nicholas Thomas affirm that “gender ideology that supports husband dominance and wife beating can undermine women’s structural gains and jeopardize their health and contributions to economic development.[48](#page27)In Nigeria, women are beaten and physically abused by their spouses on a regular basis and these attacks leave them physically and mentally disfigured. This menace is strengthened by cultural ideology and social norms.

Trauma comes in different forms, from family violence, community violence, to IPV. Since this study focuses on women as survivors of IPV, there is the need for trauma-informed services. Just as survivors experience different levels of trauma and they respond differently, therefore, it is imperative for social workers, governmental organizations, non-profits organizations, health workers among others to familiarize themselves with trauma, its impacts, and varying degrees. This study receives different insights from interview and survey participants in order to comprehend the experiences of survivors.

1. *Writing History, Writing Trauma* (Baltimore: John**s** Hopkins University Press, 2014), 41.
2. “Women's Work, Gender Roles, and Intimate Partner Violence in Nigeria,” *Archives of Sexual Behavior,* 46, no. 7 (2017): 1924. Doi: <http://dx.doi.org/10.1007/s10508-017-1023-4>

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Stephanie Covington, well known in the United States for her trauma-informed and gender-responsive treatment programs, proposes that “trauma can skew a woman’s relational experiences and hinder her psychological development,”[49](#page28)There is no doubt the social and psychological makeup of a traumatized individual is affected but, research reveals that through resilience, which may link to trauma-informed care at the hands of family members or healthcare organizations, traumatized individuals can recover and live fulfilled lives.

The framework of gendered trauma not only examines the infringement of women’s economic, social, cultural, and political rights, but also investigates the limitation of women's agency. Gendered trauma results from societal oppressive structures and why women experience forms of trauma unique to women. A gendered trauma framework helps to see how social location and the internalization of societal norms by women present both challenges and strengths linked with trauma recovery and correct measures to treat survivors.

To understand trauma as a theoretical framework, one must examine what makes the experience traumatic, the effects of the traumatic experiences, the persisting symptoms, and the responses. Eve Carlson and Constance Dalenberg posit that there are three elements that constitute a traumatic event: “the event must be experienced as extremely negative, uncontrollable and sudden.”[50](#page28)Nigerian women who experience intimate partner violence undoubtedly find themselves in such a situation that embodies these three elements. Having entered a union (marriage) with the intent of enjoying it, they end up being caught unawares by a change of attitude from their spouses and in a society that does not take IPV seriously, especially if it involves women as victims.

1. “Women and Addiction: A Trauma-Informed Approach,” *Journal of Psychoactive Drugs* 40, no. S5 (2008): 384, <http://www.stephaniecovington.com/assets/files/CovingtonSARC5.pdf>(accessed October 22,2019).
2. “A Conceptual Framework for the Impact of Traumatic Experiences,” 4. <https://doi.org/10.1177/1524838000001001002>

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Gendered trauma is the result of harsh societal structures and its effects. Dawne Vogt’s study focuses on gender-specific differences and similarities on women’s experiences of trauma where she claimed that most early research on PTSD and trauma centered on men and the impact of combat on them.[51](#page29)Vogt asserted that “researchers who studied women's experiences of sexual assault identified a syndrome similar to that experienced by combat-exposed men.”[52](#page29)This shows that there is a similarity between the experiences of combat-exposed men and women experiencing IPV.

Gendered trauma results from patriarchal societal institutions that devalue women. The patriarchal and oppressive social structures of the Nigerian society encourage widespread gendered trauma. Anastasia Gage and Nicholas Thomas affirm that “gender ideology that supports husband dominance and wife beating can undermine women’s structural gains and jeopardize their health and contributions to economic development.”[53](#page29)They explain further that the more the community accepts IPV, the greater the risk of victimization encountered by Nigerian women.[54](#page29)In Nigeria, women are beaten and physically abused by their spouses on a regular basis and these attacks leave them physically and mentally disfigured.

With the strong bond that exists between mothers and children in the family, children are greatly affected. The most significant actors in the life of a child are the parents, and as such, trauma is directly or indirectly passed on to the child in what Tihamer Bako and Katalin Zana

1. “Research on Women, Trauma, and PTSD,” *PTSD: National Center for PTSD* <https://www.ptsd.va.gov/professional/treat/specific/ptsd_research_women.asp>Accessed April 11, 2020.
2. Ibid.
3. “Women's Work, Gender Roles, and Intimate Partner Violence in Nigeria,” *Archives of Sexual Behavio*r 46, no. 7 (2017): 1925. Doi: <http://dx.doi.org/10.1007/s10508-017-1023-4>
4. Ibid.

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call the “we experience.”[55](#page30)As long as these children remain in the abusive environment and are eyewitnesses, the impact remains strong. Bako and Zana acknowledge that “children can be born into and live within this atmosphere and thus enter the traumatized psychological field as their new reality.”[56](#page30)Adimula and Ijere suggest that “off-spring of individuals who have experienced traumatic events are at high risk of developing some mental health disorders, which include PTSD, depression, anxiety, substance abuse symptoms associated with traumatic events due to genetic variables.”[57](#page30)With intrusive thoughts and memories of abusive pasts, trauma will continually affects abused women such that it will affect their recoveries.

Stigma Theory

In a bid to acquire an all-inclusive understanding of the experiences of Nigerian female survivors of IPV and how they cope in the face of harsh events, an overview of and the role of stigma is explored. As foregrounded in the literature review chapter, stigma projects devalued stereotypes. The understanding of the concept of stigma has its roots in Erving Goffman’s pioneering book *Stigma: Notes on the Management of Spoiled Identity.* He defines stigma as “an attribute that is deeply discrediting.”[58](#page30)A discrediting attribute may be one that is obvious such as the body size or color, or even hidden, but discrediting when revealed such as mental illnesses or criminal records

1. "The Vehicle of Transgenerational Trauma: The Transgenerational Atmosphere," *American Imago* 75, no. 2 (2018): 274. <https://muse.jhu.edu/>(accessed April 15, 2019).
2. "The Vehicle of Transgenerational Trauma: The Transgenerational Atmosphere," 274.
3. “Psycho-Social Traumatic Events among Women in Nigeria.” *Madridge Journal of AIDS* 2, no.1 (2018): 25. doi: 10.18689/mja-1000104
4. (First Touchstone edition. New York: Simon & Schuster Inc., 1986), 3.

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Bernice Pescosolido, Jack Martin, Annie Lang, and Sigrun Olafsdottir argue that “stigma is defined in and enacted through social interaction.”[59](#page31)Therefore, they claim that stigma is socially constructed through and in social relationships, and its indispensable quality lies in the regulations that guide our behaviors by defining them as normal or acceptable.[60](#page31)Pescosolido et al. posit that “while social interactions take place at the individual level, theoretical advances over the last two decades have integrated insights across the social sciences to understand the myriad of forces exerted on individuals.”[61](#page31)To affirm the tactics of stigma, they contend, individuals enter social interactions with different motives, values, and expectations.

Feminist Standpoint Theory

Feminist standpoint theory emanated from second-wave feminism during the 1970s as a different feminist effort to readdress ways of producing, knowing, and justifying knowledge.[62](#page31) Standpoint theory provides a nuanced approach to the generation of knowledge that questions traditional assumptions.

Judith Allen and Sally Kitch contend that “questions posed by feminist analysis have not been fully answered by any single discipline” and this study cuts across disciplinary boundaries in a bid to bridge existing gaps and produce new knowledge on the topic of resilience and stigma resulting from IPV.[63](#page31)I employ a feminist analysis to this study because it focuses on women and seeks to make them both audible and visible. Leslie Gelling posits that “feminist influences on

1. “Rethinking Theoretical Approaches to Stigma: A Framework Integrating Normative Influences on Stigma (FINIS),” *Social Science & Medicine* 67, no. 3 (2008): 432.
2. “Rethinking Theoretical Approaches to Stigma: A Framework Integrating Normative Influences on Stigma (FINIS),” 432.
3. Ibid.
4. Elizabeth Borland, “Standpoint Theory,” *Encyclopedia Britannica* (June 16, 2017): 1, <https://www.britannica.com/topic/standpoint-theory>(accessed May 28, 2020).
5. “Disciplined by Disciplines? The Need for an Interdisciplinary Research Mission in Women’s Studies,” *Feminist Studies* 24, no. 2 (Summer 1998): 277. JSTOR.

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research undoubtedly have a contribution to make in increasing our understanding of the world.”[64](#page32) This is a lens through which the experiences of survivors are clearly better understood.

The focus of feminist standpoint theory is not the discovery of truth, but the redefinition of the means of producing knowledge rooted in diverse yet shared experiences of marginalization and oppressed groups. In an attempt to provide insights and values to the concept of standpoint theory, Harding asserts that standpoint theory brings innovative perspectives on anxiety-producing and difficult dilemmas.[65](#page32)Collins contends that standpoint theory was never developed “as a theory of truth or method,” but as a mechanism to recognize power dynamics and existing social inequalities.[66](#page32)

Aside from the scientific objective method of producing knowledge, feminist philosophers focus on the standpoints and narratives of women and marginalized groups in general research because of their position that there are other ways to produce knowledge. Harding argues that “knowledge claims certified by modern Western sciences were assumed to be grounded in reality in ways that claims without such a pedigree were not.”[67](#page32)The basic factor here is that giving women the opportunity to narrate their stories from their individual standpoints allows them to better understand their situations and to obtain awareness of the power dynamics and social structures that oppress them.

Using the feminist standpoint theory, I observe that the narratives of female Nigerian survivors of IPV, a demeaned and subjugated class subject to private (family) and public

1. “A Feminist Approach to Research,” *Nurse Researcher* 21, no. 1 (September 2013): 7. <https://www.researchgate.net/publication/256447871_A_feminist_approach_to_research>(Accessed March 26, 2020).
2. “Standpoint Theory as a Site of Political, Philosophical, and Scientific Debate,” 1.
3. “Comment on Hekman's 'Truth and Method,” 375-376.
4. “Standpoint Theory as a Site of Political, Philosophical, and Scientific Debate,” 10.

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(society) unequal power relations**,** serve as a distinct source of knowledge for researchers. Mary Swignoski posits that a standpoint is a “position in society, involving a level of awareness about an individual’s social location, from which certain features of reality come into prominence and still others are obscured.”[68](#page33)Throughout this study, the standpoint of twelve female Nigerian survivors of IPV pose expository and interpretative insights into the private lives of some Nigerian survivors, their experiences, and perceptions they most often keep to themselves.

In conclusion, the resilience, trauma, gendered trauma, stigma, and feminist standpoint theories guide and contribute to the discourse of IPV and its survivors. These theories help to understand the different coping mechanisms that women rely on, the effects of trauma on women, to understand the behaviors of women who feel stigmatized, and how their voices form the basis of new knowledge for the study of IPV and resilience.

Research Design and Methodology

The methodology chapter gives a detailed description of the design and method utilized to explore and direct my analysis with the guiding question in mind, “Why and how do female survivors of intimate partner violence in Southwest Nigeria cope in spite of trauma and how does their resilience portray their hidden strength?” This signals that there is a need for more interdisciplinary analysis of the coping mechanisms of Nigerian survivors of traumatic occurrences with regards to patriarchy, culture, and religious beliefs.

I have employed a mixed methods approach because it makes use of qualitative (interviews) and quantitative (surveys) methods to answer my research questions. In addition, it will help to uncover ways in which Nigerian survivors of IPV cope with trauma and exhibit

1. “The Logic of Feminist Standpoint Theory for Social Work Research,” *Social Work* 39, no. 4 (1994): 390, <https://doi.org/10.1093/sw/39.4.387>

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resilience. To carry out interviews and survey questionnaires, I first obtained a formal approval from East Tennessee State University’s Institutional Review Board (IRB).[1](#page34)As a research review committee, IRB’s main purpose is to protect the rights, privacy, and safety of individuals who take part in research under their watch.

Structure of Thesis

The thesis includes seven chapters: Chapter 1 is an introduction to the thesis. Chapter 2 (Literature Review), focuses on review of relevant existing literature regarding the phenomenon of resilience and intimate partner violence in Nigeria was undertaken, the literature on stigma, resilience, feminist standpoint theory, and gendered trauma. Chapter 3 (Intimate Partner Violence Against Women in Nigeria) focuses on IPV against women in Nigeria. Chapter 4 (Methodology) presents a comprehensive description of the research design and method used to inquire into my research questions. Chapter 5 (Voices of Intimate Partner Violence Survivors) introduces findings from fifteen survey questionnaires and the narratives of ten female Nigerian survivors of IPV. Importantly, I make use of both a feminist and resilience perspective to analyze my findings. In Chapter 6 (Conclusions and Recommendations for Further Research), I discuss the conclusions and recommendations drawn from my findings, and present recommendations for further research.

1. The IRB approval is vital to both quantitative and qualitative research. IRB does have purview over research that involves “human subject research.” IRB approval means the determination of the IRB that the research has been reviewed and may be conducted based on criteria including equitable selection of participants, risks to participants and documentation of informed consent. More information on the IRB processes and requirements can be found at <https://www.etsu.edu/irb/resources.php>(accessed September 11, 2019).

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CHAPTER 2. LITERATURE REVIEW

This review focuses on the role of resilience in survivors of Intimate Partner Violence (IPV) and stigma, a barrier to overcome. For the understanding of resilience as set forth by disciplinary and interdisciplinary scholars and practicing professionals, I drew insights from intellectual and scholarly works from both African and Western scholars of diverse disciplines, among them, psychology, psychiatry, and social work.

A Conceptual Understanding of Resilience

This section reviews the literature on resilience in the face of adversity, stress, or trauma. The organization focuses on the development, definitions, and conceptual issues of resilience from individual resilience and social ecology (person-in-environment) to cultural resilience.

Through the study of resilience, it cannot be overemphasized that the level of resilience differs among individuals who have suffered traumatic experiences. Several coping mechanisms and tools help survivors to be strong. On the one hand, understanding the causes of IPV, as well as their impact upon survivors is important, but addressing the sources of resilience on the other hand cannot be overemphasized, because it contributes not only to understanding resilience, but also to helping the survivors adapt and perhaps to change their circumstances.

For over fifty years, researchers have turned their attention to the study of resilience across such disciplines as psychology, social work, management, and trauma studies**,** to mention a few. Although the concept of resilience cuts across disciplines, it is rooted in psychology. The theme of resilience has gained prevalence in diverse academic disciplines and is being used not

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only by scholars but also by professionals in social work and counselling.[1](#page36)This is because rather than focus solely on the causes and problems of the phenomenon of intimate partner violence (IPV) and other causes of trauma, a number of researchers and professionals now turn to an approach that centers on factors that enable individuals to cope despite adversity.[2](#page36)As such, Lidewyde Berckmoes and Valentina Mazzucato maintain that “focusing on resilience allows us empirically to capture the resources and strategies that . . . parents adopt in their search to lead fulfilling family lives.”[3](#page36)They reveal that a resilience**-**based approach in today’s complex society with recurrent social issues such as intimate partner violence may present deep-rooted solutions.

The word resilience emanates from the Latin word *resilio* which means “to jump back.” Regarding the beginning of scholarly work on resilience, John Fleming and Robert Ledogar reveal that resilience developed from the studies carried out by psychiatrists and psychologists with interests in social and psychological determinants ranging from mental health to overall health.[4](#page36)According to Suniya Luthar, a professor of psychology who focuses on vulnerability and resilience, research on resilience dates back to the 1960s and 1970s during a period of pioneering research on children with schizophrenia and studies on severe psychopathology.[5](#page36)Luthar’s work focuses on the development and construct of resilience and how resilient trajectories develop.

1 Glenn Richardson, “The Metatheory of Resilience and Resiliency,” *Journal of Clinical Psychology* 58, no. 3 (2002):

307, <https://onlinelibrary.wiley.com/doi/epdf/10.1002/jclp.10020>(accessed November 11, 2019).

1. “The Metatheory of Resilience and Resiliency,” 313.
2. “Resilience Among Nigerian Transnational Parents in the Netherlands: A Strength-based Approach to Migration and Transnational Parenting,” *Global Networks: A Journal of Transnational Affairs* (March 2018):603, <https://onlinelibrary.wiley.com/doi/epdf/10.1111/glob.12190>(accessed November 11, 2019).
3. “Resilience, An Evolving Concept: A Review of Literature Relevant to Aboriginal Research,” *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 6, no. 2 (2008): 8, PubMed.

5“Resilience in Development: A Synthesis of Research Across Five Decades,” in *Developmental Psychopathology:*

*Risk, Disorder, and Adaptation*, ed. Dante Cicchetti, and Donald J. Cohen (New York: Wiley, 2006), 2. [https://www.researchgate.net/publication/232578665\_Resilience\_in\_Development\_A\_Synthesis\_of\_Research\_ac](https://www.researchgate.net/publication/232578665_Resilience_in_Development_A_Synthesis_of_Research_across_Five_Decades/link/00b4952c185d22d71d000000/download) [ross\_Five\_Decades/link/00b4952c185d22d71d000000/download](https://www.researchgate.net/publication/232578665_Resilience_in_Development_A_Synthesis_of_Research_across_Five_Decades/link/00b4952c185d22d71d000000/download) (accessed April 10, 2020).

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Resilience is a concept that is not necessarily straightforward as it has several operational definitions. Luthar defines resilience as “a phenomenon or process reflecting relatively positive adaptation despite experiences of significant adversity or trauma.”[6](#page37)For her, there are two vital separate dimensions subsumed in resilience: significant trauma or adversity and positive adaptation. Michael Rutter, however, posits that resilience is a “relative resistance to psychosocial risk experiences.”[7](#page37)He explains that the way individuals respond to risk/stress differ. Rutter claims that there can be different outcomes after an adverse experience, not necessarily positive but could also be negative as it is important to know how such affected individuals coped.[8](#page37)There is the possibility of negative outcomes after a stressful experience; it could be as a result of maladaptive coping techniques or poor adjustments which could result in defenselessness. For example, wrought iron is malleable, soft and bends (does not break)**,** while cast iron is hard and brittle (does break).

Steven Southwick, George A. Bonanno, Ann S. Masten, Catherine Panter-Brick, and Rachel Yehuda explain resilience using insights from various disciplines, but the integrating idea is that resilience is “a concept of healthy, adaptive, or integrated positive functioning over the passage of time in the aftermath of adversity.”[9](#page37)They analyze resilience in relation to epigenetics, the environment, biology, culture, and society. Specifically, Southwick et al. note that “if we think about resilience as a stable trajectory or predictive trait, then we can think about biological underpinnings or even one’s genes as important determinants.”[10](#page37)Therefore, resilience has a level

1. “Resilience in Development: A Synthesis of Research Across Five Decades,” 6.
2. “Resilience Reconsidered: Conceptual Considerations, Empirical Findings, and Policy Implications,” in *Handbook of Early Childhood Intervention,* ed. J. P. Shonkoff and S. J. Meisels (Cambridge University Press 2000),
3. [https://doi.org/10.1017/CBO9780511529320.030.](https://psycnet.apa.org/doi/10.1017/CBO9780511529320.030)
4. Ibid.
5. "Resilience Definitions, Theory, and Challenges: Interdisciplinary Perspectives*." European Journal of Psychotraumatology* 5, no. 1 (2014): 1. DOI: [10.3402/ejpt.v5.25338](https://doi.org/10.3402/ejpt.v5.25338)
6. Ibid., 5.

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of biological support as well as genetic and environmental factors that strengthen violence survivors and make them adaptive to stress.

In sum, I define resilience from the above broad reviewed perspectives as follows:

1. An individual’s ability to access resources for self-sustenance;
2. The ability of both the individual and social ecology to provide necessary resources; and,
3. The ability of an individual, their families, and society to culturally provide useful means to share the relevant resources.

This definition lays emphasis first on the individual’s role to exercise agency in other to meet required developmental needs such as psychological resources, access to health care/professionals among others. This definition also foregrounds the role of social ecologies such as care providers, educators and professionals. Finally, it is noteworthy that culture is not left out of the scene as it plays an important role in both the orchestration of the traumatic experiences and in providing solution to the menace.

Individual Resilience

A closer look at Luthar and Rutter’s definitions show that they are connected beyond the surface structure. Luthar maintains that an individual may demonstrate resilience in one area and be vulnerable in another area. She gives an example of children who experience adversities but demonstrate academic prowess.[11](#page38)As an individual who has lived in an abusive home, despite my having issues of emotional and psychological disturbances, I am able to demonstrate academic excellence. Therefore, resilience in one area (education) can exist in an individual alongside emotional and psychological disorder. Fred Luthans submits that individual resilience is *“*the

1. “Resilience in Development,” 742.

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developable capacity to rebound or bounce back from adversity, conflict, and failure or even positive events, progress, and increased responsibility.”[12](#page39)For Luthans, individual resilience emanates from traits that are both innate and grown in order to bounce back after a traumatic experience.

According to Kim Anderson, Lynette Renner, and Fran Danis, “resilience studies reveal that some individuals can develop healthy and stable personalities despite enduring highly stressful environments including those impacted by domestic violence.”[13](#page39)Furthermore, they posit that after studying the connection between resilience and the effects of violence on 50 battered women in a shelter, they conclude that resilience is “a positive personality characteristic that enhances individual adaptation”[14](#page39)Evidently, survivors of traumatic violent events can overcome such experiences by the nurturing of their strength and the reinforcing of their coping mechanisms when trauma comes to bear. This does not mean that resilient survivors do not fight hard to remain strong; rather, they depend on several factors including their faith and hope in a brighter future.

It is noteworthy that trauma is a human condition such that responses to it vary and this aligns with varying degrees of resilience that individuals possess. Steven Southwick., Lauren Sippel, John Krystal, Dennis Charney, Linda Mayes, and Robb Pietrzak contend that “while the majority of individuals are largely psychologically resistant or resilient to the negative consequences of trauma, a significant minority develop chronic, debilitating psychological

1. “The Need for and Meaning of Positive Organizational Behavior.” *Journal of Organizational Behavior,* 23 (2002), 702[.](https://doi.org/10.1002/job.165)**<https://doi.org/10.1002/job.165>**
2. “Recovery: Resilience and Growth in the Aftermath of Domestic Violence,” *Violence Against Women* 18, no. 11 (November 2012): 1280. doi:[10.1177/1077801212470543](https://doi.org/10.1177/1077801212470543)
3. Ibid., 1281.

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symptoms that markedly interfere with their capacity to function.”[15](#page40)For these scholars, there are neurobiological and psychological variabilities that determine how individuals respond to trauma. While some develop symptoms then recover, some do not.

Different individuals at different stages of their lives experience trauma and they respond to it differently even when they go through similar phenomena. George Bonanno, a professor of clinical psychology**,** submits that “many people are exposed to loss or traumatic events at some point in their lives, and yet they continue to have positive emotional experiences and show only minor and transient disruptions in their ability to function.”[16](#page40)Although individuals experience similar traumatic events**,** such as death of a loved one, yet they experience them differently and as such, some experience them on a long-term basis while others on a short-term. After being exposed to violence or harsh experiences, some persons or individuals are unable to recover while some can recover. Some people show signs of recovery and later experience health effects. Bonanno holds a controversial perspective on resilience and he challenges the popular assumption that developmental psychologists hold regarding people who experience trauma. He contends that

because most of the psychological knowledge base regarding the ways adults cope with loss or potential trauma has been derived from individuals who have experienced significant psychological problems or sought treatment, theorists working in this area have often underestimated and misunderstood resilience, viewing it either as a pathological state or as something seen only in rare and exceptionally healthy individuals.[17](#page40)

Bonanno belongs to the school of thought that holds that resilience is a common phenomenon that can be realized through several means. He explains that recovery is different

1. “Why Are Some Individuals More Resilient Than Others: The Role of Social Support*,*” *World Psychiatry* 15, no. 1 (February 2016): 77. doi: [10.1002/wps.20282](https://dx.doi.org/10.1002/wps.20282)
2. “Loss, Trauma, and Human Resilience,” *The American Psychologist* 59, no. 1 (January 2004): 20. <http://dx.doi.org/10.1037/0003-066X.59.1.20>
3. “Loss, Trauma, and Human Resilience,” 20.

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from resilience. While recovery on the one hand “connotes a trajectory in which normal

functioning temporarily gives way to threshold or subthreshold psychopathology (e.g., symptoms

of depression or posttraumatic stress disorder [PTSD]), usually for a period of at least several

months, and then gradually returns to pre-event levels,” resilience on the other hand “reflects the

ability to maintain a stable equilibrium.”[18](#page41)For him, resilience extends beyond the process of

recovering from a traumatic experience to exhibiting an ability to cope and show a firm

trajectory in the face of adversity. Bonanno holds an interpretation different from most scholars

on resilience. He agrees that several protective factors allow coping and resilience; positive

emotion and laughter, emotional dissociation, self-enhancement, and hardiness**,** among others.[19](#page41)

Ann Masten agrees with Bonanno that an individual’s resilience is not a phenomenon that

requires the extraordinary**,** but rather is one that evolves from an individual’s adaptational

routine**:**

An examination of converging findings from variable-focused and person- focused investigations of these phenomena suggests that resilience is common and that it usually arises from the normative functions of human adaptational systems, with the greatest threats to human development being those that compromise these protective systems. The conclusion that resilience is made of ordinary rather than extraordinary processes offers a more positive outlook on human development and adaptation.[20](#page41)

Therefore, if the adaptational structure of an individual is protected and effective, positive development is certain**,** but if otherwise, an individual is bound to experience problems trying to improve their lives and rebound from trauma.

1. “Loss, Trauma, and Human Resilience,” 20.
2. Ibid., 25-27.
3. “Ordinary Magic: Resilience Processes in Development,” The *American Psychologist*. 56, no. 3 (March 2001):
4. [http://dx.](http://dx.doi.org/10.1037/0003-066X.56.3.227)**[doi](http://dx.doi.org/10.1037/0003-066X.56.3.227)**[.org/](http://dx.doi.org/10.1037/0003-066X.56.3.227)**[10.1037/0003](http://dx.doi.org/10.1037/0003-066X.56.3.227)**[-](http://dx.doi.org/10.1037/0003-066X.56.3.227)**[066X](http://dx.doi.org/10.1037/0003-066X.56.3.227)**[.](http://dx.doi.org/10.1037/0003-066X.56.3.227)**[56.3.227](http://dx.doi.org/10.1037/0003-066X.56.3.227)**

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Ungar and Todd I. Herrenkohl posit that resilience is “a reflection of the individual’s capacity to overcome life challenges.”[21](#page42)This explains that rather than survivors wallowing in hopelessness, they respond to the challenges in a positive light. This is only possible due to inherent capabilities. Survivors fall back on different factors for strength. In addition to individual traits of resilience, environmental influences are another important area to examine. This study concentrates on a perspective that views resilience (ability of survivors of IPV to cope in the face of adversity) as affected by relationships between individuals and their environments. Its advocates explain the individual to environment approach.

Social Ecology of Resilience

The study of resilience is relevant and used in various contexts with a foundational unifying meaning**,** even if different disciplines define it uniquely. An American resilience theorist and developmental psychologist, Emmy Werner, was one of the pioneering scholars to examine the role of resilience in adversity and stress. Her forty-year longitudinal research on 698 Kauai infants exposed to chronic discord, trauma, and parental mental illness revealed that of every three children, one succeeded against the odds and grew into a caring and confident adult in spite of the adversities she or he encountered as a child.[22](#page42)The study also showed that irrespective of growing up under harsh conditions, some factors such as religious beliefs and the availability of reliable adults contributed to changes. Study findings challenge the belief that individuals who experience adversities are prone to continuous negativity and failure because several internal and external factors play significant roles in the response. She expounds that three protective factors assist in developing coping mechanisms after experiencing adversities:

1. “Resilience, Trauma, Context, and Culture,” *Trauma, Violence, & Abuse 14*, no. 3 (July 2013):255. SAGE Premier
2. “Resilience and Recovery: Findings from the Kauai Longitudinal Study,” *Children’s Mental Health* 19, no. 1 (Summer 2005): 11-12, <https://www.pathwaysrtc.pdx.edu/pdf/fpS0504.pdf>(accessed November 11, 2019).

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protective factors within the individual, protective factors in the family, and protective factors from the community. Apart from the internal factor that an individual relies upon, external factors such as family and community help in the process of recovery. She concludes that individuals not only react passively to negatives experiences but also respond actively when surrounded by things and people who bring about positivity in their lives.[23](#page43)Community resources are therefore important.

Michael Ungar, refers to resilience as “a trait of individuals, characteristics of the individual’s environment, as well as a set of processes and mechanisms through which internal and external assets (i.e. strengths) are harnessed when adversity is present.”[24](#page43)He holds that resilience is an embodiment of individual traits and social factors. Ungar discusses the ecological concept of resilience such as social factors, and cultural dynamics related to healthy outcomes**,** and policy components.[25](#page43)Thus, the ecological concept of resilience is not limited to a particular discipline and it includes social supports as well as cultural impacts.

Ungar’s “social ecology of resilience” focuses on child development and uses developmental psychologist Urie Bronfenbrenner’s person-in-environment (PIE) theory to understand individuals and their problems in relation to environmental influences.[26](#page43)To better understand an individual’s developmental processes, the study of the environment is essential. According to Bronfenbrenner’s model, people influence and are influenced by relationships to

1. “Resilience and Recovery: Findings from the Kauai Longitudinal Study,” 12-13.
2. “The Social Ecology of Resilience: Addressing Contextual and Cultural Ambiguity of a Nascent Construct.” *American Journal of Orthopsychiatry* 81, no. 1 (January 2011): 1. EBSCOhost PsycARTICLES
3. “Putting Resilience Theory into Action: Five principles for Intervention,” in *Resilience in Action*, ed. Linda Liebenberg and Michael Ungar (Toronto: University of Toronto Press, 2008), 7. <https://esteemjourney.com/wp-content/uploads/2018/07/Putting-Resilience-Theory-Into-Action.pdf>
4. *The Ecology of Human Development: Experiments by Nature and Design* (Cambridge, MA.: Harvard University Press, 1979), 21.

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the consecutive circles of their “microsystem,” “mesosystem,” “exosystem,” and “macrosystem.” Social work is particularly committed to promoting this “persons in environment” approach to understanding and empowering people. Idit Weiss-Gal states that the person-in-environment theory “views the individual and his or her multiple environments as a dynamic, interactive system, in which each component simultaneously affects and is affected by the other.”[27](#page44)He maintains that both the individual and the environment forms an ecosystem where there is a reciprocal relationship, which helps explain that the actions of individuals are influenced by the environment.[28](#page44)

In a bid to better understand resilience in individuals, the American Psychological Association refers to Teresa LaFromboise’s work in which she submits that “most people have the potential to be resilient if basic adaptive systems and protective factors such as community and family supports are in place.”[29](#page44)Therefore, family and community play significant roles and as such stigmatization from any end limits the display of resilience.

Regarding the strength exhibited by individuals, some researchers maintain a different point of view. Bonnie Bernard states that “we are all born with. . . the capacity to develop the traits commonly found in resilient survivors. . . autonomy (sense of identity, and adaptive distancing from negative messages and conditions); and a sense of purpose and belief in a bright future (educational aspirations, optimism, and faith).”[30](#page44)Bernard contends that by nature, individuals have innate transformation mechanisms that allow them to fight back against

1. “The Person-in-Environment Approach: Professional Ideology and Practice of Social Workers in Israel.” *Social Work* 53, no. 1 (January 2008): 65. <https://doi.org/10.1093/sw/53.1.65>
2. Ibid.
3. “How to Foster Resilience,” *Monitor on Psychology* 47, no. 10 (November 2016), Accessed March 22, 2020. <https://www.apa.org/monitor/2016/11/growth-trauma-sidebar>
4. “Resilience in Action: The Foundations of the Resiliency Framework,” (2020), 1, <https://www.resiliency.com/free-articles-resources/the-foundations-of-the-resiliency-framework/>

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adversities. Ungar submits that irrespective of the innate capabilities of survivors, “recovery from trauma is not an individual capacity alone but a function of the individual’s social ecology to facilitate recovery and growth.”[31](#page45)Therefore, due to the distinct nature of context and culture, the ability to cope in cases of traumatic events differ.

Cultural Resilience

It is noteworthy that understanding resilience in the face of adversity should be analyzed with respect to culture and context. The meaning of resilience differs within cultural contexts**,** but there is an insufficient exploration of what resilience is in West Africa and Nigeria**,** to be precise. In Nigeria, there is a dearth of research that defines resilience**,** especially from the perspectives of any of the country’s major tribes**,** the Hausa, Yoruba, and Igbo.[32](#page45)Culture contributes largely to where individuals? come from, where they belong, and who they are. Culture provides a lens through which humans relate to one another, frame, and understand events. For instance, the menace of IPV in Nigeria has a cultural underpinning and to tackle it effectively, there is the need for cultural understanding of the problem.

Cultural differences play an important role in determining the level of resilience in survivors of traumatic experiences. Culture is an essential part of an individual’s identity and a vital subject of study in the social sciences and humanities. *World Encyclopedia* defines culture as that which “incorporates all the shared knowledge, expectations and beliefs of a group.”[33](#page45)

1. “Resilience, Trauma, Context, and Culture,” 258.
2. There are over 250 tribal groups in Nigeria and the major ones are Hausa 29%, Yoruba 21%, and Igbo (Ibo) 18%. See United States Embassy in Nigeria, “Nigeria Fact Sheet” <https://photos.state.gov/libraries/nigeria/487468/pdfs/Nigeria%20overview%20Fact%20Sheet.pdf>(accessed June 8, 2020)
3. *World Encyclopedia, s.v.* “Culture,” *accessed March 18, 2020,* [https://www.oxfordreference.com/view/10.1093/acref/9780199546091.001.0001/acref-9780199546091-e-2999.](https://www.oxfordreference.com/view/10.1093/acref/9780199546091.001.0001/acref-9780199546091-e-2999)

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Therefore, the culture of a group is what distinguishes one group from another. Culture is defined as

the totality of the pattern of behavior of a particular group of people. It includes everything that makes them distinct from any other group of people for instance, their greeting habits, dressing, social norms and taboos, food, songs and dance patterns, rites of passages from birth, through marriage to death, traditional occupations, religious as well as philosophical beliefs.[34](#page46)

Culture and cultural traits are passed from one generation to another via socialization process. Babatunde Fafunwa maintains that

the child just grows into and within the cultural heritage of his people. He imbibes it. Culture, in traditional society, is not taught; it is caught. The child observes, imbibes and mimics the action of his elders and siblings. He watches the naming ceremonies, religious services, marriage rituals, funeral obsequies. He witnesses the coronation of a king or chief, the annual yam festival, the annual dance and acrobatic displays of guilds and age groups or his relations in the activities. The child in a traditional society cannot escape his cultural and physical environments.[35](#page46)

The above explains how individuals born into a society become infused with the traits and

culture of that society unconsciously. For instance, the case of Mac and Simone Leng, survivors

of the Cambodian genocide, affirms this. They were able to make effective use of environmental

resources in addition to their innate capability and these factors further contributed to their

resilience.[36](#page46)

Regarding the importance of culture to resilience, Caroline S. Clauss-Ehlers emphasizes

the Africentric worldview**,** which place value on “spirituality; harmony; collective responsibility;

oral tradition; sensitivity to emotional cues; authenticity; balance; concurrent time orientation to

1. Gabriel Idang, “African Culture and Values,” *Phronimon* 16, no. 2 (2015): 98. [https://pdfs.semanticscholar.org/1494/7503cc57e9e3d653dc34890f293c2404902e.pdf?\_ga=2.127887245.162201](https://pdfs.semanticscholar.org/1494/7503cc57e9e3d653dc34890f293c2404902e.pdf?_ga=2.127887245.1622018089.1586493173-411080144.1582393832) [8089.1586493173-411080144.1582393832](https://pdfs.semanticscholar.org/1494/7503cc57e9e3d653dc34890f293c2404902e.pdf?_ga=2.127887245.1622018089.1586493173-411080144.1582393832) Accessed April 10, 2020.
2. “*History of Education in Nigeria” (*London: George Allen and Unwin), 48
3. *Invisible: Surviving the Cambodian Genocide: The Memoirs of Mac and Simone Leng* (Bandon, OR: Robert Reed Publishers, 2017).

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past, present, and future; and interpersonal/communal orientation.”[37](#page47)These values remain factors that positively contribute to resilience in an African sense. The display of resilience can be a source for substantial changes in the drivers of vulnerability and risks. The understanding of cultural differences contributes to the reasons why some individuals are not able to relate to others, while some are without any disturbances in their ability to relate to others. From interactions with the interview participants for this study, I submit that resilience is the ability to show strength**,** to hide their pain despite the adversity**,** and to rely on different coping resources in order to bring about change in themselves and their immediate environment. Regarding African culture and resilience, researchers are beginning to pay more attention to the assumed relationship. Though there exists some skepticism about the description of the beliefs, values, and behaviors of Africans, yet some researchers, among them Linda Carol Theron and Adam Theron, maintain that “conspicuous commonalities existed in core philosophical assumptions across the various ethnic groups.”[38](#page47)Therefore, the commonalities shared among Africans**,** such as their belief in religion, social supports, and attachment to children contribute to their show of strength.

Culture contributes to the formation of an individual’s identity, but it also plays a role in an individual’s exhibition of resilience. Arve Gunnestad labels three protective factors that any cultural group falls back on differently: network factors (external support); abilities and skills (internal support); and meaning, values and faith – existential support**.** He maintains that culture

1. “Sociocultural Factors, Resilience, and Coping: Support for a Culturally Sensitive Measure of Resilience,” *Journal of Applied Developmental Psychology* 29, no. 3 (2008): 189. <https://doi.org/10.1016/j.appdev.2008.02.004>
2. “Positive Adjustment to Poverty: How Family Communities Encourage Resilience in Traditional African Contexts,” *Culture & Psychology* 19, no. 3 (September 2013): 391. Accessed April 8, 2020<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.925.8347&rep=rep1&type=pdf>

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permeates the three categories.[39](#page48)Culture affects the way humans form networks and the importance they place on them. Culture also explains what skill and activity an individual appreciates. In addition, the culture of a group plays a vital role in the expression of values, meaning, and faith. Regarding context and the individual, these protective factors work in distinct ways. Gunnestad gives the following example**:** “Where a child loses one of her parents, we might find that network and meaning become the most important factors, while in a case of abuse, communication skills - together with courage (values) - will be important. A child, who is able to ask for help and has the courage to do so, will be more resilient than a child without these skills and values.”[40](#page48)One important question to ask is the universality of the protective factors of resilience. It can be argued that even though cultures differ, yet there are commonalities that hold humans together. For example, family often serves as a factor that influences the outcome of an individual’s experience of adversity. Caroline Clauss-Ehlers propounds that the study of the “dynamic, interactive process in which the individual negotiates stress through a combination of character traits, cultural background, cultural values, and facilitating factors in the sociocultural environment”[41](#page48)addresses and gives a clearer understanding of the role culture plays in resilience.

From a resilience perspective, culture denotes identity and strength, therefore separating culture from resilience is taking an individual’s strength away and rendering the individual vulnerable. This is because strength is not automatically acquired but gained over generations. Culture remains a device for resilience. There is the need to understand culture in order to

1. “Resilience in a Cross-Cultural Perspective: How Resilience is Generated in Different Cultures*,” Journal of Intercultural Communication* 11, no. 2 (2006): 2 [http://hdl.handle.net/11250/2564077.](http://hdl.handle.net/11250/2564077) *Accessed* April 10, 2020.
2. “Resilience in a Cross-Cultural Perspective,” 3.
3. “Sociocultural Factors, Resilience, and Coping: Support for a Culturally Sensitive Measure of Resilience.” *Journal of Applied Developmental Psychology* 29, no. 3 (2008): 199. <https://doi.org/10.1016/j.appdev.2008.02.004>

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comprehend how and why individuals or a group exhibit resilience. John Fleming and Robert Ledogar posit that the promotion of resilience does not originate from an individual, but from external factors such as family, community, and culture.[42](#page49)

Implicit in Ungar’s social ecology of resilience is an unpredictive and dynamic process that allows individuals who experience traumatic events to display their coping mechanisms in the face of stress and trauma. According to Ungar, these attributes vary across contexts and cultures. For example, an individual’s resilient attributes may differ regarding one’s social status, ethnic group, religious beliefs, race, and personal circumstances. Using a mixed methodology in 2005, Ungar and his research team carried out research on one thousand and five hundred youths in fourteen different countries in order to investigate their construction of resilience, and the result was that resilience is a cross-cultural concept. Of the interviews, eighty-nine revealed that regardless of experiencing similar adversity, their coping mechanisms differ across cultures.[43](#page49)

Southwick, Bonanno, Masten, Panther-Brick, and Yehuda find that resilience entails diverse features such as the epigenetic, the genetic, the demographic, the developmental, the economic, the cultural, and the social. This set of multidisciplinary researchers propose that “after trauma occurs, focusing on one’s strength enhances resilience.”[44](#page49)Individuals rely on their social networks and personal traits as sources of strength. Biologically, epigenetics explains how culture fosters resilience through changes that produce epigenetic marks.[45](#page49)Hence, Ungar’s

1. “Resilience, an Evolving Concept: A Review of Literature Relevant to Aboriginal Research.” *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 6, no. 2 (2008): 17. PubMed.
2. “Resilience, Trauma, Context, and Culture,” 230 and “Resilience Across Cultures.” *The British Journal of Social Work* 38, no. 2, (February 2008): 219.
3. “Resilience Definitions, Theory, and Challenges,” 11.
4. Courtney Griffins, “Epigenetics and the Influence of our Genes” TedTalk. (February 2012). [https://youtu.be/JTBg6hqeuTg.](https://youtu.be/JTBg6hqeuTg) She sheds light on the concept of biologically determined resilience with her explanation of nature (DNA) and nurture (e.g., environment, our life choices) with studies on identical twins. She posits that epigenetic marks can be influenced by the environment (internal and external). Epigenetics thus explains how a cultural group of people may be resilient as opposed to others who are not included in their group.

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position that resilience is a collective process is premised on his diversified view of the experiences of resilience.

From the examination of the concept of resilience, it can be concluded that it thrives through adversity**,** just as Lucious Seneca notes that “difficulties strengthen the mind, as labor does the body.”[46](#page50)Also, Friedrich Nietzsche’s famous quote states “that which does not kill us, makes us stronger.”[47](#page50)Although not everyone who experiences harsh events can cope, those who do, are able to because of internal and external factors. It is noteworthy that there is no one factor that results in resiliency as in some cases, resilience results from a prolonged response to PTSD, coping in the face of adversity, or the combination of personal traits and external factors.[48](#page50)

Stigma: A Barrier to Overcome

An individual’s possession of a reduced social identity results in stigmatization. The concept of stigma can be traced back to Erving Goffman’s mid-twentieth century pioneering work on stigma. Goffman defines stigma as “an attribute that is deeply discrediting.”[49](#page50)A discrediting attribute could be one that is obvious**,** such as the body size or color, or one that is hidden such as mental illness, harsh experiences, or criminal records. For Goffman, the complication of the everyday social life results from stigma-the stigmatized individual becomes wary of relating with others who do not share the same stigmatized identity. Goffman argues that most people experience stigmatization “at least in some connections and in some phases of

Epigenetics involves those who have had similar experiences that somehow cause certain chemical and biological changes that produce epigenetics marks.

1. “Reddit Quotes,” accessed March 22, 2020. <https://www.reddit.com/r/quotes/comments/dswiip/difficulties_strengthen_the_mind_as_labor_does/>
2. “Good Reads Quotes,” accessed March 22, 2020 <https://www.goodreads.com/quotes/30-that-which-does-not-kill-us-makes-us-stronger>
3. Christine E. Agaibi, and John P. Wilson, “Trauma, PTSD, and Resilience: A Review of the Literature,” *Trauma, Violence, & Abuse* 6, no. 3 (July 2005): 211. <https://doi.org/10.1177/1524838005277438>
4. *Stigma: Notes on the Management of Spoiled Identity* (New York: Simon & Schuster; 1963), 3.

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life.”[50](#page51)Undoubtedly, his definition of stigma encapsulates several contemporary discrediting characteristics such as physical deformities, race, color, addictions, harsh experiences, and mental illnesses**,** among others.

According to Christine Murray**,** Allison Crowe, and Nicole M. Overstreet, “stigma is the co-occurrence of labeling, stereotyping, and separation that can result in status loss and discrimination.”[51](#page51)They maintain that the stigma experiences of survivors of IPV may affect their recovery process as well as their willingness to seek help and it invariably leads to the devaluation of survivors. As such, intimate partner violence survivors become degraded in the society that labels and stereotypes them. Bruce Link and Jo Phelan contend that stigma comes to bear when elements such as separation, loss of status, stereotyping, labeling, and discrimination are displayed in relation to powerplay.[52](#page51)Regarding survivors of IPV, their harsh experiences put others in the position of power to stigmatize and devalue them.

Researchers have turned their attention to the study of the relationship between intimate partner violence and stigma. Regarding intimate partner violence, Murray et al. observe that researchers maintain that different components, such as self-blame and stereotypes about IPV, embody stigma and they opine that such phenomena deter perpetrators from being legally punished, allow for non-disclosure on the part of the abused, and inability to seek help.[53](#page51)They further posit three underlying components of survivors’ experiences of stigma that prevent victims from seeking help: “the negative societal beliefs about those who experience abuse,

1. Ibid., 138.
2. “Sources and Components of Stigma Experienced by Survivors of Intimate Partner Violence,” *Journal of Interpersonal Violence* 33, no. 3 (February 2018): 516. [https://doi.org/10.1177%2F0886260515609565](https://doi.org/10.1177/0886260515609565)
3. "Conceptualizing Stigma," *Annual Review of Sociology* 27 (2001): 367. [https://doi.org/:10.1146/annurev.soc.27.1.363](https://doi.org/%3A10.1146/annurev.soc.27.1.363)
4. “Sources and Components of Stigma Experienced by Survivors of Intimate Partner Violence,” 516.

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internalized stigma, whereby the person begins to believe negative attitudes as true, and anticipated stigma, wherein the person who has experienced abuse expects negative reactions from others once abuse is disclosed.”[54](#page52)Studies mentioned by Murray et al. help explain that most abused Nigerian female survivors will not outrightly disclose their abusive relationship**,** ultimately because of social stigma**,** which is the unequal accepted norm of the society.[55](#page52)Even the participants who did not want to be interviewed in this study, disclosed that they were survivors, but they did not want to reveal anything. I wonder if this could be as a result of stigma. Moreover, self-guilt allows survivors to see themselves as being faulty such that accept the negative views that thus become their own and help to shape their identities. Interestingly, the anticipation of negative reactions from others allow survivors to partake in the act of self-stigmatization.

An abused person may empower the act of stigmatization. Anticipated stigma remains a form of interpersonal barrier to help seeking. Nicole Overstreet and Diane Quinn posit that “a crucial construct in understanding IPV and help-seeking is anticipated stigma or concern and worry about what will happen once others know about the identity.”[56](#page52)They maintain that anticipated stigma remains a challenge for seeking help on the part of survivors as they are skeptical about how others will perceive them.

The research by Murray E. Christine, Allison Crowe, and Nicole M. Overstreet on the survivors of IPV and stigma, incorporated Link and Phelan’s list of the ways in which stigma affects survivors of intimate partner violence and empowers non-disclosure.

1. Ibid., 516.
2. World Health Organization, “Intimate Partner Violence,” *Understanding and addressing violence against women* <https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf>(accessed June 8, 2020)
3. “The Intimate Partner Violence Stigmatization Model and Barriers To Help Seeking,” *Basic and Applied Social Psychology,* 35, (2013): 111. [https://doi.org/:10.1080/01973533.2012.746599](https://doi.org/%3A10.1080/01973533.2012.746599)

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1. Blame: Survivors may be blamed or viewed as somehow responsible for the abuse they experienced;
2. Discrimination: Survivors may be treated differently from others or encountered judgment and stereotypes as a result of their abuse.
3. Loss of status: Survivors may lose standing and/or power within social networks and systems as a result of having experienced abuse.
4. Isolation: Survivors may be isolated and separated from others due to having been abused.
5. Shame: Survivors may experience negative, painful emotions— such as guilt, embarrassment, and secrecy—as a result of their abuse experiences.[57](#page53)

These factors explain the motif of survivors’ withdrawal from seeking help from

professionals. In Nigeria, for example, as will be explained in greater detail in Chapter 3, the few

organizations that have been established to tackle the issue of domestic violence in the country

are somewhat a camouflage as the agencies themselves are unprofessional in dealing with cases

of violence. Most survivors do not trust the existing agencies because they indirectly blame the

women for their circumstances. For example, Mrs. B mentioned that when she went to the police

station, all they said to her was “you had better stay in your marriage and persevere, else, young

ladies out there will snatch him from you.”[58](#page53)Such acts remain a barrier to disclosure on the parts

of the survivors. The responses that survivors receive from people around them plays a vital role

in encouraging them to either leave the abusive relationship or remain in it.

After a study of 1,448 professionals’ attitudes towards IPV survivors, Allison Crowe and

Cristine Murray conclude that there is a longstanding pattern of possible negative attitudes

towards female survivors of IPV.[59](#page53)The negative attitudes that individuals hold towards survivors

of IPV contributes to the stigmatization of the process of the phenomenon. As such, it is crucial

1. “Conceptualizing Stigma,” *Annual Review of Sociology* 27, (2001): 363, quoted in “Sources and Components of Stigma Experienced by Survivors of Intimate Partner Violence,” 517.
2. Mrs. B, interview by Tobi Oloyede, via WhatsApp audio, December 28, 2019.
3. “Stigma from Professional Helpers Toward Survivors of Intimate Partner Violence,” *Partner Abuse* (April 1, 2015):
4. [https://doi.org/10.1891/1946-6560.6.2.157](https://psycnet.apa.org/doi/10.1891/1946-6560.6.2.157)

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to investigate such attitudes as they can contribute to encouraging survivors’ non-disclosure and self-stigmatization. Crowe and Murray posit that “many survivors do not report IPV incidents for fear that law enforcement will be unwilling and unable to act on their behalf.”[60](#page54)

In addition to survivors’ unwelcoming treatment by professionals, Murray et al. submit that there are a few common components of stigma displayed by different categories of professionals**:** “(a) law enforcement: dismissed or denied, (b) the court system: blame, (c) medical professionals: blame and discrimination, (d) domestic violence agencies: dismissed or denied, (e) parenting-related resources: blame, (f) religious organizations: blame, (g) workplaces and educational settings: discrimination, and (h) mental health professionals: dismissed or denied.”[61](#page54)Although further research on the stigmatizing of IPV survivors by legal and counseling professionals need**s** to be undertaken, the listed sources undoubtedly serve as embodiment**s** of the reasons many Nigerian female survivors refuse to seek help. Crowe and Murray state that “professionals do not receive adequate support and validation to function successfully in what can be an extremely challenging environment.”[62](#page54)In addition to anticipated stigma, they posit that inadequate training on the part of professionals allow**s** them to behave unprofessionally to survivors and this invariably serves as a barrier to help seeking.

Overstreet and Quinn’s IPV stigmatization model recognizes three stigma components that hinder survivors of IPV from seeking help**:** “anticipated stigma (happens once others know about the partner abuse e.g., rejection), internalized stigma (people come to believe that the negative stereotypes about those who experience IPV may be true of themselves), and cultural stigma (societal beliefs that de-legitimize people experiencing abuse).”[63](#page54)For Overstreet and

1. Ibid., 159-60.
2. “Sources and Components of Stigma Experienced by Survivors of Intimate Partner Violence,” 517.
3. “Stigma from Professional Helpers**,”** 160.
4. “The Intimate Partner Violence Stigmatization Model**,”** 109–11

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Quinn, each component represents the various levels at which stigmatization could occur: interpersonal, individual, and cultural. Simultaneously, the components from Overstreet and Quinn’s IPV stigmatization model serves as a framework for bridging the existing gap between stigma and help seeking.

To understand IPV stigmatization, it is important to know that labeling is a strong channel through which stigmatization thrives. Overstreet and Quinn posit that although “the victim label can absolve blame for taking part in one’s own victimization, it also constructs an image of abused individuals as trapped, passive, weak, and responsible for their own victimization.”[64](#page55)Appending the label of “victim” to individuals who experience IPV affects them deeply. Most of my survey participants, for example, noted that they preferred to be referred to as survivors and not victims. The victim label devalues survivors and results in the inadequate use of agency.

Through the lens of stigma as submitted by scholars such as Erving Goffman and Bruce Link and Jo Phelan, this research emphasizes breaking the barrier called stigma as it affects the normal functioning of survivors. It not only stops survivors from seeking help, but also hinders them from using their agency and personal resilient traits through both internalized and anticipated stigma.

Conclusion

In summary, scholars in psychology, psychiatry, and social work, as well as practitioners in those fields, explain that any individual who has experienced adversity or trauma responds to it differently. Although resilience basically focuses on the positive side of bouncing back from a harsh experience, it is noteworthy that the degree of bouncing back differs among individuals.

1. Ibid., 111-12.

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With a focus on the social ecology of resilience (the person-in-environment school of thought), understanding how positive development during stress and adversity is due to the contribution of family, community services, social networks, and cultural influences.

CHAPTER 3. INTIMATE PARTNER VIOLENCE IN AFRICA AND NIGERIA Introduction

Violence against women is a recurring global issue that affects about 35 percent of women worldwide, 28 percent of women in Nigeria, 71 percent of women in Ethiopia**,** and 56 percent in Tanzania, and, overall, 45.6 percent in Africa.[1](#page56)The most common form of violence against women is Intimate Partner Violence (IPV), which refers to violence committed by one intimate

1. I obtained the statistics from the following sources: “Facts and Figures: Ending Violence against Women,” UN Women. <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>(accessed May 26, 2020); Nigerian Women Say ‘No’ to Gender-Based Violence, “ *Africa Renewal* [https://www.un.org/africarenewal/news/nigerian-women-say-%E2%80%98no%E2%80%99-gender-based-violence#:~:text=The%20most%20common%20acts%20of,combatant%20women%20in%20conflict%20situation.](https://www.un.org/africarenewal/news/nigerian-women-say-%E2%80%98no%E2%80%99-gender-based-violence#:%7E:text=The%20most%20common%20acts%20of,combatant%20women%20in%20conflict%20situation.) Accessed July 13, 2020; “Taking on Violence against Women in Africa,” *Africa Renewal* [https://www.un.org/africarenewal/magazine/special-edition-women-2012/taking-violence-against-women-africa#:~:text=Violence%20against%20women%20goes%20beyond,sterilization%2C%20trafficking%20and%20forc](https://www.un.org/africarenewal/magazine/special-edition-women-2012/taking-violence-against-women-africa#:%7E:text=Violence%20against%20women%20goes%20beyond,sterilization%2C%20trafficking%20and%20forced%20prostitution.) [ed%20prostitution.](https://www.un.org/africarenewal/magazine/special-edition-women-2012/taking-violence-against-women-africa#:%7E:text=Violence%20against%20women%20goes%20beyond,sterilization%2C%20trafficking%20and%20forced%20prostitution.) Accessed July 14, 2020 and Tanko S. Tanimu, Stephen Yohanna, and Suleiman Y. Omeiza, “The Pattern and Correlates of Intimate Partner Violence Among Women in Kano, Nigeria. (Original Research).” *African Journal of Primary Health Care & Family Medicine* 8, no. 1 (January 1, 2016): 4. ProQuest Central.

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partner, male or female, against another intimate partner, male or female IPV thus includes violence committed by one spouse against another.[2](#page57)

In most African countries, not so much awareness has been raised regarding such dastardly acts of violence and as such, despite the intervention of the United Nations**,** which necessitated the introduction of The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW),[3](#page57)the constitution of Nigeria remains unamended with no effective measures set in place or implemented to curb IPV.

This chapter explores Intimate Partner Violence in Africa and Nigeria, including identifying the underlying causes of IPV in Nigeria, the ramifications of it for victimized Nigerian women**,** as well as its different levels of manifestation in the Nigerian society. It assesses the effectiveness of the policies formulated by the Nigerian government to curb IPV.

Scholars such as Collins Nwabunike and Eric Tenkorang maintain that evidence points to between half and two-thirds of Nigerian women as having experienced IPV irrespective of their ethnic group and physical location.[4](#page57)They maintain that “with about two thirds of women suffering male partner violence, Nigeria is considered one of the many countries in sub-Saharan Africa with high incidence of female domestic abuse.”[5](#page57)Although there are several regions in Nigeria, the Southwest region is the focus of study for this research**;** but this does not mean that is the only region where intimate partner violence is rampant as it occurs in other regions of the country. It is noteworthy also that this is not peculiarly an African or Nigerian phenomenon as

1. “Facts and Figures: Ending Violence against Women”
2. “Committee on The Elimination of Discrimination Against Women,” *United Nations Human Rights* <https://www.ohchr.org/en/hrbodies/cedaw/pages/cedawindex.aspx>(accessed June 11, 2020.)
3. “Domestic and Marital Violence Among Three Ethnic Groups in Nigeria,” *Journal of Interpersonal Violence* 32, no.
4. (September 2017): 2751. https://doi:10.1177/0886260515596147 .
5. Ibid.

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Denise Hien, and Lesia Ruglass. submit that intimate partner violence against women is an epidemic in the United States.[6](#page58)

Manifestations of IPV

There are various manifestations of IPV, among them are the physical forms of slaps, kicks, and punches and the psychological forms ranging from humiliation, harassment, intimidation, and manipulation and**,** finally**,** forceful sex.[7](#page58)Other forms stated by Eme Owoaje and Funmilola Olaolorun include the public isolation of the woman, infringement on women’s rights, and monitored movements by the abuser.[8](#page58)The 2008 Nigeria Demographic and Health Study report**s** that 30% of women between the ages of 15-49 experience sexual and physical violence during their lifetime.[9](#page58)Aderemi and Olalekan submit that in the research carried out in Iwo amongst 334 married women “the most common form of violence was emotional violence reported by 71.3% of the respondents followed by economic violence (37.4%) and physical violence (36.5%) respectively.”[10](#page58)

The Prevalence of IPV in Africa and Nigeria

Intimate Partner Violence is not unusual in Africa. This is because the level of gender inequality and poverty in most African countries have influenced its prevalence within the polity.

1. “Interpersonal Partner Violence and Women in the United States: An Overview of Prevalence Rates, Psychiatric Correlates and Consequences and Barriers to Help Seeking,” *International Journal of Law and Psychiatry* 32, no. 1 (2009): 48. ScienceDirect.
2. “Female Immigrants Victims of Domestic Violence: A Comparison Between Immigrants from the Soviet Union in Israel and Israel Born Women,” *Journal of Family Violence* 27 no.6 (August 2012): 562. <http://do.doi.org/10.1007/s10896-102-9447-z>
3. “Women at Risk of Physical Intimate Partner Violence: A Cross Sectional Analysis of Low-Income Community in Southwest Nigeria,” *African Journal of Reproductive Health 1*6, no.1 (March 2012): 43-44. ProQuest Central
4. National Population Commission (NPC) [Nigeria] and ICF Macro. Nigeria Demographic and Health Survey 2008. 2009:51. (Abuja, Nigeria: National Population Commission and ICF Macro.) <https://dhsprogram.com/pubs/pdf/FR222/FR222.pdf>(accessed June 11, 2020)
5. “Intimate Partner Violence among Married Women in Iwo, Southwest Nigeria,” 37.

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Nevertheless, the underlying factors such as cultural, religious, and legal institutions**’** set up in many African countries**,** including Nigeria, influence the prevalence of IPV.

Eme T Owoaje and Funmilola M. OlaOlorun affirm that IPV “is prevalent in Nigeria but a culture of silence exists, making it difficult to identify women at risk.”[11](#page59)This norm has brainwashed women to the extent that many accept and justify the abuse perpetrated on them by their spouses. Collins Nwabunike and Eric Tenkorang give an example of the Tiv tribe of Nigeria who are of the belief that wife battering is an indication of love, and the women have been made to accept and support it.[12](#page59)This shows that women are violated by their spouses and are expected to endure it. The Nigerian society is one with a culture that promotes messages that female victims of violence are to be blamed and that they deserve whatever form of treatment they receive. Obviously, with this kind of mentality, survivors hesitate to seek help from support agencies and even family members as the reaction they would receive will be inundated by the known cultural belief.[13](#page59)

The cultural ideology and social norms in Nigeria allow this menace. In the Nigerian society, and the Southwest region to be precise, many women are abused by their spouses, yet they suffer in silence. In some cases, this intimate partner violence leads to the death of these women. This menace should not be allowed to continue because of the crucial role women play in the growth and development of the nation and the world at large. They are homemakers and custodians of inherent values of the society, and sustainable change through them. Without the involvement of women, cooperation and effective participation in community development is

1. *“*Women at Risk of Physical Intimate Partner Violence: A Cross-Sectional Analysis of a Low-Income Community in Southwest Nigeria,” *Journal of Reproductive Health* 16, no. 1 (March 1, 2012): 43. ProQuest Central.
2. “Domestic and Marital Violence Among Three Ethnic Groups in Nigeria,” *Journal of Interpersonal* Violence 32, no. 18 (September 2017): 275. doi:10.1177/0886260515596147.
3. “Domestic and Marital Violence Among Three Ethnic Groups in Nigeria,” 275.

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impossible. Regarding the values that women uphold, they deserve better and favorable treatment, but the reverse is often the case in Nigeria. Intimate partner violence affects the physical, social, and psychological wellbeing of the abused women and even that of their children. From my experiences growing up in the **s**outhwestern part of Nigeria, this menace is one that requires urgent intervention.

Olubunmi Alo, Emmanuel Odusina, and Gbadebo Babatunde incorporates the World Health Organization’s (WHO) reports based on the recorded study of violence against women, women’s health and the rate of violence in an intimate relationship: 31% being pushing and kicking, 15% slapping and punching, 14.1% twisting and throwing things at victim and this corresponds with William Sambisa, Gustavo Angeles, Peter Lance, Ruchira Naved, and Juliana Thornton’s results from the study of IPV in Bangladesh.[14](#page60)Mathias Ojo identified IPV as a subset of domestic abuse or family violence, because researchers found instances in families whereby it has been considered a norm as encouraged by the patriarchal culture evident in many parts of Africa, Aderemi and Babatunde Adelekan maintain that it is same as domestic violence.[15](#page60)

1. “Spousal Violence in Southwest Nigeria: Prevalence and Correlates,” *Journal of Women's Health Care* 1, no. 2 (2012): 3. <http://doi:10.4172/2167-0420.1000110>and “Prevalence and Correlates of Physical Violence Against Women in Slum and Nonslum Areas of Urban Bangladesh,” *Journal of Interpersonal Violence* 26, no.13(August 2011):2592. <https://doiorg/10.1177/0886260510388282>
2. “A Sociological Investigation of Awareness and Causes of Intimate Partner Violence in Nigeria: A Survey of Agege Lagos State,” *Asian Social Science* 9, no.2(Jan 2013), <http://dx.doi.org/10.5539/ass.v9n2p231>and “Intimate Partner Violence Among Married Women in Iwo, SouthWest Nigeria: Implications for Primary Prevention,” *Family and Intimate Partner Violence Quarterly.* (January 2012):38. <http://www.researchgate.net/publication/261297517> (accessed May 10,2020)

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**IPV in Nigeria**

**12.6**

**17.9**

**14.8**

**21.9**

**42.5**

**17.2**

**7.3**

**11.8**

**8.3**

**14.5**

**14.6**

**16.8**

|  |  |  |
| --- | --- | --- |
| NORTH | NORTH EAST NORTH WEST SOUTH EAST SOUTH SOUTH SOUTH WEST |  |
| CENTRAL |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | Never experienced IPV | Experienced IPV |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Figure 3.1. A Graphical Representation of IPV in Nigeria

(Source: Faith Benebo, Barbara Schumann and Masoud Vaezghasemi, “Intimate Partner Violence against Women in

Nigeria: A Multilevel Study Investigating the Effect of Women’s Status Community Norms,” *BMC Women’s Health*

18, no.136 (August 2018): 1 [https://DOI.org/10.1186/s12905-018-0628-7](https://doi.org/10.1186/s12905-018-0628-7))

Figure 3.1. above shows a graphical representation of the prevalence of IPV in different regions in Nigeria. Although the focus of this research is on the Southwest region, it is obvious that other regions of the country have a higher rate of the phenomenon of IPV. Two major reasons why there is less occurrence of IPV in the Southwest region are the high levels of education and the roles of religion. On education, the Southwest region is one that it is open to everyone and it is a region that takes education as a priority. Even though the Southwestern men understand the effects of IPV, it does not stop but only reduces its occurrence to that of other regions. As opposed to the Northern region where Islam and Sharia laws are cultural imperatives that create an avenue for the oppression of women, Christianity in the southwestern region does not fledge a full control over women. Some of the cultural characteristics in the north include the

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practice of female seclusion (‘Purdah’), polygamy, forced marriages.[16](#page62)These points**,** among others**,** allow for the visible difference seen on the graph.

It is, however, not so difficult to identify women who have been victims of IPV as they are often predisposed to depression, anxiety and the thoughts of suicide. For those who have partners with whom they cohabit and are not legally married, the implications become unplanned pregnancy, transmission of sexual infections which are harmful to the health and may hold short or long term consequences and eventually result in some mental health conditions and ultimately death.[17](#page62)Medie reports that “ a 2017 study showed that a rate of 1.7 per hundred thousand female population, women in Africa were most at risk of being killed by their partners”[18](#page62)

The UN report also found “more than two thirds of all women (69 percent) killed in Africa in 2017 were killed by intimate partners or family members.”[19](#page62)The instances of IPV in the diverse regions of Africa and the reports submitted by researchers may vary depending on what is obtainable within the localities where the research is conducted and the variables used in determining the prevalence of IPV.

Denial of rights and discrimination are a few factors that correlate with high the prevalence of IPV in Africa. Ami Moore reveals the level of discrimination against women in Togo and states that a woman is denied right to child support from her husband and access to his

1. “The Pattern and Correlates of Intimate Partner Violence Among Women in Kano, Nigeria. (Original Research).” *African Journal of Primary Health Care & Family Medicine* 8, no. 1 (January 1, 2016): 4. ProQuest Central.
2. “Impact of Intimate Partner Violence in Anxiety and Depression Amongst Women in Ile-Ife, Nigeria,” *Archives of Women ‘s Mental Health 16*, no.2 (August 2012):12. <https://researchgate.net/>(Accessed May 9,2020) and FaithBenebo, Barbara Schumann and Masoud Vaezghasemi, “Intimate Partner Violence against Women in Nigeria: A Multilevel Study Investigating the Effect of Women’s Status Community Norms,” *BMC Women’s Health* 18, no.136 (August 2018): 1 [https://DOI.org/10.1186/s12905-018-0628-7](https://doi.org/10.1186/s12905-018-0628-7)
3. “Women and Violence in Africa,” 2.
4. Ibid.

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inheritance after his demise despite having been legally married to him.[20](#page63)As such, having realized the forms of violence and causes of violence against women in Togo, Moore suggests the need for sensitization on the implications of violence against women.

In response to the statistically high incidences of violence against women in Africa, women’s organizations have solicited assistance from the United Nations in setting policies that can be implemented to eradicate all forms of violence against women**,** including Intimate Partner Violence**,** to this end that the UN has established organizations as CEDAW**,** which has been set in place to ensure that the rights of women are secured and to protect them against all forms of violence. Thus, the question to be asked is how effectively have CEDAW policies been implemented in West Africa? Are there measures put in place to ensure its effective implementation? Is there adequate funding for them? Tamasin Ford reports that in countries such as Sierra Leone in which the Violence Act was passed in 2007 to secure basic rights for women (free medical care inclusive), Liberia**,** in which the penal code was amended to declare rape illegal**,** and Ivory Coast in which a three**-** year action plan was adopted in 2010 in response to violence against women, none of these constitutional amendments have been effective because only few perpetrators of violence against women have been prosecuted. Ford identifies the weak judicial system and lack of adequate funding of government in these West African countries as being responsible for the ineffectiveness of these bills.[21](#page63)

Mary Balogun, Owoaje Eme, and Fawole Olufunmilayo assert that although IPV remains a prevalent subject in Nigeria, its existence has been enveloped in silence- silences which may

1. Ami Moore. “Types of Violence Against Women and Factors Influencing Intimate Partner Violence in Togo (West Africa). (Report)” *Journal of Family Violence* 23, no. 8 (November 1, 2008): 781. EBSCOhost CINAHL Complete.
2. “Domestic Violence is Biggest Threat to West Africa’s Women, IRC says,” *The Guardian*, para 4-5. <https://www.theguardian.com/global-development/2012/may/22/domestic-violence-west-africa-irc>(Accessed March 24, 2020)

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have emanated from the lack of awareness, inadequate research and data on the subject, and underreporting.[22](#page64)

Causes and Causal Factors of IPV in Nigeria

The causes of IPV in Nigeria are not entirely different from the identified causes of IPV in other West African countries**,** although the rates of the various causes may vary. Muideen Bakare, Magdalene Asuquo, and Ahamafule Agomoh, state two important causes of IPV in Nigeria as: strict patriarchal culture, and economic and financial independence. Equally related to the economic and financial independence factor is women’s employment status. The employment status of a woman is a major concern for a man and as such, a financially independent woman threatens the preservation of the status quo of masculinity and male hegemony. A financially independent woman will rebel against the established patriarchal order. Therefore, violence against becomes the only way to maintain their position- to show a woman where she belongs.[23](#page64)

Of 924 female participants in a low-income community in Southwest Nigeria, some women reported their spouse’s alcohol consumption as a possible cause. The study maintains that socio-economic status and past experiences of violence (69.7% of IPV victims in the Southwest had past violent experiences while 30.3% had no such experience) are determining factors of IPV.[24](#page64) The result further validates the aforementioned factors responsible for IPV and reinforces its validation as cutting across several regions in Africa.

1. “Intimate Partner Violence in Southwestern Nigeria,” 627.
2. “Domestic Violence and Nigeria Women -A Review of the Present State,” *Nigerian Journal of Psychiatry* 8, no. 2 (2010): 7-8. <http://doi:10.4314/njpsyc.v8i2.57620>
3. “Women at Risk of Physical Intimate Partner Violence,” 45.

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In Africa and**,** indeed**,** most parts of the world, men are the heads of the family. This familiar narrative has an added weight in Nigeria where men are expected to keep the behavior of their wives in check. These checks without balancing is the façade that houses some of the cases of IPV in Nigeria with a view to maintaining the status quo or to putting a woman in her place.

Benebo et al. and Alo et al. also outline the possible scenarios that lead to Intimate Partner Violence (IPV) in the Southwest region to include victims being unaccountable to their partners regarding their movements, neglecting their children, arguing with their husbands, refusing to carry out sexual obligations or cooking.[25](#page65)

Peace Medie traces the history of violence against women to the colonial era (in Nigeria 1901-1960) as colonial officers at this time were perpetrators of this sinister act while offenders were often given light sentences. Some of the factors responsible are the recruitment mechanisms during the civil wars (1967-1970) and its attendant hardening of the men and weak rule of law.[26](#page65) The end of colonization also culminated in the rise of IPV as women assumed new roles which they did not find appealing and which later necessitated a resistance from them for which they are being victimized.

Studies have attributed some factors that put women at the risk of IPV. Such factors include age, employment status, educational attainment, witnessing violence during childhood, family type, duration of union, participation in decision making amongst others.[27](#page65)They maintain that different factors result in the experiencing of IPV for women.

1. “Intimate Partner Violence against Women in Nigeria,” 2 and “Spousal Violence in Southwest Nigeria: Prevalence and Correlates,” 3.
2. "Women and Violence in Africa," *Oxford Research Encyclopedia of African History.* 29 July 2019; Accessed 12 Jun. 2020. <https://oxfordre.com/africanhistory/view/10.1093/acrefore/9780190277734.001.0001/acrefore-9780190277734-e-567>

27Claudia Garcia-Moreno, Henrica Jansen, Mary Ellsberg, Lori Heise, and Charlotte Watts, *WHO Multi-Country Study on Women’s Health and Domestic Violence Against Women: Initial Results on Prevalence, Health Outcomes*

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Of the factors mentioned here, perhaps the most vivid is witnessing violence as a child. When a young girl becomes a witness to violence in form of abuse whether to her mother, her siblings or close friends, the gory image of that event remains with her for a long time and it tends to put a fear of the unknown in her thereby making her become vulnerable. She will analyze the outcome of the one she witnessed and use it as a model for her life. As a child who has witnessed IPV in the family, I can affirm that my experiences shape my relationship with the opposite sex and adds up to my view of reality as it puts me at risk of IPV.[28](#page66)

Community-Based Interventions for IPV Victims Community-based intervention involves the combination of individuals and environmental

strategies towards preventing IPV. Having successfully carried out a survey on the indigenes of Idikan, a community located in Ibadan, Owoaje and Olaolorun suggest that community**-**based intervention programs be set in place to curb the cultural norms which encourages male dominance.[29](#page66)Several community-based interventions have been designed to serve the various needs of women subjected to IPV. Some of them are the Cognitive Processing Therapy (CPT), Dialectical-Behavioral therapy (CBT) and Cognitive trauma therapy (CTT).[30](#page66)The Cognitive

*and Women’s Responses,* (Geneva: WHO Press, World Health Organization; 2005) <http://whqlibdoc.who.int/publications/2005/924159358X_eng.pdf>(accessed June 2, 2020); Diddy Antai, “Controlling Behavior, Power Relations Within Intimate Relationships and Intimate Partner Physical and Sexual Violence Against Women in Nigeria.(Research article)(Report),” *BMC Public Health* 11 (June 29, 2011) . ProQuest; Anastasia Gage and Nicholas Thomas, “Women’s Work, Gender Roles, and Intimate Partner Violence in Nigeria (Report),” *Archives of Sexual Behavior* 46, no. 7 (October 1, 2017): 1923–38. ProQuest and Kolawole Oyediran and Bamikale Feyisetan, “Prevalence and Contextual Determinants of Intimate Partner Violence in Nigeria,” *African* *Population Studies* 31, no. 1 (January 1, 2017). ProQuest.

1. See, United Nations International Children’s Emergency Fund, “Behind Closed Doors The Impact of Domestic Violence on Children,” <https://www.unicef.org/media/files/BehindClosedDoors.pdf>(accessed June 12, 2020) and Stephanie Holt, Helen Buckley, and Sadhbh Whelan, “The Impact of Exposure to Domestic Violence on Children and Young People: A Review of the Literature.” *Child Abuse & Neglect* 32 no. 8 (2008):797‐810. <https://doi:10.1016/j.chiabu.2008.02.004>
2. “Intimate Partner Violence among Women in a Migrant Community in Southwest Nigeria*,”*51.
3. Patricia A. Resick, and Monica K. Schnicke. “Cognitive Processing Therapy for Sexual Assault Victims*,” Journal of Consulting and Clinical Psychology* 60, no. 5 (October 1992): 748–756. EBSCOhost PsycARTICLES and

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Processing Therapy (CPT) was developed to treat the symptoms of posttraumatic stress disorder in rape victims. It is based on an information processing theory of PSTD and included education, exposure and cognitive components.[31](#page67)The Dialectical Behavioral Therapy espoused by Iverson et all is a comprehensive cognitive–behavioral treatment, which was originally developed to treat multi-problem clients with severe and chronic emotion dysregulation but can also be adapted for patients undergoing posttraumatic stress owing to issues such as rape and IPV.[32](#page67)Despite these interventions, the needs of women exposed to IPV are so great that the above-named interventions cannot be said to have completely helped to adequately accommodate all the cases of IPV.

A persistent loss of interest and feeling of sadness is known as depression. Mapayi et al. further suggests that married women who experience depression should be questioned by mental health professionals about IPV so as to identify the source of their depression and put in place effective measures to tackle it.[33](#page67)However, I specify that this strategy has not always proven to be effective especially in some parts of Nigeria where women are strictly forbidden to speak about their relationship with their spouse. In traditional communities, it is believed that a woman who speaks out is selling her family out to strangers- a sort of community ethics which dictate that women should not speak out.

Overall, for a number of reasons, various Nigerian governmental programs and NGOs have not been successful in addressing IPV, either locally or nationally. Some of the organizations include Project Alert on Violence Against Women, Center for the Protection of the Abused,

Katherine M. Iverson, Chad Shenk, and Alan E. Fruzzetti. “Dialectical Behavior Therapy for Women Victims of Domestic Abuse: A Pilot Study,” *Professional Psychology: Research and Practice* 40, no. 3 (June 2009): 242–248. EBSCOhost PsycARTICLES

1. “Cognitive Processing Therapy for Sexual Assault Victims*,”*1.
2. “Dialectical Behavior Therapy for Women Victims of Domestic Abuse: A Pilot Study,” 1.
3. “Impact of Intimate Partner Violence in Anxiety and Depression Amongst Women in Ile-Ife, Nigeria,” 6.

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Women Action Organization, Women Justice Program, Women's Centre for Peace and Development, and Women's Rights Advancement and Protection Alternative. First, Nigerian women are trained, irrespective of tribal affiliation in the culture of non-disclosure, especially on family/marital issues. This is where the idea of “suffering and smiling” comes to play, such that survivors bottle up so many emotions which are detrimental to their well-being. Also, the unprofessional acts of some organizations allow for non-disclosure. For example, one of my interviewees narrated her ordeal at the hands of the police when she reported her husband’s assault against her. She mentioned that the police responded to her with disdain and warned her to go back home and settle the issue privately. This no doubt is a show of bias and discrimination as her report on violence was taken for granted. It is noteworthy that situations like this allow for retraumatization on the part of survivors. In addition, the social stigma that survivors experience upon disclosure hinders them from seeking help from organizations.

Another important limiting factor is the lack of awareness about the available resources and organizations that assist survivors. Social media may help to bring awareness to the availability of resources and to publicize violence against women. The social media recently (in the 2000s) became a means of publicizing the phenomenon of violence against women. The recent awareness created by social media may create some sort of change in the way women are perceived as well as how the society treats and reacts to survivors. Currently, for many younger persons, social media may be the first point of communication outside the family space; therefore, an average young person wants to immediately post any occurring event on social media. Regarding IPV, stigmatization and retraumatization still limits survivors from publicizing their ordeal. Although one advantage of social media is the availability of social media accounts and websites owned by resource organizations that individuals with internet access can contact,

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yet not everyone in Nigeria has access to the internet.[34](#page69)Individuals with internet access may find the resource organizations very useful, as they can find out where to seek help. It is noteworthy that although survivors may seek help using social media, perpetrators/abusers may also find those same places and track down their victims. Just as social media gives, it also takes away and as such there are both the advantage and disadvantage aspects of social media. Examples of resource organizations that have social media accounts and help lines are The Mirabel Center andWomen's Rights Advancement and Protection Alternative.[35](#page69)As will be discussed in my results chapter, most of my participants never mentioned seeking help and this undoubtedly can be attributed to the factors mentioned above.

Strategies for Preventing IPV

To combat IPV and other forms of violence against women, CEDAW was implemented by the General Assembly of the United Nations during the Millennium Declaration in September 2000.[36](#page69)Despite being a signatory to CEDAW, the legislative arms of Nigeria are yet to pass laws protecting women from violence as stipulated by CEDAW although, parts of it are being implemented as situation demands. The occurrence of Intimate Partner Violence (IPV) nevertheless remains a common phenomenon in Nigeria which must not be overlooked as drastic measures must be placed and effectively executed. The general recommendations of CEDAW for the prevention of violence against women include

1. Gender-based violence is a form of discrimination that seriously inhibits women’s ability to enjoy rights and freedoms on a basis of equality with men.
2. Oluwadamilare Akinpelu, “60% of Nigerians are Still not Connected to the Internet and Only About 10% are Active on Social Media,” *Technext.* January 31, 2020. Accessed August 7, 2020. <https://technext.ng/2020/01/31/60-of-nigerians-are-still-not-connected-to-the-internet-and-only-about-10-are-active-on-social-media/>
3. Mirabel Center <https://mirabelcentre.org/contact-us/>and Women's Rights Advancement and Protection Alternative <https://wrapanigeria.org/>
4. Nigeria Nongovernmental Organization Coalition, *CEDAW and Accountability to Gender Equality in Nigeria: A Shadow Report,* (April 2008):1.

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1. In 1989, the Committee recommended that States should include in their reports information on violence and on measures introduced to deal with it (general recommendation 12,

Eighth session).

1. At its tenth session in 1991, it was decided to allocate part of the eleventh session to a discussion and study on article 6 and other articles of the Convention relating to violence towards women and the sexual harassment and exploitation of women. That subject was chosen

in anticipation of the 1993 World Conference on Human Rights, convened by the General Assembly by its resolution 45/155 of 18 December 1990.

1. The Committee concluded that not all the reports of States parties adequately reflected the close connection between discrimination against women, gender-based violence, and violations of human rights and fundamental freedoms. The full implementation of the Convention required States to take positive measures to eliminate all forms of violence against women.
2. The Committee suggested to States parties that in reviewing their laws and policies, and in reporting under the Convention, they should have regard to the following comments of the Committee concerning gender-based violence.[37](#page70)

There are other organizations in addition to CEDAW that campaign against IPV in Nigeria and, by extension, Africa. A similar organization is the Coalition on Violence Against Women (COVAW) in Kenya. COVAW has a goal to build a society that is free from all forms of violence against women. It was established in 1995. In Tanzania, the Kivulini Organization founded in 1999 by six women who were affected by the widespread violence against women. The name “Kivulini” means “In the shade” which also implies safety. In Uganda, there is an organization called “Raising Voices,” founded in 1999 that works to prevent violence against women and children using a strategy and approach referred to as SASA, which means now. SASA is an acronym that stands for Start, Awareness, Support and Mobilization. Others are African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN) with its headquarters in Kenya. While all the organizations above focus on

1. Committee on the Elimination of Discrimination against Women, United Nations*, General Recommendation 19 Of CEDAW On Violence Against Women* (llth session, 1992), U.N. Doc. A/47/38 at 1 (1992),<https://www.globalhealthrights.org/wp-content/uploads/2013/09/CEDAW-General-Recommendation-No.-19-Violence-against-Women.pdf>Accessed July 24, 2020.

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sensitization and awareness for IPV, there are few organizations that focus on providing succor to victims of IPV. South Africa features two prominent organizations: the “Masimanyane Women’s Rights International” and Sonke Gender Justice. The former focuses on reducing crimes committed against women and children in South Africa. Through its community-based program, the organization impacts over 50,000 people each year, more than half of these number are youths and children.[38](#page71)It also helps to rehabilitate victims of IPV. The latter organization, Sonke Gender Justice, that promotes gender equality and curbs domestic violence and the spread of HIV.[39](#page71)

There are several organizations in that aim to help women who suffer IPV and three of them are discussed below. The WARIF foundation, the Women at Risk International Foundation**,** aims to tackle and create awareness against the high rate of sexual violence towards women and girls in Nigeria. Based in Lagos, the WARIF foundation has provided free service facilities that provides guidance and care for survivors of sexual violence to help them overcome the trauma of their experiences. The WELA foundation, also referred to as Women Empowerment and Legal Aid, was established in 2009 with the aim of fighting violence against women and providing legal aid, training**,** and advocacy to end discrimination against women and promote empowerment. Also worthy of note is the prominent “Project Alert on Violence Against Women**,**” founded in 1999 with the aim of promoting the rights of women and young girls.[40](#page71)

1. “10 African Organizations Working to End Violence Against Women,” *Philanthropy Circuit*. <https://www.philanthropycircuit.org/10-african-organizations-working-to-end-violence-against-women/>(accessed June 12, 2020)
2. Masimaneyane Women’s Rights International <https://www.masimanyane.org.za/>and Sonke Gender Justice <https://genderjustice.org.za/>
3. “10 African Organizations Working to End Violence Against Women,” *Philanthropy Circuit*.

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Conclusion

IPV in Nigeria and other African countries has lingered for too long a time because the causes of it are complex and linked to so many social, cultural, and religious belief and practice systems. Therefore, IPV demands attention from the government as well as Non-governmental organizations that are committed to preventing or alleviating IPV. Regarding the continued prevalence of IPV, sections of the constitution of the Federal Republic of Nigeria that that give tacit support to gender discrimination and violence against women should be repealed by the government and new laws that promote gender equality (equal access to education, equal access to representation before the law and inheritance) should be enacted and enforced. Moreover, across the 774 local governments of the federation**,** liaison offices which can address the cases of IPV should be established and adequately provided with the needed facilities and human resources**,** while the non-government organizations should embrace the approach of sensitization, public awareness**,** and support the effort of the government.

CHAPTER 4. RESEARCH DESIGN AND METHODOLOGY

This chapter explains the research design and method employed to explore my research questions: Why and how do some female survivors of intimate partner violence in Southwest Nigeria cope despite the trauma and how does their resilience portray their hidden strength? What distinguishes the resilient from the non-resilient and what can be done in communities to

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encourage resilience? Throughout the research, I maintained a reflexive consciousness, one that feminist researchers deem crucial in feminist research**,** while being mindful of the existing power asymmetry between survey/interview participants and me. Despite the power asymmetry, I strived to achieve an egalitarian relationship just as Kathryn Roulston posits that such produces new knowledge about the unstudied aspect of women’s lives[1](#page73).

A crucial part of the qualitative process was the IRB process. The informed consent form addressed key topics such as the duration of the interview, issues of confidentiality and possible discomforts during the interview.[2](#page73)As emphasized in the informed consents for interview and survey participants, though participation has no direct benefits, yet it will serve as a means of answering the research questions, create new insights for the topic under study and give voice to those who previously did not have a voice. This goal is crucial to feminist research.

Research Design: Mixed Methods

Mixed methods constitute the guiding research approach for this study. In order to generate data that will effectively examine and answer my primary research questions, I chose a mixed methods approach to discover the different ways in which a select group of Nigerian female survivors of IPV cope in the face of adversity and exhibit resilience. A mixed methodology employs both qualitative and quantitative methods to examine and answer research questions. Examples of quantitative methods include experiments and surveys, while qualitative methods include focus groups and individual interviews. John Creswell, a renowned mixed methods scholar**,** posits that mixed methods is a research approach in which a researcher utilizes both open-ended (qualitative) and close-ended (quantitative) data, combines the two, and draws

1. *Reflective Interviewing: A Guide to Theory and Practice* (Los Angeles**:** London: SAGE), 21.
2. See Appendix C and D for the IRB approved informed consent forms.

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conclusions from the combined insights of both types of data.[3](#page74)Creswell maintains that there is an important assumption that applies to mixed methods: a collective strength that enhances the research as opposed to using either of the methods alone. The combination of both quantitative and qualitative data helps improve an analysis by ensuring that the strengths of one type of data covers up for the other. The integration of both methods results in improvement and understanding of the research.[4](#page74)I utilized a qualitative hermeneutic phenomenological approach to acquire primary interview data on the experiences and resilience of ten Nigerian female survivors of IPV. Also, I drew on the works of feminist scholars such as Amina Mama, Sharlene Hesse-Biber, Glenda Gross, and Marjorie Devault, to analyze the responses of my interviewees.

One of the reasons I chose to utilize mixed methods is because they provide a means of obtaining data first, from interviews (a set of open questions) and second, from surveys (a set of closed questions). Both Creswell and Ranjit Kumar explain that mixed methods allow a comprehensive study and diverse views of the questions addressed such that it enhances the standard of a research.[5](#page74)To shed light on the experiences of your interviewees, mixed methods allowed me to give voice to the survivors (interviews), as well as to obtain objective data through surveys. The mode of analysis used for the interview data was reading the transcripts, labeling relevant parts (coding), and combining the codes into themes.

Interdisciplinarity

As a researcher in the Liberal Studies program, it was crucial that my research followed an interdisciplinary trajectory. My use of an interdisciplinary approach enabled me to create a broad knowledge, to integrate insights from relevant disciplines**,** and to generate common ground

1. *A Concise Introduction to Mixed Methods Research* (Los Angeles: SAGE, 2015), 2.
2. Ibid., 2.
3. Ibid., 15; *Research Methodology: A Step by Step Guide for Beginners* (Los Angeles: SAGE, 2014), 26.

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that produces new knowledge. According to Julie Thompson Klein and William Newell, interdisciplinary studies involves “a process of answering a question, solving a problem, or addressing a topic that is too broad or complex to be dealt with adequately by a single discipline or profession.”[6](#page75)Klein and Newell contend that interdisciplinary research is combinatorial in nature as it depends on insights from disciplines, solves complex problems, and generate**s** a common ground. Allen Repko and Rick Szostak suggest that an interdisciplinarian is never complacent about the principles of relevant disciplines; rather, he or she integrates the various insights and uses the adequate knowledge gained to develop a more extensive understanding of the research problem.[7](#page75)

Researchers on the Nigerian perspective of intimate partner violence by and large base their insights on a disciplinary paradigm. This study calls for an interdisciplinary analysis because it addresses a complex problem that draws disciplinary insights from psychology and sociology (stigma and resilience), and interdisciplinary insights from feminist studies (gendered trauma, stigma, and resilience) to produce comprehensive and new knowledge. How**,** why**,** and what enables female Nigerian survivors of IPV cope in the face of traumatic experiences remains the focus of this study.

Repko and Szostak opine that both quantitative and qualitative approaches are essential for the acquisition of new knowledge and deep insights, and therefore, interdisciplinary researchers should make use of both approaches.[8](#page75)Survey questionnaires helped me to

1. “Advancing Interdisciplinary Studies,” in *Handbook of the Undergraduate Curriculum: Comprehensive Guide to Purposes, Structures, Practices, and Change,* ed. Jerry Gaff and James Ratcliff (San Francisco: Jossey-Bass, 1997),
2. Accessed March 26, 2020.

<https://www.researchgate.net/publication/260676399_Advancing_Interdisciplinary_Studies>

1. *Interdisciplinary Research: Process and Theory,* 3rd ed. (Los Angeles: SAGE, 2017), 220.; “Advancing Interdisciplinary Studies,” 393.
2. *Interdisciplinary Research*, 61.

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understand the linkage of social status and educational level to resilience of survivors. The use of qualitative interviews created a platform for ten survivors to narrate their stories and strengthened the data obtained from twenty survey questionnaires.

Selection and Sampling

The selection of participants was critical to my research. Roulston references Margaret LeCompte and Judith Preissle’s explanation that selection “involves making decisions concerning who or what is the focus of a study and characterizing the potential population from which the study’s participants might be drawn.”[9](#page76)Selection required the list of criteria that served as the basis for recruitment. For instance, location, status, demographics, among others are examples of the criteria used in my selection process. LeCompte and Preissle maintain that selection based on criteria is the “starting point” for any research methods.[10](#page76)I recruited thirty female survivors to provide data by participating in the interviews and survey questionnaires. I chose to interview only female survivors of IPV as they are the basis upon which this study is premised, and they have indispensable knowledge of the experiences of IPV.

Although the criterion-based selection remains the starting point for any research methods, the identification of attributes and characteristics of the population under study remains another vital step.[11](#page76)In other words, the researcher uses the sampling process. Greg Guest, Emily Namey, and Marilyn L. Mitchell define sampling as “a process of selecting a subset of items from a defined population for inclusion into a study.”[12](#page76)This involves the selection of individuals who meet the research objectives. For this study, I employed the convenience sampling method.

1. *Reflective Interviewing*, 81.
2. Ibid.
3. *Reflective Interviewing*, 81.
4. “Sampling in Qualitative Research,” in *Collecting Qualitative Data: A Field Manual for Applied Research* (55, City Road: SAGE Publications, 2017), 42, <https://dx.doi.org/10.4135/9781506374680>

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Roulston maintains that convenience sampling involves the easy accessibility or availability of research participants. She further affirms that “Strictly speaking, this is not a form of sampling, given that sampling is the process by which a sub-set of a population is identified and selected for the purpose of a particular study.”[13](#page77)Thus, convenience sampling is a controversial term as the results cannot be generalized to the population under study due to underrepresentation of the sample to the defined population. The total number of survey and interview participants for this study was not a sample of the population of all survivors of IPV in Southwest Nigeria.

When a study seeks to understand the experiences and perceptions of individuals, Creswell endorses three to ten participants**,** while Greg Guest, Arwen Bunce, and Laura Johnson recommend twelve participants.[14](#page77)My initial proposed number of interview participants was twelve to fifteen, but I interviewed only ten participants, because the critical nature of the topic under study convinced several survivors to remain undisclosed. By undisclosed I mean unwillingness to speak with anyone about their experiences. The ten survivors I interviewed all fit the inclusion criteria. For this study, the inclusion criteria included married women twenty-five years of age or above, with at least one child, and literate in English. Roulston maintains that a researcher using a phenomenological interview style, must first identify individuals who have the needed knowledge or experience of the issue at hand and are willing and able to participate.[15](#page77)

I recruited my first two voluntary participants following the guidelines set forth by the convenience sampling method. Ilker Etikan, Sulaiman Musa, and Rukayya Alkassim define convenience sampling as “a type of nonprobability or nonrandom sampling where members of

1. *Reflective Interviewing,* 81.
2. *A Concise Introduction to Mixed Methods Research*, 77; Guest, Bunce, and Johnson, “How Many Interviews are Enough? An Experiment with Data Saturation and Variability,” *Field Methods* 18, no. 1 (February 2006): 79. SAGE.
3. *Reflective Interviewing,* 17.

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the target population that meet certain practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate are included for the purpose of the study.”[16](#page78)The researcher recruits the easily accessible and willing individuals. The first two selected participants belonged to my personal network in Nigeria and they voluntarily assisted in recruiting others who met the inclusion criteria.

In addition, I followed the guidelines of the snowball sampling method. David Morgan states that the snowball sampling method uses a “small pool of initial informants to nominate other participants who meet the eligibility criteria for the study.”[17](#page78)Connection with a few initial informants leads to the recruitment of other potential participants. Because my research centers on survivors in Nigeria and I reside in the United States at present, accessing survivors in Nigeria would be difficult, so I followed snowball sampling techniques. At first, I was anxious about obtaining participants for survey questionnaires and interviews**,** but the snowball sampling method assisted in selecting participants with a range of demographics and social status. After selecting the first two participants from my personal network, I asked them to help recruit other people. I emphasized not to mention names but only needed email addresses to reduce ethical dilemmas and possible embarrassment associated with being an IPV survivor. This step was repeated until the required sample size was found. Therefore, the chapter on results and analysis will compare my findings to that of other studies and speculate how they might apply to a larger sample.

1. “Comparison of Convenience Sampling and Purposive Sampling,” *American Journal of Theoretical and Applied Statistics* 5, no. 1 (201): 2, <https://dx.doi.org/10.11648/j.ajtas.20160501.11>
2. “Snowball Sampling,” in *The SAGE Encyclopedia of Qualitative Research Methods* ed. Lisa M. Given (Thousand Oaks, SAGE Publications, 2008), 815. SAGE Research Methods

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Quantitative Research Approach

The goal of any quantitative research is, as Manu Bhatia noted, “to collect numerical data from a group of people, then generalize those results to a larger group of people to explain a phenomenon.”[18](#page79)This explains the objective nature of a quantitative research project as it complies with the practical method of scientific inquiries. As a response to the question of the objectivity of quantitative research, Jan Golinski, a historian of science**,** contends there is a new production of scientific knowledge that is socially constructed.[19](#page79)This refutes the acceptance by many laypersons and scholars about scientific knowledge as unbiased because it is produced through unbiased research. Golinski claims even scientific research projects based supposedly on objective, unbiased research questions, really are not free from bias.[20](#page79)

Although I surveyed twenty Nigerian women, I am aware that this does not constitute a sample of a population and cannot be applied to all female IPV survivors. To analyze my research questions, I utilized survey questionnaires for two important reasons. First, I employed this approach in order to better understand and acquire a perspective beyond my own on adverse experiences and effects of IPV by documenting the attitudes and opinions of women with differing socio-economic backgrounds. Second, the utilization of survey questionnaires allowed accessibility into the different ways by which survivors’ social status affects survivors, their experiences, and coping mechanisms that were similar in comparison with the interviewees.

1. Manu Bhatia, “A Complete Guide to Quantitative Research Methods**,**” *Humans of Data,* June 11, 2018, para. 4. <https://humansofdata.atlan.com/2018/06/quantitative-research-methods/>(Accessed March 28, 2020).
2. See *Making Natural Knowledge: Constructivism and the History of Science,* 2nd. ed. (Chicago: University of Chicago Press, 2005).
3. Marie Tedesco, comment to author, May 22, 2020.

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Manu Bhatia explains that survey questionnaires are rarely time consuming, are a simple means of data collection, and are mostly cost effective**,** which I found to be very much true.[21](#page80)

With regard to survey size, William Edmonds and Thomas Kennedy explain that collection of data from a large population is demanding, and thus researchers should select representatives of the group under study who are willing to participate in the research.[22](#page80)I designed my survey questionnaire with the Survey Monkey application and I sent out email invitations to two survivors in my network, requesting if they knew other survivors who would like to participate in my research as well as themselves. After the productive responses I received from the email invitations, I sent out another email containing the link to the survey questionnaire which began with an informed consent. The link had a logic model restriction**,** which would only begin the main questions if consent had been given and if otherwise, it would move to the end of the survey showing an appreciation message.[23](#page80)I included a “prefer not to answer” option in the questions to empower and to emphasis the voluntary nature of the questions. In a bid for clarity and precision, I drafted the survey questions using simple language. Regarding personal information, participants’ names, locations, and I.P. addresses were protected through the Survey Monkey security features. The last question asked if the participant would like to be interviewed. The positive responses I received allowed me to send an informed consent form for the interview. Those who responded negatively were still sent appreciation emails for participating in the survey.

1. “A Complete Guide to Quantitative Research Methods,” 5(a).
2. *An Applied Guide to Research Designs* (Thousand Oaks: SAGE, 2017), 133.
3. A list of the survey questions can be found in Appendix B.

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Interview Methodology: Qualitative Interviews

Undoubtedly, there are scholars who favor quantitative methods they consider unbiased. Roulston admits that interviews can and have produced biased and inaccurate results, yet she further claims that this does not need to be the case uniformly. If addressed methodically, reflectively, and theoretically, interviews are productive.[24](#page81)A researcher’s theoretical assumptions find their way either directly or indirectly into the interview design and as such researchers must take into consideration the implications of different theorizations of the interview. This is a means of tackling bias and poor-quality results at an early stage. Roulston contends that “thinking about these issues during data analysis may be too late.”[25](#page81)As a way of challenging the issues of bias resulting from qualitative interviews for this study, phenomenological and feminist interviews are subsequently addressed in this chapter.

According to Marilyn Lichtman, qualitative research is “a way to study the social interactions of humans in naturally occurring situations.”[26](#page81)To clarify, Ranjit Kumar explains that a qualitative approach allows a researcher to examine the “situations, feelings, perceptions, attitudes, values, beliefs, and experiences of a group of people.”[27](#page81)In addition, Lichtman notes that in studying humans’ interactions, there is the need to understand the social environment.[28](#page81) The comments of these scholars foreground the value of qualitative research and interviews. The interaction between the interviewer and the interviewee is socially constructed and this in turn makes the interview an occurrence that produces knowledge.[29](#page81)Because the production of

1. *Reflective Interviewing,* 2-3.
2. Ibid., 3.
3. “Qualitative Research— Introduction,” in *Quantitative Research for the Social Science* (Thousand Oaks: SAGE Publications, 2017): 10, SAGE Research Methods
4. R*esearch Methodology: A Step by Step Guide for Beginners* (Thousand Oaks: SAGE Publications, 2011), 103.
5. “Qualitative Research— Introduction,” 10.
6. Svend Brinkman and Steinar Kvale*, InterView: Learning the Craft of Qualitative Research Interviews*, (Thousand Oaks: SAGE, 2015), 63.

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knowledge is based on social construction, there is no doubt the knowledge derived from interacting with marginalized women is essential for the improvement of their condition. As mentioned earlier, this study focuses on women and their experiences regarding the traumatic effects of IPV and the interviews allow their perspectives and standpoints to unfold. This points to the value of the interviews that allowed the women to make their voices heard.

Another important insight that guided my interviews was that as Winsome Brayda and Travis Boyce contend**,** “qualitative interviewing begins with the assumption that the perspective of others is meaningful.”[30](#page82)Jim Hopper, an expert on trauma studies**,** posits that one important thing a qualitative researcher does during an interview is to empower participants by giving her choices and options, and treating them with respect whenever possible.[31](#page82)Throughout my interviews, I endeavored to make my participants feel respected by giving them options and asking them if they had anything to add to the discussion. This was a means of making them realize the important roles of their contributions and perspectives to the discourse of resilience and IPV.

The Phenomenological Interview

In a bid to understand lived experiences of survivors, conducting interviews was a vital methodology. Both phenomenological and feminist interview methods helped me to pursue in-depth information on the topic under study. This study collected relevant data from different Nigerian female survivors of IPV (ten participants) about the phenomenon of IPV and their resilience as survivors.

1. “So you Really Want to Interview Me?: Navigating “Sensitive” Qualitative Research Interviewing,” *International Journal of Qualitative Methods* 13, no. 1 (February 2014): 319. SAGE.
2. “Post-Training Handout: Preparing for Victim/Survivor/Complainant Interviews,” December 2016, 4, <https://www.jimhopper.com/pdf/handout_for_interviewers.pdf>(Accessed March 28, 2020).

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Phenomenology examines people’s different perceptions of a situation or the world.[32](#page83)In order to understand individuals' perception of the world, researchers must solicit interpretation of diverse experiences and assist to represent their experiences as truth. Phenomenology, then, is both descriptive and interpretive.[33](#page83)Phenomenological interviewing allows interviewers to understand the life experiences of their interviewees. Phenomenological interviewing gives room for reflexivity. The ability of a researcher to access positionality is referred to as reflexivity, a technique by which researchers bend or turn back in their understanding and interpretation.[34](#page83) Marie Clancy explains that “to be reflexive is to examine our involvement, and become aware of the limits of our knowledge and how our behavior may influence or affect others.”[35](#page83)Therefore, reflexivity involves a researcher’s position to reduce personal bias in the course of the research process. Despite my personal assumptions, I endeavored to allow my interviewees’ perceptions to enlighten my understanding of the phenomena of their lives.

Using the phenomenological interview method, this research seeks to examine and create new knowledge about the scope of resilience, the effects of trauma, and the factors that allows survivors cope with trauma. The phenomenological interview allowed me to gather data directly from survivors, and to understand survivors’ meanings of their experiences. I concluded that a phenomenological research paradigm was best suited for my research as it focuses on the daily experiences of individuals as it relates to the phenomenon under study.

1. *Foundations of Qualitative Research: Interpretive and Critical* Approaches (Thousand Oaks: SAGE Publications, 2007) 13; *Reflective Interviewing*, 16.
2. *A Concise Introduction to Mixed Methods Research,* 16.
3. “In-Depth Interviewing,” in *The Sage Encyclopedia of Qualitative Research Methods*, ed. Lisa Given (Thousand Oaks: SAGE Publications, 2008): 136.
4. “Is Reflexivity the Key to Minimizing Problems of Interpretation in Phenomenological Research*?” Nurse Researcher* 20, no. 6 (July 2013): 2, ProQuest.

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The phenomenological approach works best with semi-structured interviews, because the latter encourages the use of questions that ask about the experiences of the persons being interviewed. Using the phenomenological method, my interview questions included “Can you describe the key factors that enabled you to demonstrate resilience despite your harsh experiences?”- which relate to the guiding principles of trauma-informed care: safety, choice, collaboration, trust, mutuality, empowerment,[36](#page84)“Can you describe how your society treats women like you?” and follow-up probes such as “Can you tell me how being educated helped you to cope?”[37](#page84)The interviews I conducted were semi-structured and involved the use of open-ended questions within a guided interview structure. Roulston defines open-ended questions as questions that “that provide broad parameters within which interviewees can formulate answers in their own words concerning topics specified by the interviewer.”[38](#page84)In other words, I had a flexible structure that provided some guidance, but also allowed flexibility in which questions to ask and the order in which I asked questions. My open-ended questions permitted easy response and freedom of expression on the part of my interview participants. Regarding open-ended questions, Roulston maintains that they provide “broad parameters within which interviewees can formulate answers in their own words.”[39](#page84)

In a semi-structured, phenomenological interview, probes are used as follow-up questions. Roulston posits that to “generate questions that elicit further descriptions,” interviewers make use of probes.[40](#page84)Kay Cook refers to this type of interview as an in-depth interview, because she contends that it not only allows the interviewer to be in control of the

1. *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*, 10.
2. See Interview questions in Appendix A.
3. *Reflective Interviewing*, 12.
4. Ibid.
5. Ibid., 13.

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interview by the using probes, but also encourages interviewees to share their experiences freely and extensively. For instance, Mrs. A mentioned that her in-laws were the genesis of her marital difficulties and I immediately followed her point with probes such as “Please tell me more about your in-laws’ role,” “Do they live with you?” “How did you feel about it?” Another participant, Mrs. D, described herself as resilient and I asked a follow up question**:** “Please can you tell me more about what you mean by being resilient?” With probes, I was able to explore the responses of my participants.

Feminist Interviews

A feminist analysis advocates that researchers be aware of the power hierarchies that exist between the interviewee and the interviewer and treat interviewees with utmost sensitivity and respect. Both Sharlene Hesse-Biber and Roulston contend that one major importance of the feminist interview is that it serves as a way to produce new knowledge. Roulston contends that feminist interviews serve as a medium through which women’s voices are heard in a respectful and ethical manner**,** “that contributes “to the advancement of women’s causes in a patriarchal, capitalist society.”[41](#page85)Feminist interviewers assert that often women especially marginalized women are ignored or silenced and that interviews create opportunities for women to tell their stories. Interview results therefore not only produce-new knowledge, but also empower-women. According to Hesse-Biber, feminist interviews aim at extrapolating the unarticulated and hidden “subjugated knowledge” of women’s lives and experiences.[42](#page85)Notwithstanding, Hesse-Biber emphasizes that researchers must be conscious of the roles they play in the process of obtaining

41Roulston, *Reflective Interviewing*, 23; Hesse-Biber, “The Practice of Feminist In-Depth Interviewing” in *Feminist Research Practice: A Primer*, ed. Sharlene Hesse-Biber, (Thousand Oaks: SAGE, 2007): 114. <https://www.corwin.com/sites/default/files/upm-binaries/12937_Chapter5.pdf>(accessed April 17, 2020).

1. “The Practice of Feminist In-Depth Interviewing,” 113.

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data via interview and be cautious of their research and personal standpoints.[43](#page86)As I foregrounded in Chapter 1, I tried my best to minimize my personal assumptions and bias throughout this research.

All through this research, I carefully presented the insightful voices of ten female survivors of IPV**,** which allowed me to document and acknowledge their different perspectives. Roulston points out that great listening skill is required to determine whether research questions have been adequately addressed by the interviewees.[44](#page86)In the course of the interviews, I paid full attention to their narratives**.** Furthermore, as Marjorie De Vault and Glenda Gross maintain**,** not actively listening or paying attention in the course of an interview has the “transformative potential” of influencing the knowledge produced and can result in biased data and knowledge.[45](#page86)

Hesse-Biber affirms that the primary job of a researcher is to “listen carefully, discerningly, and intently to the comments of the researched.”[46](#page86)Putting this insight into consideration not only proved invaluable to my research, but also helped me to obtain relevant data required for the analysis of my research questions. The act of carefully listening to my interviewees’ narratives of their IPV experiences allowed me to understand why some Nigerian female IPV survivors spoke up for themselves in the course of the experiences and exercised agency. Using encouraging words like “wow and yes,” I maintained focus on interviewees’ narratives and this showed that I actively followed their stories.

1. “The Practice of Feminist In-Depth Interviewing,” 114.
2. *Reflective Interviewing,* 15.
3. “Feminist Interviewing: Experience, Talk, and Knowledge,” In *Handbook of Feminist Research: Theory and Praxis*, ed. Sharlene Hesse-Biber, (Thousand Oaks: SAGE, 2006): 182. <https://pdfs.semanticscholar.org/e46a/61ea9ee2a9f0a25897ac65e021dd16ff16df.pdf>(accessed April 17, 2020).
4. “The Practice of Feminist In-Depth Interviewing,” 134.

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Interview Procedures

For the interviews, I emphasized that participants choose their convenient time and comfortable natural setting for the interview. For Karen Norum, natural setting is a convenient day-to-day environment for participants without any form of manipulation.[47](#page87)This allows comfort on both sides (interviewer and interviewee).[48](#page87)

I interviewed ten female survivors who fit my inclusion criteria via WhatsApp audio call. Each participant specified when she would be available**;** it took three months to interview each one, as it was challenging to get the women to speak about their experiences. My first two interview participants each recruited one participant and the process continued. Although these two additional participants each picked later interview dates and times, one of them withdrew because she was not emotionally prepared to speak about her experiences. I had to mail my previous participants to help out and they did by reaching out to the individual on social media using Facebook posts, Instagram messages**,** and LinkedIn. These steps prolonged the recruitment and interview processes. None of the interviews lasted an hour, but it was obvious the women spoke about the significant points needed for my research. I opened up the interview questions with warm-up introductory questions based on demographic information as a means of building rapport. I then asked transition questions in order to understand survivors’ experiences and to obtain insights into their endured hardship and trauma. I then moved to my research questions**,** which were followed by closing questions.[49](#page87)

1. “Natural Setting,” in *The SAGE Encyclopedia of Qualitative Research Methods* ed. Lisa Given (Thousand Oaks, SAGE Publications, 2008): 2. SAGE Research Methods
2. Ibid.
3. Please see a copy of the interview questions in Appendix A. Also see Appendix D for the IRB approved informed consent document that I used for the interviews in this study.

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To aid communication, I worded the interview questions clearly in English language. The question “can you slightly tell me about yourself?” was intentionally worded to include “slightly” to show that the question does not require a long history, but a brief introduction. This was also to limit the interviewee from divulging too much vital information. I avoided the question “why” because the interviews intended to encourage the interviewee to tell her story in her words and from her vantage point. Svend Brinkman and Steinar Kvale note that a researcher should not ask questions based on their opinions about a theme, but rather ask direct questions about the themes.[50](#page88)The following research questions guided the interview questions:

1. What are the impacts of intimate partner violence on women?
2. What known factors lead to abuse?
3. Does societal structure affect violence?
4. What are the factors that bring about resilience and strengthen it as well?
5. Does the social status of Nigerian female survivors of IPV affect their experiences and their ability to display resilience?

Ethical Issues

As a researcher, I was conscious of ethical issues throughout the research process. Ensuring that participants feel safe and unharmed as a result of participating in this study was crucial. Moreover, sticking to standard ethical behaviors while undergoing a research process ensures the work is viable.[51](#page88)The role ethics play in a qualitative research cannot be overemphasized as it deals with human subjects. David Silverman emphasizes the **“**no breach of privacy rule**”** and that researchers should take seriously the protection of their participants.[52](#page88)As

1. *InterViews*, 34.
2. Roulston, *Reflective Interviewing*, 85.
3. David Silverman, *Doing Qualitative Research: A Practical Handbook* (Los Angeles: SAGE Publication, 2010), 152.

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the principal investigator, my role was to gather, analyze, and record emerging patterns and concepts of resilience in my participants by every ethical means attainable. Brinkman and Kvale note that “qualitative research can create tension between the wish to obtain knowledge and ethical concerns.”[53](#page89)The onus is on the researcher to create a balance between asking vital personal questions and being mindful of participant’s personal space with the consciousness of not causing any harm.

I was mindful to ensure privacy, confidentiality rights and welfare of the participants throughout the interview process, I maintained that the source of the information is anonymous**,** just as Silverman recommends.[54](#page89)I made use of the English honorific for married women**,** which is Mrs.**,** and letters as the unique identifiers. Brayda and Boyce suggest that an interviewer should avoid creating friendships that may result in data bias in the course of making participants comfortable.[55](#page89)I made each interview participant feel comfortable by introducing myself and giving a synopsis of my research.

Conclusion

In sum, this chapter centers on the methods used in retrieving, analyzing, and interpreting survivors’ narratives. The continuous reach for an egalitarian relationship in the course of the interviews helped provide the study with much more insightful perceptions about the topic. The mixed methodology approach helped provide the research with combined strength from both survey and interview analysis that helped draw conclusions from both methods. Finally, and most important, the methods employed granted voice to the women as it helped them tell their stories.

1. *InterViews,* 84.
2. Ibid., 152.
3. “So you Really Want to Interview Me?” 321.

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CHAPTER 6. VOICES OF INTIMATE PARTNER VIOLENCE SURVIVORS Resilience, ways of coping with trauma, and dealing with stigma experienced by female

Nigerian survivors of IPV (twenty survey participants and ten interview participants) form the basis of this study’s results. To draw insights from participants’ demographics and their distinct coping and resilience as a result of their experiences, I interviewed ten women with different demographics. All participants are married with children and they voluntarily shared their lived experiences by recounting how they cope and exhibit resilience. I discuss the results from both surveys and interviews as they serve to reach a larger number of respondents and to understand participants’ perspectives respectively. This study contributes to research on the coping mechanisms that Nigerian female survivors of IPV employ to survive. The coping mechanisms that develop from this study serve as an example for other women. Therefore, these survivors’ narratives are vital sources of knowledge and I argue that narratives of oppressed and marginalized women serve an intellectual advantage in research**,** especially studies that focus on comprehensive investigation of social issues.

Survey Results

Table 5.1. presents survivors’ diverse statuses regarding their age, religion, ethnic group, and educational level. Eight of the twenty participants were between the ages of 25 and 35, six were between 36 and 45, and four were between the ages of 45 and 55. Two participants preferred not to disclose their age groups. Fifteen survivors were Christians, three were Muslims, and two preferred not to answer. As shown on the table, seven of the women were Ibo, twelve were Yoruba, and one was Hausa. Also, it shows that all survivors were educated on different

levels with the master’s degree as the highest level, followed by the bachelor’s degree, the higher

national diploma, and other certifications.[1](#page91)

Table 5.1. Survivors’ Socio-demographic Characteristics

|  |  |  |  |
| --- | --- | --- | --- |
| **Age** | **Religion** | **Ethnic Group** | **Education** |
|  |  |  |  |
| 25-35 (8) | Christianity (15) | Ibo (7) | HND (4) |
| 36-45 (6) | Islam (3) | Yoruba (12) | BSc (11) |
| 46-55 (4) |  | Hausa (1) | Masters (3) |
|  |  |  | Certifications (2) |
|  |  |  |  |

Table 5.2. reflects survivors’ perspectives on their ability to cope. Three of the participants maintained that they were unable to cope with the experiences of IPV, fifteen participants affirmed that they cope. Seventeen participants agreed that their peers and family members influenced their ability to demonstrate resilience, and seventeen participants gave their opinion that Nigerian women cope with IPV.[2](#page91)

Table 5.2. Survivors’ Position on the Ability to Cope

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
|  |  |  |
| Are you able to cope in the face of adverse experiences? | 15 | 5 |
|  |  |  |
| Did family or peers play any role in your ability to cope? | 17 | 3 |
|  |  |  |
| Do you think Nigerian women are coping with this menace? | 17 | 3 |
|  |  |  |

Table 5.3. presents a few coping strategies and survivors’ opinions. Although there exist several coping mechanisms, the table indicates which of the mechanism that survivors mostly fall back on to give them strength.

1. The Higher National Diploma (HND) is a certificate that is awarded by a polytechnic in Nigeria.
2. Though a significant finding, given the small sample size, I recommend that this finding on coping should be corroborated using a larger sample size.

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Table 5.3. Survivors’ Coping Mechanisms

|  |  |
| --- | --- |
| **Coping mechanisms** | **Number of Survivors** |
|  |  |
| Children | 20 |
|  |  |
| Religion | 18 |
|  |  |
| Acceptance | 15 |
|  |  |
| Self-distraction | 10 |
|  |  |
| Self-blame | 18 |
|  |  |
| Extended family members (blood relatives) | 20 |
|  |  |

Table 5.4. below shows the opinions of survivors and their views on education and the research on resilience. Although all the survivors were educated, fifteen of them indicated that their education allowed them to be resilient in the face of adversity. Furthermore, all twenty survivors agreed that there is a need for research into the wellbeing of survivors of IPV.

Table 5.4. Survivors’ Opinions and Attitudes

|  |  |  |  |
| --- | --- | --- | --- |
| Survey Question | Yes | No | Prefer Not to Answer |
| Did your level of education increase your resilience? | 15 | 4 | 1 |
|  |  |  |  |
| Do you think there is a need for research into | 20 | 0 | 0 |
| survivors’ well-being? |  |  |  |
|  |  |  |  |

Analysis

The survey questionnaire responses from survivors reveal that there is a link between their social status and ways of coping and exhibiting resilience. In addition, survivors’ responses reflect a few of the different coping mechanisms that they rely on for strength.

In response to Question 6 of the survey questionnaire, fifteen of the survivors identified as Christians and three as Muslims as shown in Figure 5.1. below. In a similar vein, survivors

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indicated different educational levels. Nonetheless, it appears that although survivors identified with a religion, they were not free from the demands of the experiences of IPV.



20

18

1. 15

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 |  | 3 | 2 |  |
| 2 |  |  |  |
|  |  |  |  |
|  |  | 0 |  |
| 0 |  |  |  |
|  |  |  |  |
| Christianity | Islam | African Tradition Prefer not to answer |  |
|  |  |

Figure 5.1. Religion of Survivors

Religion is another significant coping mechanism. Many Nigerian women take religion seriously, either Christianity, Islam, or traditional practices and as such, they are religious people.[3](#page93)This is evident in Figure 5.1., as the result shows that eight participants belonged to a religious group. Howell et al. explain that spirituality across different religions include “feelings of harmony, peacefulness, and/or a relationship to someone or something that provides forgiveness and contributes to psychological well-being.”[4](#page93)This explains that belief in and affiliation with a religious group can be a source of hope, comfort, and strength. Yet, it is also noteworthy that male religious leaders do not necessarily oppose husbands’ violence against their wives or advocate for female survivors. Chimamanda Ngozi Adichie's *Purple Hibiscus* paints a

1. Teefah, “Religion, Women and Gender-Based Violence in Nigeria**,**” *Voices of Youth* (blog), September 9, 2019, <https://www.voicesofyouth.org/blog/religion-women-and-gender-based-violence-nigeria>Accessed April 26, 2020.
2. “Protective Factors Associated with Resilience in Women Exposed to Intimate Partner Violence,” 439.

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stark portrait of this and just how critical the situation is for girls and women, even in Christian and educated households.[5](#page94)This insightful contradiction will be discussed in the analysis of interviews. Regarding IPV survivors, survivors draw strength for survival from their religious beliefs.

The responses shown on Figure 5.2. below affirms that educational level plays an important role in bolstering survivors’ resilience.



20

18

16

14

12

10

8

6

4

2

0

PhD

Masters degree BSc degree

HND Diploma

Other

Certifications

Prefer not to

answer

Figure 5.2. Survivors and Level of Education

Despite being educated, participants still blame themselves for being victims of IPV. They accept it as their fate, move on**,** and do not let their experiences weigh them down that they cannot function in life. This is similar to what happens when individuals find themselves dealing with challenging experiences where they cannot help themselves, but only cope with and thrive so as not to be weakened. Some scholars submit that education and employment cannot be

1. Phyllis Thompson, comment to author, June 24, 2020 and *Purple Hibiscus: A Novel* (2003; repr., Chapel Hill, N.C: Algonquin Books of Chapel Hill, 2012).

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overstated in relation to survivors’ coping mechanism in the face of adversity. A study by Kathryn Howell, Idia Thurston, Laura Schwartz, Lacy Jamison, and Amanda Hasselle studied the protective factors used by IPV survivors in relation to demographics, social support, spirituality, and community cohesion.[6](#page95)The authors posit that “given the literature on the positive role education plays in healthy functioning . . . it may be that cognitive resources gained via schooling serve to decrease stress, and thereby increase resilience.”[7](#page95)This explains that educational level allows for exposure and the exhibition of strength as exhibited by participants.

Figure 5.3. above presents some of the other protective factors that influence survivors’ ability to respond to adversity and stress. All twenty participants identified help from extended family members (blood relatives) and children as a helping factor.



CHILDREN

RELIGION

ACCEPTANCE

SELF-DISTRACTION

SELF-BLAME

FAMILY

0 5 10 15 20

1. “Protective Factors Associated with Resilience in Women Exposed to Intimate Partner Violence,” *Psychology of Violence* 8, no. 4 (July 2018)**:** 438 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6208361/>Accessed April 26,2020
2. Ibid., 444.

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Figure 5.3. IPV Survivors’ Coping Mechanisms

This result challenges Howell et al’s study in which they maintain that “IPV-exposed women often report lower levels of perceived support from friends and family.”[8](#page96)They stress that although family support promotes resilience, it does not influence positive outcomes for IPV survivors.

Stigma, the basis of one of my theoretical frameworks, remains a barrier to survivors’ help seeking. As presented in Figure 5.3., eighteen participants mentioned that self-blame was one of their coping mechanisms. Self-blame remains a feature of internalized stigma. Many IPV survivors tend to hold themselves responsible for their adverse experiences and this in turn leads to guilt and shame. Some researchers propose that in an attempt to control or prevent traumatic experiences, survivors fall back on self-blame.[9](#page96)Interestingly, self-blame could work as a sign of maladaptive thinking in relation to symptomatology and distress**,** as well as serve as a coping mechanism for survivors.[10](#page96)According to Christine E. Murray, Allison Crowe, and Nicole M Overstreet, self-blame is a form of internalized stigma and they maintain that it is the “extent to which people come to believe (or even consider) that the negative stereotypes about those who experience IPV may be true of themselves.”[11](#page96)Though self-blame is a negative feature, yet survivors use it positively as a means of coping. I will refer to this analysis as it applies to my interviewees.

1. “Protective Factors Associated with Resilience in Women Exposed to Intimate Partner Violence,” 439.
2. Catherine M. Reich, Judiann M Jones, Matthew J Woodward, Náthali Blackwell, Leslie D Lindsey, and J. Gayle Beck, “Does Self-Blame Moderate Psychological Adjustment Following Intimate Partner Violence*?” Journal of Interpersonal Violence* 30, no. 9 (May 2015): 1495. SAGE.
3. Ibid.
4. “The Intimate Partner Violence Stigma Scale: Initial Development and Validation,” *Journal of Interpersonal Violence* (March 13, 2019): 3. <https://doi.org/10.1177/0886260519834095>

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Many Nigerian women tend to be resilient in the face of trauma because of their children. As indicated in Figure 6, all twenty participants mentioned that their children were a major source of strength. The next section further synthesizes and analyzes the survey and interview results such that both results provide a better understanding of the experiences of survivors.

Interview Results: Coding and Emergent Themes

Coding

The point at which a researcher identifies, organizes, and categorizes vital points from research data in order to explore the research question is known as coding. I conducted the interviews via WhatsApp audio call and recorded them using the voice recorder on my personal computer. In the course of interviewing my participants, I took notes, and this helped during the coding process. After recording all my interviews, I transcribed them without the help of any transcription tool. I wrote down every word by listening and replaying all my interviews. Once I had them written, it was easy for me to code my interviews. It is the search for ideas, themes, concepts, and categories that a researcher uses to group and interpret data.[12](#page97)Johnny Saldana explains coding as a process that appropriates the salient attributes or essence of data from, field notes, interview transcripts, or questionnaires.[13](#page97)The onus in on the researcher and the guiding research questions to determine what is referred to as essential from the data. For Saldana, the process of coding is not just a precise science, but an interpretive act.[14](#page97)In the process of coding, I identified themes in my first interview and looked for similar emerging themes from subsequent interviews. I noted the emerging themes from the survivors’ narratives that not only supported my

1. Lucia Benaquisto, “Codes and Coding,” in *The Sage Encyclopedia of Qualitative Research Methods*, 87 ed. Lisa Given (Thousand Oaks: SAGE Publications, 2008.) online.
2. *The Coding Manual for Qualitative Researchers* (Thousand Oaks: SAGE, 2010): 3, <http://stevescollection.weebly.com/uploads/1/3/8/6/13866629/saldana_2009_the-coding-manual-for-qualitative-researchers.pdf>(accessed March 29, 2020).
3. Ibid., 4.

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position, but also those that did not support my position. Sharlene Hesse-Biber refers to David Karp as he maintains that “negative cases” that deviate from one’s research position cannot be overlooked in the research analysis.[15](#page98)This insight enabled me to relay the experiences of my participants accurately.

Even though this study focuses on coping, resilience, and stigmatization of women who suffer IPV, it is also important to understand their experiences and the traumatic effects IPV has on them and their children. The recurring themes that emerged from the interviews are detailed in Table 5.5.

1. “The Practice of Feminist In-Depth Interviewing,” 138.

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Table 5.5. Recurring Themes

|  |  |  |
| --- | --- | --- |
| **Themes** | **No. of Times** | **Interviewee** |
|  |  |  |
| Religion | 4 | Mrs. G, H, Z and C |
|  |  |  |
| Education and Employment | 8 | Mrs. Z, C, B, F, D, E, G, and |
|  |  | H |
|  |  |  |
| Female Agency and | 5 | Mrs. B, F, G, I, and C |
| Empowerment |  |  |
|  |  |  |
| Personal Attributes | 7 | Mrs. Z, G, H, B, D, E, and I |
|  |  |  |
| Giving Voice | 3 | Mrs. A, E, and Z |
|  |  |  |
| Support from Extended | 3 | Mrs. B, Z, and E |
| Family and Friends |  |  |
|  |  |  |
| In-laws | 4 | Mrs. A, I, H, and D |
|  |  |  |
| Trauma; Physical and Mental | 7 | Mrs. G, E, C, H, B, F, and Z |
| Trauma |  |  |
| Women as Agents of | 2 | Mrs. F and H |
| Patriarchy |  |  |
|  |  |  |

The Phenomenon of IPV and Stigmatization in Nigeria

The ten interview participants distinctively shared the impacts of IPV and their relation to their coping and resilience. Also, they described its effects and the role many community members play to stigmatize them. All the interview participants personally described IPV as an emotional and painful experience. Although different social locations and circumstances

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influenced the women’s understanding and narratives of IPV, they all expressed that it was a surreal experience. Mrs. A expressed, “Intimate Partner Violence plays out at a different level of life in marriage. It shows you the unknown about reality.”[16](#page100)Mrs. C describes, “Everything changed within the twinkle of an eye. I didn’t know what to do and what not to do.”[17](#page100)Mrs. E recounts, “The first time he hit me publicly, I felt naked and vulnerable. I just wanted to disappear into thin air.”[18](#page100)This explains her shame as a result of the stigma of being referred to as one who is hit by her husband.

One important type of stigma that interviewees experienced was social stigma. Mrs. G talked about the societal stigma that survivors of IPV experience in Nigeria. She explained that, “most men don’t want to marry women with children. Even when they want to, they will be discouraged and asked whether they knew what the woman did to her husband that made him throw her out.”[19](#page100)For her, the societal stigma of leaving one’s husband because of IPV was one of the reasons she stayed back. Another survivor, Mrs. Z mentioned that women especially those with children who are separated or divorced in Nigeria are termed “useless and unfortunate beings,”[20](#page100)Mrs. Z explained that her friends kept reiterating to her to remain in the marriage so as not to be termed useless and unfortunate.[21](#page100)

In-laws

One recurring theme that brought about new insight is the involvement of and hostility by the survivors’ in-laws. Even though some participants said their in-laws treated them well before

1. Mrs. A, interview by Tobi Oloyede, via WhatsApp audio, December 6, 2019.
2. Mrs. C, interview by Tobi Oloyede, via WhatsApp audio, December 28, 2019.
3. Mrs. E, interview by Tobi Oloyede, via WhatsApp audio, January 6, 2020.
4. Mrs. G, interview by Tobi Oloyede, via WhatsApp audio, February 26, 2020.
5. Mrs. Z, interview by Tobi Oloyede, via WhatsApp audio, December 15, 2019.
6. Ibid.

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marriage, one stressed that her in-laws had always been a problem. Mrs. A stated, “It started with his parents, his mom especially. I don’t know why, but for some reason she doesn’t like me. She wanted her son to get married to somebody else, but that did not happen.”[22](#page101)Mrs. I explained that although she had a friendly relationship with her in-laws, yet her mother in-law changed towards her after she had a miscarriage.[23](#page101)She recalled that one fateful afternoon, her mother in-law came visiting unannounced and did not have any plans of leaving soon: “She questioned every of my actions in my husband’s house.”[24](#page101)Another survivor, Mrs. H**,** stated that her in-laws initially treated her like their biological daughter and showed her true love.” She further stated that, “It was my assumption about them but [it] turned out to be wrong.”[25](#page101)Mrs. A explained that her troubles started with her mother in-law who seemed not to like her and would always tell lies about her to her husband. She stated, “it went back and forth such that he stopped believing me and started hitting me. Everything changed drastically and I was going crazy.”[26](#page101)She further explained that she had cuts and bodily injuries that she became ashamed of because she had to make up lies to her friends.[27](#page101)Another interviewee, Mrs. Z explained that her mother in-law always said to her face that she was a wrong choice for her son. She reiterated one of her mother in-law’s statements; “My son, you have not gotten yourself a wife, you must marry a good lady from the village.”[28](#page101)The in-laws often were enablers of their sons’ violence towards their wives. Mrs. A recounted that her mother in-law not only played an active role in the trouble she experienced with her husband but also was the one who triggered her son’s behaviors. She

1. Mrs. A, interview.
2. Mrs. I, interview by Tobi Oloyede, via WhatsApp audio, March 2, 2020
3. Ibid.
4. Mrs. H, interview by Tobi Oloyede, via WhatsApp audio, February 26, 2020
5. Mrs. A, interview.
6. Ibid.
7. Mrs. Z, interview.

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stated, “My mother in-law introduced me to the mother of the lady she wanted my husband to marry and she made me serve her.”[29](#page102)Mrs. I also explained that her mother in-law was the genesis of her marital troubles as she came visiting unannounced. She stated that “her unannounced visits were an issue but coming to lord over my house and always giving directives was another.” Mrs. I. further mentioned that there were times her husband would sleep in his mother’s room and whenever she questioned him, he ended up beating her.[30](#page102)

Effects of Trauma on Survivors

The narrative of the survivors foreground physical assault along with the shame and low self-esteem that comes with it. IPV reduces survivors’ self-esteem such that it limits them from making rightful decisions regarding their abusive relationships.[31](#page102)Mrs. C stated, “I would never had believed I would be beaten in marriage; it was too surreal for me as I was mentally damaged and became low self-esteemed.”[32](#page102)

This study not only focuses on coping and resilience of IPV survivors, but also investigates the traumatic effects of IPV on survivors. Survivors responded to the question of effects of their experiences. One survivor, Mrs. G**,** recounted that her husband stopped coming home early after some months into the marriage: “Whenever I asked him for reasons, he would beat me. There were times I woke up in the hospital.”[33](#page102)She maintained that these experiences affected her relationship with people around her. Mrs. H emphasized that most times, he beat her at the middle of the night when everyone is asleep: “when he beats me, he seizes my phone so

1. Mrs. A, interview.
2. Mrs. I, interview.
3. Maria Papadakaki, Georgia Tzamalouka, Sevaste Chatzifotiou and Joannes Chliaoutakis, “Seeking for Risk Factors of Intimate Partner Violence (IPV) in a Greek National Sample: The Role of Self-Esteem,” *Journal of Interpersonal Violence* 24, no. 5 (2009)**:** 745. doi:[10.1177/0886260508317181.](https://doi.org/10.1177/0886260508317181)
4. Mrs. C, interview.
5. Mrs. G, interview.

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that I would not be able to ask for help or let anyone know what he has done.”[34](#page103)Mrs. E mentioned that the? one time she stood up to him, she ended up with physical injuries and she stated, “I had a presentation at work the next day; my colleagues knew something was wrong in the way I walked and that saddened my heart.[35](#page103)

Stephanie Covington, the aforementioned specialist in gender responsive and trauma-informed services, submits that “gender shapes the contexts in which women live,” and the effects of their experiences.[36](#page103)Gender plays a significant role in ordering the turns in which women’s’ lives take. From survivors’ narratives, it is obvious that women who live in a patriarchal society that privileges men are subjected to violent assaults that affect them in ways that inhibit their physical, emotional, and psychological wellbeing.

Trauma: Mental Health

The consequences of IPV on mental health can be severe and devastating**,** including depression, anxiety, and eating and sleeping disorders. There is a significant connection between depression and IPV. Female survivors of IPV in Nigeria are at risk of serious mental, emotional, and psychological problems that can exist beyond the abusive relationships.[37](#page103)Mrs. B explained that she was fired from work because she was no longer concentrating, “I became so depressed and anxious about everything.”[38](#page103)Another survivor, Mrs. C recounted her experience with depression as she explained that her doctor placed her on anti-depressants.[39](#page103)Mrs. F shared that

1. Mrs. H, interview.
2. Mrs. E, interview.
3. “Women and Addiction: A Trauma-Informed Approach,” *Journal of Psychoactive Drugs* 40, no. S5 (November 2008): 378. [http://www.stephaniecovington.com/assets/files/CovingtonSARC5.pdf.](http://www.stephaniecovington.com/assets/files/CovingtonSARC5.pdf) (accessed May 13, 2020).
4. Mapayi Boladale, Mosaku Makanjuola, Abiodun Adewuya, Olusegun Afolabi, and Adesanmi Akinsulore, “Impact of Intimate Partner Violence on Anxiety and Depression Amongst Women in Ile-Ife, Nigeria,” *Archives of Women's Mental Health* 16 no. 1 (2013**:** 17. <https://doi.org/10.1007/s00737-012-0307-x>
5. Mrs. B, interview by Tobi Oloyede, via WhatsApp audio, December 26, 2019.
6. Mrs. C, interview.

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her abusive relationship affected both her relationship with friends and workplace such that she stopped mingling with friends and also received queries at work because she was losing concentration.[40](#page104)

The effects and continued prevalence of anxiety on the well-being of survivors cannot be overstated. My participants also mentioned that the experience made them overly anxious. Mrs. B explained that she became very anxious about any and everything such that it leads to lightheadedness.[41](#page104)Also, Mrs. E stated, “my anxiety resulted in high blood pressure and I am currently dealing with it.”[42](#page104)Another participant, Mrs. G shared that her health practitioner told her that her anxiety has weakened her immune system such that it now allows her to fall prey of frequent illnesses.[43](#page104)Mrs. Z also explained that she was always afraid whenever her husband comes around because anything could make him flare up and pounce on her.[44](#page104)In a study of IPV survivors in Southwest Nigeria, Boladale Mapayi et al. found that individuals who experience IPV are at a high risk of experiencing anxiety. Among their participants, the prevalence of anxiety was thrice more that the sample population. Mapayi et al. posit that “anxiety is more strongly associated with IPV . . . and may be explained by the fact that IPV is usually associated with the threat of harm rather than loss.”[45](#page104)

Effects on Children

All my interview participants have children, and even though a few mentioned that their experiences did not really affect their children, or they have not noticed any behavioral changes,

1. Mrs. F, interview by Tobi Oloyede, via WhatsApp audio, February 22, 2020.
2. Mrs. B, interview.
3. Mrs. E, interview.
4. Mrs. G, interview.
5. Mrs. Z, interview.
6. “Impact of Intimate Partner Violence on Anxiety and Depression amongst Women in Ile-Ife, Nigeria,” 16.

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some affirmed that it had traumatic effects on their children. According to Mrs. I, her son turned out be a very caring young man who respects everybody for who they are. She responded that rather than make his experiences as a witness to IPV affect him negatively, he decided that he was going to be a different man from his father.[46](#page105)Mrs. A explained that her first child was only nine when the child first asked, “Mom, why did you marry my dad, didn’t you find another man that you could marry? Why does he beat you all the time?” Mrs. A stated that she was not only shocked by the questions, but also by her child’s saddening facial expression.[47](#page105)Mrs. G, recounted that her husband beats up her children whenever they try to come between them. She stated, “When the children try to stop him, he pounces on them as well not minding they are young.” In addition, she mentioned that her children are beginning to be violent in school.[48](#page105) Another Mrs. Z noted that she was summoned from her son’s school for his behavioral misconducts. She explained that he was becoming aggressive towards his friends.[49](#page105)Mrs. D explained that her daughter became anxious and overly quiet, and always wanted to be left alone in her room. She stated, “my daughter once told me that she wished she was born into a different family?”[50](#page105)As a child who has witnessed IPV in the family, there have been times I wished**,** and told my parents that I wished**,** I had a different family. My experiences as a witness affects my relationship with the opposite sex and remains the reason I decided to take on a concentration in gender and diversity. Also, I was always filled with shame so that whenever I walked on the street, because I wondered what people were thinking about my family and my inability to stop the violence accumulated into shame and guilt.

1. Mrs. I, interview.
2. Mrs. A, interview
3. Mrs. G, interview.
4. Mrs. Z, interview.
5. Mrs. D, interview.

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One participant claimed that her son was not negatively affected. From Mrs. I’s response, it is obvious that her son’s reaction was a positive use of his anger towards his father’s maltreatment of his mother. Children who witness IPV respond to the trauma differently as it affects them physically, emotionally, behaviorally, and socially.[51](#page106)It is important to note that children who witness IPV respond to the trauma differently because their minds store memories easily and differently. They either can learn how to deal with their behaviors and emotions or be affected by them and limit their physical and mental well-being as adults.[52](#page106)

In Dass-Brailsford’s study, Rachael Goodman refers to transgenerational trauma as “the transmission of trauma from one generation to the next.”[53](#page106)Ever since the study of the children of Holocaust survivors, transgenerational trauma has been used to understand several forms of violence especially child abuse and domestic violence.[54](#page106)Tihamér Bakó and Katalin Zana posit that “children can be born into and live within this atmosphere and thus enter the traumatized psychological field as their new reality. The transgenerational atmosphere becomes, in our words, a we experience that can accompany—or ghost—future generations.”[55](#page106)With the “we experience,” they explain that children who are born free can enter the traumatized experience of their parents and live it as their reality. Allen contends that “family violence takes many forms and has profound consequences. Children are direct targets, and they are also deeply affected by witnessing violence between adults and violence directed toward their siblings.”[56](#page106)A child who

1. “The Effects of Intimate Partner Violence on Children,” Catalyst Domestic Services, accessed May 17, 2020, <http://www.catalystdvservices.org/learn/intimate-partner-violence-and-children>
2. “Effects of Domestic Violence on Children,” U.S. Department of Health and Human Services, accessed May 17, 2020, <https://www.womenshealth.gov/relationships-and-safety/domestic-violence/effects-domestic-violence-children>
3. “The Transgenerational Trauma and Resilience Genogram,” *Counselling Psychology* 26, no. 3-4 (2013): 388. <http://www.tandfonline.com/doi/abs/10.1080/09515070.2013.820172>
4. Ibid., 388.
5. “The Vehicle of Transgenerational Trauma,” 274.
6. *Coping with Trauma,* 11.

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has lived in a violent family, I agree that my experiences with violence in the home have had emotional effects on me. For instance, I have grown to view marriage and men as something to be done away with. He emphasizes that “witnessing violence, even if you are not directly involved in it, also can be extremely traumatic. Seeing anyone being beaten is extremely stressful. The greater your attachment to the victim of violence, the more extreme the stress is likely to be.” On attachment to the victim of violence, it is natural that most children, females to be precise are closer to their mothers and this strengthens the effects of witnessing IPV.

Interestingly, Goodman asserts that “the transgenerational framework also includes the transmission of resilience across generations. While trauma might be conveyed from parent to child, coping strategies, ways of overcoming traumatic stress, and ways of sustaining one’s culture despite oppression may also be passed down.”[57](#page107)This goes to show that individuals who experience their parent’s adversity can acquire and make use of the strength and coping mechanisms employed by their parents.

Women as Agents of Patriarchy

One of the questions I posed to survivors was “How would you describe the structure of the society you live in? Who do you think benefits more?” I asked this question in order to investigate the patriarchal structure of the Nigerian society and to obtain any possible divergent opinion. I received several responses, but the consensus among survivors was that the society they find themselves is one that elevates men in all respect. Mrs. F’s response was as follows: “The society I find myself is one that places men above women and there is nothing like equality. Men are more superior [sic.] than women and women do not have a say. Men are also

1. “The Transgenerational Trauma and Resilience Genogram,” 389.

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considered as small gods; we worship them and whatever they say is what we must abide by.”[58](#page108) Mrs. H opined that “in Nigeria, the man is the head of everything.”[59](#page108)

The narratives reveal that the trauma suffered by female survivors of IPV stems from sociocultural practices and beliefs that are the consequences of patriarchy. Meera Atkinson maintains that patriarchy perpetrates trauma and further reinforces strife and suffering in women’s lives.[60](#page108)Nigeria is a male-dominated country and the male dominance cuts across all institutions**,** including the family. Here, women’s rights are infringed upon by their supposed husbands or intimate partners. This is fostered by patriarchal beliefs that the man is not only the head of the house, but also the one who gives final verdict on all issues. It is also noteworthy that women themselves often reinforce and serve as supporters of patriarchy. As seen in the narratives, although these other women, friends and in-laws do not directly perpetrate violence on the survivors, they serve as enablers for the men. The oppression and abuse of women by other women unsettles and challenges both the national and global fight for gender equality. In addition, the phenomenon of women acting as agents of patriarchy maintains hegemonic sociocultural order.

Factors That Enable Nigerian Female Survivors of IPV to Demonstrate Resilience

My main argument, as stated in previous chapters of this study**,** is that irrespective of the adversity, stress, and trauma that Nigerian female survivors of IPV experience, many are able to rebuild and reconstruct their lives to be better because of the available internal and coping factors. In order to test my claim, I interviewed women with lived experiences of IPV without

1. Mrs. F, interview.
2. Mrs. H, interview.
3. “Patriarchy Perpetuates Trauma. It’s Time to Face the Fact,” *The Guardian* April 29,2018, 3. <https://www.theguardian.com/commentisfree/2018/apr/30/patriarchy-perpetuates-trauma-its-time-to-face-the-fact>(accessed May 13, 2020).

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really knowing what they would tell me. For example, in regard to patriarchy, I did not expect survivors to be accepting of it and neither did I expect to see women as complicit in patriarchy. As a reaction to my question on survivors’ coping mechanisms despite the challenging experiences, they all identified several factors that assisted them to cope.

Religion

All participants mentioned that their religious belief is a primary factor upon which they rely. The survivors who experienced hostility from their in-laws identified that their belief and faith in God fostered their coping and resilience. Mrs. H explained that her faith and belief in God made her strong and bold and she stated: “I always ask God for direction in everything and he’s been fighting my battles.”[61](#page109)

Of the ten interviewees (nine Christians and one Muslim), eight emphasized that their faith in God served as a primary source of strength in dealing with the violence they suffer at the hands of their spouses and the traumatic effects it has on them. René Drumm, Marciana Popescu, Laurie Cooper, Shannon Trecartin, Marge Seifert, Tricia Foster, and Carole Kilcher posit that spiritual resources play a significant role in assisting individuals to cope with stress and “to move from coping for survival to resilient self-efficacy and healing.”[62](#page109)According to Drumm et al., engaging in religious activities might help individuals find meaning and strength in distress, and serve as a coping resource.[63](#page109)Furthermore, the authors’ study showed that spiritual practices such as Bible reading and prayer**,** among other practices, allowed survivors to gain healthy and important insights that enabled them to exhibit strength.[64](#page109)For instance, several survivors

1. Mrs. H, interview.
2. “ ‘God Just Brought Me Through It’ ”: Spiritual Coping Strategies for Resilience Among Intimate Partner Violence Survivors,” *Clinical Social Work Journal* 42 (2014): 385. <https://doi.org/10.1007/s10615-013-0449-y>
3. Ibid., 391.
4. Ibid., 390.

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recounted that their involvement in religious activities such as singing in their church choirs, reading the Bible and Quran, attending prayer meetings, and praying alone as well as with others, provided solace and strength.

Survivors mentioned different religious activities that fostered their strength. Mrs. G explained that at some point she noticed that she was always lost in thoughts whenever she was alone until she decided to always study Bible passages during those lonely times. She mentioned that studying the Bible and personal prayer sessions were activities she used to pull herself together.[65](#page110)Mrs. H said that her experiences made her build a closer relationship with God as she always found herself praying. She further explained that this was because she had no one to tell her experiences to and her closeness to God strengthened her belief that “there is always light at the end of the tunnel.”[66](#page110)Several survivors mentioned that prayer and Bible and Quran passages were their sources of strength. Mrs. Z, a Muslim**,** maintained that her Islamic faith and steadfast prayers strengthened her belief that sooner rather than later, all will be fine.[67](#page110)Although Mrs. C also affirmed that she holds a strong belief in God, but she was disappointed in the response that she received from her pastor. She reiterated one of the questions her pastor asked her: “Are you sure you are not the one at fault, frustrating him, or being proud because you are the one footing the bills?” She further mentioned that her pastor never listened to her husband’s side of the story, but sided with her husband because, she though, she earned more than her husband and that this disparity perhaps was a source of shame to him.[68](#page110)I asked Mrs. C how her faith in God made her

1. Mrs. G, interview.
2. Mrs. H, interview.
3. Mrs. Z, interview.
4. Mrs. C, interview.

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cope and her response was, “Faith makes you love and forgive. It was my relationship with God and level of education that is helping me stand.”[69](#page111)

My interviewees mentioned different coping mechanisms, but they all emphasized that their belief and faith in in God, strengthened by religious activities**,** helped them to cope, and their responses agree with those revealed by other studies. According to Mei-Chuan Wang, Sharon Horne, M Levitt, and Lisa Klesges in “Christian Women in IPV Relationships: An Exploratory Study of Religious Factors,” religious beliefs have a strong influence on married women. Wang et al. assert that “religion can significantly influence religious people’s decisions; they often seek spiritual guidance in understanding and resolving problems.” For them, religious beliefs and faith in God are essential parts of coping for women experiencing IPV.[70](#page111)Richardson asserts that individuals not only derive strength from their beliefs, but also that their experiences strengthen their belief in God.[71](#page111)

Education and Employment

All the survivors I interviewed were educated, although on different levels. They maintained that their educational levels and employment statuses made it easier for them to cope, but two were unemployed. Three of the survivors interviewed hold a master’s degree, five hold a BSc degree, and two hold HND diplomas. Mrs. Z explained that after her first degree, she received a job offer, and this has been a form of diversion from family worries. In her words, “If I wasn’t working, I’m sure my husband’s maltreatment would have affected me more.”[72](#page111) Another survivor, Mrs. C**,** a civil engineer**,** explained that her educational, professional, and

1. Mrs. I, interview.
2. *Journal of Psychology and Christianity* 28, no. 3 (October 1, 2009): 225. ProQuest.
3. “The Metatheory of Resilience and Resiliency,” 315.
4. Mrs. I, interview.

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employment status enabled her to focus more on her job rather than on her family crisis. She maintained that although it affected her work ethic, yet she made sure she continued to derive joy from her job and looked forward to resuming every morning.[73](#page112)In addition, Mrs. B noted that although she could not come home late, yet she was always very excited about going to work in the mornings.[74](#page112)

Apart from being a source of joy, survivors explained that their education and employment status brought them freedom and financial independence**,** which enabled them not only to care for themselves and their children, but their abusive husbands as well. For instance, Mrs. F recounted that her husband lost his job and was hostile to her because she still had a job. She stated that despite his vented anger upon her, she was able to stand firm because she was financially independent.[75](#page112)Mrs. D, a thirty-three year old survivor with three young children**,** explained that she can provide for herself and her children because of her HND degree in hospitality management.[76](#page112)Additionally, she gets paid to cook privately for people around her. Mrs. E noted, “I wonder what would have happened if I was not working and if I couldn’t fend for myself. That would have been very depressing for me.”[77](#page112)Mrs. Z**,** who is a master’s degree holder**,** describes herself as talented, educated, enlightened, and resilient and asserts, “Knowledge is power.” Although she was not prepared to be the head of household, but financial stability bought her comfortability to an extent.[78](#page112)

1. Mrs. C, interview.
2. Mrs. B, interview.
3. Mrs. F, interview.
4. Mrs. D, interview.
5. Mrs. E, interview.
6. Mrs. Z, interview.

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Two women recounted that they depend on their spouses financially. Mrs. G mentioned that she had a job earlier in the marriage but was later retrenched. She stated that although she struggles to play her part financially, nonetheless, she still relies on her husband for a large part of financial needs.[79](#page113)Mrs. H noted that ever since she had been married, she had always depended on her husband financially. Both Mrs. G and Mrs. H explained that their financial dependence on their husbands limited their ability to exercise agency or to exhibit strength.[80](#page113)

Support from Family and Friends

The disclosure of IPV experiences to family and friends to gain emotional and physical support is an act that many women hesitate to do. As a consequence of their being stigmatized, most women do not share their experiences. In addition, Nigerian females are trained from a young age to always keep whatever happens in their marriage to themselves as it is an institution that requires utmost perseverance. Most of the women I interviewed kept their being abused from their family members, but some noted that they spoke with friends about their experiences. For instance, Mrs. A explained that she did not tell any member of her family and when she was almost ready to reveal to them, her father in-law stopped her and said to her “eyan o kin so gbogbo nkan ti oju e ban ri ni ile oko, eyan ma n da to ni (one does not reveal every marital problems, but deals with it alone.)” This made her endure too much before opening up to her mother who in turn served as a source of strength to her as she could always fall back on her.[81](#page113)

Describing the various encouraging supports that the survivors received from family and friends, the women explained they stood by them through words of encouragement and financial supports at different times. Mrs. B stated that her friends helped her cope as they were always

1. Mrs. G, interview.
2. Mrs. H and Mrs. G interview.
3. Mrs. A, interview.

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around her, encouraging her, and setting up various together moments.[82](#page114)Mrs. Z explained that there was a time she left the house and a friend accommodated her and her four-months old baby.[83](#page114)Mrs. E spoke about her brother, “My brother played a significant role in my life; he would always take me out of the house.”[84](#page114)She explained that the support she received from her brother helped her to cope with problems associated with IPV. She recounted that her brother stood by her and always took her out.[85](#page114)

Regarding community support, SAMHSA maintains that “communities that provide a context of understanding and self-determination may facilitate the healing and recovery process for the individual. Alternatively, communities that avoid , overlook, or misunderstand the impact of trauma may often be re-traumatizing and interfere with the healing process.”[86](#page114)From the narratives of my participants, it is obvious that there is the low impact of community organizations on survivors because of stigmatization, unprofessionalism among other factors.

Children

As a child witness to IPV, there were times I asked questions like “Why don’t you just leave this marriage? Why did you marry him?” The response I received was that a woman stays in her home to endure whatever she faces because of her children. While growing up, I had seen that often women who left their husbands and children because of the pain they suffered, left their children to suffer even more. For instance, when a woman leaves and a new woman enters the family, the new woman maltreated the children.

1. Mrs. B, interview.
2. Mrs. Z, interview.
3. Mrs. E, interview.
4. Mrs. E, interview.
5. *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*, 17.

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Participants mentioned that their love for their children imparted strength to them. According to Mrs. I, “my son is my major source of strength.” She explained that even though she derives joy from her job, yet it does not compare to the strength she derives from knowing that she must be strong for her son.[87](#page115)Mrs. H stated that she is enduring the violence because seeing her children grow up gives her the assurance that her pain will pay off some day.[88](#page115) Another survivor**,** Mrs. G**,** explained that the thoughts of the effects of a broken home on her children gave her strength as she does not want her children to experience such. She further mentioned, “My children are now my soul mates since I lost having one in the man I call my husband.”[89](#page115)Mrs. F stated, “My child was my strength because anytime I look at him, I knew I couldn’t leave my boy like this. Seeing him alone gave me strength. I had to be happy for him.”[90](#page115)

Apart from being a child witness to IPV, my siblings and I have been trained to never opt of marriage**,** especially when there is a child involved. In Nigeria, it is not uncommon for others to advise that marital difficulties are to be endured because of one’s children.

Personal Attributes

As stated by Mrs. Z, “Even though you derive strength from people around you, there will always be lonely times where you can only be the source of your strength.”[91](#page115)Although survivors relied on external factors, they explained that personal qualities such as determination, focus, positive attitudes, extra-curricular activities, skills, hard work, and self-motivation also served as sources of strength. For instance, Mrs. Z mentioned that apart from her regular job, she

1. Mrs. I, interview.
2. Mrs. H, interview.
3. Mrs. G, interview.
4. Mrs. F, interview.
5. Mrs. Z, interview.

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was a skilled fashion designer and having to work hard to meet clients’ needs helped her to remain strong for herself. In her words, “I may not be rich, but the proceedings from my hard work helps me whenever my husband decides not to help out.”[92](#page116)This survivor relied on her job and designing skill for survival.

Determination, hard work, focus, and persistence repeatedly emerged in the survivors’ interviews as qualities that enabled them to cope. Some survivors had to take on more than one job in order to keep themselves busy, away from home, and financially stable. For example, Mrs. G mentioned that not only was her husband maltreating her, he rarely provided for them. She had to work as a marketer in a bank as well as a graphics designer for small companies.[93](#page116)Although Mrs. H only had Higher National Diploma (HND), she took up mini printing job errands and she states, “Even though I could not get a good job, the small errands I run for people gave me joy and I looked forward to spending time with those people.”[94](#page116)

Roberta Greene, Coleen Galambos, and Youjung Lee identify personal attributes as one of the contributing factors to coping and resilience.[95](#page116)One survivor, Mrs. B**,** whose mother in-law was bent on frustrating her**,** explained that the mother in-law’s hostility made her more determined to make her marriage work.[96](#page116)Mrs. D described herself as a woman with positive attitudes and one who is not easily shaken by happenings around her. In her words, “I do not allow anything bring me down. Even though it does, be sure I am back up in the next few

1. Mrs. Z, interview.
2. Mrs. G, interview.
3. Mrs. H, interview.
4. “Resilience Theory: Theoretical and Professional Conceptualizations,” *Journal of Human Behavior in the Social Environment* 8, no. 4 (September 2008): 75,<https://www.tandfonline.com/doi/pdf/10.1300/J137v08n04_05?needAccess=true>(accessed February 15, 2020).
5. Mrs. B, interview.

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minutes.”[97](#page117)Mrs. E also described herself as “courageous and dogged.”[98](#page117)She added that she does not allow herself to wallow in pain even though it sometimes gets at her, yet she intentionally chooses to be happy.[99](#page117)Mrs. I’s closing statement was “I strongly believe there are reasons why I am experiencing this in my marriage, I am not giving up on me, my husband, and my family.”[100](#page117)

I obtained diverse responses from my interview participants regarding their life experiences and personal circumstances. Significantly, the results of both the surveys and the interviews reveal that participants’ ability to cope extended beyond their age, education, religion, children, or ethnicity through self-determination, being focused on building their homes and on their jobs, and hard work. These qualities cut across religious, ethnic, educational, and parental lines and that characterized all of the women and enabled their coping and resilience. Survivors displayed these traits by involving in several activities such as their regular jobs, taking on extra jobs, and starting small businesses.

The above enabling factors that allow survivors’ demonstration of resilience are backed up by Michael Ungar’s socio-ecological concept of resilience. It provides a significant reconceptualization of resilience that helped to me to understand the many factors that contributed to resilience of IPV survivors**,** in particular my research participants. Ungar’s socio-ecological framework foregrounds the examination of protective factors as they impact the displays of resilience by survivors of IPV. This framework allows functional variability after an individual’s subjection to IPV and calls attention to modifiable factors**,** such as fostering positive attitudes and external supports that promote survivors’ resilience. According to Ungar, resilience

1. Mrs. D, interview.
2. Mrs. E, interview.
3. Ibid.
4. Mrs. I, interview.

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is the re-ordering of an individual’s concern from stress and breakdown “to the individual characteristics and social processes associated with either normal, or unexpectedly positive psychosocial development.”[101](#page118)For Ungar, resilience during harsh experiences is “less a reflection of the individual’s capacity,” than it is a result of cultural and social contexts which play significant roles in enabling positive development.[102](#page118)Rather than give in to despair in the face of adversity and stress, some individuals depend on both individual and social factors such as education and employment**,** among others**,** for sustainability.

In a bid to clearly comprehend the contributing factors to coping and resilience, other researchers such as Youjung Lee, Roberta Greene, and Coleen Galambos identified a few emerging themes from their qualitative study to include education, spirituality/religion, relationship with family members, community and personal attitude.[103](#page118)These authors maintain that “resilience comprises both internal factors such as temperament and attitude, and external elements such as neighborhood or community well-being.”[104](#page118)Some researchers investigate and identify qualities that encourage resilient traits in individuals, groups, and communities. One important take away from Lee, Greene, and Galambos’ study is the proposition that an individual’s “personal attitude is central to becoming resilient as they develop and gain access to resources.”[105](#page118)For example, the availability of a reliable social network. As revealed by Lee et al., recognizing the factors that people cope under adversity can help improve their well-being as

1. “Putting Resilience Theory into Action: Five Principles for Intervention,” in *Resilience in Action*, ed. Linda Liebenberg and Michael Ungar (Toronto: University of Toronto Press, 2008), 7.
2. “Resilience, Trauma, Context, and Culture,” *Trauma, Violence, &* Abuse 14, no. 3 (2013): 255. SAGE Premier.
3. “Resilience Theory: Theoretical and Professional Conceptualizations,” *Journal of Human Behavior in the Social Environment* 8, no. 4 (September 2008): 75,<https://www.tandfonline.com/doi/pdf/10.1300/J137v08n04_05?needAccess=true>(accessed February 15, 2020).
4. “Resilience Theory,” 78.
5. Ibid., 80.

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well as provide service guide for professionals. According to the American Psychological Association (APA), Teresa LaFromboise’s work states that “most people have the potential to be resilient if basic adaptive systems and protective factors such as community and family supports are in place.”[106](#page119)

Female Agency and Empowerment

Among the principles of a trauma-informed approach are empowerment, voice, and choice. Individual experiences and strengths are not only recognized, but also used as a framework to foster the healing process.[107](#page119)Empowerment is a term related to self-direction and agency. Solava Ibrahim and Sabina Alkire maintain that empowerment has two components; “the first component might be thought of as an expansion of agency—the ability to act on behalf of what you value and have reason to value. The second component of empowerment focuses on the institutional environment, which offers people the opportunity to exert agency fruitfully.[108](#page119) This shows that empowerment is a process and it is only complete when individuals act or make use of their agency.

Psychologist Alex Gillespie defines human agency as “the degree to which an agent can act independently of the immediate situation.” Gillespie maintains that agency develops in a social context.[109](#page119)When individuals have experiences that they believe can or should be better**,** especially when it seems like no one is coming to the rescue, they speak up for themselves. Female agency**,** therefore**,** is the ability of a female individual to speak out against injustices and

1. American Psychology Association, “How to Foster Resilience,” *Monitor on Psychology* 47, no. 10 (November 2016), <http://www.apa.org/monitor/2016/11/growth-trauma-sidebar.aspx>(accessed February 15, 2020.
2. *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*, 11.
3. “Agency and Empowerment: A Proposal for Internationally Comparable Indicators,” *Oxford Development Studies: The Missing Dimensions of Poverty Data* 35, no. 4 (December 1, 2007): 383.
4. “Position Exchange: The Social Development of Agency,” *New Ideas in Psychology* 1, no.30 (2012): 32. Elsevier/Science Direct

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maltreatments that impinge on her human rights. Michael Ungar emphasizes that in discovering factors that help to overcome stress, individuals need to utilize personal agency.[110](#page120)Mrs. B exercised her individual agency by speaking up for herself at some point when her in-laws and her husband tried to maltreat her. She says, “I reasoned, why should my in-laws come to my home to direct me? So after they left I told my husband that I would not accept any form of disrespect from him and his family member. If I am your wife, I demand some level of respect in my house.”[111](#page120)For Mrs. B, refusing to allow people to disrespect her in her house was her own way of speaking up for herself. She explained that “their hostility allowed me stand up for myself as I became strong. I just knew I had to be able to reject whatever unpleasant attitude they were giving me.”[112](#page120)

Apart from Mrs. B, other survivors also mentioned instances where they made use of their agency. Mrs. F**,** explained that her husband told her not to visit any member of her family, but she refused and made sure she kept close relationships with them.[113](#page120)Mrs. G described how she stood up to her husband when he tried to pack her belongings out of the house.[114](#page120)In her words, “I told him that I am his legal wife and he would not disgrace me by sending me packing without reasons.” When I asked her why she decided to stand up to her husband, she replied: “I didn’t do that until I was pushed to the wall and I knew I couldn’t take it any longer. I just needed to speak my mind.”[115](#page120)Mrs. I**,** whose mother in-law took it upon herself to cook for her

1. “Putting Resilience Theory into Action: Five Principles for Intervention,” in *Resilience in Action*, ed. Linda Liebenberg and Michael Ungar (Toronto: University of Toronto Press, 2008): 9. <https://esteemjourney.com/wp-content/uploads/2018/07/Putting-Resilience-Theory-Into-Action.pdf>(accessed May 17, 2020).
2. Mrs. B, interview.
3. Ibid.
4. Mrs. F, interview.
5. Mrs. G, interview.
6. Mrs. G, interview.

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husband**,** said she could no longer bear it and warned both her husband and mother in-law to put an end to such act. She recounted the peace of mind experienced after speaking out and she felt like a heavy burden was lifted up her chest.[116](#page121)According to Mrs. C, “there is nothing wrong in having misunderstanding with your spouse, but infringing on her right to speak up is demeaning for crying out loud.”[117](#page121)In their respective ways, these survivors demonstrate that though there are women who experience IPV, yet there are some who exercise agency as a way of resisting cultural influences that infringe on their rights as women.

Giving Voice

According to Mary Swignoski, a professor of human development and the social environment, granting voice to research subjects allows the researcher to recognize the hidden areas of the social order, its construction, how it works and how it is preserved.[118](#page121)Giving voice is one of the cores of feminist standpoint theory. Amina Mama, a British-Nigerian feminist author, acknowledges the need to give voice to women whose rights have been infringed upon, silenced, and whose perspectives have been ridiculed. Mama asserts that African feminist researchers give voice to women through storytelling, life stories, and oral interviews, therefore encouraging the expression of previously unheard narratives.[119](#page121)Sandra Harding maintains that giving voice “can lead to knowledge that enables women to improve the conditions of their lives.”[120](#page121)Some of the survivors spoke about how the present study provided them the opportunity to narrate their experiences:

1. Mrs. I, interview.
2. Mrs. C, interview.
3. “The Logic of Feminist Standpoint Theory for Social Work Research,” *Social Work* 39, no. 4 (July 1994): 391. <https://doi.org/10.1093/sw/39.4.387>
4. “What Does it Mean to Do Feminist Research in African Contexts?” *Feminist Review* 98 no. 1, (2011): 13. <https://doi.org/10.1057/fr.2011.22>
5. “Comment on Hekman's Truth and Method,” 383.

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* Mrs. A asserted, “our culture does not always allow us to speak out, we bottle up so many emotions, but as women who experience violence, we need to express our feelings.”
* Mrs. E explained, “I wish so many researchers like you give time to interview women in Nigeria who are experiencing IPV in order to understand their problem and the pains we go through.”
* Mrs. Z stated, “This is the first time I will be narrating my story to a researcher. I feel good as this makes me feel like I’m representing others in my shoes and telling my story to a larger audience.”[121](#page122)

In addition to creating insights about the social order, giving women voice make their personal life experiences obvious and contributes to weakening patriarchy. This research gave voice to ten female survivors of IPV in Nigeria and provided them with the opportunity to share their lived experiences of IPV by speaking for themselves. Notwithstanding the differences in demography, the harsh experiences that women undergo in Africa is profoundly entrenched in Nigerian societies and as such, Uchechukwu Ewelukwa posits that overcoming years of myths and beliefs is a herculean task.[122](#page122)The beliefs that women are the directors of the home make them responsible for either the failure or success of the marriage, and as such, the onus is on women to persevere irrespective of their experiences in marriage. So far, these kinds of beliefs have long been continually strengthened even in the face of modernity and religion. In addition, giving voice to survivors of IPV foregrounds the existing power gap between women and men in the family and society at large and how uneven power dynamics privileges men over women.

1. Mrs. A, interview; Mrs. E, interview, and Mrs. Z, interview.
2. “Post-colonialism, Gender, Customary Injustice: Widows in African Societies,” *Human Rights* Quarterly 24, no. 2 (October 2002): 485. Project Muse

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Providing survivors with the opportunity to speak for themselves reveals the psychological, social, and emotional trauma that they live through as they deal with their husbands, in-laws, cultural, and societal dictates. As Tracy Bowell notes, giving survivors voice grants them some sort of power and control over their personal experiences.[123](#page123)

From survivors’ individual narratives, the forms of oppression that they encounter and the factors they rely on for survival surfaced. Marginalized women not only learn about each other, but also about speaking out against inequalities. The effects of social and cultural meanings on the survivors are better understood when voice is given to survivors. As Amy Wilkins contends, narratives have the capability of producing and generating new cultural and institutional responses.[124](#page123)The narratives of the survivors center on their experiences**,** as well as the traumatic effects of IPV on Nigerian survivors**,** and this not only creates awareness of their experiences, but also has the potential of inciting actions.

Talking about one’s experience has the potential of bringing about healing from trauma. According to Liat Ayalon, reflecting on one’s traumatic past experiences and talking about it can serve as a therapeutic way of healing and positive coping method.[125](#page123)This research provides both the opportunity for a selected number of Nigerian survivors of IPV to narrate their challenges and struggles**,** as well as to convey their stories of strength and resilience. Consistently, the aim of any feminist research is to improve women’s lives by allowing them to share their diverse lived experiences.

1. “Feminist Standpoint Theory,” *Internet Encyclopedia of Philosophy* (2011) <http://www.iep.utm.edu/fem-stan/> (accessed May 22, 2020).
2. “Becoming Black Women: Intimate Stories and Intersectional Identities,” *Social Psychology Quarterly* 75, no. 2

(2012): 176. SAGE Premier.

125 “Challenges Associated withDoi/abs/10theStudyof.Resilience1080/15325020590956774toTraumainHolocaustSurvivors,”. *Journal of Loss and Trauma* 10, no. 4 (2005): 354,

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My participants explained that they fought their way through the dilemma of dealing with violent husbands, for some, their in-laws, and providing for the children They explained that doggedness, determination, and hard work**,** as well as support from family and friends served as coping mechanisms for them**.** Therefore, the significance of this thesis cannot be over emphasized as it focuses on women’s wellbeing in a patriarchal society where they are faced with gender inequalities and are left to endure such inequalities whether or not they speak out. It is important to note that Nigerian survivors of IPV experience their share of the problems of IPV, yet resilient and coping capacities, hidden strength, and female agency nonetheless emerge.

Although each participant had unique experiences, two concepts stood out from their narratives: the ability to find purpose or meaning in the face of difficulties and the practicality of resiliency as a survival technique. Both are important as they show personal growth for the survivors and marginalized women in general. For instance, Mrs. A found purpose and meaning by establishing a foundation for girls and youths. Another survivor, Mrs. E explained that she is writing a book on women’s wellbeing.[126](#page124)Some other survivors such as Mrs. G, Mrs. I, and Mrs. Z, maintained that their ability to self-survive by being financially independent was how they found meaning to their lives.[127](#page124)As a child witness to IPV, I found purpose and meaning by deciding to pursue a career in gender and diversity with an intention to being a women’s advocate.

To achieve the much-anticipated sociocultural change, survivors’ ability to speak for themselves and share their narratives is a crucial step. A significant aspect of the survivors’ narratives is the act of speaking up, speaking against the unjust treatment towards them, and striving to improve their lives even if they stay married to their abusers.

1. Mrs. A, interview and Mrs. E, interview.
2. Mrs. G, Mrs. I, Mrs. Z, interview.

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Julian Rappaport, an American psychologist**,** emphasizes the meaning and strength that evolves from narratives and asserts they have “powerful effects on human behavior.”[128](#page125)By sharing their narratives, survivors of IPV not only empower themselves, but also help other survivors to discover themselves. This study details new narratives of survivors’ IPV experiences, agency, and strength.

Although survivors’ ability to speak out at some point did not end their violence, it appears from their narratives that the limited agency represented the beginning of a more powerful agency. Influences of agency as a coping mechanism that promotes resilience emerged as each participant described her experience. According to SAMHSA, giving survivors voice, choice, and empowerment provides them with the ability to recover from trauma.[129](#page125)

Coping Mechanisms and Resilience: A Recovery from Life’s Disarray

As a theoretical framework, resilience theory served as a structure to order and promote the understanding of the diverse means by which some Nigerian female survivors of IPV cope with stress, trauma, and the challenges of IPV in general. As noted earlier, although there exist different models of resilience, this study uses the socio-ecological model propounded by resilience researchers such as Michael Ungar, Lidewyde Berckmoe, Emmy Werner, and Valentina Mazzucato. These authors emphasize the effective role that the interaction between individuals’ internal qualities and external factors play.[130](#page125)Research on resilience indicates that an individual’s ability to defeat adverse or negative life experiences depend on the connections

1. “Empowerment Meets Narrative: Listening to Stories and Creating Settings.” *American Journal of Community Psychology* 23, no. 5 (October 1995): 796. <https://grow.ie/wp-content/uploads/2012/03/Empowerment-Meets-Narrative-Listeningto-Stories-and-Creating-Settings-.pdf>(accessed May 23, 2020).
2. *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*, 11.
3. Emmy Werner, “Resilience And Recovery: Findings From The Kauai Longitudinal Study,” *Research, Policy, and Practice in Children’s Mental Health* 19, no. 1 (Summer 2005): 12,<https://www.pathwaysrtc.pdx.edu/pdf/fpS0504.pdf>(accessed May 23, 2020)

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between the individual and social ecology. Amidst life challenges and struggles, rather than give in to hopelessness or despair, some individuals depend on personal traits, skills, and strength and social support. As seen in the interview transcripts, some Nigerian female survivors of IPV rely on both their individual traits and social networks. Ungar and Louise Liebenberg posit that resilience research focuses on how individuals thrive in the face of stress rather than concentrate on disorder, disease, or dysfunction.[131](#page126)Ungar and Liebenberg’s theory of resilience implies that some individuals have the ability to remain optimistic and positive when faced with adversity, stress, and trauma. In the course of the interviews, survivors mentioned several ways in which they created and fostered resilience, the various factors they depended on to adjust and thrive in the course of their experiences.

Steven M. Southwick, George A. Bonanno, Ann S. Masten, Catherine Panter-Brick, and Rachel Yehuda assert that “listening to and talking with individuals with lived experiences of a phenomenon is one of the practical and best ways to understand resilience.[132](#page126)The results of both the survey questionnaires and interviews show that some Nigerian female survivors of IPV rely on education, financial independence, employment, support from family and friends, and spiritual factors such as belief and faith in God to cope with the struggles of IPV. Also, individual qualities such as doggedness, hard work, female agency, and determination were some of the qualities that enabled some of the women to make use of coping strategies of survivors. Thus, these coping methods can be said to show some survivors’ style of positive adaptation to the traumatic experiences of IPV. One survivor, Mrs. D explained that she was a resilient

1. *Researching Resilience* (Toronto: University of Toronto Press, 2009), 3.
2. “Resilience Definitions, Theory, and Challenges: Interdisciplinary Perspectives,” *European Journal of Psychotraumatology* 5, no. 1 (July 2014), 10.<https://www.tandfonline.com/doi/pdf/10.3402/ejpt.v5.25338?needAccess=true>(accessed May 23, 2020).

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individual and defined resilience as “the ability to withstand challenges.”[133](#page127)In addition, the features of resilience are obvious in Mrs. H’s narrative as she explains that she refuses to allow her low educational level to affect her negatively.[134](#page127)

This study qualitatively identifies the strategies and resources adopted by Nigerian survivors of IPV to improve their well-being in the face of trauma, stress, and adversity and also contributes to the extant literature on IPV and resilience in Nigeria. Regardless of the demographic differences, survivors faced similar experiences from hegemonic and demeaning cultural practices, and hostile in-laws and they all recounted similar coping mechanisms in the face of trauma.

In addition, Panter-Bricks affirms that showing resilience can be an effort to encourage a sense of dignity and hope.[135](#page127)As I spoke to the survivors, I noticed that some of their actions aligned with Panter-Brick’s observation; for instance, Mrs. G firmly insisted that she was going to leave the house whenever she’s ready and not allow her husband humiliate her more by throwing her belongings out. Inherent in her action are traits of dignity and agency that are critical to resilience. In a bid to better understand the concept of resilience, the stressful experiences that individuals undergo, and their coping mechanisms were examined. As shown in this study’s results, demonstrating resilience depends on a number of factors.

Finding Meaning and Purpose

Ann Masten and Jenifer Powell contend that one of the significant contributions of the resilience framework is the attention and focus it puts on positive outcomes.[136](#page127)Irrespective of

1. Mrs. D, interview.
2. Mrs. H, interview.
3. Southwick et al. “Resilience Definitions, Theory, and Challenges,” 10.
4. “A Resilience Framework,” in *Resilience and Vulnerability: Adaptation in the Context of Childhood Adversities* ed. Suniya Luthar (Cambridge: Cambridge University Press, 2003): 7.

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the stress and challenges that survivors of IPV face, some spoke about the desire to assist other women in similar situations by sharing their individual experiences and encouraging them. Particularly, demonstrating resilience assists in finding meaning and purpose**,** just as Mrs. A who has been able to influence the lives of girls and youth through her foundation. She explained that one important thing she does is to share her story to the youths to serve as lesson to them in term of personal decisions and marital issues. She stated that she always left meetings with “there are times the only option you have is to be strong for yourself.”[137](#page128)A number of researchers agree with the claim that positivity may result from traumatic experiences. Andrew Zolli and Ann Marie Healy posit that individuals can embrace new avenues for growth after an exposure to trauma.[138](#page128)Mrs. A concluded that she feels that if she had not experienced IPV, she probably would not have established the foundation as she now feel fulfilled.[139](#page128)

Several participants in this study not only expressed their share of struggles, but also their resilient abilities and strength. Werner submits that “adversity by itself does not need to destroy you; in fact, it can strengthen you and especially help you give back to others.”[140](#page128)Mrs. A’s foundation not only enabled her individual empowerment, but also allowed others to realize their strength and make use of their agency.

My motive for conducting this research was to contribute to the conversation on coping and resilience for Nigerian female survivors of IPV and other marginalized and oppressed women in different sociocultural contexts. Primarily, I sought to investigate the ways in which a

[https://www.researchgate.net/profile/Leslie\_Gutman/publication/42338808\_Adaptation\_a](https://www.researchgate.net/profile/Leslie_Gutman/publication/42338808_Adaptation_a%20mong_youth_facing_multiple_risks_Protective_research_findings/links/5a1c3407aca272%20df081189ea/Adaptation-among-youth-facing-multiple-risks-Protective-researchfindings.pdf)

[mong\_youth\_facing\_multiple\_risks\_Protective\_research\_findings/links/5a1c3407aca272 df081189ea/Adaptation-among-youth-facing-multiple-risks-Protective-researchfindings.pdf](https://www.researchgate.net/profile/Leslie_Gutman/publication/42338808_Adaptation_a%20mong_youth_facing_multiple_risks_Protective_research_findings/links/5a1c3407aca272%20df081189ea/Adaptation-among-youth-facing-multiple-risks-Protective-researchfindings.pdf) (accessed May 23, 2020).

1. Mrs. A, interview.
2. *Resilience: Why Things Bounce Back* (New York: Free Press, 2012):15.
3. Mrs. A, interview.
4. “Risk, Resilience, and Recovery,” *Reclaiming Children and Youth* 21, no. 1 (Spring 2012): 20. ProQuest.

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select group of Nigerian female survivors of learned how to cope with the harsh experiences of IPV that infringe on their rights, agency, dignity, and self-esteem. Resilience allows individuals to be prepared to deal with trauma. Although resilience encourages individuals to exercise personal agency, yet nothing prepared me for the ways in which this study impacted me or the emotions I felt all through. My interactions with the survivors whom I interviewed taught me about standing up for myself, finding meaning and purpose in adversity, and courage irrespective of my experiences. In addition, I learned about persistence, determination, and hard work as one pass through diverse challenging situations. Facilitating survivors to narrate their stories and giving me voice provides me with passion and drive to conclude this study.

Embarking on this research**,** especially Chapters 5 and 6**,** have been emotionally challenging as it forces me to relive my own experiences as a witness to IPV, watching how my dad mistreated my mother on different occasions and I did nothing. Regardless of how demanding writing this research was, it served as a means of therapy for me as I confront my bottled-up emotions. Moreover, it has enlightened me to understand the pains others go through and as such, I am appreciative of life, family, and friends. I am more strengthened intellectually and emotionally on taking on research on the resilience of marginalized and oppressed groups. Victor Frankl, in his book *Man’s Search for Meaning* maintains that individuals can find meaning in suffering.[141](#page129)Up till my school days, I barely found meaning in anything because I was frightened I was going to end up with a man some day and he would treat me like my father treated my mother. I decided to leave Nigeria in a bid to find purpose for my life. As I move towards the end of the two-year graduate program at ETSU, I am anxious of the future, but through the support of family, friends, faith in God, and determination. I am positive just as

1. (Boston: Beacon Press, 1992): 147.

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Frankl posits that the onus is on an individual who cannot change a negative situation to decide the best possible attitude to adopt.[142](#page130)

CHAPTER 6. CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH Limitations of the Study and Recommendations for Further Research

This research no doubt has its shortcomings and limitations even though its objectives has been achieved using survey questionnaires and interviews. The sample size used for both surveys and interviews remain a major limitation. Given limitations of time, finances and travel, I could not have interviewed additional Nigerian survivors of IPV who identified with different ethnicities, educational status, and religion to discover more differences in how they demonstrate resilience. It is important to know that the intensity of the subject at hand and the Nigerian culture makes it difficult to access large numbers of participants.

Because of the limited sample size of this study, the results cannot be extended to wider populations, but can serve as a means for Nigerian survivors of IPV to build and maintain resilience. Nonetheless, this study serves as a basis for generating new discourses on survivors’ empowerment by documenting their narratives of strength and agency in the face of stressful challenges of IPV. By sharing their stories, they give room for sociocultural change. Admittedly, there is more to be understood regarding IPV and its social acceptance across class, age, level of education, and ethnicity. As this study shows that the phenomenon of IPV cuts across

1. *Man’s Search for Meaning,* 148.

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contemporary religions, I recommend a thorough investigation of why advocates of contemporary religions support practices that contrast with their tenets and ethos.

In addition, I recommend scholars undertake additional, extensive studies similar to the one conducted by Eme Owoaje and Funmilola Olaolorun’s. on how Nigerian survivors of IPV of different religions, from diverse tribes, and different economic classes deal with marginalization, gender inequality, and oppression**,** as this will help to better understand the construction of resilience in diverse circumstances.[1](#page131)For instance, studies with a focus on survivors of IPV in East Nigeria could be undertaken to know more about their coping mechanisms and experiences living in a patriarchal setting. One of my interview participants was a woman from the east who lives in the southwest and I could not really learn more about the perspectives of survivors from her region. Another important area of study is the role women play as enforcers of patriarchy**,** as seen in the narratives of some survivors. Therefore, it is important to investigate the importance of women as agents of patriarchy and how their complicity affects Nigerian women’s social empowerment and agency.

Resilience studies using larger sample size**s** need to be examined, because resilience is a valuable attribute that should be encouraged, particularly among oppressed and marginalized groups. Continuous study on the use of agency and resilience among survivors of IPV and other oppressed groups can influence the design and implementation of relevant intervention and prevention strategies by community social groups, international organizations, and non-governmental organizations for individuals facing adversity.[2](#page131)

1. “Women at Risk of Physical Intimate Partner Violence: A Crosssectional Analysis of a Low-Income Community in Southwest Nigeria,” 43–53. ProQuest Central.

2For example, see Jeni Klugman, Lucia Hanmer, Sarah Twig, Jennifer McCleary-Sills, Tazeen Hasan, and Julieth

Bonilla. “Voice and Agency: Empowering Women and Girls for Shared Prosperity,” (Washington, DC: World Bank Group.) <http://www.worldbank.org/content/dam/Worldbank/document/Gender/Voice_and_agency_LOWRES.pdf> (accessed May 24, 2020).

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Conclusion

This study investigated resilience and coping of Nigerian female survivors of IPV within the context of their sociocultural existence**.** Findings in Chapter 6 are vital for understanding the persisting practices of IPV despite attempts to end it. In addition, these findings suggest that all my interviewees to an extent accepted being beaten and abused and that the phenomenon of IPV has gained wide acceptance not only because of patriarchy and other factors discussed earlier, but also with survivors’ coping and resilience. IPV is accepted because it has become normalized as an acceptable behavior and part of that acceptable behavior is to keep family matters in the family, private, and family members loyal. If matters are private and members must be loyal, the stakes are high, and the cost is expensive to go against the grain. Obviously, my interviewees spoke out to me and a few others, thus indicating their agency and empowerment**,** even though some hesitated in speaking out. Additionally, women such as the mother in-laws in the narratives, religious organizations, and government institutions are complicit with IPV. It is noteworthy that none of the participants mentioned seeking help from any organization which could be because of the privacy attached to marital issues or they found themselves in a dilemma where they wanted to speak out and at the same time stay in the marriage. One survivor, Mrs. B**,** was the only one who mentioned that she went to the police, but they told her to go settle her family issues.[3](#page132)

Adopting a resilience, trauma, stigma, and feminist standpoint framework allowed a deeper and better understanding of survivors**’** perceptions of IPV and the coping mechanisms they rely on for survival. In addition, it creates means to understand the different ways in which women tackle oppression and trauma, and how they individually and collectively overcome their

1. Mrs. B, interview.

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challenges.[4](#page133)Throughout this study, I argued for an approach that focuses on the coping abilities and strengths of survivors**,** rather than on their predicaments. Interviewees shared their life experiences, faith and belief in God, and personal attributes that serve as coping mechanisms for strength. For my participants and others in similar situations, even when they agree to remain in the abusive marriage, they hope that their condition will be improved and as such, they have rising expectations.

IPV in Nigeria is permitted by different beliefs**,** such that even adherents of Christianity and Islam support such practices. Uche Ewelukwa submits that the “fight in Nigeria against traditional practices that are harmful to women forms part of a global struggle against women in the private sphere.”[5](#page133)By the traditional practices, he means indigenous ideologies. Women are only able to contribute to the society, economy, and their households when treated equally and fairly.

This study sheds light on issues that affect women in their family. In addition, it highlights the incredible strength of some Nigerian survivors of IPV and the socioecological coping strategies that they fall back on for survival. This study demonstrates the different ways in which Nigerian survivors of IPV empower themselves in the face of trauma that forms parts of their social realities. Importantly, this study serves as a platform for survivors to share their lived experiences and allows them to contribute to the discourse of IPV, resilience, female

1. The Substance Abuse and Mental Health Services Administration's (SAMHSA) materials, such as their "Concept of Trauma and Guidance for a Trauma-Informed Approach" is vital for use in working with trauma survivors. This framework fits well with my work and keeps me grounded in practice and focused on my goal, which is to change women's lives for the better even though I do not outrightly use it. It is their six guiding principles of safety, choice, collaboration, trust, mutuality, and empowerment that provide grounding and support the analysis and conclusions I draw in this chapter. [https://ncsacw.samhsa.gov/userfiles/files/ \_Trauma.pdf](https://ncsacw.samhsa.gov/userfiles/files/%20_Trauma.pdf)
2. “Post-colonialism, Gender, Customary Injustice: Widows in African Societies.” *Human Rights Quarterly* 24, no. 2 (October 2002): 424-486, <https://muse.jhu.edu/article/13832/pdf>(accessed June 10, 2020).

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empowerment, and creating new means in which Nigerian survivors of IPV can live meaningful lives.

BIBLIOGRAPHY

Primary Sources – Interviews

|  |  |  |
| --- | --- | --- |
| Pseudonym | Date | Mode of Interview |
|  |  |  |
| Mrs. A | December 6, 2019 | Via WhatsApp Audio |
|  |  |  |
| Mrs. B | December 26, 2019 | Via WhatsApp Audio |
|  |  |  |
| Mrs. C | December 28, 2019 | Via WhatsApp Audio |
|  |  |  |
| Mrs. D | January 6, 2020 | Via WhatsApp Audio |
|  |  |  |
| Mrs. E | January 6, 2020 | Via WhatsApp Audio |
|  |  |  |
| Mrs. F | February 22, 2020 | Via WhatsApp Audio |
|  |  |  |
| Mrs. G | February 26, 2020 | Via WhatsApp Audio |
|  |  |  |
| Mrs. H | February 26, 2020 | Via WhatsApp Audio |
|  |  |  |
| Mrs. I | March 2, 2020 | Via WhatsApp Audio |
|  |  |  |
| Mrs. Z | December 15, 2019 | Via WhatsApp Audio |
|  |  |  |

Primary Sources – Surveys

In addition to the interviews, I sent out survey questionnaires to twenty survivors of IPV electronically via Survey monkey. The first survey was sent out on November 10 and by

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December 15, all participants returned their responses electronically. See Appendix B for the survey.

Secondary Sources

Adeleke, Najeema, Samuel Olowookere, Hassan Mustapha, Komolafe Johnson, and Esther Asekun-Olarinmoye. “Sexual Assault Against Women at Osogbo Southwestern Nigeria.” *Nigerian Journal of Clinical Practice* 15, no.2 (June 2012):190-93<https://doi.org/10.4103/1119-3077.97316>

Ademiluka, Solomon O. “Patriarchy and Women Abuse: Perspectives from Ancient Israel and

Africa.” *Old Testament Essays* 31, no. 2 (2018): 339–362.

[https://doaj.org/article/7ddeda9a90dc4c7eb2fd37ef440d29cf?](https://doaj.org/article/7ddeda9a90dc4c7eb2fd37ef440d29cf)

Aderemi, Adewale and Babatunde Adelekan. “Intimate Partner Violence Among Married Women in Iwo, SouthWest Nigeria: Implications for Primary Prevention.” *Family and Intimate Partner Violence Quarterly.* 5, no. 1 (2012): 37-57[https://www.researchgate.net/publication/261297517\_Intimate\_Partner\_Violence\_Amon](https://www.researchgate.net/publication/261297517_Intimate_Partner_Violence_Among_Married_women_in_Iwo_Southwest_Nigeria_Implications_for_primary_prevention) [g\_Married\_women\_in\_Iwo\_Southwest\_Nigeria\_Implications\_for\_primary\_prevention](https://www.researchgate.net/publication/261297517_Intimate_Partner_Violence_Among_Married_women_in_Iwo_Southwest_Nigeria_Implications_for_primary_prevention) (Accessed May 10,2020)

Adimula, Ruth and Ignatius Ijere. “Psycho-Social Traumatic Events among Women in Nigeria.” *Madridge Journal of AIDS* 2, no.1 (2018): 17- 28. <https://madridge.org/journal-of-aids/mja-1000104.pdf>(accessed February 15, 2020).

Agaibi, Christine E, and John P Wilson. “Trauma, PTSD, and Resilience: A Review of the

Literature.” *Trauma, Violence, & Abuse* 6, no. 3 (July 2005): 195–216. SAGE Premier

Alangea, Deda.O, Addo-Lartey,Adolphina, Yandisa Sikweyiya, Esnat Chirwa, Dorcas Coker-Appiah, Rachael Jewkes, and Richard Adanu. “Prevalence and Risk Factor of Intimate Partner Violence Among Women in Four Districts of the Central Region of Ghana:

Baseline Findings from a Cluster randomizes Controlled Trial.” *PLos ONE* 13, no.7 (July2018): <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0200874> (Accessed May 9,2020)

Allen, Brenda. “Feminist Standpoint Theory: A Black Woman’s (RE) View of Organizational

Socialization.” *Communication Studies* 47, no. 4 (Winter 1996): 257-271. ProQuest.

134

Allen, Judith and Sally Kitch. “Disciplined by Disciplines? The Need for an Interdisciplinary Research Mission in Women’s Studies.” *Feminist Studies* 24, no. 2 (Summer 1998): 275-99. JSTOR

Alo, Olubunmi, Emmmanuel Ofusina, and Babatunde Gbadebo. “Spousal Violence in Southwest Nigeria: Prevalence and Correlates.” *Journal of Women’s Healthcare* 1, no.2 (2012):1-8

<https://www.longdom.org/open-access/spousal-violence-in-southwest-nigeria-prevalence-and-correlates-2167-0420.1000110.pdf>(Accessed May 9,2020)

American Psychology Association. “How to Foster Resilience.” *Monitor on Psychology* 47, no.

1. (November 2016) <https://www.apa.org/monitor/2016/11/growth-trauma-sidebar>

(accessed February 15, 2020).

Anderson, Kim M., Renner M. Lynette, and Fran S. Danis. “Recovery: Resilience and Growth in the Aftermath of Domestic Violence.” *Violence Against Women* 18, no. 11 (November 2012): 1279–99. SAGE

Antai, Diddy. “Controlling Behavior, Power Relations Within Intimate Relationships and Intimate Partner Physical and Sexual Violence Against Women in Nigeria. (Research article) (Report).” *BMC Public Health* 11 (June 29, 2011): 1-11. ProQuest

Anunobi, Fredoline. “Women and Development in Africa: From Marginalization to Gender

Inequality.” *African Social Science Review* 2, no. 2 (2002): 41-63

<https://digitalcommons.kennesaw.edu/cgi/viewcontent.cgi?article=1012&context=assr>

(accessed January 23, 2020).

Armstrong, Andrew, Roslyn Galligan, and Christine Critchley. “Emotional Intelligence and Psychological Resilience to Negative Life Events.” *Personality and Individual Differences.* 51, no. 3 (2011): 331-36. Elsevier

Ayalon, Liat. “Challenges Associated with the Study of Resilience to Trauma in Holocaust Survivors.” *Journal of Loss and Trauma* 10, no. 4 (March 2005): 347-358

<https://psycnet.apa.org/doi/10.1080/15325020590956774>

Balogun, Mary, Eme Owoaje, and Olufunmilayo Fawole. “Intimate Partner Violence in Southwestern Nigeria: Are there Rural- Urban Differences?” *Women and Health* 52, no.7 (July2012):627-45 <https://doi.org/10.1080/03630242.2012.707171>

Bayeh, Endalcachew. “The Role of Empowering Women and Achieving Gender Equality to the Sustainable Development of Ethiopia.” *Pacific Science Review B: Humanities and Social Sciences* 2, no. 1 (January 2016): 37-42 ScienceDirect

Benaquisto, Lucia. “Codes and Coding.” In *The Sage Encyclopedia of Qualitative Research Methods*. 7th ed. Thousand Oaks: SAGE Publications, 2008. Online book

Benebo, Faith, Barbara Schumann, and Masoud Vaezghasemi. “Intimate Partner Violence against Women in Nigeria: A Multilevel Study Investigating the Effect of Women’s

135

Status Community Norms.” *BMC Women’s Health* 18, no.136 (August 2018):1-17 <https://doi.org/10.1186/s12905-018-0628-7>

Bennet, Judith. *History Matters: Patriarchy and the Challenge of Feminism*. Philadelphia:

University of Pennsylvania Press, 2006.

Berckmoes, Lidewyde and Valentina Mazzucato “Resilience Among Nigerian Transnational Parents in the Netherlands: A Strength-based Approach to Migration and Transnational Parenting,” *Global Networks: A Journal of Transnational Affairs* (March 2018): 589-607,

<https://onlinelibrary.wiley.com/doi/epdf/10.1111/glob.12190>

Bernard, Bonnie. “Resilience in Action: The Foundations of the Resiliency Framework.” 2014.

[https://www.resiliency.com/free-articles-resources/the-foundations-of-the-resiliency-](https://www.resiliency.com/free-articles-resources/the-foundations-of-the-resiliency-framework/)

[framework/](https://www.resiliency.com/free-articles-resources/the-foundations-of-the-resiliency-framework/) (Accessed February 18, 2020).

Bhatia, Manu. “A Complete Guide to Quantitative Research Methods**,**” *Humans of Data,* June 11, 2018, (Accessed March 28, 2020).

<https://humansofdata.atlan.com/2018/06/quantitative-research-methods/>

Bonanno, George A. “Loss, Trauma, and Human Resilience.” *The American Psychologist* 59, no. 1 (January 2004): 20–28. EBSCOhost PsycARTICLES

Boparai, Harinder. “The Customary and Statutory Law of Marriage in Nigeria,” *The Rabel Journal of Comparative and International Private Law* 46, no. 3 (1982): 530-57. JSTOR

Borland, Elizabeth. “Standpoint Theory.” *Encyclopedia Britannica.* June 16, 2017.

<https://www.britannica.com/topic/standpoint-theory>(Accessed May 28, 2020).

Bowell, Tracy. “Feminist Standpoint Theory.” *Internet Encyclopedia of Philosophy* <https://www.iep.utm.edu/fem-stan/>(Accessed May 22, 2020).

Brayda, Winsome and Travis Boyce. “So You really Want to Interview Me?: Navigating ‘Sensitive’ Qualitative Research Interviewing.” *International Journal of Qualitative Methods* 13, no. 1 (February 2014): 318-334. SAGE.

Breslau, Naomi. “Gender Differences in Trauma and Posttraumatic Stress Disorder.” *The Journal of Gender Specific Medicine: JGSM: The Official Journal of the Partnership of Women’s Health at Columbia* 5, no. 1 (2002): 34-40. PubMed

Brinkman, Svend and Steinar Kvale. *InterView: Learning the Craft of Qualitative Research*

*Interviews*. Thousand Oaks: SAGE, 2015. SAGE Research Methods

Brondani, Mario, Rana Alan, and Leeann Donnelly. “Stigma of Addiction and Mental Illness in Healthcare: The Case of Patients’ Experiences in Dental Settings.” *PLOS ONE* 12, no. 5 (2017): 1-13. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0177388> (Accessed July 23, 2020)

Brown, Laura. “Feminist Therapy.” <http://www.drlaurabrown.com/feminist-therapy/>(Accessed May 29, 2020)

136

Carlson, Eve B. and Constance J. Dalenberg. “A Conceptual Framework for the Impact of Traumatic Experiences.” *Trauma, Violence, & Abuse* 1, no. 1 (January 2000):4-28. SAGE Premier

Centers for Disease Control and Prevention. “Intimate Partner Violence.” *Violence Prevention.* Last modified October 23, 2018. (Accessed February 26, 2020) <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/>

Charmaz, Kathy. *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis* (London: SAGE, 2006). <http://www.sxf.uevora.pt/wp-content/uploads/2013/03/Charmaz_2006.pdf>(accessed March 29, 2020).

Clancy, Marie. “Is Reflexivity the Key to Minimizing Problems of Interpretation in Phenomenological Research?” *Nurse Researcher* 20, 6 (July 2013): 1-6. ProQuest.

Claudia Garcia-Moreno, Henrica Jansen, Mary Ellsberg, Lori Heise, and Charlotte Watts. *WHO*

*Multi-Country Study on Women’s Health and Domestic Violence Against Women: Initial*

*Results on Prevalence, Health Outcomes and Women’s Responses.* Geneva: WHO Press,

World Health Organization, 2005.

[https://www.who.int/gender/violence/who\_multicountry\_study/summary\_report/summar](https://www.who.int/gender/violence/who_multicountry_study/summary_report/summary_report_English2.pdf)

[y\_report\_English2.pdf](https://www.who.int/gender/violence/who_multicountry_study/summary_report/summary_report_English2.pdf) (accessed June 2, 2020)

Clauss-Ehlers, Caroline S. “Sociocultural Factors, Resilience, and Coping: Support for a Culturally Sensitive Measure of Resilience.” *Journal of Applied Developmental Psychology* 29, no. 3 (2008): 197–212. <https://doi.org/10.1016/j.appdev.2008.02.004>

Collins Hill, Patricia. "Comment on Hekman's" Truth and Method: Feminist Standpoint Theory Revisited": Where's the Power?" *Signs* 22, no. 2 (1997): 375-381 <https://www.jstor.org/stable/pdf/3175278.pdf>

———. “It’s All in the Family: Intersections of Gender, Race, and Nation,” *Hypatia* 13, no. 3 (1998): 375-376. JSTOR

Covington, Stephanie. “Women and Addiction: A Trauma-Informed Approach.” *Journal of Psychoactive Drugs* 40, no. S5 (November 2008): 377-385[http://www.stephaniecovington.com/assets/files/CovingtonSARC5.pdf.](http://www.stephaniecovington.com/assets/files/CovingtonSARC5.pdf) (accessed January 25, 2020).

Crawford, Emily, Margaret Wright, and Ann Masten. “Resilience and Spirituality in Youth.” In *The Handbook of Spiritual Development in Childhood and Adolescence*. Edited byEugene Roehlkepartain, Pamela King, Linda Wagener, and Peter Benson, 355- 371. Thousand Oaks: SAGE, 2006. <http://dx.doi.org/10.4135/9781412976657.n25>

Creswell, John. *A Concise Introduction to Mixed Methods Research.* Thousand Oaks, California: SAGE, 2015. SAGE Research Methods

Cronholm, Peter, Colleen T. Fogarty, Bruce Ambuel, and Suzanne Leonard Harrison. "Intimate Partner Violence." *American Family Physician* 83, no. 10 (2011): 1165-172. Elsevier.

137

Crowe, Allison, and Christine Murray. “Stigma from Professional Helpers Toward Survivors of Intimate Partner Violence.” *Partner Abuse* 6, no. 2 (April 1, 2015): 157–179. <http://libres.uncg.edu/ir/uncg/f/C_Murray_Stigma_From_2015.pdf>(accessed April 8, 2020).

Crowe, Allison, Nicole M. Overstreet, and Christine E Murray. “The Intimate Partner Violence Stigma Scale: Initial Development and Validation.” *Journal of Interpersonal Violence* (March 13, 2019): 1-24. <https://doi.org/10.1177/0886260519834095>

De Vault, Marjorie and Glenda Gross. “Feminist Interviewing: Experience, Talk, and Knowledge.” In *Handbook of Feminist Research: Theory and Praxis*, edited by Sharlene Nagy Hesse-Biber, 173-197. Thousand Oaks: SAGE, 2006. <https://pdfs.semanticscholar.org/e46a/61ea9ee2a9f0a25897ac65e021dd16ff16df.pdf> (accessed April 17, 2020).

Drumm, René, Laurie Cooper, Shannon Trecartin, Marge Seifert, Tricia Foster and Carole Kilcher “ ‘God Just Brought Me Through It: Spiritual Coping Strategies for Resilience Among Intimate Partner Violence Survivors.” *Clinical Social Work Journal* no. 42 (2014):385–394 <https://doi.org/10.1007/s10615-013-0449-y>

Edmonds, William and Thomas Kennedy. *An Applied Guide to Research Designs* (Thousand Oaks: SAGE, 2017). SAGE Research Methods

“Effects of Domestic Violence on Children.” U.S. Department of Health and Human Services, Office of Women’s Health (Accessed May 17, 2020) <https://www.womenshealth.gov/relationships-and-safety/domestic-violence/effects-domestic-violence-children>

Etikan, Ilker, Sulaiman A. Musa, and Rukayya S. Alkassim. “Comparison of Convenience Sampling and Purposive Sampling.” *American Journal of Theoretical and Applied Statistics* 5, no. 1 (2016):1-4. <https://dx.doi.org/10.11648/j.ajtas.20160501.11>

Ewelukwa, Uche. “Post-colonialism, Gender, Customary Injustice: Widows in African

Societies.” *Human Rights* Quarterly 24, no. 2 (October 2002): 424-486, <https://muse.jhu.edu/article/13832/pdf>

Fafunwa, Babatunde. *History of Education in Nigeria.* London: George Allen and Unwin, 1974.

Falola, Toyin. “The Role of Nigerian Women.” *Encyclopedia Britannica*. November 20, 2007, <https://www.britannica.com/topic/role-of-Nigerian-women-1360615>(accessed January 22, 2020).

“Feminism and The Treatment of Trauma,” *MN Trauma Project.* <https://www.mntraumaproject.org/post/2016/02/29/feminism-and-the-treatment-of-trauma>(accessed May 29, 2020).

FindLaw. “Domestic Violence Overview*.” Family Law*. <https://family.findlaw.com/domestic-violence/domestic-violence-overview.html>(Accessed March 25, 2020)

138

Fleming, John and Robert J. Ledogar. “Resilience, an Evolving Concept: A Review of Literature

Relevant to Aboriginal Research.” *Pimatisiwin: A Journal of Aboriginal and Indigenous*

*Community Health* 6, no. 2 (2008): 7-23. PubMed.

Frankl, Victor. *Man’s Search for Meaning.* Boston: Beacon Press, 1992.

Gage, Anastasia J., and Nicholas J. Thomas. “Women’s Work, Gender Roles, and Intimate Partner Violence in Nigeria (Report).” *Archives of Sexual Behavior* 46, no. 7 (October 1, 2017): 1923–1938. ProQ*u*est.

García-Moreno, Claudia, Henrica Jansen, Mary Ellsberg, Lori Heise, and Charlotte Watts. *WHO*

*Multi-Country Study on Women’s Health and Domestic Violence Against Women: Initial*

*Results on Prevalence, Health Outcomes and Women’s Responses.* Geneva: WHO Press,

World Health Organization, 2005.

<http://whqlibdoc.who.int/publications/2005/924159358X_eng.pdf>(accessed June 2,

2020)

———. "Prevalence of Intimate Partner Violence: Findings from the WHO Multi-country Study on Women's Health and Domestic Violence." *The Lancet* 368, no. 9543 (2006): 1260-269. [https://doi.org/10.1016/S0140-6736(06)69523-8](https://doi.org/10.1016/S0140-6736%2806%2969523-8)

Gelling, Leslie. “A Feminist Approach to Research.” *Nurse Researcher* 21, no. 1 (September 2013): 6-7. ProQuest.

Gillespie, Alex. “Position Exchange: The Social Development of Agency.” *New Ideas in*

*Psychology* 30, no. 1 (2012): 32–46. Elsevier.

Goffman, Erving. *Stigma: Notes on the Management of Spoiled Identity*. First Touchstone

edition. New York: Simon & Schuster, 1986.

Greene, Roberta R, Colleen Galambos, and Youjung Lee. “Resilience Theory: Theoretical and

Professional Conceptualizations.” *Journal of Human Behavior in the Social Environment*

8, no. 4 (July 6, 2004): 75–91.

<https://www.tandfonline.com/doi/abs/10.1300/J137v08n04_05>

Griffins, Courtney. “Epigenetics and the Influence of Our Genes” *TedTalk*. Posted February

2012. (Accessed March 20, 2019)

<https://www.youtube.com/watch?v=JTBg6hqeuTg&feature=youtu.be>

Guest, Greg, Arwen Bunce, and Laura Johnson. “How Many Interviews Are Enough? An Experiment with Data Saturation and Variability.” *Field Methods* 18, no. 1 (February 2006): 59-82. SAGE Premier.

Guest, Greg, Emily Namey, and Marilyn L Mitchell. “Sampling in Qualitative Research.” In

*Collecting Qualitative Data: A Field Manual for Applied Research*, 41-74. Oaks: SAGE

Publications, 2017. Accessed March 27, 2020.

<https://dx.doi.org/10.4135/9781506374680>

139

Gunnestad, Arve. “Resilience in a Cross-Cultural Perspective: How Resilience Is Generated in Different Cultures.” *Journal of Intercultural Communication* 11, no. 2 (2006). [http://hdl.handle.net/11250/2564077.](http://hdl.handle.net/11250/2564077)

Harding, Sandra. “Standpoint Theory as a Site of Political, Philosophical, and Scientific Debate.” In *The Feminist Standpoint Theory Reader: Intellectual and Political Controversies* edited by Sandra Harding, 1-15. New York and London: Routledge, 2004. <http://cscs.res.in/courses_folder/dataarchive/textfiles/textfile.2012-02-24.1205832218/file> (Accessed May 28, 2020).

Hesse-Biber, Sharlene. “The Practice of Feminist In-Depth Interviewing.” In *Feminist Research Practice: A Primer* edited by Sharlene Hesse-Biber, 110-148. Thousand Oaks: SAGE,2007. <https://www.corwin.com/sites/default/files/upm-binaries/12937_Chapter5.pdf> (Accessed June 12, 2020)

Hien, Denise and Lesia Ruglass. “Interpersonal Partner Violence and Women in The United States: An Overview of Prevalence Rates, Psychiatric Correlates and Consequences and Barriers to Help Seeking.” *International Journal of Law and Psychiatry,* 32, (2009) 48-

1. <http://doi.org/10.1016/j.ijlp.2008.11.003>

Hopper, Jim. “Post -Training Handout: Preparing for Victim/Survivor/Complainant Interviews.” (September 2019): 1-7 <https://www.jimhopper.com/pdf/handout_for_interviewers.pdf> (accessed March 29, 2020).

Howard, Louise, [Kylee Trevillion,](https://www.researchgate.net/profile/Kylee_Trevillion) [Hind Khalifeh,](https://www.researchgate.net/profile/Hind_Khalifeh) and [Anna Woodall.](https://www.researchgate.net/profile/Anna_Woodall) “Domestic Violence and Severe Psychiatric Disorders: Prevalence and Interventions.*” Psychological Medicine,* 40 no. 6, (2010). 881-93. <http://dx.doi.org/10.1017/S0033291709991589>

Howell, Kathryn H., Idia B. Thurston, Laura E. Schwartz, Lacy E. Jamison, and Amanda J. Hasselle. “Protective Factors Associated with Resilience in Women Exposed to Intimate Partner Violence.” *Psychology of Violence* 8, no. 4 (July 2018), 438–447. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6208361/>Accessed April 26, 2020.

Ibrahim, Solava, and Sabina Alkire. “Agency and Empowerment: A Proposal for Internationally Comparable Indicators.” *Oxford Development Studies: The Missing Dimensions of Poverty Data* 35, no. 4 (December 1, 2007): 379–403.[http://www.tandfonline.com/doi/abs/10.1080/13600810701701897.](http://www.tandfonline.com/doi/abs/10.1080/13600810701701897)

Idang, Gabriel. “African Culture and Values.” *Phronimon* 16, no. 2 (2015): 97–111.

<http://www.scielo.org.za/pdf/phronimon/v16n2/06.pdf>Accessed April 10, 2020.

Itimi, Kalamawei, Paul Dienye, and Precious Gbeneol. “Associated Coping Strategies among Women in a Primary Care Clinic in Port Harcourt, Nigeria.” *Journal of Family Medicine and Primary Care* 3, no.3 (July 2014):193-198 PubMed Central

Johnson, Allan G. *The Gender Knot: Unraveling Our Patriarchal Legacy*. Philadelphia: Temple University Press, 1997. Ebscohost

140

Klein Thompson, Julie and William Newell. “Advancing Interdisciplinary Studies.” In *Handbook of the Undergraduate Curriculum: Comprehensive Guide to Purposes, Structures, Practices, and Change*, edited by Jerry Gaff and James Ratcliff, 393-415. SanFrancisco: Jossey-Bass Publications Inc., 1997. (Accessed August 19, 2019)

<https://www.researchgate.net/publication/260676399_Advancing_Interdisciplinary_Studies>

Klugman, Jeni, Lucia Hanmer, Sarah Twig, Jennifer McCleary-Sills, Tazeen Hasan, and Julieth Bonilla. “Voice and Agency: Empowering Women and Girls for Shared Prosperity.” Main Report. Washington, D.C.: World Bank Group.

<https://www.worldbank.org/en/topic/gender/publication/voice-and-agency-empowering-women-and-girls-for-shared-prosperity>(accessed May 24, 2020).

Krug, Etienne, Linda Dalhberg, James Mercy, Anthony Zwi. “World Report on Violence and Health.” *Lancet* 360, no.9339 (Feb 2003):1083-1088

<https://pubmed.ncbi.nlm.nih.gov/12384003/>

Kumar, Ranjit. *Research Methodology: A Step by Step Guide for Beginners*. Thousand Oaks:

SAGE Publications. 2011. SAGE Research Methods

LaCapra, Dominick. *Writing History, Writing Trauma*. Baltimore: Johns Hopkins University Press, 2014.

Lawson, Jennifer. “Sociological Theories of Intimate Partner Violence.” *Journal of Human Behavior in the Social Environment: Theories of Violence from Multiple Social Science Perspectives* 22, no. 5 (June 26, 2012): 572–590.<https://doi.org/10.1080/10911359.2011.598748>

Link, Bruce G. and Jo C. Phelan. “Conceptualizing Stigma.” *Annual Review of Sociology* 27, (2001): 363-385 ProQuest Central. Quoted in Christine, Murray E, Allison Crowe, and Nicole M.Overstreet. “Sources and Components of Stigma Experienced by Survivors of Intimate Partner Violence.” *Journal of Interpersonal Violence* 33, no. 3 (February 2018): 515–36. [https://doi.org/10.1177%2F0886260515609565](https://doi.org/10.1177/0886260515609565)

Luthans, Fred. “The Need for and Meaning of Positive Organizational Behavior.” *Journal of*

*Organizational Behavior,* 23 (2002), 695-706.

<https://doi.org/10.1002/job.165>

Luthar, Suniya. “Resilience in Development: A Synthesis of Research Across Five Decades.” In

*Developmental Psychopathology: Risk, Disorder, and Adaptation*, edited by Dante

Cicchetti and Donald J. Cohen 1-131. New York: Wiley, 2006. Wiley

Machado, Carolina L., Renata C.S. De Azevedo, Claudia O. Facuri, Maria‐José N. Vieira, and Arlete‐Maria S. Fernandes. "Posttraumatic Stress Disorder, Depression, and Hopelessness in Women Who Are Victims of Sexual Violence." *International Journal of Gynecology & Obstetrics* 113, no. 1 (2011): 58-62. ScienceDirect

Mama, Amina. “What Does it Mean to Do Feminist Research in African Contexts?” *Feminist Review* 98 no. 1 (2011): 4–20. [https://doi.org/10.1057%2Ffr.2011.22](https://doi.org/10.1057/fr.2011.22)

141

Mapayi, Boladale, R. O. A. Makanjuola, S. K. Mosaku, O. A. Adewuya, O. Afolabi, O. O. Aloba, and A. Akinsulore. “Impact of Intimate Partner Violence on Anxiety and Depression Amongst Women in Ile-Ife, Nigeria.” *Archives of Women’s Mental Health* 16, no. 1 (February 2013): 11–18. ProQuest.

Masten, Ann. “Ordinary Magic: Resilience Processes in Development.” *The American*

*Psychologist*. 56, no. 3 (March 2001): 227–38. EBSCOhost PsycARTICLES

Masten, Ann and Jennifer Powell. “A Resilience Framework.” In *Resilience and Vulnerability:*

*Adaptation in the Context of Childhood Adversities*, edited by Suniya Luthar, 1-26.

Cambridge: Cambridge University Press, 2003.

[https://doi.org/10.1017/CBO9780511615788](https://psycnet.apa.org/doi/10.1017/CBO9780511615788)

Meinhart, Melissa, Ilana Seff, Gary L Darmstadt, Ann M Weber, and Lindsay Stark. “Attitudinal Acceptance of Intimate Partner Violence Among Adolescents and Young Adults in Nigeria and Tanzania: An Exploration into Target Reference Groups.” *Journal of Adolescent Health* 66, no. 1 (January 2020): 53–58. ScienceDirect

Morgan, David I. “Snowball Sampling,” In *the SAGE Encyclopedia of Qualitative Research Methods*, edited by Lisa M Given, 815-816. Thousand Oaks: SAGE Publications, 2008.SAGE Research Methods.

———. “Sample.” In *the SAGE Encyclopedia of Qualitative Research Methods*, edited by Lisa M Given, 797-801. Thousand Oaks: SAGE, 2008. SAGE Research Methods

Murray, Christine E, Allison Crowe, and Nicole M. Overstreet. “Sources and Components of Stigma Experienced by Survivors of Intimate Partner Violence.” *Journal of Interpersonal Violence* 33, no. 3 (February 2018): 515–536. SAGE.

Naples, Nancy A. and Barbara Gurr. “Feminist Empiricism and Standpoint Theory: Approaches to Understanding the Social World.” In *Feminist Research Practice: A Primer*, edited by Sharlene Hesse-Biber, 14-41. Thousand Oaks: SAGE, 2007. [https://www.academia.edu/15801674/Feminist\_Empiricism\_and\_Standpoint\_Theory\_Ap](https://www.academia.edu/15801674/Feminist_Empiricism_and_Standpoint_Theory_Approaches_to_Understanding_the_World) [proaches\_to\_Understanding\_the\_World](https://www.academia.edu/15801674/Feminist_Empiricism_and_Standpoint_Theory_Approaches_to_Understanding_the_World)

National Population Commission, Federal Republic of Nigeria. *Nigeria Demographic and Health Survey.* Calverton, MD: ICF Macro, 2009.<https://dhsprogram.com/pubs/pdf/FR222/FR222.pdf>(accessed June 11, 2020)

Njenga, F. G. “Trauma in African Women and Children: A Study of The Kenyan Experience as

Illustration of The Phenomenon.” *South African Psychiatry Review* 10 no. 1 (2007): 27-

1. <https://doi.org/10.4314/ajpsy.v10i1.30230>

Norum, Karen. “Natural Setting.” In *The SAGE Encyclopedia of Qualitative Research Methods.* Edited by Lisa M. Given. Thousand Oaks, California: SAGE Publications, 2008. Sage Knowledge E-Books.

142

Nwabunike, Collins and Eric Y. Tenkorang. “Domestic and Marital Violence Among Three

Ethnic Groups in Nigeria.” *Journal of Interpersonal Violence* 32, no. 18 (September

2017): 2751–76. Accessed April 4, 2019.

[https://doi.org/10.1177%2F0886260515596147](https://doi.org/10.1177/0886260515596147)

Oba, Abdulmumini A. "Judicial Practice in Islamic Family Law and Its Relation to ՙUrf (Custom) in Northern Nigeria." *Islamic Law and Society* 20, no. 3 (2013): 272-318.

JSTOR.

Ogunleye, Foluke. “A Male-Centric Modification of History: ‘Efunsetan Aniwura’ Revisited.”

*History in Africa: A Journal of Method* 31 (2004): 303-318. JSTOR.

Ojo, Mathias. “A Sociological Investigation of Awareness and Causes of Intimate Partner Violence in Nigeria: A Survey of Agege Lagos State.” *Asian Social Science* 9, no.2 (January 2013). <https://doi.org/10.5539/ass.v9n2p231>

Oluyemo, Catherine Ajoke and Tolulope Ola. “The Rights of Nigerian Women in A Patriarchal Society: Implication for Development.” *Journal of Research in Gender Studies, 4*, no. 2, (2014): 373-387. ProQuest.

Overstreet, Nicole and Diane Quinn. “The Intimate Partner Violence Stigmatization Model and Barriers to Help Seeking.” *Basic and Applied Social Psychology,* 35 (2013): 109–122 <https://doi.org/10.1080/01973533.2012.746599>

Owoaje, Eme and Funmilola OlaOlorun. “Intimate Partner Violence among Women in a Migrant

Community in Southwest *Nigeria.” International Quarterly of Community Health Education* 4, no.25 (2005):337-349. <https://doi.org/10.2190/q6m3-0270-1284-86ku>

———. “Women at Risk of Physical Intimate Partner Violence: A Cross Sectional Analysis of Low-Income Community in Southwest Nigeria.” *African Journal of Reproductive Health* 16, no.1 (March2012): 43-54. ProQuest.

Oyediran, Kolawole and Feyisetan Bamikale. “Prevalence and Contextual Determinants of Intimate Partner Violence in Nigeria.” *African Population Studies* 31, no. 1 (January 1, 2017): 3464-477. ProQuest.

Oyediran, Kolawole Azeez, and Uche C. Isiugo-Abanihe. “Perceptions of Nigerian Women on Domestic Violence: Evidence from 2003 Nigeria Demographic and Health Survey.” *African Journal of Reproductive Health / La Revue Africaine de la Santé Reproductive* 9,no. 2 (August 1, 2005): 38–53. JSTOR Arts and Sciences VII.

Oyěwùmí, Oyèrónké. *The Invention of Women: Making an African Sense of Western Gender*

*Discourses.* Minneapolis: University of Minnesota Press, 1997. JSTOR

Papadakaki, Maria, Georgia Tzamalouka, Sevaste Chatzifotiou and Joannes Chliaoutakis. “Seeking for Risk Factors of Intimate Partner Violence (IPV) in a Greek National Sample: The Role of Self-Esteem.” *Journal of Interpersonal Violence* 24, no. 4 (2008), 732-50. <https://doi.org/10.1177/0886260508317181>

143

Pescosolido, Bernice A, Jack K Martin, Annie Lang, and Sigrun Olafsdottir. “Rethinking Theoretical Approaches to Stigma: A Framework Integrating Normative Influences on Stigma (FINIS).” *Social Science & Medicine* 67, no. 3 (2008): 431–440. ScienceDirect.

Pilch, Frances T. *Invisible: Surviving the Cambodian Genocide: The Memoirs of Mac and*

*Simone Leng.* Bandon, OR: Robert Reed Publishers, 2017.

Pines, Eula. “Intimate Partner Violence among Women and Trauma-Informed Care: An

International Perspective.” *Madridge Journal of Women's Health and Emancipation*. No.

1 (2017). 11-15.

[https://www.researchgate.net/publication/329301468\_Intimate\_Partner\_Violence\_among](https://www.researchgate.net/publication/329301468_Intimate_Partner_Violence_among_Women_and_Trauma-Informed_Care_An_International_Perspective)

[\_Women\_and\_Trauma-Informed\_Care\_An\_International\_Perspective](https://www.researchgate.net/publication/329301468_Intimate_Partner_Violence_among_Women_and_Trauma-Informed_Care_An_International_Perspective) (Accessed January

30, 2020).

Rankine, Jenny, Teuila Percival, Eseta Finau, Linda-Teleo Hope, Pefi Kingi, Maiava Carmel Peteru, Elizabeth Powell, Robert Robati-Mani, and Elisala Selu. “Pacific Peoples, Violence, and the Power and Control Wheel.” *Journal of Interpersonal Violence* 32, no. 18 (September 2017): 2777–2803. SAGE.

Rappaport, Julian. “Empowerment Meets Narrative: Listening to Stories and Creating Settings.” *American Journal of Community Psychology* 23, no. 5 (October 1995): 795-807[https://www.researchgate.net/publication/14354773\_Empowerment\_meets\_narrative\_Lis](https://www.researchgate.net/publication/14354773_Empowerment_meets_narrative_Listening_to_stories_and_creating_settings_American_Journal_of_Community_Psychology_23_795-807) [tening\_to\_stories\_and\_creating\_settings\_American\_Journal\_of\_Community\_Psychology](https://www.researchgate.net/publication/14354773_Empowerment_meets_narrative_Listening_to_stories_and_creating_settings_American_Journal_of_Community_Psychology_23_795-807) [\_23\_795-807](https://www.researchgate.net/publication/14354773_Empowerment_meets_narrative_Listening_to_stories_and_creating_settings_American_Journal_of_Community_Psychology_23_795-807) (accessed May 23, 2020).

Reich, Catherine M, Judiann M Jones, Matthew J Woodward, Náthali Blackwell, Leslie D Lindsey, and J. Gayle Beck. “Does Self-Blame Moderate Psychological Adjustment Following Intimate Partner Violence?” *Journal of Interpersonal Violence* 30, no. 9 (May 2015): 1493–1510. SAGE.

Repko, Allen and Rick Szostak, *Interdisciplinary Research: Process and Theory*. 2nd ed. Los

Angeles: SAGE, 2017.

Richardson, Glenn. “The Metatheory of Resilience and Resiliency*.” Journal of Clinical Psychology* 58, no. 3 (2002): 307-321. Wiley Online Library

Rojas, Maria. “Women in Pre-Colonial Nigeria.” African Postcolonial Literature in English: In

the Postcolonial Web.

[http://www.postcolonialweb.org/nigeria/precolwon.html#:~:text=Women%20in%20pre%](http://www.postcolonialweb.org/nigeria/precolwon.html#:%7E:text=Women%20in%20pre%2Dcolonial%20societies,the%20future%20of%20the%20group.)

[2Dcolonial%20societies,the%20future%20of%20the%20group.](http://www.postcolonialweb.org/nigeria/precolwon.html#:%7E:text=Women%20in%20pre%2Dcolonial%20societies,the%20future%20of%20the%20group.) (accessed January 23,

2020).

Roulston, Kathryn. *Reflective Interviewing: A Guide to Theory and Practice.* Los Angeles,

London: SAGE, 2010.

Rutter, M. “Resilience Reconsidered: Conceptual Considerations, Empirical Findings, and Policy Implications.” In *Handbook of Early Childhood Intervention,* edited by J. P. Shonkoff

144

and S. J. Meisels, 651–682. New York: Cambridge University Press,

2000. <https://doi.org/10.1017/CBO9780511529320.030>

Saldana, Johnny. *The Coding Manual for Qualitative Researchers* Thousand Oaks: SAGE, 2010

[https://iribresearch.ir/rm/book/The%20coding%20manual%20for%20qualitative%20rese](https://iribresearch.ir/rm/book/The%20coding%20manual%20for%20qualitative%20researchers%20-Johnny_Salda%C3%B1a-2009.pdf) [archers%20-Johnny\_Salda%C3%B1a-2009.pdf](https://iribresearch.ir/rm/book/The%20coding%20manual%20for%20qualitative%20researchers%20-Johnny_Salda%C3%B1a-2009.pdf) (accessed March 29, 2020).

Sambisa Williams, Gustavo Angeles, Peter Lance, Ruchira Naved, Juliana Thornton. “Prevalence and Correlates of Physical Violence Against Women in Slum and Nonslum Areas of Urban Bangladesh.” *Journal of Interpersonal Violence* 26, no.13(August 2011):2592-2618. SAGE Premier

Schwartz, Martin D. "The Past and the Future of Violence Against Women." *Journal of Interpersonal Violence* 20, no. 1 (2005): 7-11. SAGE Premier

Scully, Pamela. “Should We Give Up on the State?: Feminist Theory, African Gender History

and Transitional Justice.” *African Journal on Conflict Resolution* 9, no. 2 (2009): 29-43.

<https://doi.org/10.4314/ajcr.v9i2.52171>

Sharer, Wendy. “Traces of the Familiar: Family Archives as Primary Source Material.” In

*Beyond the Archives: Research as a Lived Process*, edited by Gesa E. Kirsch and Liz

Rohan, 47-55. Carbondale: Southern Illinois University Press, 2008.

Shari Stone-Mediatore. Reading Across Borders: Storytelling and Knowledges of Resistance. New

York: Palgrave Macmillan, 2003.

Shields, Stephanie. “Gender: An Intersectionality Perspective.” *Sex Roles* 59, no. 5 (January

2008): 301-11,

[https://www.researchgate.net/publication/225716758\_Gender\_An\_Intersectionality\_Pers](https://www.researchgate.net/publication/225716758_Gender_An_Intersectionality_Perspective)

[pective](https://www.researchgate.net/publication/225716758_Gender_An_Intersectionality_Perspective) (accessed May 20, 2020)

Silverman, David. *Doing Qualitative Research: A Practical Handbook.* Los Angeles: SAGE~~,~~ 2010.

———. *Interpreting Qualitative Data*.Thousand Oaks: SAGE, 2014.

Soetan, Funmi, and Bola Akanji. *Gender and Development in Nigeria: One Hundred Years of*

*Nationhood*. London: Lexington Books, 2018.

Southwick, Steven M., George A. Bonanno, Ann S. Masten, Catherine Panter-Brick, and Rachel Yehuda. “Resilience Definitions, Theory, and Challenges: Interdisciplinary Perspectives.” *European Journal of Psychotraumatology* 5, no. 1 (July 2014): 1-15. <https://doi.org/10.3402/ejpt.v5.25338>

Southwick, Steven M., Lauren Sippel, John Krystal, Dennis Charney, Linda Mayes, and Robb Pietrzak. “Why Are Some Individuals More Resilient Than Others: The Role of Social Support*.*” *World Psychiatry* 15, no. 1 (February 2016): 77–79. [https://dx.doi.org/10.1002%2Fwps.20282](https://dx.doi.org/10.1002/wps.20282)

Substance Abuse and Mental Health Services Administration. *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. Rockville, MD: Substance Abuse and

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Mental Health Services Administration, 2014. <https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf>Accessed July 27, 2020.

Swignoski, Mary. “The Logic of Feminist Standpoint Theory for Social Work Research.” *Social Work* 39, no. 4 (July 1994): 387-393. <https://doi.org/10.1093/sw/39.4.387>

Tamale, Sylvia. “Gender Trauma in Africa: Enhancing Women’s Links to Resources*.” Journal*

*of African Law* 48, no. 1 (April 2004): 50–61. JSTOR

Tanimu, Tanko S., Stephen Yohanna, and Suleiman Y. Omeiza. “The Pattern and Correlates of Intimate Partner Violence Among Women in Kano, Nigeria.(Original Research) .” *African Journal of Primary Health Care and Family Medicine* 8, no. 1 (January 1, 2016):1–6. ProQuest Central.

Teefah, “Religion, Women and Gender-Based Violence in Nigeria**.**” *Voices of Youth* (blog), September 9, 2019, <https://www.voicesofyouth.org/blog/religion-women-and-gender-based-violence-nigeria>Accessed April 26, 2020.

The Advocates for Human Rights. Stop Violence Against Women. A Project of the Advocates for Human Rights. Domestic Violence. “Theories of Violence.” <http://hrlibrary.umn.edu/svaw/domestic/link/theories.htm>(accessed February 29, 2020)

“The Effects of Intimate Partner Violence on Children,” Catalyst Domestic Services, accessed May 17, 2020, <http://www.catalystdvservices.org/learn/intimate-partner-violence-and-children>Accessed February 26, 2020.

Theron, Linda Carol and Adam Theron. “Positive Adjustment to Poverty: How Family Communities Encourage Resilience in Traditional African Contexts.” *Culture & Psychology* 19, no. 3 (September 2013): 391–413. Accessed April 8, 2020. SAGEPremier

Tjaden, Patricia. "What Is Violence Against Women? Defining and Measuring the Problem: A Response to Dean Kilpatrick." *Journal of Interpersonal Violence* 19, no. 11 (2004): 12444-251. SAGE Premier.

Tortakovsky Eugene and Sabina Mezhibovsky. “Female Immigrants Victims of Domestic Violence: A Comparison Between Immigrants from The Soviet Union in Israel and Israel Born Women.” *Journal of Family Violence* 27, no.6 (August 2012):561-572

<https://doi.org/10.1007/s10896-012-9447-z>

Tsirigotis, Konstantinos, and Joanna Łuczak. “Resilience in Women who Experience Domestic

Violence.” *The Psychiatric Quarterly* 89 no.1 (2017): 201-11. Accessed April 4, 2019.

<https://doi.org/10.1007/s11126-017-9529-4>

Tummala-Narra, Pratyusha. “Trauma and Resilience.” *Journal of Aggression, Maltreatment, and*

*Trauma* 14, no. 1-2 (2007): 205-225 <https://doi.org/10.1300/J146v14n01_11>

Ungar, Michael. “Putting Resilience Theory into Action: Five Principles for Intervention.” In *Resilience in Action*, edited by Linda Liebenberg and Michael Ungar, 17-38. Toronto:University of Toronto Press, 2008. Accessed June 20, 2019.

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<https://esteemjourney.com/wp-content/uploads/2018/07/Putting-Resilience-Theory-Into-Action.pdf>

———. “Resilience Across Cultures.” *The British Journal of Social Work* 38, no. 2, (February 2008, 218–235) <https://academic.oup.com/bjsw/article/38/2/218/1684596>

———. “Resilience, Trauma, Context, and Culture.” *Trauma, Violence, & Abuse* 14, no. 3 (2013): 255-66. SAGE PREMIER

———. “The Social Ecology of Resilience: Addressing Contextual and Cultural Ambiguity of a Nascent Construct.” *American Journal of Orthopsychiatry* 81, no. 1 (January 2011): 1– 17. EBSCOHost PsycARTICLES

———. “Introduction to the Volume.” In *the Social Ecology of Resilience: A Handbook of Theory and Practice,* 1–9. New York: Springer, 2012. Springer Online

Ungar, Michael and Louise Liebenberg. *Researching Resilience* (Toronto: University of Toronto Press, 2009).

Ungar, Michael and Todd I. Herrenkohl. “Resilience, Trauma, Context, and Culture.” *Trauma*, *Violence, & Abuse* 14, no. 3 (July 2013): 255–266. SAGE Premier

United Nations. *Convention on the Elimination of All Forms of Discrimination against Women.* (Jan 2016):1-65 <https://www.refworld.org/pdfid/582d75584.pdf>(Accessed May 11,2020)

United Nations General Assembly. *Declaration on the Elimination of Violence against Women*. 20 December 1993, A/RES/48/104. <https://www.refworld.org/docid/3b00f25d2c.html> (Accessed May 10,2020)

Violence in Togo (West Africa).” *Journal of Family Violence* 23, no. 8 (August 2008): 777-783.

EBSCOhost.

World Health Organization and Pan American Health Organization. *Understanding and*

*Addressing Violence Against Women: Intimate Partner Violence.* 2012. [https://apps.who.int/iris/bitstream/handle/10665/77432/WHO\_RHR\_12.36\_eng.pdf?sequ](https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf?sequence=1&isAllowed=y) [ence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf?sequence=1&isAllowed=y) (accessed May 9, 2020)

Walker, Lenore E Auerbach. “Trauma Practice: Historical Overview.” In *Psychology APA Handbook of Trauma Psychology: Trauma Practice,* edited by S. N. Gold, 1-27.American Psychological Association, 2017. <https://content.apa.org/doi/10.1037/0000020-001>

Wang, Mei-Chuan, Sharon Horne, M Levitt, and Lisa Klesges. “Christian Women in IPV Relationships: An Exploratory Study of Religious Factors.” *Journal of Psychology and Christianity* 28, no. 3 (October 1, 2009): 224–235. ProQuest.

Weiss-Gal, Idit. “The Person-in-Environment Approach: Professional Ideology and Practice of Social Workers in Israel.” *Social Work* 53, no. 1 (January 2008): 65–75. <https://doi.org/10.1093/sw/53.1.65>

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Werner, Emmy. “Risk, Resilience, and Recovery.” *Reclaiming Children and Youth* 21, no. 1 (Spring 2012): 18-22. Accessed September 8, 2019. ProQuest Central

Wilkins, Amy. “Becoming Black Women: Intimate Stories and Intersectional Identities.” *Social*

*Psychology Quarterly* 75, no. 2 (2012): 173-196. ProQuest Central.

Willis, Jerry W. *Foundations of Qualitative Research: Interpretive and Critical Approaches.*

Thousand Oaks: SAGE Publications, 2007. SAGE Research Methods

Women’s Aid Collective. Compiled by the Nigeria NGO Coalition on CEDAW Report for the

Forty First (41st) Session of the Committee on the Elimination of All Forms of

Discrimination Against Women. *CEDAW and Accountability to Gender Equality in*

*Nigeria: A Shadow Report.* Lagos: A Publication of WomenAid Collective (WACOL)

April 2008

[https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/NGA/INT\_CEDA](https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/NGA/INT_CEDAW_NGO_NGA_41_9726_E.pdf)

[W\_NGO\_NGA\_41\_9726\_E.pdf](https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/NGA/INT_CEDAW_NGO_NGA_41_9726_E.pdf) (Accessed May 15, 2020)

World Health Organization. *Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence.* 2013. <https://apps.who.int/iris/handle/10665/85239>(accessed June 15, 2020)

Wright, Margaret. “Resilience.” In *Behavioral Medicine and Women: A Comprehensive Handbook,* edited by Elaine Blechman and Kelly Brownell, 156-161. London: GuildfordPress, 1998.

Zolli, Andrew and Ann Marie Healy. *Resilience: Why Things Bounce Back*. New York: Free Press, 2012.

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APPENDICES

*Appendix A: Interview Questions*

Hello. My name is Tobi Faith Oloyede and I am a graduate student at East Tennessee State University (ETSU). I am in the Liberal Studies Department and my concentration is in Gender and Diversity. I am conducting research for my thesis and the focus is on the resilience and strength of Female Survivors of Intimate Partner Violence in Nigeria. I am particularly interested in discovering the coping mechanisms they use when faced with adversity. Thank you for agreeing to be a part of this research. Your contribution is extremely valuable. I have some questions written down to guide the interview but please feel free to share anything you think will be beneficial to this research. The interview will last approximately 45-60minutes.

Please feel free to stop at any time you want to, and you can choose not to answer any question you are not comfortable with. If you need a break at any time, please let me know and I will stop.

|  |  |  |
| --- | --- | --- |
| **Introductory** | 1. | Do you have children? If yes, how many? |
| **questions** based on | 2. | How old are you? Where were you born? |
| Research question one | 3. | Where did you grow up? |
| (What are the impacts | 4. | Where did you meet your husband? |
| of intimate partner | 5. | How old were you when you got married? |
| violence on women? | 6. | What religion/ethnic group do you identify with? |
|  |  | I am now going to ask you how things changed |
|  |  | between you and your husband and your experiences. |
|  |  | This may make you become emotional and we can |
|  |  | pause, take a break or stop completely if you want to. |
|  |  | Thank you for sharing your experience with me. I |
|  |  | appreciate it and I am truly sorry about the situation. |
|  | 7. | I want to learn how your family and society treat |
|  |  | women who have similar encounter. So please can |
|  |  | you tell me how you were treated? For example, |
|  |  | were you told it was a usual phenomenon for married |
|  |  | couples? |
|  |  | 149 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 8. | Do you think there is something you are doing that |  |
| **Transitional questions** |  | probably led to the abuse? |  |
|  | 9. | Effects on you and your children |  |
| What are the factors | 10. | Were you able to cope with these practices? If yes, |  |
| that bring about |  |
| resilience and |  | can you please identify the key factors that enabled |  |
| strengthen it as well? |  | you to demonstrate resilience despite all you go |  |
| Does societal structure |  | through? |  |
| 11. | What is your social status? (please note that social |  |
| affect violence? |  |
|  |  | status here means level of education and work |  |
|  |  | status). Are you a stay at home wife, work for |  |
|  |  | yourself, or have a career? |  |
|  | 12. | Do you think women with a higher social status are |  |
|  |  | able to demonstrate resilience more compared with |  |
|  |  | those with a lower social status? |  |
|  | 13. | How would you describe the structure of the society |  |
|  |  | you live in? Who benefits more? |  |
|  | 14. | Do other women around you have similar |  |
|  |  | experiences? |  |
| **Closing questions** | 15. | Do you think research into the wellbeing of survivors |  |
|  |  | of IPV in Southwest Nigeria is vital? If yes, why? |  |
|  | 16. | Is there any additional thing you would like to add to |  |
|  |  | this discussion that we have not covered? Thank you |  |
|  |  | so much for your time. |  |
|  |  |  |  |

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*Appendix B: Survey Questions*

Personal/Demographic

1. What is your current age range? 18-25 26-40 41-55 55-65

Prefer not to answer

1. Employment Status: Employed

Unemployed

1. How old were you when you got married?

Survey participant to insert her answer

Cannot choose/Refused

1. Are you married with children? no

Yes

1. Which Nigerian ethnic group do you belong to? Ibo

Yoruba Hausa

1. Which one of the following religions do you identify with? Christianity

Islam

African Tradition Prefer not to answer

1. What was your highest level of education? Primary school certificate

OND/HND Diploma

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BSc/BA degree Masters degree PhD

Other

Prefer not to answer

1. Are you able to cope in the face of your adverse experiences? Yes

No

1. Can you please list the coping mechanisms you employ?

#

#

#

#

#

#

1. Did you notice any significant changes with your behaviors, emotions, and the way you interacted with others?

Yes No

1. Did family or peers play any role concerning your ability to cope? Yes

No

1. In your opinion, do you think Nigerian women are coping with this menace? No

Yes

Prefer not to answer

1. As a survivor, what term do you prefer? Survivor

Victim

Survivor still impacted by abuse

1. Do you think there is a need for research into the wellbeing female survivors of Intimate partner Violence in Southwest Nigeria?

Yes No

Prefer not to answer

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1. Do you think the Nigerian Government/Law could help curb abuse? Yes

No

1. How do you feel the Nigerian Government/Law is failing IPV survivors? Not enough IPV-trained judges and attorneys.

Law enforcement needs to be better educated about recognizing IPV. More help for survivors to get orders of protection.

More free legal assistance from IPV-trained attorneys. The problem is with the way our culture views women. Other

1. Please feel free to add any comment below if there is any additional thing you would like to add to this discussion that was not covered.

Thank you for your cooperation in completing this survey!

Will you like to be interviewed for my research study on the experience of Nigerian Female Survivors of IPV and how they cope with the challenges?

Yes, I will like to be interviewed

If yes, insert your email and Skype ID below

No, I do not want to be interviewed

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*Appendix C: Informed Consent Document for Interviews*

This Informed Consent will explain about being part of this research study. It is important that you read this material carefully and then decide if you wish to take part in it voluntarily. **Research Information:** My name is Tobi Faith Oloyede, and I am a graduate student at EastTennessee State University (ETSU). My research project is titled **“The Resilience of Female**

**Survivors of Intimate Partner Violence in Southwest Nigeria: An Interdisciplinary Analysis**” and I am conducting interviews to hear directly from survivors in Nigeria how they cope with the challenges and stress of Interpersonal Violence (IPV).

**Purpose:** This research wants to discover and understand the internal and external factors that are responsible for Nigerian survivors’ of IPV's ability to cope and adapt when faced with challenges and adversity from the home fronts and society at large. Previous studies show that a resilience-based approach to the plight of survivors of IPV can result in empowerment and self-confidence and also prepare them for future challenges. Data from this study can, therefore, be useful to other researchers who are interested in this or similar topic. Also, the data from this research will be valuable in the efforts of social workers, nongovernmental agencies (NGOs) and, counselors to improve the long-term health and well-being of survivors.

**Procedure/Duration –** This process will include only female survivors of IPV between the ages of 25 and above, living in Nigeria with children and married. Your participation in this study will consist of an interview that will be conducted via Skype audio call between 40-60minutes. You will be asked a series of questions about; therefore, life and abuse experiences and the interview will be audio-recorded. A part of your interview, including quotes, may be used in my thesis project, and you can request to see any quotes I intend to use, and this will be sent to you via email for you to review. Also do not have to answer the interview questions, and you can refuse to answer any question that makes essential feel uncomfortable. The location and time of the interview will be left for you to decide. However, you should pick a time and location that will allow you to have privacy with little or no distractions.

**Possible Risks or Discomforts –** During the interview, some of the questions may make you feel uncomfortable or emotional since this study asks questions about your abusive experience. Please know that you have the right to take some time to regain your emotions or choose to end the interview immediately. However, you may also feel better after you have had the chance to express yourself about your experience and talking about the things NGOs had to do to survive.

**Possible Benefits –** There will be no direct benefit to you from participating in this study. However, your participation will contribute to future research on how some Nigerian survivors

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of IPV cope with the psychological, social, and cultural challenges that they face. This information can help researchers, counselors, social workers, International Organizations, and Non-Governmental Organizations to better understand the influence of resilience on the health and well-being of survivors of IPV in Nigeria. It can also shed light on why some of the violent interpersonal practices exist and how they can be overcome

**Voluntary Participation –** Your participation in this research is entirely voluntary. You may choose not to participate at any point. If you decide to participate in this research study, you can change your mind and quit at any time without any penalty. You may quit by calling Tobi Oloyede at +1 4233284299. Refusal to participate will involve no penalty or loss of benefits.

**Confidentiality –** Every attempt will be made to see that your identity is kept confidential, and care will be taken to ensure that any information given during the interview that could identify you is not revealed. Your identity in this study will be protected, and you will not be named in the final report. All identifiable information about you will be replaced with a code and a list linking the code, and your identifiable information will be securely kept in a secured location. All notes and information will be securely stored on my ETSU OneDrive for Business account. While information about you will be handled as confidentially as possible, there is however the possibility of loss of confidentiality. Apart from the principal investigator (Tobi Oloyede), my faculty advisor (Prof. Marie Tedesco) and the East Tennessee State University IRB will also have access to the transcript of your interview. As faculty advisor, Professor Tedesco will keep a copy of your interview transcript in a secure ETSU network drive that only she can access. The audio recording of your interview and any information that can identify you will be destroyed once I have produced a transcript of your interview. After this project is completed, all information that can identify you will be removed from the data. This data will then be stored for possible use in future research studies. We will not ask for additional consent for those studies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I confirm that I am between the age of 25 and above with children. I have read and understood this consent form, and I have had the opportunity to have them explained to me. I have read and understood the explanation provided to me. I have had all my questions answered to my satisfaction, and by signing below, I volunteer to take part in this study. By signing below, I confirm that I am age of 25 or above, married, and have children.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer’s Name Signature Date

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If you would like me to send you a copy of your audio recording, please enter your email address below:

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact for Questions**

If you have any more questions, please call Tobi Oloyede (Principal Investigator) at 423-3284299 or by email at oloyedet@etsu.edu.

For more information, please contact: Professor Marie Tedesco - Director, Master of Arts in Liberal Studies (Faculty Advisor) Email - tedescom@etsu.edu Phone no. - +1 423-4394223

You can call the Chairperson of the ETSU Institutional Review Board at +1 423.439.6054 for any questions you may have about your rights as a part of this research. You can also call a coordinator at the ETSU Institutional Review Board at +1 423.439.6055 or +1 423.439.6002 if you have any questions or concerns about the research and want to talk to someone besides the research team or you cannot reach the study staff.

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*Appendix D: Informed Consent Document for Survey Participants*

Dear Participant,

Research Information: My name is Tobi Faith Oloyede, and I am a graduate student at East Tennessee State University (ETSU) . I am working on a research project in Gender and Diversity. In other to finish my studies, I need to complete a research project, and the title of my research study is **The Resilience of Female Survivors of Intimate Partner Violence in Southwest Nigeria: An Interdisciplinary Analysis**.

**Purpose:** The purpose of this is to discover and understand the internal and external factors that are responsible for Nigerian survivors’ of IPV's ability to cope and adapt when faced with challenges and adversity from the home fronts and society at large. Previous studies show that a resilience-based approach to the plight of survivors of IPV can result in empowerment and self-confidence and prepare them for future challenges. Data from this study can, therefore, be useful to other researchers who are interested in this or similar topic. Also, the data from this research will be valuable in the efforts of social workers, non-governmental agencies (NGOs) and, counselors to improve the long-term health and wellbeing of survivors.

**Procedure/Duration:** I will like to give a brief survey to Nigerian female survivors of IPV between the ages of 25 and above, living in Nigeria with children and married using Survey Monkey. It should only take about 3-5minutes to finish. I advise that you pick a time and place that will allow you to have privacy and little or no disturbance while completing the survey online.

**Possible Risks or Discomforts:** You will be asked questions about your life and IPV experiences. Since this study deals with your experiences as a survivor, the risks are that you may feel uncomfortable or emotional because of some of the questions in this survey. However, you may also feel better after you have had the chance to express yourself about your experience as a survivor.

**Possible Benefits:** This study will not benefit you directly, but the information you provide will contribute to future research on why these practices exist and how some Nigerian female survivors cope with the stress of violence. Also, the information you provide can make people, not only in Africa but outside of Africa, get to know more about what women in Nigeria are going through.

The last question in this survey will ask if you would like to be interviewed and if you do decide to be interviewed, please type in your contact details in the space provided and I will send you an informed consent form by email. If you do not wish to be interviewed, simply click on no and that will be the end of your part in this research.

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**Confidentiality:** Your confidentiality will be protected as best as we can. However, since we are using technology, no guarantees can be made about the interception of data sent over the Internet by any third parties, just like with emails. We will make every effort to make sure that your name is not linked with your answers, except for those who indicate they will like to be interviewed after this survey. Survey Monkey has security features that will be used. For example, your IP address will not be collected, and SSL encryption software will be used. Although your rights and privacy will be protected, the East Tennessee State University (ETSU) Institutional Review Board (IRB) and my faculty supervisor, Professor Marie Tedesco can view the study records. The data from your survey will be kept by my supervisor in a secure ETSU network drive that only she can access. After this project is completed, all information that can identify you will be removed from the data. This data will then be stored for possible use in future research studies. We will not ask for additional consent for those studies.

**Voluntary Participation:** Taking part in this study is entirely voluntary. You may decide not to take part in this study. You can quit at any time. You may skip any questions you do not want to answer, or you can exit the online survey form if you want to stop completely at any point. Refusal to participate will involve no penalty or loss of benefits.

If you have any research-related questions or problems, you may contact me, Tobi Oloyede, via email at oloyedet@etsu.edu. You can reach my faculty advisor, Professor Marie Tedesco at tedescom@etsu.edu. Also, you may call the chairperson of the IRB at ETSU at (423) 4396054 if you have questions about your rights as a research subject. If you have any questions or concerns about the research and want to talk to someone who is not with the research team or if you cannot reach the research team, you may call an IRB Coordinator at 423/439-6055 or 423/439-6002.

I appreciate your time and assistance.

Sincerely,

Tobi F. Oloyede Clicking the AGREE button below indicates

I have read and understood the information in the consent document. I agree to volunteer

I am at least 25 years old

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◯I am married◯ and have children

I Agree I Disagree

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VITA

TOBI OLOYEDE

Education:

Master of Arts in Liberal Studies, East Tennessee State University,

Johnson City, Tennessee, 2020.

Bachelor of Arts in English and Literary Studies, Ekiti State

University, Nigeria, 2016.

Professional Experience:

Graduate Assistant, Office of the Director of the Master of Arts in Liberal Studies, ETSU 2020.

Volunteer, Good Samaritan Ministries 2019 Johnson City, Tennessee.

Award:

Travel Grant Awarded by Southern Women Studies Association, Conference 2019

East Tennessee State University School of Graduate Studies Thesis Scholarship 2020

Presentations:

March 2019. Feminist Consciousness in Nigeria: Buchi Emecheta’s *Second Class Citizen.* Presented at the Annual Conference of the Southern Women Studies Association. Oxford, Mississippi.

October 2019. Chinua Achebe’s *Anthills of the Savannah:* Women and the Politics of Inclusion in Nigeria. Presented at the Annual Conference of the Association of Graduate Liberal Studies Program. Washington D.C, USA.

October 2019. Gender Stigma and Intimate Partner Violence phenomenon. Presented at Women on Wednesdays, a monthly Women Studies Department Lecture Series. East Tennessee State University, USA.

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