

HIGHNESS OR ABUSIVENESS: EXPLORING ALCOHOL AND INTIMATE PARTNER VIOLENCE DYNAMICS IN NIGERIA

Saheed, Rahman Olanrewaju,

Department of Sociology,
Federal University, Wukari

Saliman, Salahu Tunde

Department of Social Works
University of Ilorin

&

Adeniyi-Lawal Mariam Olajumoke

University of Hull, U.K

Corresponding Author: lanreandrahaman@gmail.com

Abstract

Intimate Partner Violence (IPV) remains a pervasive social issue in Nigeria with a complex interplay of cultural, social, and individual factors contributing to its prevalence. One notable factor is the significant association between alcohol consumption and IPV, which poses a challenge to understanding and addressing this multifaceted problem. This study aimed to comprehensively examine the relationship between alcohol consumption and IPV in Nigeria, by seeking to interrogate the underlying mechanisms through theoretical frameworks and literature evidence. The study argues that alcohol consumption acts as a catalyst for IPV in Nigeria, influencing individual behaviours and interacting with societal norms. Deviance Disavowal Theory was adopted to offer a nuanced perspective on cultural dynamics at play. A systematic literature review was conducted integrating studies that explored the link between alcohol consumption and IPV in Nigeria. To ensure thorough coverage of relevant literature, different electronic sources, such as PubMed, Scopus, African Journals Online, and Google Scholar, and manual searches of references from selected studies were used. An examination of the literature revealed a relationship between alcohol consumption and IPV in Nigeria. Deviance Disavowal Theory highlights the cultural dynamics that permit alcohol as an excuse for deviant actions. This study underscores the urgency of adopting comprehensive intervention strategies that address not only individual behaviours, but also societal norms and cultural beliefs. Recommendations include targeted public health campaigns, legal reforms to strengthen enforcement against IPV, and the integration of alcohol abuse treatment into support programs.

Keywords: Abusiveness; Alcohol; Alcoholism; Alcohol Abuse Treatment; Intimate Partner Violence.

Introduction

Intimate Partner Violence (IPV) is a pervasive and complex global issue that manifests uniquely in the Nigerian context. The scope of IPV encompasses the physical, sexual, and psychological harm inflicted by current or former partners, and its multifaceted nature is deeply influenced by cultural, economic, and social factors. Globally, 1/3rd of women and one in nine men who have been in a relationship experience or are at risk of experiencing IPV, including sexual coercion (Claudia et al., 2012; WHO, 2021; Reckdenwald et al., 2020). Oceania, Southern Asia, and Sub-Saharan Africa have some of the highest rates of IPV against women, ranging from 33% to 51% (Reckdenwald et al., 2020). Relative to the other regions, Europe, Central Asia, Eastern Asia, and South-Eastern Asia exhibit lower rates of child marriage, which range from 16% to 23%, according to the WHO (2021). It is 14% in Azerbaijan, 18% in Portugal, 20% in Norway, and 26% in America (WHO, 2021; Sardinha et al., 2022).

Despite concerted efforts to tackle the menace of violence against women, many women in sub-Saharan Africa (SSA) still experience different forms of sexual violence in marital settings and have one of the highest rates of IPV. For instance, Zimbabwe, Kenya, Mozambique, Zambia, and Cameroon have the highest prevalence rates at 43.4%, 45.3%, 45.5%, 53.9%, and 57.6%, respectively (WHO, 2021). Echoing this global trend, the Nigerian Demographic and Health Survey (NDHS, 2018) reveals a comparable prevalence, underscoring a deeply rooted issue within the societal fabric.

Like the rest of Africa, IPV is as high as 30.5% among women aged 15-49 in Nigeria (WHO, 2021). The Amnesty International report indicated that 2/3rd of Nigerian women are abused by their partners (Amnesty International, 2021). In its 2014 report, the Nigerian National Population Commission (NPC) and ICF International estimated women's lifetime exposure to IPV from their current husbands or partners. The findings indicated that 19% of women experienced emotional IPV, 14% experienced physical IPV, and 5% experienced sexual IPV within their lifetime (NPC & ICF International, 2014).

In addition to the NPC and ICF International reports, previous studies conducted in Nigeria provided further insights into the prevalence of IPV. These studies showed considerable variation in the rates of IPV across different forms. Specifically, the prevalence of psychological or emotional violence ranges from 31% to 61%, sexual violence from 20% to 31%, and physical violence from 7% to 31% (Mapayi et al., 2014). Furthermore, the regional disparities in IPV prevalence in Nigeria are noteworthy. Studies conducted in various regions of Nigeria reported distinct rates of IPV. For instance, in the northern region of Nigeria, Tanimu et al. (2016) found a prevalence of 42%, while in the South West, Okenwa et al. (2009) reported a prevalence of 29%. In the South East, Okemgbo et al. (2002) observed an alarming prevalence of 78.8%, and in the South South, Itimi et al. (2014) reported a prevalence of 41%. In Nigeria, IPV transcends the boundaries of private matter, evolving into a public health crisis and a blatant violation of human rights.

Within the intricate tapestry of Nigerian society, IPV often lurks in the shadows of underreporting and understudy, shielded by cultural norms that, at times, tacitly endorse certain levels of violence within intimate relationships. Adding to this complexity is the prevalence of alcohol abuse in Nigeria, which exacerbates IPV. Extensive studies (see Ilika, 2005; Ogum-Alangea et al., 2015; Mekonnen, 2019) have demonstrated a clear correlation between alcohol consumption and the likelihood of perpetrating violence. This connection is often ascribed to the disinhibiting effects of alcohol on aggression and the cultural norm of associating drinking with masculine behaviour, which may amplify proclivities towards dominance and violence. However,

ongoing debate persists regarding the extent to which alcohol contributes to the initiation or escalation of intimate partner abuse (Foran & O'Leary, 2008). It is crucial to recognize that the association between alcohol and IPV is complex, involving multiple contributing elements.

It is against this backdrop that this study seeks a chronological approach, within the complex web of sociocultural practices, to address the loose ends in close relationships and unresolved intricacies among heterosexual partners, who engage in health risk behaviour such as alcohol consumption in Nigeria. The assertion in this study is firmly grounded in the intricate interplay between alcohol abuse and the manifestation of violence within intimate relationships.

Consequent upon the foregoing, it is relevant to raise the following questions: What is the prevalence of alcohol on intimate partner violence in Nigeria? How does the act of "highness" specifically correlate to intimate partner violence in Nigeria? What are the implications of intimate partner violence on the well-being of victims in Nigeria? Outside government intervention in the area of policy, how can the menace of intimate partner violence be adequately addressed in Nigeria?

Theoretical Framework

The Deviance Disavowal Theory, as expounded by MacAndrew & Edgerton in "Drunken Comportment: A Social Explanation" (1969), provides a compelling framework for examining the intricate relationship between alcohol consumption and Intimate Partner Violence (IPV) in Nigeria. The theory posits that cultural beliefs and norms play a pivotal role in shaping expectations and behaviours associated with alcohol use. In societies like Nigeria, where alcohol is often perceived as a disinhibitor, individuals may feel freed from typical social and moral constraints when under the influence. The theory argues that alcohol consumption serves as a socially acceptable rationale for engaging in behaviors that would otherwise be considered deviant, with IPV serving as a pertinent example. The alignment of the Deviance Disavowal Theory with the concept of "alcohol myopia", as elucidated by Steele and Josephs (1990), is noteworthy. This concept suggests that alcohol narrows individuals' focus, making them more responsive to immediate cues and less cognizant of the broader implications of their actions. In the context of IPV, this alcohol-induced myopic state may lead individuals to justify their deviant behaviour within the narrow framework of their immediate circumstances.

In the Nigerian context, cultural norms and attitudes toward alcohol and masculinity have emerged as influential factors shaping the prevalence and perception of IPV, as revealed by Ilika's (2005) study. The theory argues that some individuals may exploit alcohol as an excuse or mitigating factor for their abusive conduct, leveraging it as a culturally understood 'alibi' for deviance. This aligns with the notion that alcohol consumption provides a convenient justification for actions that deviate from socially acceptable norms. This phenomenon may contribute to the heightened prevalence or severity of IPV in contexts where alcohol abuse is widespread, as supported by Antai's (2011) findings.

Methodology

This study adopted a qualitative review of the literature to examine and analyse the relationship between alcohol consumption and the prevalence of IPV in Nigeria. To ensure thorough coverage of relevant literature, electronic databases (such as PubMed, Scopus, African Journals Online, and Google Scholar) were searched, and references from selected studies were manually searched. A comprehensive search strategy was devised, utilizing keywords such as "domestic violence," "spousal violence" "marital violence" "intimate partner violence" "Nigeria,"

and "alcohol" or "alcoholism." Boolean operators were employed to logically combine search terms. The study selection process involved initial screening of titles and abstracts, followed by full-text screening of shortlisted articles and removal of duplicate publications. The inclusion criteria encompassed studies specifically focused on marital violence, intimate partner violence, using qualitative, quantitative, or mixed-method approaches, and published in English. Exclusion criteria comprised of studies not specific to marital violence or intimate partner violence and non-academic or non-peer-reviewed articles were excluded. The analysis focused on identifying, analysing, and reporting patterns within the literature using a thematic approach.

This approach provides a comprehensive perspective on the subject. This is because qualitative reviews are highly effective at capturing the intricacies of a specific context, which is crucial for comprehending the nexus between alcohol consumption and the phenomenon of IPV in diverse and multifaceted countries such as Nigeria. Unlike quantitative studies, qualitative reviews have the flexibility to incorporate a wide range of literature, such as theoretical pieces, empirical studies, and gray literature, which allows for a more comprehensive understanding of the topic (Snyder, 2019).

Results and Discussions

Several themes have been identified from the literature consulted, which have been grouped to provide guidance for the analysis in this study.

What Constitutes Alcohol and Alcohol Abuse?

The term "alcoholism" is frequently used to refer to a condition marked by consistent and unmanageable alcohol consumption, leading to negative consequences on the physical, psychological, social, or financial welfare of the individual or those in their immediate surroundings (Franks, 1958). Alcoholism is a persistent and recurring condition characterised by the inability to control alcohol consumption, preoccupation with alcohol, and the occurrence of withdrawal symptoms when alcohol intake is reduced or stopped. This syndrome demonstrates a progressive and continuous decline driven by complex interactions among biological, psychological, and social factors (Franks, 1958).

Alcohol use disorder (AUD) refers to a condition in which individuals have physical reliance on alcohol, a strong desire for alcohol, and an inability to control or stop using alcohol despite negative effects. It is important to highlight that alcoholism is not officially acknowledged as a diagnostic category in psychology. The preferred term is Alcohol Use Disorder (AUD). AUD, or Alcohol Use Disorder, is a medical illness marked by challenges in controlling alcohol intake, obsession with alcohol, and a consistent habit of drinking while facing negative consequences (Mann, 2000). The severity of AUD can be classified on a spectrum, ranging from mild to severe, depending on the manifestation of various symptoms. It includes a range of detrimental alcohol use habits from occasional binge drinking to the progression of alcohol addiction. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of the American Psychiatric Association, alcohol abuse is classified as part of Alcohol Use Disorder (AUD), which encompasses a range of behaviours ranging from mild to severe. Alcohol use disorder is an acknowledged medical illness marked by ongoing alcohol consumption despite adverse outcomes (National Institute on Alcohol Abuse and Alcoholism, 2023).

Excessive alcohol use can lead to detrimental health consequences for individuals and contribute to social problems such as alcohol-related criminal behaviour. Alcohol abuse is the second most widespread type of substance abuse in the United States after tobacco addiction.

Alcohol consumption disorder is a major public health concern, affecting approximately 14.4 million adults in the United States alone (National Institute on Alcohol Abuse and Alcoholism, 2023).

The definition of alcohol abuse is not without controversy and a central debate revolves around the distinction between alcohol abuse and dependence. Some scholars (e.g. Schuckit, 2009) advocate for a clear separation between the two, emphasizing that dependence typically involves physical withdrawal symptoms and tolerance, whereas abuse may lack these physical dimensions. This distinction is prominently addressed in Schuckit (2009). Furthermore, cultural and social factors significantly shape alcohol consumption patterns, thereby introducing another layer of controversy. Room et al., (2001), in his work, highlights the interpretive challenge in defining 'abuse' across diverse cultural contexts. This cultural relativity complicates the establishment of a universally applicable definition, acknowledging that what may be perceived as 'abuse' can vary significantly among different societies.

The ongoing discourse on the definition of alcohol abuse reflects the nuanced nature of this concept embedded within the broader context of AUD. The debate regarding the distinction from dependence underscores the complex interplay between psychological and physical dimensions. Additionally, the recognition of cultural variations in interpreting alcohol abuse underscores the need for a flexible understanding that accommodates diverse societal norms. The evolving understanding of alcohol abuse remains crucial for refining diagnostic criteria, informing treatment approaches, and fostering cross-cultural sensitivity in addressing this multifaceted issue.

Understanding the concept of IPV

Intimate Partner Violence (IPV) is a broadly encompassing term that refers to behaviour within an intimate relationship that leads to physical, sexual, or psychological harm. The World Health Organization (WHO) offers a comprehensive definition that encompasses physical aggression, sexual coercion, psychological abuse, and controlling behaviours. However, despite this comprehensive framework, the definition of IPV is still a subject of controversy. The primary point of contention in defining IPV revolves around gender dynamics. Some researchers assert that IPV is predominantly perpetrated by men over women, reflective of broader societal power imbalances.

This perspective finds support in studies such as Garcia-Moreno and Watts (2011), which emphasize the gendered nature of IPV. On the contrary, an alternative viewpoint argues for a more inclusive definition, acknowledging that IPV can occur in any intimate relationship irrespective of gender. According to the WHO (2021), IPV 'refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours'. The Council of Europe's Convention on preventing and combating violence against women and domestic violence (better known as the Istanbul Convention) conceptualizes Intimate partner violence as encompassing four dimensions: physical, sexual, psychological, and economic violence (BMFSFJ, 2018).

Furthermore, Moshtagh et al. (2023) have attempted a classification of IPV, stating clearly designated boundaries and the limitations and linkages of violent relationships. As observed, there is psychological violence, which involves not only degradation or frightening by partners in close relationships, but also containment from social relationships, work, and social activities; intimate violence could also be identified through economic violence, which portrays partners in financial denials and hindrances. This also includes restrictions on finances or the regulation of items such as clothes, food, or a car.

The debate on the gendered nature of IPV and inclusion of emotional abuse underscores the complexities inherent in defining and understanding this phenomenon. The conflict between a gender-specific definition and a gender-inclusive perspective reflects broader societal debates on power dynamics and relationships. Moreover, the challenge of incorporating emotional abuse into the definition speaks to the nuanced and intricate nature of IPV, where the less tangible aspects of harm are as significant as the more overt ones.

Prevalence of Intimate Partner Violence and Alcoholism in Nigeria

The study of Intimate Partner Violence (IPV) in Nigeria remains a challenge because of the absence of official data and statistics regarding its occurrence and prevalence. This deficiency stems from the fact that IPV is often not reported as a crime within the legal system, compounded by social and cultural barriers that deter victims from disclosing their experiences or seeking assistance. Despite these impediments, various studies have endeavored to document and analyse IPV in Nigeria using diverse methods and sources to shed light on this complex issue.

There is an avalanche of observations on IPV across African gendered relationships, perhaps due to challenges in data collection instruments in Nigeria. Scientific studies are yet to establish a more dependable root-cause of IPV, even when the population seems to paint the dimensions in different lights; for instance, the 2018 Demographic and Health Survey (DHS) report indicated that 36% of ever-married women aged 15-49 reported experiencing sexual, physical, or emotional IPV by their current or former partner/husband. Importantly, the prevalence of IPV varied considerably across states, ranging from 13% in Jigawa to 75.4% in Kogi. Furthermore, the data revealed higher levels of IPV among widowed, separated, or divorced women (49%) compared to married women (35%) (NPC & ICF, 2019; Benebo, Schumann, & Vaezghasemi, 2022). Notably, these figures exclude women aged above 49 years, potentially leading to an underestimation of the true prevalence of IPV in Nigeria.

In addition, studies by Nkoane (2023; Chikezirim, et al. 2022) among men in northern Nigeria revealed that 55.4% experienced IPV in their marital relationships, with 82.4% experiencing emotional and verbal abuse. Additionally, a cross-sectional study conducted by Envuladu et al. (2012) among pregnant women in Jos, Nigeria reported a prevalence of 31.8% IPV among pregnant women. These figures underscore the pervasive nature of IPV in Nigeria and its multifaceted impact on various demographic groups. Despite the challenges in obtaining comprehensive data, these studies have provided valuable insights into the prevalence and patterns of IPV in the country.

The complex association between alcohol intake and intimate partner violence (IPV) has been extensively studied, uncovering a strong correlation that exists across different cultures and geographical regions. The correlation between alcohol intake and intimate partner violence (IPV) has been widely recognised globally. Available data that shows alcohol consumption greatly increases the likelihood of domestic violence. Alcohol impairs cognitive reasoning, weakens self-control, and hinders the ability to maintain healthy social interactions. As a result, conflict and violence are common. The relationship between alcohol consumption and intimate partner violence (IPV) varies depending on the sociocultural framework of different regions or countries.

With alcohol abuse, official statistics show a clear gender gap in severe IPV encompassing dangerous physical injury, rape, murder, and homicide, with much higher rates of perpetration (Bundeskriminalamt, [2021](#)). Further analysis of the correlation between alcohol use and intimate partner violence worldwide reveals intricate patterns, as demonstrated by a study undertaken by the World Health Organization (WHO) in 2010, Olena (2023), and Mahenge and Stöckl

(2021). According to this study, alcohol was a contributing factor in around fifty-five percent (55%) of reported occurrences of intimate partner violence in the American region. The WHO Multi-Country Study on Women's Health and Domestic Violence against Women revealed geographical discrepancies, with the Americas exhibiting greater rates of intimate partner violence associated with alcohol than other areas (García-Moreno et al., 2005).

A study conducted in European countries revealed that alcohol consumption was a contributing factor in 25 -70% of domestic violence cases. In Africa, namely Nigeria, there is considerable evidence to suggest a notable association between alcohol consumption and instances of domestic violence, intimate partner abuse, or violence. According to statistical data, alcohol abuse is a factor in 40–60% of domestic violence cases, and 20% of aggressive men use alcohol before committing violent acts (WHO, 2010). Importantly, the impact of alcohol on intimate partner abuse or domestic violence extends beyond male perpetrators, as their female counterparts also exhibit alcohol-related violent behaviours towards their spouses. This underscores the fact that alcohol is implicated in violent behaviours across both sexes and society.

Numerous studies have contributed to a nuanced understanding of the association between alcohol consumption and IPV. For instance, Leonard and Quigley (2017) demonstrated a significant correlation between alcohol consumption and the incidence and severity of Intimate Partner Violence (IPV). Their findings suggest that engaging in alcohol use increases the probability of aggressive behaviour within intimate relationships, thereby fostering IPV. This aligns with the conclusions drawn from a meta-analysis conducted by Graham et al. (2019), which encompassed a comprehensive review of one hundred and four (104) studies. The meta-analysis revealed a robust association between alcohol use and IPV perpetration, reinforcing the notion that alcohol consumption plays a pivotal role in IPV dynamics of intimate partner violence. Foran and O'Leary's (2008) seminal study conducted a comprehensive analysis of data from 22 countries, revealing a consistent link between alcohol use and increased risk of perpetrating IPV. This global perspective underscores the universality of this relationship, emphasizing its prevalence across diverse cultural and geographic contexts.

Despite the evident impact of alcohol on relationships in Africa, reports on its adverse effects remain limited, and the severity of its devastating impact varies between countries and communities. This limitation is attributed to underreporting, driven by cultural practices that inhibit reporting by some genders, while potentially promoting the interests of their counterparts. For instance, Jewkes et al. (2002) conducted a study in South Africa that revealed that men identified as hazardous drinkers were more likely to perpetrate intimate partner violence. Another study by Seedat et al. (2009) in South Africa underscored the strong association between alcohol use and physical and sexual IPV perpetration. In Kenya, Muturi's study (2012) established a significant correlation between alcohol consumption and perpetuation of intimate partner violence among men. These findings highlight the complex interplay of cultural, social, and economic factors in shaping the relationship between alcohol consumption and intimate partner violence in the African context.

Despite limited documented research on the relationship between alcohol consumption and intimate partner violence (IPV) in Nigeria and West Africa, few studies have illuminated this relationship, providing valuable insights into its prevalence and contributing factors. Notably, Ogum-Alangea et al. (2015) conducted a study in Nigeria that identified a positive correlation between alcohol use and IPV perpetration of intimate partner violence. This research argued that engaging in alcohol consumption is associated with an elevated likelihood of participating in various forms of IPV, encompassing physical, sexual, and emotional abuse.

Ogum-Alangea et al. (2015) shed light on distressing practices among Nigerians, including spiking drinks for sexual gratification, committing rape under the influence of alcohol, and manipulating partners into alcohol consumption for purposes of subsequent emotional or physical blackmail. According to this study, the use of alcohol as a tool to sedate and facilitate sexual acts contributes significantly to the occurrence of intimate partner abuse or violence in developing societies. This phenomenon is exacerbated by the weakening of laws prohibiting violence against partners, due to prevailing cultural practices that both condemn and endorse violence in relationships as a form of authority.

In a distinct perspective, Olagunju et al. (2018) conducted a study examining psychiatric outpatients in Nigeria to assess the impact of alcohol on intimate partner violence. Their findings affirmed a significant relationship between alcohol use and intimate partner violence and abuse. The study concluded that alcohol plays a substantial contributing role in the occurrence of IPV, particularly among individuals with mental health conditions, even after they have undergone rehabilitation, reform, and full reintegration into mainstream society.

In a comprehensive examination of the nexus between alcohol use and intimate partner violence (IPV) in Nigeria, Ilika et al. (2017) conducted a study focusing on pregnant women attending antenatal clinics. Their findings revealed a noteworthy correlation: women who reported alcohol use during pregnancy were more prone to experiencing intimate partner violence compared to those abstaining from alcohol. Similarly, Raji & Udofia's (2015) investigation into men undergoing rehabilitation in a substance abuse treatment center in Nigeria disclosed that alcohol use and related problems significantly influence the perpetuation of intimate partner violence among men. The study highlighted a significant connection between alcohol-related problems, including alcohol dependence and heavy drinking, and the perpetration of intimate partner violence. Essentially, men with consistent and heavy alcohol consumption exhibited a higher likelihood of expressing aggressive and violent behaviours towards their partners when contrasted with men who consumed alcohol more sparingly.

Further contributing to the discourse, Ogunwale et al. (2019) examined the relationship between alcohol use and intimate partner violence among married men attending a primary healthcare center in Nigeria. Their research uncovered a significant linkage between alcohol consumption and a heightened likelihood of men perpetuating intimate partner violence. Notably, the study emphasized that men grappling with terminal diseases or viral infections often turned to alcohol consumption as a coping mechanism due to a loss of confidence in their abilities and perceived threats of denial, rejection, or ridicule by their partners. This coping strategy resulted in the development of defensive mechanisms expressed aggressively and violently, ultimately contributing to the perpetration of intimate partner violence.

In a related vein, Ogum-Alangea et al.'s (2015) research in Nigeria demonstrated a positive relationship between alcohol consumption and intimate partner violence or domestic violence practices by spouses. The study highlighted the symbiotic relationship between alcohol use and sexual expression among Nigerians, where alcohol served as an influencer, fostering aggressive behavior in male partners. This aggression was often linked to the cultural expectation of male possessiveness, prevalent in patriarchal African societies, where aggression becomes a smoke screen to assert dominance and possession over female counterparts.

Similarly, Mekonnen et al.'s (2019) study in Ethiopia emphasized the influence of cultural norms and gender inequalities on the association between alcohol use and intimate partner violence. The patriarchal culture prevalent among Africans, which expects men to be possessive, was identified as a significant factor shaping this association. Men, striving to conform to cultural

expectations, often resorted to alcohol use as a smokescreen to express aggression and dominance over their female counterparts, particularly those perceived as weak within the societal construct.

However, it must be stated that, Nigeria, with its rich tapestry of ethnicities, cultures, and beliefs, presents a diverse array of opinions regarding Intimate Partner Violence (IPV) and alcohol abuse. Okenwa et al. (2009) emphasize the considerable variation in beliefs and attitudes towards IPV across different Nigerian communities, with influences stemming from factors like ethnicity, religion, and socioeconomic status. This diversity underscores the need for caution when making generalizations about the link between alcohol and IPV in Nigeria, highlighting the heterogeneous nature of the society.

While some studies posit that IPV is a manifestation of the inherent abusive nature of certain individuals, implying that it arises from individual pathology rather than external factors like alcohol, Fawole et al., (2005) study offers a nuanced perspective. Fawole argues that while individual predispositions may play a role, societal and environmental factors, including alcohol abuse, often exacerbate these tendencies. This viewpoint challenges the notion that individual characteristics alone can account for the prevalence of IPV in Nigeria.

Moreover, an alternative argument posits that societal norms, rather than alcohol consumption per se, are responsible for IPV. However, this perspective is confronted by research, such as Ilika's (2005) study, which suggests that societal norms contribute to IPV, but alcohol functions as a catalyst, intensifying both the frequency and severity of violence. The contention between societal norms and alcohol as contributing factors highlights the intricate dynamics at play in understanding the roots of IPV in Nigeria.

Consequences of Alcohol abuse and IPV

Victims of Intimate Partner Violence (IPV), especially in the context of alcohol abuse, not only endure physical harm but also face severe psychological trauma. This trauma often manifests in the form of post-traumatic stress disorder (PTSD), depression, and anxiety. A study by Owoaje et al. (2012) found that Nigerian women who experienced IPV showed significantly higher rates of mental health issues compared to those who did not. The emotional toll of IPV extends to profound feelings of worthlessness, fear, and helplessness, fostering a climate of emotional detachment and hindering the formation of trusting relationships over time (Umana et al., 2014).

Sociologically, the victims of IPV confront stigmatization and isolation, which can be further intensified when alcohol abuse is involved. In such cases, societal attitudes towards both IPV and alcohol abuse compound the stigma experienced by victims, as observed by Overstreet and Quinn (2013). Okenwa-Emegwa et al., (2016) posit that IPV survivors in Nigeria often experience social ostracism, further exacerbating their trauma and hindering their recovery. This societal response contributes to an environment where victims not only grapple with the immediate effects of violence but also contend with social ostracization.

The impact of IPV and alcohol abuse extends beyond the individuals directly involved, affecting children within such families. Holt, Buckley, and Whelan (2008) note that children in households where IPV and alcohol abuse coexist are at a heightened risk of experiencing emotional and behavioral problems. This exposure can lead to intergenerational cycles of violence, perpetuating the issue within the community (Akmatov, 2011). The volatile and unpredictable environment created by these dual factors can significantly disrupt the emotional well-being and development of children. Furthermore, the intertwining of IPV and alcohol abuse disrupts family dynamics, leading to a breakdown in communication and emotional bonds. This disruption sets the stage for a cyclic pattern where violence and substance abuse become normalized within the

family unit (Wright & Fagan, 2013). This cycle perpetuates a detrimental pattern, impacting not only the current generation but potentially influencing future generations within the family.

On a broader community level, the repercussions of IPV and alcohol abuse are significant. The associated healthcare costs, legal expenses, and loss of productivity contribute to a substantial societal burden (Max et al., 2004). Max et al., suggest that this burden can be reduced by implementing policies that promote healthy lifestyles, early detection of diseases, and effective treatment of illnesses. In addition, the World Health Organization (WHO) also estimates the economic and social costs of IPV, including long-term disability, impairment, and lost productivity, which are estimated to amount to **wastages**. Therefore, the cumulative effect of IPV and alcohol abuse extends well beyond individual experiences, necessitating a holistic approach at societal, familial, and individual levels for effective intervention and prevention.

In essence, the trajectory analysis across these studies underscores a pervasive and substantial association between alcohol use and intimate partner violence in Nigeria. Alcohol emerges as a major catalyst for instability in intimate relationships, affecting marriages, courtships, and dating scenarios. The impact of alcohol on intimate partner relationships is not only substantial but also abusive, limiting the relevance of spouses to one another and exposing them to traumatic conditions, encompassing pain, depression, anxiety, and even suicidal tendencies. This abuse, rooted in alcohol-related IPV, has led to a significant number of individuals developing a phobia for intimate partner relationships, seeking alternative, and sometimes unconventional, forms of sexual relationships as a means of avoiding the dangers associated with alcohol-fueled partner violation and abuse (Richard, et al. 2022 & Olena, et al. 2023 & Aizpurua, et al. 2021).

It must be stated that, Nigeria has taken commendable steps in addressing Intimate Partner Violence (IPV) through legislative measures, most notably the Violence Against Persons (Prohibition) Act of 2015. This legislative milestone signifies a significant move towards criminalizing acts of violence against individuals, encompassing IPV within its purview. However, despite these legal advancements, challenges persist, particularly in the enforcement of these laws. The legal landscape surrounding IPV in Nigeria is characterized by a dual narrative. On the one hand, the Violence Against Persons (Prohibition) Act of 2015 represents a noteworthy commitment to curbing IPV, aligning with international efforts to protect individuals from domestic violence.

A critical factor influencing the effectiveness of legal measures is the response of the Nigerian judicial system. Despite legislative strides, the judicial response to IPV is impeded by various societal factors. Ayeni & Tebkas (2022), shed light on the formidable challenges faced by victims seeking justice, outlining impediments such as a lack of support, bureaucratic hurdles, and societal pressure favoring private resolution over legal intervention. These challenges underscore the pervasive societal attitudes and the stigma surrounding reporting IPV incidents, creating a hostile environment for victims attempting to access justice. The reluctance of victims to engage with the legal system can be attributed to the societal preference for private resolution, perpetuating a culture of silence and hindering the effective implementation of legal safeguards.

Conclusion

This paper argued that IPV in Nigeria is a complex sociological issue significantly influenced by alcohol consumption, irrespective of the inherently abusive tendencies of individuals. It has established that there is a strong correlation between alcohol abuse and IPV, supported by scientific studies. Additionally, societal norms and attitudes in Nigeria—particularly regarding masculinity, alcohol consumption, and family dynamics—further compound the issue, as evidenced by research in the Nigerian context.

In conclusion, the interplay between alcohol abuse and IPV in Nigeria is a testament to the complexity of social issues rooted in deeply ingrained cultural norms and behaviours. Addressing this issue requires a holistic approach that encompasses public health, legal reform, societal change, and individual accountability. The findings of this study contribute to a deeper understanding of IPV in Nigeria and offer a foundation for developing more effective interventions.

Recommendations

The findings of this paper hold significant implications for understanding and addressing IPV, especially in relation to alcohol abuse.

- (a) First, they underscore the need for a multifaceted approach to IPV prevention and intervention, one that not only addresses individual behaviour but also tackles broader societal and cultural factors. Public health campaigns and educational programs in Nigeria should focus on altering perceptions of masculinity and alcohol consumption, highlighting their role in IPV.
- (b) Furthermore, the findings suggest the importance of integrating alcohol abuse treatment into IPV intervention strategies. Healthcare providers and social workers need to be trained to recognize the signs of both alcohol abuse and IPV and to provide comprehensive care that addresses these interconnected issues.
- (c) Lastly, the legal and judicial responses to IPV in Nigeria must be strengthened. While significant legal frameworks like the Violence Against Persons (Prohibition) Act of 2015 exist, their effective implementation remains a challenge. Enhancing legal responses, coupled with societal change, is essential for providing justice to victims and deterring potential perpetrators.

References

- Abiodun, O., Sodeinde, K., Bamidele, F., Ojinni, Y., Adekeye, J., Ohiaogu, F., & Mbonu, F. (2020). Intimate partner violence among women accessing HIV-care services at tertiary hospitals in Ogun State, Nigeria: Implications for policy and practice. *Journal of Interpersonal Violence*, 37(1–2), 58–78. <https://doi.org/10.1177/0886260520909189>.
- Aizpurua, E., Copp, J., Ricarte, J.J. Vázquez, D. (2021). Controlling behaviors and intimate partner violence among women in Spain: an examination of individual, partner, and relationship risk factors for physical and psychological abuse. *Journal of Interpersonal Violence*; 36:231–254.
- Ajayi, C. E., Chantler, K., & Radford, L. (2021). The role of cultural beliefs, norms, and practices in Nigerian women's experiences of sexual abuse and violence. *Violence against Women*, 28(2), 465–486. <https://doi.org/10.1177/10778012211000134>.
- Alfaro Quezada, J., Mustafa, Z., Zhang, X., Zakhary, B., Firek, M., Coimbra, R., & Brenner, M. (2020). A nationwide study of intimate partner violence. *The American Surgeon*, 86(10), 1230–1237. <https://doi.org/10.1177/0003134820964191>.
- Ali, P. A., Dhingra, K., & McGarry, J. (2016). A literature review of intimate partner violence and its classifications. *Aggression and Violent Behavior*, 31, 16–25. <https://doi.org/10.1016/j.avb.2016.06.008>.

- Ameh, N., Shittu, S. O., Abdul, M. A., Bature, S. B., & Oyefahi, O. O. (2012). Burden and characteristics of domestic violence among males in a sub Saharan African setting Nigerian *Journal of Medicine*, 21(4), 412-415.
- Ayeni, O. B., & Tekbaş, S. (2022). Prevalence, frequency, and affecting factors of intimate partner violence against pregnant women in Osun State, Nigeria. *Violence and Gender*, 9(1), 36–41. <https://doi.org/10.1089/vio.2021.0015>,
- Ayodeji, B. L., & Ade-Ibijola, A. O. (2022). The United Nations women and gender equality in Nigeria: Challenges and prospects. *African Journal of Stability and Development (AJSD)*, 14(1), 137–168. https://doi.org/10.53982/ajsd.2022.1401_2.06-j.
- Bameke, F. O., & Eshiet, I. C. U. (2018). Issues in Marital Conflict and Violence: Sociological Analysis of Narratives of Selected Yoruba Women. *Crawford Journal of Business & Social Sciences*, 3(2), 1–8.
- Beck, C. J. A., Anderson, E. R., O'Hara, K. L., & Benjamin, G. A. H. (2013). Patterns of intimate partner violence in a large, epidemiological sample of divorcing couples. *Journal of Family Psychology*, 27(5), 743–753. <https://doi.org/10.1037/a0034182>.
- Benebo, F. O., Schumann, B., & Vaezghasemi, M. (2022). Intimate partner violence against women in Nigeria: A multilevel study investigating the effect of women's status and community norms. *BMC Women's Health*, 18(1). <https://doi.org/10.1186/s12905-018-0628-7>.
- Bennice, J. A., & Resick, P. A. (2003). Marital rape. *Trauma, Violence, & Abuse*, 4(3), 228–246. <https://doi.org/10.1177/1524838003004003003>.
- Borumandnia, N., Khadembashi, N., Tabatabaei, M., & Alavi Majd, H. (2020). The prevalence rate of sexual violence worldwide: A trend analysis. *BMC Public Health*, 20(1). <https://doi.org/10.1186/s12889-020-09926-5>.
- Bowlby, J. (1969). Attachment and loss: Vol. 1. Attachment. Basic Books. Breiding, M. J., Basile, K. C., Smith, S. G., et al. (2015). Intimate partner violence surveillance: Uniform definitions and recommended data elements, version 2.0. National Centre for Injury Prevention and Control, Centres for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/intimatepartnerviolence.pdf>.
- Bundeskriminalamt (2021), Partnerschaftsgewalt Kriminalstatistische Auswertung – Berichtsjahr 2020. Accessed online via https://www.bka.de/SharedDocs/Downloads/DE/Publikationen/JahresberichteUndLagebilder/Partnerschaftsgewalt/Partnerschaftsgewalt_2020.html. Google Scholar on 12/02/2024.
- Center for Disease and Control. (2023, July 23). *Fast facts: Preventing intimate partner violence*. CDC. <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>.
- Chikezirim C. N. Jennifer, B. Sofiya P. Mathew G. & Logan C. (2022). Gender Transformation in Humanitarian Response Insight from Northeast Nigeria. *Journal of Humanitarian Affairs*. Accessed online via <https://doi.org/10.7227/JHA.080>.
- Claudia, G. M., Alessandra, G., & Wendy, K. (2012). Understanding and addressing violence against women: Intimate partner violence. World Health Organization (WHO) and Pan-American Health Organization (PAHO). <http://www.who.int/reproductivehealth/publications/violence/en/index.html>.
- Devries, K. M., Mak, J. Y. T., García-Moreno, C., Petzold, M., Child, J. C., Falder, G., Lim, S., Bacchus, L. J., Engell, R. E., Rosenfeld, L., Pallitto, C., Vos, T., Abrahams, N., & Watts, C.

- H. (2013). The global prevalence of intimate partner violence against women. *Science*, 340(6140), 1527–1528. <https://doi.org/10.1126/science.1240937>.
- Dwarumpudi, A., Mshana, G., Aloyce, D., Peter, E., Mchome, Z., Malibwa, D., Kapiga, S., & Stöckl, H. (2022). Coping responses to intimate partner violence: Narratives of women in North-west Tanzania. *Culture, Health & Sexuality*, 1–15. <https://doi.org/10.1080/13691058.2022.2042738>.
- Ellsberg, M., Jansen, H. A., Heise, L., Watts, C. H., & Garcia-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: An observational study. *The Lancet*, 371(9619), 1165–1172. [https://doi.org/10.1016/s0140-6736\(08\)60522-x](https://doi.org/10.1016/s0140-6736(08)60522-x).
- Envuladu, E. A., Chia, L., Banwat, M. F., Lar, LA, Agbo, H. A., & Zoakah, A. I. (2012). Domestic violence among women attending antenatal clinic in a PHC facility in Jos North L.GA, Plateau state, Nigeria. *Electronic Journal of Medical Research*, 1(5), 063–068.
- Falb, K. L., Annan, J., & Gupta, J. (2015). Achieving gender equality to reduce intimate partner violence against women. *The Lancet Global Health*, 3(6), e302–e303. [https://doi.org/10.1016/s2214-109x\(15\)00006-6](https://doi.org/10.1016/s2214-109x(15)00006-6).
- Fawole, O. I., Aderonmu, A. L., & Fawole, A. O. (2005). Intimate partner abuse: Wife beating among civil servants in Ibadan, Nigeria. *African Journal of Reproductive Health*, 9(2), 54. <https://doi.org/10.2307/3583462>.
- Femi-Ajao, O. (2018). Intimate partner violence and abuse against Nigerian women resident in England, UK: A cross-sectional qualitative study. *BMC Women's Health*, 18(1). <https://doi.org/10.1186/s12905-018-0610-4>.
- Foran, H. M., & O'Leary, K. D. (2008). Alcohol and intimate partner violence: A meta-analytic review. *Clinical Psychology Review*, 28(7), 1222–1234.
- Garcia-Moreno, C. & Watts, C. (2011) Violence against Women: An Urgent Public Health Priority. *Bulletin of the World Health Organization*, 89, 2. <https://doi.org/10.2471/BLT.10.085217>
- García-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. H. (2006). Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *The Lancet*, 368(9543), 1260–1269.
- Graham, K., Bernards, S., Flynn, A., Tremblay, P. F., Wells, S., & Dietze, P. (2019). Associations between heavy episodic drinking and alcohol-related negative consequences: A cross-national comparison of young adults in 38 countries. *Addiction*, 114(2), 336–348.
- Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin*, 116(3), 476–497. <https://doi.org/10.1037/0033-2909.116.3.476>
https://www.researchgate.net/publication/341654631_Pandemics_and_Violence_Against_Women_and_Children.
- Ilika, A. L., Okonkwo, P. I., Adogu, P. O., & Omotowo, B. I. (2017). Prevalence and predictors of intimate partner violence among pregnant women attending antenatal clinics in Ebonyi State, Nigeria. *Nigerian Journal of Clinical Practice*, 20(6), 715–721.
- Itimi, K., Dienye, P. O., & Gbeneol, P. K. (2014). Intimate partner violence and associated coping strategies among women in a primary care clinic in Port Harcourt, Nigeria. *Journal of Family Medicine and Primary Care*, 3(3), 193–198.

- Jewkes, R., Sikweyiya, Y., Morrell, R., & Dunkle, K. (2002). The relationship between intimate partner violence, rape, and HIV amongst South African men: A cross-sectional study. *PLoS Medicine*, 9(11), e1001222.
- Johnson M. P. (2008). *A typology of domestic violence: Intimate terrorism, violent resistance, and situational couple violence*. Boston, MA: Northeastern University.
- Johnson, M. P., & Ferraro, K. J. (2000). Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and Family*, 62(4), 948–963. <https://doi.org/10.1111/j.1741-3737.2000.00948.x>.
- Keyes, Corey Lee M. (1998). Social well-being. *Social Psychology Quarterly*, 61(2), 121. <https://doi.org/10.2307/2787065>.
- Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *The Lancet*, 360(9339), 1083–1088. [https://doi.org/10.1016/s0140-6736\(02\)11133-0](https://doi.org/10.1016/s0140-6736(02)11133-0).
- Leonard, K. E., & Quigley, B. M. (2017). Thirty years of research show alcohol to be a cause of intimate partner violence: Future research needs to identify who to treat and how to treat them. *Drug and alcohol review*, 36(1), 7-9.
- MacAndrew, C., & Edgerton, R.B. (1969). *Drunken comportment: A social explanation*. Chicago: Aldine.
- Mahenge, B, Stöckl, H. (2021). Understanding women’s help-seeking with intimate partner violence in Tanzania. *Violence against Women*. *Journal of violence against women*; 27:937–9.
- Mann, K. (2000). One hundred years of alcoholism: The twentieth century. *Alcohol and Alcoholism*, 35(1), 10–15. Available online: <https://doi.org/10.1093/alcalc/35.1.10>.
- Mapayi, B. M., Makanjuola, R. O. A., Mosaku, S. K., et al. (2014). Impact of intimate partner violence on anxiety and depression amongst women in Ile-Ife, Nigeria. *Archives of Women's Mental Health*, 16, 11-18.
- Mekonnen, M. T., Worku, A., & Gizaw, A. T. (2019). Intimate partner violence and alcohol consumption in Ethiopia: Systematic review and meta-analysis. *Substance Abuse Treatment, Prevention, and Policy*, 14(1), 1-11.
- Muturi, N. (2012). The associations between alcohol consumption and intimate partner violence among men who drink in Nairobi, Kenya. *Criminology & Criminal Justice*, 12(5), 511-523.
- National Institute on Alcohol Abuse and Alcoholism (2023) *Alcohol facts and statistics National Institute on Alcohol Abuse and Alcoholism (NIAAA)*. Available online: <https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-topics/alcohol-facts-and-statistics> [Accessed 07/27/2023].
- National Population Commission, ICF International (2019). *Nigeria Demographic and Health Survey 2018*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International. Retrieved August 4, 2021, from <https://dhsprogram.com/pubs/pdf/FR293/FR293.pdf>.
- Nkoane, D. (2023). Prevalence and determinants of physical violence among ever-partnered women in South Africa: a multilevel analysis. Accessed online via <https://repository.nwu.ac.za/handle/10394/41905> on 10/02/2014.
- NPC and ICF International (2014) *Nigeria 2013 Demographic and Health Survey*. NPC and ICF International, Abuja and Rockville.

- Ogum-Alangea, D., Lasebikan, V. O., & Owoaje, E. T. (2015). Alcohol consumption and domestic violence: Evidence from the Nigeria demographic and health survey. *BMC Public Health*, 15(1), 1-10.
- Ogunlade, O. B., Olowokere, A. E., Agunbiade, O. M., Olajubu, A. O., Oyelade, O. O., & Irinoye, O. O. (2022). Context and indigenous structures for managing family violence in a Yoruba community. *The Qualitative Report*. <https://doi.org/10.46743/2160-3715/2023.5310>.
- Ogunwale, A., Adebawale, T. O., Adewuya, A. O., Adejumo, O. A., & Oguntade, A. A. (2019). Intimate partner violence and alcohol use among married men attending a primary health care center in Nigeria. *Journal of Interpersonal Violence*, 36(7-8), NP1449-NP1470.
- Okemgbo, C. N., Omideyi, A. K., & Odimegwu, C. O. (2002). Prevalence, patterns and correlates of domestic violence in selected Igbo communities of Imo State, Nigeria. *African Journal of Reproductive Health*, 6(2), 101. <https://doi.org/10.2307/3583136>.
- Okenwa, L. E., Lawoko, S., & Jansson, B. (2009). Exposure to intimate partner violence amongst women of reproductive age in Lagos, Nigeria: Prevalence and predictors. *Journal of Family Violence*, 24(7), 517–530. <https://doi.org/10.1007/s10896-009-9250-7>.
- Okenwa-Emegwa, L., Lawoko, S., & Jansson, B. (2016). Attitudes toward physical intimate partner violence against women in Nigeria. *SAGE Open*, 6(4), 215824401666799. <https://doi.org/10.1177/2158244016667993>.
- Olagunju, A. T., Adeyemi, J. D., Ogunwale, A., & Aloba, O. (2018). Prevalence and correlates of intimate partner violence among psychiatric outpatients. *Journal of Interpersonal Violence*, 33(12), 1864-1882.
- Olena, S. Gerry, M. Simon, S. Donati, M. Neema M. Ramadhan, H. Fauzia, N. Philip, A. Saidi, K. & Heidi, S. (2023). The association between alcohol consumption and intimate partner violence in young male perpetrators in Mwanza, Tanzania: a cross-sectional study. *Journal of Global Health Action*; 16(1): 2185967.
- Oyediran, K. A., & Isiugo-Abanihe, U. C. (2005). Perceptions of Nigerian women on domestic violence: Evidence from 2003 Nigeria demographic and health survey. *African Journal of Reproductive Health*, 9(2), 38. <https://doi.org/10.2307/3583461>.
- Pallitto C et al (2013). Intimate partner violence and abortion: results of a meta-analysis.
- Peterman A, Potts A, O'Donnell M, Thompson K, Shah N, Oertelt-Prigione S. et al. (2020). Pandemics and violence against women and children: Center for global development
- Raji, T. O., & Udofia, O. (2015). Alcohol and intimate partner violence: Associations in a sample of male patients attending a substance abuse treatment clinic in Nigeria. *Substance Use & Misuse*, 50(8-9), 1099-1106.
- Ramirez-Duran, D. (2021). *What is social wellbeing? 12+ activities for social wellness*. PositivePsychology.Com. <https://positivepsychology.com/social-wellbeing/>
- Reckdenwald, A., King, D. J., & Pritchard, A. (2020). Prosecutorial response to nonfatal strangulation in domestic violence cases. *Violence and Victims*, 35(2), 160–175. <https://doi.org/10.1891/vv-d-18-00105>.
- Richard, G.A. Bright, O.A. Charles, L.T. Iddrisu, S. Henry, Y.A. Abdul-Aziz, S. (2022). Partner alcohol consumption and intimate partner violence against women in sexual unions in sub-Saharan Africa. Accessed online via [10.1371/journal.pone.0278196](https://doi.org/10.1371/journal.pone.0278196) on 12/02.2024.
- Room R, Rehm J, Trotter RTI, Üstün TB, Chatterji S, Bickenbach JE, et al. (2001). Cross-cultural views on stigma, valuation, parity, and societal values towards disability, Disability and Culture: Universalism and Diversity, 2001SeattleHigrefe and Huber (pg. 247-91).

- Salceanu, C. (2022). Coping mechanisms and emotional distress for young people and adults in pandemic context. *Postmodern Openings*, 13(2), 528–549. <https://doi.org/10.18662/po/13.2/470>.
- Sardinha, L., Maheu-Giroux, M., Stöckl, H., Meyer, S. R., & García-Moreno, C. (2022). Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018. *The Lancet*, 399(10327), 803–813. [https://doi.org/10.1016/s0140-6736\(21\)02664-7](https://doi.org/10.1016/s0140-6736(21)02664-7).
- Schuckit, M. A., Smith, T. L., Pierson, J., et al. (2008). Externalizing disorders in the offspring from the San Diego Prospective Study of alcoholism. *Journal of Psychiatric Research*, 46: 644–652.
- Seedat, M., Van Niekerk, A., Jewkes, R., Suffla, S., & Ratele, K. (2009). Violence and injuries in South Africa: Prioritising an agenda for prevention. *The Lancet*, 374(9694), 1011–1022.
- Straus, M. A. (2010). Thirty years of denying the evidence on gender symmetry in partner violence: Implications for prevention and treatment. *Partner Abuse* 1.3: 332–362. DOI: [10.1891/1946-6560.1.3.332](https://doi.org/10.1891/1946-6560.1.3.332)
- Tanimu, T. S., Yohanna, S., Omeiza, S. Y. (2016). The pattern and correlates of intimate partner violence among women in Kano, Nigeria. *African Journal of Primary Health Care & Family Medicine*, 8(1), 1–6.
- Udombana, N. (2019). Overcoming sexual and gender-based violence: Lagos state's experience, by logos State domestic and sexual violence response team (DSVRT). *Southern African Public Law*, 34(2). <https://doi.org/10.25159/2522-6800/6659>.
- UN Women. Commission on the status of women, (2017). Accessed online via <http://www.unwomen.org/en/csw> on 10/02/2024.
- Uthman, O. A., Lawoko, S., & Moradi, T. (2009). Factors associated with attitudes towards intimate partner violence against women: A comparative analysis of 17 sub-Saharan countries. *BMC International Health and Human Rights*, 9(1). <https://doi.org/10.1186/1472-698x-9-14>.
- Van Gelder N, Peterman A, Potts A, O'Donnell M, Thompson K, Shah N et al. (2020). COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. *E-Clinical Medicine*. 2020; 21. DOI:10.1016/j.eclim.2020.100348.
- W.H.O. (2022) Alcohol. *World Health Organization: WHO*, 9 May. Available online: <https://www.who.int/news-room/fact-sheets/detail/alcohol> [Accessed 07/27/2023]. Washington, DC; 2020. [Accessed on 11 May, 2020].
- WHO (World Health Organization), 2021. Violence against Women Prevalence Estimates, 2018: Global Regional and National Estimates for Intimate Partner Violence against Women and Global and Regional Estimates for Non-partner Sexual Violence against Women. Geneva: WHO. Website: who.int/publications/i/item/9789240022256, accessed 18 January 2023.
- World Health Organization (WHO). (2021). Violence against women prevalence estimates, 2018: Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: A systematic analysis for the Global Burden of Disease Study 2017. World Health Organization.
- World Health Organization. (2012). Understanding and addressing violence against women. World Health Organization. Wright, E. M., & Fagan, A. A. (2013). The Cycle of Violence in context: Exploring the moderating roles of neighborhood disadvantage and cultural norms. *Criminology: an interdisciplinary journal*, 51(2), 217–249. <https://doi.org/10.1111/1745-9125.12003>.