INTIMATE PARTNER VIOLENCE (IPV) ALCOHOL USE / ABUSE AND RESILIENCE AMONG WOMEN IN NORTHERN NIGERIA

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ABSTRACT

Intimate Partner Violence. (IPV) and Alcohol consumption touches on the lives of many individuals in close intimate relationships; women of different ages, ethnicities, nationalities, and from all walks of life. Resilience is a self-healing method featured with positive emotional outcomes. This study examines intimate partner violence, alcohol use and resilience among women in northern Nigeria. Through in-depth interviews and focus group discussions, 25 women from five different states who identified as survivors volunteered to tell their stories. The data collected were analyzed using the content analysis. Transcribed interviews were coded and analyzed based on Themes and sub-themes in line with the research questions of the study. To obtain a complete picture of their experiences, they described their relationship from beginning to their eventual coping, thus providing further insight into their sources of strength, coping and mechanism that assist in the development of resilience The study concluded that Alcohol consumption, especially at harmful and hazardous levels is major contributor to the occurrence of inter partner conflict., social support systems through counseling, spirituality and religion, and work are key elements of resilience in women victims of intimate partner conflict

BACKGROUND OF STUDY

Alcohol consumption is as old as civilization. There is hardly any country, community or age which it did not prevail and there are many cultures where the ingestion of alcohol beverage is regarded as a sign of respectability and modernism (Cosh. 1999). Families where addiction is present are oftentimes

painful to live in, which is why those who live with addiction may become traumatized to varying degrees by the experiences. Broad swings from one end of the emotional, psychological and behavioral spectrum to the other, all too often characterize the addicted family system. The entire system becomes absorbed by a problem that is slowly

spinning out of control. Families living with an individual with alcohol addiction interrupt normal family tasks, conflicts in day- to-day living as seen in a study on victimization and substance abuse among contributing factors. women: interventions, and implications by Logan. Walker, and Cole (2003). Economic drain of the family resources and leading life with social stigma becomes the characteristic of the family. (Ibanga, Copello Pwajok, & Zamani. 2014). Alcohol consumption culturally tolerated as part of ceremonial lives of many ethnic groups in Nigeria, especially in communities where it was not forbidden by religion prior to the advent of colonialism (Heap, 1998; Obot. 2000). A Unique feature of this area that is now known as Nigeria was that different locally produced alcohol beverages distinguished ethnic groups. consumption was the reserve of men and played a crucial role in political, religious relationships and socio-economic (Oshodin, 1995). The pattern, quantity and reason for consumption are changing especially rapidly, among Chikere and Mayowa, 2011). This has resulted in an increased burden of alcohol. related problems. in Nigeria (Adelekan 1993).

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Domestic violence (DV)/ Intimate partner violence (IPV) as been defined by the National Centre for Injury Prevention and Control (2012), includes current and former spouses and dating

partners; people with whom one has been in a close relationship. White the word "violence" in IPV might suggest a physical component, this is not always the case. IPV includes four types of behavior: 1) physical violence: 2) sexual violence; 3) threats of 1 and/or 2; and 4) emotional abuse: (National Center for Injury Prevention and Control, 2012

) touches the lives of many individuals in close, intimate relationships. Women of all ages, ethnicities, nationalities, and from all walks of life. (Basuk, Dawsom, & Huntington 2006). Current research has demonstrated that progress has been made and is moving away from blaming individuals in abusive situations, few studies have broached this topic using qualitative methodology (Cordero & Galliher 2014) in order to give voice to women's stories in hopes of better understanding their lived experiences. We therefore ask, what are the inner sources of strength and resilience of women who have been able to survive these relationships? What other factors come into lime light?

Atcohol use and abuse/Substance abuse (SA) and intimate partner violence (IPV) is closely associated. Many people believe that men's abuse of drugs or alcohol is a primary reason for wife battery. Others think that alcohol consumption may increase the risk for IPV, but is not a direct cause of IPV. Still others believe SA and IPV are separate issues, which only appear to be related due to other factors. In fact, both SA and IPV have many causes and many effects.

Research Ouestion One:

What are the resilience issues among women with alcoholic partners? Findings from the data revealed that resilience issues confronted by women with partners that abuse alcoholic substances include: Domestic Violence .A major .. theme of some of the resilience issues women with alcohol abusers had to contend with was domestic violence. Majority of the participants interviewed had this challenge of being exposed to emotional. verbal physical, psychological abuse by alcohol abusing partners. This is elucidated by statements as "I get upset and angry at times this often leads to quarrelling or heated up arguments", and "I sometimes get verbally and physically abused by my husband' Most explained that "sex is more of rape, than the normal way.(IP4). Some indicated that their partners mostly engage in sex when high o substance as revealed by statements such as "Mv husband only picks interest in sex when he has taken so much substance, most especially the Indian hemp," (IP5)This is supported by the work of Faran & O'Leary (2008). Bouts of physical abuse were a common denominator in the domestic violence experienced by the women. And this is sometimes extended to other family members. The following statement attest to this: "There are bouts of violence. Apart from shorter temper and more severe responses is the fact that he fights with people, he is rude to his father and does not respect him. The father does beat him sometimes...(IP5)", "We usually end up in a series of arguments each time I complain of his

health... Once he has beaten me and ... all times there are physical abuses [d] . Lack of Communication with partner: Deteriorated and lack communication were some ul resilience issues faced by women with alcohol abusing partners. The decline in communication affects sex life, affection, and trust. The following statements attest to theses: "I feel that communication in the family has greatly declined worst of all it our sex life", "I do not trust him anymore and I fear HIV AIDs-O! I love my life very much and if he wants to to: with his life please he should leave mine alone. More so he doesn't take his bath often, so he smells"(1P4). The affection in most of the homes vanished: "I loved the affection I had with my husband, but it is no longer the same ... I hope the love is not finished anyway". (IP4) The communication between most of the participants and their partners was very poor, as described by most of them. This is attested to by statements such as this: "The communication between me and my husband is very poor, more often than not it is a monologue", and "When I talk to him he just listens and it ends there as he back or. does ralk Sav not anything" (IP6)As seen Cranford, Daugherty, Fitzgerald, Zucker (2006).

Feelings of Misery: The feeling of unhappiness and dissatisfaction was expressed by some of the participants. To some, their life was viewed as miserable. filled with worry and regret. statement such as "lite has miserable" surmises these feelings. The

rem" and "Family meals are lacking in basic nutrients".(IP12) AS supported by(Willis, 2006 cited in Emeka 2013). The preceding statements explicate the financial effect of alcohol abuse as indulged in by participants' partners, and its resultant impact on daily financial obligations of the respective participants.

Research Question Two: What is the degree of alcoholic abuse of participants' partners? Results showed that some participants were quite detailed in terms of the amount that partners spends drinking making it an estimate of 5,000 -6,000 naira weekly. Reports indicated that partners drink most heavily immediately following payday. According to a participant, partners drinking and smoking has become more severe than in the past few months. Her reasons are that she sees the amounts or money he spends within days of collecting his salary and soon after he gets broke. The following statement attest to this fact: "My husband drinks excessively I must say this, it's just too much, he does not enjoy a sober night anymore."(IP1)Results further indicated that participants' partners engaged in excessive alcohol drinking as revealed by the following statements: "My husband drinks not less than six bottles a day". "My husband drinks on a daily basis, he gets drunk every day" and "it is getting bad, not necessarily terrible but is surely on the decline" (IP15).) The study of Obot & Ibanga (2002) supports this. Reports showed that participants alcoholic partner' usually drink stout, palm wine, and other local alcoholic beverages.

Findings further showed the level -alcohol consumption as indicated by the following statements: "He drinks heave." and of recent had to be brought home of strangers abi his friends who feel som. when they sight him by the roadside mmmh kai"(IP8) and "The thing keeps shocking me that my partner would turn out to be one who becomes so useless."(IP8) The alcohol consumption of most of the partners of the participants is excessive. This is confirmed by similar statements such as: "My partner drinks excessively, sometimes consuming as much as 5 calabashes of locally".(IP8)

Research Question Three: What are the factors responsible for alcohol use by partners of the study participants? Peer Influence; Result showed t(at peer influence was a factkr responsible in the abuse of alcohol by participants' partners. Many of the women felt that the problem of drinking with their partners was due to wrong associations that the partners had developed within their environment. Statements such as "He needs to be taken Out of this environment For 2 or 3 months where he will not be near alcohol, the needs to be near a spiritual leader(or person that could influence him positively" and "The real problem is friends, his friends come around and he follows them". Further statements such as "The real problem with men is lack of commitment to their marriage and God. and I feel their friends at work are responsible for this drinking ""and "The real problem in my opinion is the peer pressure..."FIP2) As supported by Kinard & Webster, (2011) Attest to the

Work: Findings revealed that engaging in work was a coping strategy employed by some participants. This includes paid work and unpaid work. The following attests to this: statements engrossed with my teaching job, with my colleagues and friends and with my students" and "I cope by spending time at my poultry", (FIP1). Others indicated that they cope through spending time in their respective offices: "...and also going to the office as her job is really a demanding one", (FIP1) Some reported coping by mostly being absent from the shops house staving in in the neighborhood or the market.

DISCUSSION: Results revealed that resilience issues among women with alcoholic partners included domestic violence, lack and poor communication with partners, feelings of misery, health related problems, and financial problems. This is in line with the findings of Foran and O'Leary (2008) in a meta-analysis of literature , between existing use/abuse and partner violence; they found that there was a small to moderate effect size for the association between alcohol use/abuse and male-to-female partner violence and a small effect size for the association between alcohol use and or abuse and female-to-male partner violence. Specifically, there was a larger association of alcohol and aggression in clinical versus non-clinical samples and when measure assessed more severe alcohol problems. Also, Alcohol use has significantly linked also been aggressive behaviors and intimate partner violence (Darpan & Ajinka, 2014).Kwon.

Ahn, Lee, Sunwoo, Kim, Kimand (18), (2015), examined effects of a spouses alcohol use disorder Oil functioning and family communication. and found out there was a significant decrease in family communication in females with a spouse with alcohol use disorder compared to females with a spouse without alcohol use disorder, even after adjusting for the participant's own alcohol use disorder. It is known that alcoholics are more negative and less positive in their conversations and nonverbal behaviors than their nonspouses Floyd, Cranford. alcoholic Daugherty, Fitzgerald, & Zucker (2006).

Furthermore, Tempier, Lambert, Mosier (2006) conducted Duncan retrospective analysis the to assess consequences of alcoholism on the mental health of spouses of lifetime atrisk drinkers. Their results showed higher levels of psychological distress in female spouses of male lifetime at-risk drinkers in the general population. Lifetime at-risk drinking was a risk factor for the spouse's psychological distress. The findings which showed that alcoholic partners of participants were study drinkers, spending so much on alcohol did not deviate from existing literature which revealed that alcoholic beverages have been consumed for over centuries; however, the pattern and purpose of consumption vary considerably among cultures and even within groups of people. Excess consumption was not widely tolerated in many societies while few communities permitted it (Willis, 2006 cited in Emeka 2013). Alcohol

drinking is culturally telerated as part of ceremonial lives of many ethnic groups in Nigeria. As such, onset of drinking may not be originally frowned upon. (Obot & Ibanga 2002)In recent times, the for quantity and reason pattern. changing rapidly. consumption are especially among young people. This has resulted in an increased burden of alcohol-related problems, estimated to relating to tobacco exceed those consumption (Willies 2006). The resultant heavy use of alcohol by the participants' partners in this study could have been aided by the absence of alcohol policy in Nigeria: a standard measurement of alcohol in volume and value will help to determine what responsible consumption is for adults who are legally qualified to drink. Results also revealed that the factors responsible for alcohol use by partners of the study participants include peer influence, and dysfunctional homes. This is in agreement with findings which revealed that individuals adapted their willingness to drink substantially to the alcohol norms of their peers, also relationship demonstrated that the between group norms and individual alcohol consumption was significant for individuals with higher group belonging.

Research separates peer pressure into three dimensions: active offers of alcohol, modeling of others' drinking, and perceived drinking norms (Crawford & Novak, 2007). Active offers of alcohol may be the most obvious and direct form of peer pressure. These offers range from a simple gesture to highly encouraging a

peer to drink. Some examples metade being offered a drink, being bought a drink, or having your drink retilled without asking (Wood, Read, Mitchell, & Brand. 2004). Peer pressure, or the direct or indirect encouragement from one's own peers to engage in activities that they may or may not want to engage in is a major factor in the development of risktaking behaviors like alcohol use. Peers act as an influential model introducing, providing, or pressuring risky activities like alcohol use to other peers. By modeling these behaviors to their peers, individuals could view alcohol use as a positive and socially experience (Kinard acceptable Webster, 2011).

The findings of the study further showed that coping strategies employed by partners of alcoholics in the study include religion, counseling, and work. This agrees with (Gillum, Sullivan & Bybee 2006) findings which revealed that, the extent of religious involvement predicted, increased psychological well-being and depression, and greater decreased religious involvement was also related to increased social support for black women. Also religious attitude have been found to have significant relationship with resilience among women who have been subject to domestic violence: furthermore, women under domestic violence had stronger religions attitudes resilience strength higher and Hosseinehari, M., & Mohammadi, M. (2011) Women with abusive partners utilize a variety of coping strategies to deal with and heal from the violence and

sense of betrayal they have experienced. For many women, their trust in a higher power and the support they receive from their faith community is integral to their healing. It can be said that religion is not just a path for emotional health but, it can be effective in personal chaos, therefore religious attitude could give support and personal strength.

In terms of social support or counseling from a close or trusted individual. Hyland (2014) found that, specifically, the active presence of at least one trusted adult, the ability to make meaning and solve problems, the setting of boundaries and expectations at home, and the entity of a powerful biological mother appear to be related to the participants' development of resiliency. As a form of escape, women in abusive relationships use work to take their minds off the prevailing situation, it is often a way of adaptation.

LIMITATION OF STUDY: One of the limitations of this study is generalization because of the small sample design which will raise the issue of representativeness (Creswell, 2009). However, the goal of qualitative work is not to generalize * findings to populations, but to articulate a deep and rich summary of lived experiences. Among the major samples drawn was from a high level of education raises the issue of which also representation. For this study, only female participants were utilized, and as * such males' voices were not sampled from participants. In future, a qualitative study focusing on male's experiences

might help us understand the phenomenon from another perspective.

Similarly, males in this study were the abusers and it is also known that women also abuse; however, the study sample did not look at women abusers. Expanding research to this group may help us understand typical characteristics of female abusers and any similarity or differences to their male counterparts.

Additionally, it was difficult to sort out coping mechanisms that places someone at a better advantage of resilience as there were layers upon layers of multiple contributing factors to coping that were interwoven within their stories. Therefore, it can be difficult to identify, weight, or know how sources of coping all interact with one another.

RECOMMENDATIONS

The public health sector and nongovernmental organizations should increase awareness and carry out routine enquiry regarding intimate partner violence in services addressing alcohol use.

The promotion of multi-agency partnerships to tackle intimate partner violence by raising awareness of the links between alcohol consumption and intimate partner violence should be encouraged by government through policy formulations

Programs that assist women to recognize their strengths and educating them on how to capitalize on those strengths of coping that elevate their self-esteem and

consequently increase resilience should be developed.

CONCLUSION:

Alcohol consumption, especially harmful and hazardous levels is major contributor to the occurrence of interpartner conflict.. social support systems through counselling, spirituality and religion, and work are key elements of resilience in women victims of intimate partner conflict. Not all of the methods used to cope, such as use of alcohol, are a productive coping mechanism as it further exacerbates the problem rather solve il. help However. strengthening such constructive systems as support groups and spiritual or religious involvement fosters increased resilience. The need for mental health treatment has also increased due to such problems as depression, anxiety, posttraumatic stress disorder (PTSD).

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