



Exploring the Predictive Correlates of Intimate Partner Violence on Psychological Distress of Selected Married Women in North East Nigeria

Choja Akpovire Oduaran ¹  & Victor Chidi Onyencho ¹ 

¹ Community Psychosocial Research Entity, Faculty of Health Sciences, North-West University, Mafikeng, South Africa.

ABSTRACT

Intimate partner violence (IPV) is a major challenge in most marriages, and women are the most affected. Available studies in sub-Saharan Africa considered associated factors in IPV and psychological distress. This study therefore explored the predictive correlates of intimate partner violence on the psychological distress of selected married women in North East Nigeria. This cross-sectional study adopted a purposive sampling technique and 397 married women were selected. The participants responded to questionnaires measuring psychological distress (General Health Questionnaire -28) and Intimate Partner Violence (HARK-4). The dimensions of IPV (Humiliation, Afraid, Rape and Kick) jointly predicted psychological distress among married women. The dimensions contributed a significant variance of 11% to the changes observed in psychological distress. Only afraid, which might be categorised as a psychological form of IPV independently predicted psychological distress. On demographical variables, educational level and marriage duration predicted psychological distress. According to the study's findings, married women may be more susceptible to psychological distress due to their educational levels, shorter marriage duration, and fear of their partners. The results of this study should be taken into consideration when creating programs to mitigate IPV against women by relevant stakeholders.

Correspondence
Choja Akpovire Oduaran
Email:
Choja.Oduaran@nwu.ac.za

Publication History
Received 24th January,
2024
Accepted 3rd May, 2024
Published online 6th June,
2024

Keywords: *Intimate Partner Violence Dimensions, Married Women, Psychological Distress*

INTRODUCTION

Studies have shown that women are less resilient and more likely to experience intimate partner violence (IPV) in marriages, especially in developing countries.¹ The World Health Organisation (WHO) states that IPV includes any form of physical, sexual, and emotional violence in marriage.² IPV is any form of behaviour perpetrated against a present or previous intimate partner that results in physical, emotional, or sexual harm.³ Studies have shown the prevalence rates and the impact of IPV on women. Psychological distress is defined as an unpleasant feeling or emotion that impairs one's

¹ Astrid M A Eriksen et al., "Intimate Partner Violence and Its Association with Mental Health Problems: The Importance of Childhood Violence—The SAMINOR 2 Questionnaire Survey," *Scandinavian Journal of Public Health* 50, no. 8 (2022): 1179–91.

² World Health Organisation, *Preventing Intimate Partner and Sexual Violence Against Women: Taking Action and Generating Evidence* (World Health Organization, 2010).

³ Lorretta F C Ntoimo et al., "Intimate Partner Violence: A Global Challenge to Sustainable Development," *African Journal of Reproductive Health* 25, no. 4 (2021): 11–16.

functioning generally, and negatively impacts one's well-being. Psychological distress is perceived as a terrible emotion that can make someone feel bad about themselves, the world, and other people.⁴

In a study conducted in Norway, an IPV prevalence rate of 13% was reported for women.⁴ A strong correlation between IPV and psychological distress was recorded. A survey of adolescent girls and women in South Africa found that 13% of the participants had experienced IPV. For women in the Gambia, the prevalence of IPV was 39%. The rates of physical, emotional, and sexual violence were 29%, 24.0%, and 6% respectively.⁵ A lifetime prevalence rate of 40% IPV was reported in Malawi. Physical (22%), emotional (29%), and sexual (17%) dimensions of IPV were recorded among the participants.⁷ Among Nigerian women, a prevalence rate of 25% for IPV was recorded. Emotional abuse was the commonest type with a 90% rate, and 12% psychological distress was reported.⁶ Similarly, another study reported that the possibility of experiencing IPV among Nigerian women ranges between 29% to 64 % in the Northern part of the country.⁷

Most studies conducted on IPV and psychological distress among women were conducted on other continents and did not focus on the dimensions of IPV. Studies that find it worthy of consideration in Africa considered IPV and psychological distress, but the dimensions were neglected.⁸ The notable dimensions of IPV as considered in this study are humiliation, afraid, rape, and kicking. This study is timely for North East Nigeria, a region that has been exposed to various forms of human rights abuses and violations as a result of the unabated insurgency. The overall aim of this study is to explore the predictive correlates of intimate partner violence on the psychological distress of selected married women in North East Nigeria. Other specific aims are:

- i. To examine the relationship between demographic variables, the dimensions of IPV (humiliation, afraid, rape and kick), and psychological distress
- ii. To investigate the predictive correlates of demographic variables and the dimensions of IPV (humiliation, afraid, rape and kick) on psychological distress.

Therefore, the following hypotheses were stated: (i) There will be a significant relationship between demographic variables, the dimensions of IPV (humiliation, afraid, rape and kick) and psychological distress. (ii) Demographic variables, the dimensions of IPV (humiliation, afraid, rape and kick) will jointly and independently predict psychological distress.

Psychological Distress and Intimate Partner Violence

In Norway, the relationship between IPV and mental health as modified by exposure to childhood violence (CV) was explored. It was found that the experience of IPV was associated with a higher score of psychological distress. In conclusion, the study found that the symptoms of post-traumatic stress were the commonest among the survivors of both IPV and CV.⁹ Likewise, in an IPV study conducted among elderly Asian Americans living in California using the Kesler Psychological Distress

⁴ Eriksen et al., "Intimate Partner Violence and Its Association with Mental Health Problems: The Importance of Childhood Violence—The SAMINOR 2 Questionnaire Survey."

⁵ Masood Ali Shaikh, "Prevalence, Correlates, and Trends of Intimate Partner Violence Against Women in Gambia: Results From 2 National Cross-Sectional Health Surveys," *INQUIRY: The Journal of Health Care Organization, Provision, and Financing* 60 (January 9, 2023): 004695802311728, <https://doi.org/10.1177/00469580231172879>.

⁶ Oluyemisi Adebawale and Bawo James, "The Association between Intimate Partner Violence, Psychiatric Morbidity amongst Pregnant Women and Partner Alcohol Use in Southern Nigeria," *African Journal of Primary Health Care & Family Medicine* 12, no. 1 (July 2, 2020), <https://doi.org/10.4102/phcfm.v12i1.2226>.

⁷ Obasanjo Afolabi Bolarinwa et al., "Spatial Distribution and Predictors of Intimate Partner Violence among Women in Nigeria," *BMC Women's Health* 22, no. 1 (December 20, 2022): 245, <https://doi.org/10.1186/s12905-022-01823-w>.

⁸ Mootz et al., "Armed Conflict, Intimate Partner Violence, and Mental Distress of Women in Northeastern Uganda: A Mixed Methods Study"; Mthembu et al., "Prevalence and Factors Associated with Intimate Partner Violence among the Adolescent Girls and Young Women in South Africa: Findings the 2017 Population Based Cross-Sectional Survey."

⁹ Eriksen et al., "Intimate Partner Violence and Its Association with Mental Health Problems: The Importance of Childhood Violence—The SAMINOR 2 Questionnaire Survey."

and California Health and Interview Survey. The study showed that the levels of psychological distress and IPV are directly related.¹⁰

A study was conducted across three countries on the burden of IPV in Cambodia, Malawi and Nigeria among adolescent children and young adults aged 13 to 24. The study found IPV prevalence to range between 22.4% and 34.3%. In the three nations, between a quarter and a third of adolescents aged 13 to 24 witnessed IPV before turning 18 years old. Participants who experienced IPV are more prone to mental distress than those who did not experience it.¹¹ Though IPV was prevalent among adolescents, its interplay with psychological distress in northeast Nigeria has not been widely researched.

On attitudinal acceptance of IPV correlates and mental health outcomes in sub-Saharan Africa, the study revealed that IPV was linked with psychological distress and suicidal ideation in most countries.¹² Another moderating correlate of mental distress and suicidality was attitudinal acceptance of IPV. Participant attitudes toward IPV were associated with better mental health among those who had experienced it. Ibala et al. found lower odds of suicidal ideation in Nigeria, where attitudinal acceptance of IPV was higher.¹³

Prevalence and factors associated with IPV among 716 adolescent girls and young women (AGYW) were investigated among South African nationals aged 15–24 years. This cross-sectional household study adopted a multi-stage stratified random cluster sampling technique. The study reported higher chances of psychological distress among AGYW with experience of IPV than their counterparts without IPV experience.¹⁴ In another study, the effect of IPV on psychological distress between genders was evaluated among 14,765 adolescents aged 12-18. The analysis showed a negative correlation between IPV and psychological distress. Female participants were found to be sad, and hopeless with suicidal ideation as a result of IPV.¹⁵

The risk variables for IPV in Ugandan women from early childhood through early adulthood are examined.¹⁶ Low educational attainment, youth, intimate connections, short-term relationships, intimate relationships with others who are the same age or younger, and alcohol use have all been recognised as risk factors for IPV. In another research, risk variables for IPV victimisation among women were explored. According to hierarchical logistic regression analysis, being young and having a low income were risk factors for IPV victimisation.¹⁷

THEORETICAL FRAMEWORK

Social Learning Theory

According to Bandura, social learning theory postulates that people learn through observation.¹⁸ Knowledge gained by seeing others in action is referred to as "learning by observation," and it is

¹⁰ Chien-Ching Li et al., "Intimate Partner Violence and Its Relationship with Psychological Distress Among Older Asian Americans: Results from the California Health Interview Survey," *Asian Journal of Psychiatry* 63 (September 2021): 102798, <https://doi.org/10.1016/j.ajp.2021.102798>.

¹¹ Jennifer J. Mootz et al., "Armed Conflict, Intimate Partner Violence, and Mental Distress of Women in Northeastern Uganda: A Mixed Methods Study," *Psychology of Women Quarterly* 43, no. 4 (December 4, 2019): 457–71, <https://doi.org/10.1177/0361684319864366>.

¹² Reine-Marcelle Ibala, Ilana Seff, and Lindsay Stark, "Attitudinal Acceptance of Intimate Partner Violence and Mental Health Outcomes for Female Survivors in Sub-Saharan Africa," *International Journal of Environmental Research and Public Health* 18, no. 10 (May 12, 2021): 5099, <https://doi.org/10.3390/ijerph18105099>.

¹³ Ibala, Seff, and Stark, "Attitudinal Acceptance of Intimate Partner Violence and Mental Health Outcomes for Female Survivors in Sub-Saharan Africa."

¹⁴ Jacqueline Mthembu et al., "Prevalence and Factors Associated with Intimate Partner Violence among the Adolescent Girls and Young Women in South Africa: Findings the 2017 Population Based Cross-Sectional Survey," *BMC Public Health* 21, no. 1 (December 16, 2021): 1160, <https://doi.org/10.1186/s12889-021-11183-z>.

¹⁵ Jade Turner, Chloe Johnson, and Peter Gleason, "Examining the Effects of Intimate Partner Violence on Psychological Distress between Genders," *Scientia Moralitas Research Institute*, 2020.

¹⁶ Fiona G Kouyoumdjian et al., "Risk Factors for Intimate Partner Violence in Women in the Rakai Community Cohort Study, Uganda, from 2000 to 2009," *BMC Public Health* 13, no. 1 (December 10, 2013): 566, <https://doi.org/10.1186/1471-2458-13-566>.

¹⁷ Nermin Taşkale and Gonca Soygüt, "Risk Factors for Women's Intimate Partner Violence Victimization: An Examination from the Perspective of the Schema Therapy Model," *Journal of Family Violence* 32, no. 1 (January 31, 2017): 3–12, <https://doi.org/10.1007/s10896-016-9855-6>.

¹⁸ Albert Bandura, *Social Learning Theory* (United States of America: General Learning Press, 1971).

thought to be more effective. It happens via a procedure called moderation when an observation is followed by a cognitive process. According to Bandura, the three principles, observation, context, and cognition interact dynamically to determine human behaviour.¹⁹ Learning is not a straightforward imitation. It necessitates cognitive processing for each person and the setting matters. The consequences of the behaviour, the traits of the observed behaviour, and the observer influence modelling. Aggression has a variety of causes and objectives. Aggression is defined as behaviour that harms another person physically or psychologically.¹⁸ Intimate partner violence could result as a result of the relationship between the couple, or the environment which could trigger psychological distress. In summary, Bandura asserts that violent traits are learned through direct experience or observation.²⁰

METHODOLOGY

This study employed a cross-sectional design. This design was chosen because it enables the use of questionnaires to gather information from a sizable sample with a variety of sociodemographic characteristics. A purposive sampling technique was employed because the study is meant for married women who have stayed together with their partners for at least one year and reside within Maiduguri Metropolitan Council (MMC), Konduga and Jere Local Governments, Maiduguri, North-Eastern Nigeria. The statistical formula for unknown population size was applied to determine the sample size.²¹ Cochran statistical formula ($n = Z^2pq/d^2$) yielded a total number of 354 participants. A prevalence rate of 36.7% was set as obtained from a previous study conducted in Ile-Ife, South-Western Nigeria.²² Finally, a total number of 420 questionnaires were administered across three local governments through data enumerators along with their field supervisors, from which 397 questionnaires were retained after vetting.

A designed questionnaire was used to gather data on socio-demographic variables such as age, educational level, and marriage duration. On psychological distress, the General Health Questionnaire-28, a self-administered instrument designed to measure psychological distress was used.²³ To assess IPV, a standardised questionnaire, Humiliation, Afraid, Rape and Kick scale (HARK-4) was used.²⁴ Experienced research supervisors which include clinical psychologists and psychiatric doctors who have been trained in research ethics volunteered to supervise the data collection process by the enumerators across the three local governments.

This study was approved by the Federal Neuropsychiatric Hospital, Maiduguri institutional review board with the approved number (ref. no. FNPH/042022/REC114). Ethical issues such as confidentiality, informed consent, safety, privacy, respect, and the right to withdraw at any stage were emphasised and conformed to the recommendations of the Helsinki Declaration for research on human subjects. After the data collection phase, data cleaning and vetting took place, and the remaining complete data were subjected to statistical analysis. A zero-order correlation was used to test hypothesis one. This was done to examine the relationship between the study variables. Hierarchical regression analysis was used to test hypothesis two. The choice of this statistic was to explore the predictive correlates of IPV on psychological distress.

¹⁹ Bandura, *Social Learning Theory*.

²⁰ Bandura, *Social Learning Theory*.

²¹ William G. Cochran, *Sampling Techniques* (United States of America: John Wiley and Sons, 1963).

²² Boladale Mapayi et al., "Socio-Demographic Factors Associated with Intimate Partner Violence in Ile-Ife, Nigeria," *Gender and Behaviour* 9, no. 1 (2011): 3466–78.

²³ D. P. Goldberg and V. F. Hillier, "A Scaled Version of the General Health Questionnaire," *Psychological Medicine* 9, no. 1 (February 9, 1979): 139–45, <https://doi.org/10.1017/S0033291700021644>.

²⁴ Hardip Sohal, Sandra Eldridge, and Gene Feder, "The Sensitivity and Specificity of Four Questions (HARK) to Identify Intimate Partner Violence: A Diagnostic Accuracy Study in General Practice," *BMC Family Practice* 8, no. 1 (December 29, 2007): 49, <https://doi.org/10.1186/1471-2296-8-49>.

FINDINGS

Table 1: Correlation matrix showing the relationship between the study variables

Variables	1	2	3	4	5	6	7	8	9
1. Age	1								
2. Educational level	.20**	1							
3. Marriage Duration	.60**	.12*	1						
4. Humiliation	-.14**	-.13*	-.11*	1					
5. Afraid	-.09	-.13**	-.09	.52**	1				
6. Rape	-.15**	-.11*	-.04	.29**	.36**	1			
7. Kick	-.14**	-.04	-.12*	.43**	.37**	.25**	1		
8. IPV	-.17**	-.15**	-.12*	.81**	.80**	.62**	.67**	1	
9. Psychological Distress	-.16**	.11*	-.20**	.15**	.18**	.12*	.10*	.20**	1
Mean	36.05	-	-	.22	.20	.11	.10	.62	24.2
SD	8.21	-	-	.41	.40	.31	.30	1.04	4.5

Note: **p<.01, *p<.05, N=397

Correlation matrix analysis revealed that IPV had a positive correlation with psychological distress [r(397) = .20, p < .01]. This indicates that high IPV increases the likelihood of psychological distress among married women. Considering the dimensions of IPV on psychological distress, humiliation [r(397)= .15, p < .01], afraid [r(397) = .18, p < .01], rape [r(397) = .12, p < .05], and kick [r(397) = .10, p < .05] related positively with psychological distress. This implies that constant exposure to any form of IPV increases the chances of experiencing psychological distress.

On socio-demographic variables, it revealed that psychological distress had a significant positive relationship with age [r(397) = -.16, p < .01], and educational level [r(397) = .11, p < .05]. Marriage duration had a significant negative relationship with psychological distress [r(397) = -.20, p < .01]. Based on the outcome of the results, formulated hypothesis one was supported.

Table 2: Moderated hierarchical regression analyses on the relationship between the socio-demographic variables and psychological distress revealed the following.

Predictors	Step 1		Step 2	
	B	T	β	T
<i>Personal Characteristics</i>				
Age	-.09	-1.41	-.11	-1.83
Educational Level	.14	2.88**	.12	2.36*
Marriage Duration	-.17	-2.75**	-.18	-2.92**
<i>Intimate Partner Violence</i>				
Humiliation			-.08	-1.26
Afraid			-.12	-1.99*
Rape			-.05	-1.01
Kick			-.05	-.87
R	.25		.33	

R ²	.06	.11
ΔR ²	-	.05
Df	3, 393	7, 389
F	8.81**	6.84
ΔF	-	5.09**

Note: ** $p < .01$, * $p < .05$, $N=397$

The first step of the model revealed that psychological distress was predicted by educational level ($\beta = .14$; $t = 2.88$; $p < .01$). This implies that psychological distress increases with one's level of education. Marriage duration predicted psychological distress ($\beta = -.17$; $t = -2.75$; $p < .01$). It impliedly reveals that a longer duration of marriage reduces psychological distress among married women. Jointly, the socio-demographic variables contributed a significant variance of 6% ($R^2 = .06$) to the changes observed in psychological distress [$R = .19$; $F(3, 393) = 8.81$; $p < .01$].

In step two of the model, humiliation ($\beta = -.08$; $t = -1.26$; $p > .05$), rape ($\beta = -.05$; $t = -1.01$; $p > .05$) and kick ($\beta = -.05$; $t = -.87$; $p > .05$) did not predict psychological distress. Afraid predicted psychological distress ($\beta = -.12$; $t = -1.99$; $p < .01$). All the dimensions of IPV showed a significant variance of 11% ($R^2 = .11$) to psychological distress [$R = .33$; $F(3, 393) = 5.09$; $p < .01$]. Based on the outcome of the results, formulated hypothesis two was partially supported. Among the demographical variables, educational level and marriage duration predicted psychological distress. The dimension of IPV showed that afraid predicted psychological distress. Humiliation, rape and kick did not predict psychological distress.

DISCUSSION

The reported rate of IPV among married women in this study was 20%. This rate was lower than what was found in the Gambia (39%) and Malawi (40%).²⁵ However, the study was in line with a study carried out in the southern region of Nigeria, where a 25% prevalence rate was noted.⁸ This shows that, in comparison to the southern region, the prevalence of IPV was reported to be lower in the northeast region. This might not be unconnected to the cultural influence in that region where women are being restricted from reporting any forms of violence in their marriage. Compared to the southern region which is more liberal and open to discussing their experiences in marriage especially when it relates to IPV or gender-based violence.

Educational level correlated positively with psychological distress. This implies that the higher the educational attainment the higher the individual will experience psychological distress. This is because the amount of information on IPV that is accessible to them will make them more sensitive. This predisposes educated women to IPV.²⁶ In addition, educated individuals have higher societal expectations such as career advancement and improved standard of living which could expose them to IPV.²⁷ Failure to meet these expectations in combination with IPV could predispose them to develop psychological distress.²⁸

Age correlated negatively with psychological distress among married women. The lower the age, the higher the chances of developing psychological distress. This implies that younger married women have a lower capacity to cope with life stresses, and this exposes them to psychological distress

²⁵ Juliet Amarachukwu Nwafor et al., "Correlates of Intimate Partner Violence among Pregnant and Parenting Adolescents: A Cross-Sectional Household Survey in Blantyre District, Malawi," *Reproductive Health* 20, no. 1 (April 13, 2023): 60, <https://doi.org/10.1186/s12978-023-01606-y>.

²⁶ Nwafor et al., "Correlates of Intimate Partner Violence among Pregnant and Parenting Adolescents: A Cross-Sectional Household Survey in Blantyre District, Malawi."

²⁷ Shaikh, "Prevalence, Correlates, and Trends of Intimate Partner Violence Against Women in Gambia: Results From 2 National Cross-Sectional Health Surveys."

²⁸ Eriksen et al., "Intimate Partner Violence and Its Association with Mental Health Problems: The Importance of Childhood Violence—The SAMINOR 2 Questionnaire Survey."

compared to older married women who have more life experience. In addition to the fact that younger age has been found to correlate with IPV.²⁹

Marriage duration correlated negatively with psychological distress. This shows that the longer the married women stay in the marriage, the lesser the possibility of having psychological distress associated with IPV. This simply means that women who have been married for a longer duration have a higher capacity to develop coping mechanisms needed to deal with IPV. It may also mean that the IPV reduces or stops as the partner gets older. Past studies demonstrate that between age 24 to 45 years old age group is the most affected by IPV in terms of mental health, which results in the highest disease burden.³⁰ Age has been found to play a moderating role in IPV and psychological distress.

Intimate partner violence predicted psychological distress and contributed to total sickness and injury burdens such as hypertension, substance use, and weight gain among married women. This finding agreed with a study conducted among elderly Asian Americans and Australian women. The studies found that higher levels of psychological distress and disease burden positively correlated with IPV.³¹ In a study conducted across three countries (Cambodia, Malawi and Nigeria) among adolescent children and young adults.³² The study found that participants who experienced IPV were more susceptible to developing mental distress than those who did not experience IPV. However, participant attitudes toward IPV are a factor in achieving better mental health. Suicidal tendencies were found to be lower whereas attitudinal acceptance of IPV was higher.³³

The relationship between psychological distress and educational attainment was found to be predictive. This finding may be explained by the higher expectations that educated people have, which lead to unwarranted pressure when those demands are not met. Individuals' levels of education have a big impact on this association; women who are less educated or have no education are less likely to experience IPV.³⁴ This study does not align with a previous study where attitudinal acceptance of the participants resulted in better mental health. Study locations and composition of the participants might better explain the finding's variation. The index study was carried out in the northern region of Nigeria, where there is evidence of a low literacy rate. In contrast, the research by Ibala et al. was carried out in three different nations: Nigeria, Malawi, and Uganda.³⁵

Marriage duration predicted psychological distress. This finding aligned with previous studies where short marriage duration was found to be a risk factor for IPV.³⁶ Additionally, continuous exposure to IPV has a detrimental effect on mental health.³⁷ Married women who had stayed longer may have learnt more about their spouses and therefore able to adjust accordingly.

²⁹ Kouyoumdjian et al., "Risk Factors for Intimate Partner Violence in Women in the Rakai Community Cohort Study, Uganda, from 2000 to 2009"; Taşkale and Soygüt, "Risk Factors for Women's Intimate Partner Violence Victimization: An Examination from the Perspective of the Schema Therapy Model."

³⁰ Berit Kieselbach et al., "Prevalence of Childhood Exposure to Intimate Partner Violence and Associations with Mental Distress in Cambodia, Malawi and Nigeria: A Cross-Sectional Study," *Child Abuse & Neglect* 111 (January 2021): 104807, <https://doi.org/10.1016/j.chiabu.2020.104807>; Turner, Johnson, and Gleason, "Examining the Effects of Intimate Partner Violence on Psychological Distress between Genders."

³¹ Li et al., "Intimate Partner Violence and Its Relationship with Psychological Distress Among Older Asian Americans: Results from the California Health Interview Survey."

³² Kieselbach et al., "Prevalence of Childhood Exposure to Intimate Partner Violence and Associations with Mental Distress in Cambodia, Malawi and Nigeria: A Cross-Sectional Study."

³³ Ibala, Seff, and Stark, "Attitudinal Acceptance of Intimate Partner Violence and Mental Health Outcomes for Female Survivors in Sub-Saharan Africa."

³⁴ Nwafor et al., "Correlates of Intimate Partner Violence among Pregnant and Parenting Adolescents: A Cross-Sectional Household Survey in Blantyre District, Malawi"; Shaikh, "Prevalence, Correlates, and Trends of Intimate Partner Violence Against Women in Gambia: Results From 2 National Cross-Sectional Health Surveys."

³⁵ Ibala, Seff, and Stark, "Attitudinal Acceptance of Intimate Partner Violence and Mental Health Outcomes for Female Survivors in Sub-Saharan Africa."

³⁶ Kouyoumdjian et al., "Risk Factors for Intimate Partner Violence in Women in the Rakai Community Cohort Study, Uganda, from 2000 to 2009"; Taşkale and Soygüt, "Risk Factors for Women's Intimate Partner Violence Victimization: An Examination from the Perspective of the Schema Therapy Model."

³⁷ Satu Viertö et al., "Factors Contributing to Psychological Distress in the Working Population, with a Special Reference to Gender Difference," *BMC Public Health* 21, no. 1 (December 29, 2021): 611, <https://doi.org/10.1186/s12889-021-10560-y>; N. van Gelder et al., "COVID-19: Reducing the Risk of Infection Might Increase the Risk of Intimate Partner Violence," *EClinicalMedicine* 21 (April 2020): 100348, <https://doi.org/10.1016/j.eclinm.2020.100348>.

RECOMMENDATIONS

It is therefore recommended that women, especially newly married ones should be given multidimensional empowerment which is a broader package of intervention to prepare women against any form of human rights abuses. In addition, efforts should be made to prevent IPV through policy and program design, either to modify current programs or to develop new intervention strategies for married women with an emphasis on attitudinal change, particularly recently married couples.

Financial constraints restricted the study to only Maiduguri, North-Eastern Nigeria. The need to extend the study to other regions in Nigeria will bring robust data to the understanding of IPV and psychological distress in Nigeria.

CONCLUSION

The rate of IPV among married women was high in Maiduguri, North East Nigeria. The current research shows that psychological distress among married women is substantially correlated with exposure to psychological, physical, or sexual forms of IPV. Educational attainment correlated with psychological distress. This suggests that the better educated a person is, the more psychological distress they would likely suffer. This is because the quantity of information they gathered on IPV and gender equality may have increased their sensitivity and made them more vulnerable to psychological distress. Also, marriage duration predicted psychological distress. Married women who had stayed longer may have learnt more about their spouses and therefore able to adjust accordingly. On the other hand, both partners may have outgrown some IPV-like behaviours due to ageing, which lowers the likelihood that their partner would be in stressful situations all the time. Only afraid, which might be categorised as a psychological form of IPV, among the IPV dimensions predicted psychological distress. The cultural orientation of women in sub-Saharan Africa may be related to this. At the expense of their psychological well-being, women are expected to show their husbands the utmost respect and refrain from challenging their decisions, even when their rights are being violated.

BIBLIOGRAPHY

- Adebowale, Oluyemisi, and Bawo James. "The Association between Intimate Partner Violence, Psychiatric Morbidity amongst Pregnant Women and Partner Alcohol Use in Southern Nigeria." *African Journal of Primary Health Care & Family Medicine* 12, no. 1 (July 2, 2020). <https://doi.org/10.4102/phcfm.v12i1.2226>.
- Bandura, Albert. *Social Learning Theory*. United States of America: General Learning Press, 1971.
- Bolarinwa, Obasanjo Afolabi, Bright Opoku Ahinkorah, James Boadu Frimpong, Abdul-Aziz Seidu, and Zemenu Tadesse Tessema. "Spatial Distribution and Predictors of Intimate Partner Violence among Women in Nigeria." *BMC Women's Health* 22, no. 1 (December 20, 2022): 245. <https://doi.org/10.1186/s12905-022-01823-w>.
- Cochran, William G. *Sampling Techniques*. United States of America: John Wiley and Sons, 1963.
- Eriksen, Astrid M A, Marita Melhus, Bjarne K Jacobsen, Berit Schei, and Ann-Ragnhild Broderstad. "Intimate Partner Violence and Its Association with Mental Health Problems: The Importance of Childhood Violence—The SAMINOR 2 Questionnaire Survey." *Scandinavian Journal of Public Health* 50, no. 8 (2022): 1179–91.
- Gelder, N. van, A. Peterman, A. Potts, M. O'Donnell, K. Thompson, N. Shah, and S. Oertelt-Prigione. "COVID-19: Reducing the Risk of Infection Might Increase the Risk of Intimate Partner Violence." *EClinicalMedicine* 21 (April 2020): 100348. <https://doi.org/10.1016/j.eclinm.2020.100348>.
- Goldberg, D. P., and V. F. Hillier. "A Scaled Version of the General Health Questionnaire." *Psychological Medicine* 9, no. 1 (February 9, 1979): 139–45. <https://doi.org/10.1017/S0033291700021644>.
- Ibala, Reine-Marcelle, Ilana Seff, and Lindsay Stark. "Attitudinal Acceptance of Intimate Partner Violence and Mental Health Outcomes for Female Survivors in Sub-Saharan Africa." *International Journal of Environmental Research and Public Health* 18, no. 10 (May 12, 2021): 5099. <https://doi.org/10.3390/ijerph18105099>.

- Kieselbach, Berit, Howard Kress, Harriet MacMillan, and Thomas Perneger. "Prevalence of Childhood Exposure to Intimate Partner Violence and Associations with Mental Distress in Cambodia, Malawi and Nigeria: A Cross-Sectional Study." *Child Abuse & Neglect* 111 (January 2021): 104807. <https://doi.org/10.1016/j.chiabu.2020.104807>.
- Kouyoumdjian, Fiona G, Liviana M Calzavara, Susan J Bondy, Patricia O'Campo, David Serwadda, Fred Nalugoda, Joseph Kagaayi, Godfrey Kigozi, Maria Wawer, and Ronald Gray. "Risk Factors for Intimate Partner Violence in Women in the Rakai Community Cohort Study, Uganda, from 2000 to 2009." *BMC Public Health* 13, no. 1 (December 10, 2013): 566. <https://doi.org/10.1186/1471-2458-13-566>.
- Li, Chien-Ching, Alicia K. Matthews, Pei-Shan Yen, Yi-Fan Chen, and Xinqi Dong. "Intimate Partner Violence and Its Relationship with Psychological Distress Among Older Asian Americans: Results from the California Health Interview Survey." *Asian Journal of Psychiatry* 63 (September 2021): 102798. <https://doi.org/10.1016/j.ajp.2021.102798>.
- Mapayi, Boladale, Roger Makanjuola, A Fatusi, and O Afolabi. "Socio-Demographic Factors Associated with Intimate Partner Violence in Ile-Ife, Nigeria." *Gender and Behaviour* 9, no. 1 (2011): 3466–78.
- Mootz, Jennifer J., Florence Muhanguzi, Brenna Greenfield, Meghan Gill, Miigis B. Gonzalez, Pavel Panko, Patrick Onyango Mangen, Milton L. Wainberg, and Kaveh Khoshnood. "Armed Conflict, Intimate Partner Violence, and Mental Distress of Women in Northeastern Uganda: A Mixed Methods Study." *Psychology of Women Quarterly* 43, no. 4 (December 4, 2019): 457–71. <https://doi.org/10.1177/0361684319864366>.
- Mthembu, Jacqueline, Musawenkosi Mabaso, Sarah Reis, Khangelani Zuma, and Nompumelelo Zungu. "Prevalence and Factors Associated with Intimate Partner Violence among the Adolescent Girls and Young Women in South Africa: Findings the 2017 Population Based Cross-Sectional Survey." *BMC Public Health* 21, no. 1 (December 16, 2021): 1160. <https://doi.org/10.1186/s12889-021-11183-z>.
- Ntoimo, Lorretta F C, Karl E Eimuhi, Akhere Omonkhua, and Friday E Okonofua. "Intimate Partner Violence: A Global Challenge to Sustainable Development." *African Journal of Reproductive Health* 25, no. 4 (2021): 11–16.
- Nwafor, Juliet Amarachukwu, Elita Chamdimba, Anthony Idowu Ajayi, Boniface Ayanbekongshie Ushie, Alister C. Munthali, Chrissie Thakwalakwa, and Caroline W. Kabiru. "Correlates of Intimate Partner Violence among Pregnant and Parenting Adolescents: A Cross-Sectional Household Survey in Blantyre District, Malawi." *Reproductive Health* 20, no. 1 (April 13, 2023): 60. <https://doi.org/10.1186/s12978-023-01606-y>.
- Shaikh, Masood Ali. "Prevalence, Correlates, and Trends of Intimate Partner Violence Against Women in Gambia: Results From 2 National Cross-Sectional Health Surveys." *INQUIRY: The Journal of Health Care Organization, Provision, and Financing* 60 (January 9, 2023): 004695802311728. <https://doi.org/10.1177/00469580231172879>.
- Sohal, Hardip, Sandra Eldridge, and Gene Feder. "The Sensitivity and Specificity of Four Questions (HARK) to Identify Intimate Partner Violence: A Diagnostic Accuracy Study in General Practice." *BMC Family Practice* 8, no. 1 (December 29, 2007): 49. <https://doi.org/10.1186/1471-2296-8-49>.
- Taşkale, Nermin, and Gonca Soygüt. "Risk Factors for Women's Intimate Partner Violence Victimization: An Examination from the Perspective of the Schema Therapy Model." *Journal of Family Violence* 32, no. 1 (January 31, 2017): 3–12. <https://doi.org/10.1007/s10896-016-9855-6>.
- Turner, Jade, Chloe Johnson, and Peter Gleason. "Examining the Effects of Intimate Partner Violence on Psychological Distress between Genders." *Scientia Moralitas Research Institute*, 2020.
- Viertiö, Satu, Olli Kiviruusu, Maarit Piirtola, Jaakko Kaprio, Tellervo Korhonen, Mauri Marttunen, and Jaana Suvisaari. "Factors Contributing to Psychological Distress in the Working Population, with a Special Reference to Gender Difference." *BMC Public Health* 21, no. 1 (December 29,

2021): 611. <https://doi.org/10.1186/s12889-021-10560-y>.

World Health Organisation. *Preventing Intimate Partner and Sexual Violence Against Women: Taking Action and Generating Evidence*. World Health Organization, 2010.

ABOUT AUTHORS

Prof. Choja Akpovire Oduaran is a counselling and clinical psychologist specialist with over 20 years of research experience. Throughout her career, most of her work focused on health and counselling psychology. Currently, a professor at the Department of Psychosocial Health, North-West University where she teaches various courses in psychology from personality theory, community theory, professional ethical behaviour, ethics, psychodiagnostic and practical work to applied psychological and community interventions at the undergraduate and postgraduate levels. Her research output reflects a diverse, collaborative, and progressive record of accomplishment in the field of health and counselling psychology with several international collaborations. A member of the Health Professional Council of South Africa (HPCSA), Psychology Society of South Africa (PSYSSA), South African Society for Clinical Psychology (SASCP), and the American Psychology Association.

Dr. Victor Chidi Onyencho is a consultant and advocate for prevention and response to Gender-Based Violence (GBV), Sexual and Reproduction Health, and Mental Health and Psychosocial Support Services (MHPSS). Having worked as a clinical psychologist with Federal Neuropsychiatric Hospital Maiduguri for more than a decade and as a senior visiting lecturer with the Department of Mental Health, University of Maiduguri, Nigeria. He has impacted both government and non-government sectors positively through his selfless services. Currently, he is a postdoctoral fellow with the Community Psychosocial Research Entity, at North-West University, South Africa. A member of the Nigeria Psychological Association (NPA), Nigeria Clinical Psychologist Association (NACP), International Society of Substance Use Professionals (ISSUP) and executive member of the International Association for Youth Mental Health.