625TH INAUGURAL LECTURE. -.

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INTIMATE PARTNER VIOLENCE IN NIGERIA: BEYOND TOLERANCE, BEYOND SILENCE

ABSTRACT

This inaugural lecture reflects my academic journey and major research contributions to the understanding of intimate partner violence (IPV), particularly its causes, consequences, and implications for women, families, communities, and society in Nigeria. My intellectual orientation has developed at the intersection of social psychology and public health psychology, driven by the conviction that many of the most serious human problems are shaped by both individual behaviour and the social environments in which people live.

The lecture presents evidence showing that IPV is a major public health and social problem in Nigeria, with women bearing a disproportionate burden. It highlights the physical, psychological, reproductive, social, and economic consequences of IPV, as well as the culture of silence, stigma, and limited help-seeking that often allows violence to remain hidden.

A major focus of my research has been to move beyond documenting the prevalence of IPV to understanding how and why it occurs and is sustained. My studies established husbands' controlling behaviour as a critical factor in IPV. We demonstrated that controlling behaviour can intensify the relationship between husbands' alcohol use and physical violence and can also increase the risk associated with women's household autonomy and attitudes towards wife beating. These findings show that IPV is shaped not only by individual factors but also by power relations and interactions within intimate relationships.

My research further examined the intergenerational pathway of violence, demonstrating that women who witnessed violence between their parents during childhood were more likely to experience IPV as adults, particularly when married to highly controlling husbands. This finding shows that childhood exposure does not automatically determine a woman's future; rather, present relationship dynamics can substantially influence her vulnerability. I also extended IPV research to women's reproductive and healthcare outcomes. Our findings showed that physical and sexual IPV increase the risk of pregnancy loss, while access to healthcare can mitigate some of the harmful effects of IPV. Further, education was shown to reduce barriers to healthcare among women exposed to IPV, particularly barriers related to obtaining permission and securing money for treatment.

Taken together, these studies contribute to understanding the intergenerational, relational, behavioural, and structural pathways through which IPV is produced and sustained. They demonstrate that effective prevention must address controlling behaviour, harmful gender norms, alcohol misuse, women's education and autonomy, healthcare access, and the wider social conditions that sustain abuse. The lecture therefore calls for integrated, gender-transformative, and survivor-centred interventions involving men, women, families, communities, health systems, government, and other institutions. Ultimately, the central message is that Nigeria must move beyond tolerance and beyond silence—from documenting violence to preventing it, protecting survivors, transforming harmful norms, and building intimate relationships founded on dignity, equality, mutual respect, and non-violence.