

A Phenomenological Exploration of Women's Perspectives of Domestic Violence and Help-seeking Behaviors in Kano State, Nigeria

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Abstract

Background: Domestic violence (DV) remains a pervasive human rights violation affecting women globally, with particularly high prevalence in Nigeria where patriarchal norms and cultural practices often normalize abuse. Despite increasing recognition of DV as a public health issue, limited qualitative research exists on survivors' perspectives in Northern Nigeria.

Aim: This study explores the lived experiences of DV survivors and their help-seeking behaviors in Kano State, Nigeria, examining the social, cultural, psychological and economic factors shaping their perspectives and responses.

Methods: Using a qualitative phenomenological approach, in-depth interviews were conducted with ten (10) DV survivors purposively sampled from Kano State. Data were analyzed using Interpretative Phenomenological Analysis (IPA), enabling detailed examination of individual experiences while identifying patterns across participants. Ethical approval was obtained and rigorous safety protocols were maintained throughout. Also the study was conducted in accordance with the Declaration of Helsinki.

Findings: Three superordinate themes emerged: (1) **Gender Norms and Power Dynamics** participants described how societal expectations of male dominance and female subordination fueled abusive behaviors; (2) **Shattered Peace and Control** survivors articulated the profound loss of autonomy, peace, and psychological wellbeing resulting from DV; (3) **Overcoming Challenges Through Self-Discovery** participants navigated complex help-seeking pathways, predominantly relying on family support while facing significant barriers to formal help-seeking, including stigma, fear of labeling as impatient and concerns about children's futures.

Conclusion: Findings reveal a critical tension between community rejection of DV and cultural norms that discourage external help-seeking. This study contributes to understanding DV in Northern Nigerian contexts and underscores the need for culturally sensitive interventions that work within existing family structures while creating alternative pathways for survivors whose families are unsupportive. Recommendations include community education, engagement of traditional and religious leaders, and strengthening institutional responses.

Introduction

Background

Domestic violence (DV) also termed intimate partner violence (IPV) or domestic abuse, constitutes a pattern of behavior in any relationship used to gain or maintain power and control over an intimate partner (Duvvury, 2022). The United Nations defines violence against women as any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to

women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (United Nations Women, 2025).

Globally, one in three women experience violence in their lifetime, representing a fundamental violation of human rights (World Health Organization [WHO], 2021). Intimate partner violence constitutes the most common form of violence against women, affecting individuals across all socioeconomic backgrounds, educational levels and cultural contexts (UNite Working Group, 2019). While DV occurs worldwide, its manifestations and responses are profoundly shaped by local cultural, social and economic contexts.

Domestic Violence in the Nigerian Context

In Nigeria, domestic violence remains a pervasive yet often normalized phenomenon (Arisukwu et al., 2021; Igbolekwu et al., 2021). The social context of violence against women in Nigeria is deeply intertwined with societal norms that perpetuate gender inequality and male dominance (Onuoha, 2017). Traditional beliefs often position women as subordinate to men, with wives expected to demonstrate unquestioning obedience and comply with husbands' exclusive sexual rights (Arisukwu et al., 2021). In many Nigerian communities, physical punishment is traditionally viewed as an acceptable form of discipline for both children and wives who are often perceived as childlike and inherently undisciplined (Onuoha, 2017).

This patriarchal framework creates a context where violence becomes normalized and women's subordination is reinforced through multiple mechanisms, including economic dependency, limited educational opportunities and cultural expectations of endurance (Igbolekwu et al., 2021). The media regularly reports incidents of men beating, maiming or killing their wives, with such incidents occurring with alarming frequency (Onyedika et al., 2021).

Kano State, located in Northern Nigeria, presents a particularly complex context for understanding DV. Research conducted in Kano State found that 75.7% of respondents were aware of women experiencing verbal abuse from partners, while 86.4% cited financial reasons and 75.3% cited refusal of sexual advances as primary causes of violence against women (Salaudeen et al., 2010). The intersection of Islamic religious traditions, Hausa cultural practices and socioeconomic challenges creates unique dynamics that shape both the experience of DV and survivors' responses.

Help-Seeking Behaviors: Cultural and Structural Barriers

Understanding help-seeking behaviors is crucial for developing effective interventions. Research across Sub-Saharan Africa indicates that women experiencing DV are more likely to seek help from family members than from formal institutions such as the police or healthcare services (Fidan, 2017). This pattern reflects broader cultural norms prioritizing family privacy and discouraging "airing dirty laundry" to outsiders (Adu, 2020; Sani, 2020). Multiple factors inhibit formal help-seeking among DV survivors in Nigeria including fear of stigma, concerns about children's futures, economic dependency on abusive

partners, and the threat of being labeled “impatient” or unable to maintain marriage represent significant barriers (Davie, 2020; Sani, 2020). Additionally, traditional and religious leaders often counsel women to be patient and endure difficulties, reinforcing cultural norms of silence and endurance (Adu, 2020; Tashi et al., 2025).

The Research Gap and Study Rationale

While quantitative studies have documented the prevalence and correlates of DV in Nigeria (Igbolekwu et al., 2021; Salaudeen et al., 2010), limited qualitative research exists exploring survivors’ in-depth perspectives, particularly in Northern Nigeria. Quantitative approaches while valuable for establishing prevalence, cannot capture the nuanced and contextual meanings survivors attach to their experiences or the complex decision-making processes underlying help-seeking behaviors. This study addresses this gap by providing a phenomenological exploration of DV survivors’ lived experiences in Kano State. By examining survivors’ perspectives and help-seeking behaviors within their cultural and socioeconomic context, this research aims to inform culturally sensitive interventions that respond to the realities of women in Northern Nigeria.

Research Questions

This study addresses the following research questions:

1. How do DV survivors in Kano State, Nigeria, perceive and make meaning of their experiences of domestic violence?
2. What help-seeking behaviors do DV survivors employ and what cultural, social, and economic factors shape these behaviors?
3. How do cultural norms and social structures influence survivors’ perspectives on domestic violence and their responses to abuse?

Theoretical Framework

This study draws on two complementary theoretical perspectives to understand DV survivors’ experiences and help-seeking behaviors.

Feminist Theory and Patriarchy

Feminist theory provides a critical lens for understanding DV as rooted in patriarchal power structures that position women as subordinate to men (Wermuth et al., 1981). Within this framework, DV is understood not as individual pathology but as a manifestation of broader gender inequalities that give men authority and control over women. Patriarchy operates through multiple interconnected structures such as cultural norms, economic systems, legal frameworks and social institutions that collectively maintain male dominance and female subordination (Tripathi & Gangwar, 2026).

In the Nigerian context, patriarchal structures manifest through cultural practices, religious interpretations and economic arrangements limit women’ autonomy and reinforce male authority (Igbolekwu et al., 2021; Tripathi & Gangwar, 2026). Understanding DV through a feminist lens illuminates how abuse functions as a mechanism of control, how cultural norms normalize male dominance and how structural inequalities constrain women’s options and responses.

Ecological Framework for Help-Seeking

The ecological framework provides a useful lens for understanding the complex, multi-level factors influencing help-seeking behaviors among DV survivors (Heise, 1998). This framework conceptualizes individuals as embedded within nested systems as illustrated in table 1 below

LEVEL	DESCRIPTION	EXAMPLE IN THIS CONTEXT
Individual	Personal characteristics and experiences	Education, age, previous abuse experiences, psychological resources
Relationship	Immediate social networks	Family support, partner characteristics, peer relationships
Community	Social institutions and structures	Religious institutions, traditional leaders, community norms, support organizations
Societal	Cultural values, norms, and policies	Gender norms, legal frameworks, economic opportunities, cultural expectations

Table 1

This framework helps explain why survivors may choose to seek help from family (relationship level) rather than formal institutions (community level), as cultural norms and structural barriers at multiple levels shape help-seeking decisions.

Integrating the Frameworks

By integrating feminist theory with the ecological framework, this study examines how patriarchal structures at multiple levels shape both the experience of DV and survivors’ help-seeking responses. This integration enables analysis of how individual experiences (micro-level) connect to broader cultural and structural forces (macro-level), revealing how power operates through personal relationships, community institutions and societal norms.

Methodology

Research Design

This study employed a qualitative phenomenological approach to explore DV survivors’ lived experiences and help-seeking behaviors. Phenomenological approach was chosen for three reasons: (1) it enables

detailed examination of how individuals make meaning of significant life experiences (2) it acknowledges the interpretive role of the researcher in making sense of participants' sense-making (double hermeneutics) and (3) it is particularly suited for exploring sensitive, complex topics where understanding individual subjective experience is paramount (Rajendran & Rajeswari, 2026; Smith & Osborn, 2015).

Phenomenology as a philosophical tradition, seeks to understand the essence of lived experience and how individuals perceive, describe and make meaning of phenomena in their lives (Dermot, 1990; Heinämaa, 1999). IPA extends phenomenological philosophy by recognizing that access to participants' experiences is always interpretive and the researcher is actively engaged in making sense of participants' accounts (Newberry, 2011).

Study Setting

The study was conducted in Kano Metropolis, Kano State, Nigeria and it was selected for its diversity and representation of both urban and rural populations. Kano State comprises 44 local government areas and is characterized by a predominantly Hausa-Fulani population practicing Islam. The state's documented high rates of DV (Salaudeen et al., 2010), made it an appropriate setting for exploring survivors' experiences within their sociocultural context.

Participant Recruitment

Inclusion Criteria

Participants were eligible if they:

1. Were women who had experienced domestic violence in an intimate relationship
2. Were at least one year post-abusive relationship (to allow for reflection and reduce immediate distress)
3. Were aged 18 years or older
4. Were willing to participate in an in-depth interview
5. Were residents of Kano State

The one-year criterion was selected to ensure participants had sufficient distance from the abusive relationship to reflect meaningfully on their experiences while still having vivid recall.

Sampling Strategy

Purposive and snow ball sampling was employed to identify women who could provide rich, relevant information about DV experiences and help-seeking behaviors (Tenny et al., 2022). Some of the participants were recruited through radio program named kaddara ko ganganci and the rest were

recruited using snow ball technique. The researcher initially contacted potential participants, providing study information and assessing interest. Interested women were then contacted by the researcher.

Sample Size

Ten participants were recruited, with data saturation confirmed when no new themes emerged in the final two interviews as explained by Guest et al., (2016). This sample size aligns with IPA recommendations of 3-15 participants by Smith & Osborn, (2015) and Creswell, (2013) suggestion of 5-25 participants that are adequate for phenomenological studies.

Data Collection

Interview Guide Development

A semi-structured interview guide was developed through:

1. Adaptation of relevant questions from existing DV interview guides (Battered Women's Justice Project, 2013; Rishal et al., 2016).
2. Extensive review of literature on DV in African contexts
3. Consultation with local experts and community stakeholders
4. Pilot testing with two survivors (data not included in final analysis)

The interview guide covered:

- Participants' understandings and definitions of domestic violence
- Personal experiences of abuse
- Help-seeking behaviors and responses to abuse
- Barriers and facilitators to seeking help
- Cultural and social influences on experiences and responses
- Recommendations for improving support for survivors

Interview Process

Interviews were conducted in the year 2024. The following procedures were followed:

1. **Initial contact:** Potential participants were contacted via phone by the researcher to confirm interest and schedule interviews.

2. **Informed consent:** Written informed consent was obtained at the beginning of each interview, with participants given time to read information sheets and ask questions.

3. **Interview setting:** One-on-one interviews were conducted at locations and times chosen by participants to ensure comfort, privacy and safety. Settings included private rooms in community centers, participants' homes (when safe) and neutral locations.

4. **Interview duration:** Interviews lasted between 30 and 60 minutes, with flexibility to accommodate participants' needs.

5. **Interview approach:** Semi-structured interviews allowed participants to share experiences in their own words while ensuring key topics were covered. The researcher maintained a neutral and empathetic stance without imposing preconceptions or judgments.

6. **Safety protocols:** A distress protocol was established, including referrals to counseling services and the option to pause or terminate interviews at any time. Participants were offered counseling referrals regardless of participation.

Data Recording and Transcription

All interviews were audio-recorded with participants' consent. Recordings were transcribed verbatim in Hausa by native speakers. To ensure translation accuracy and preserve meaning, a second translator conducted back-translation of 30% of transcripts (selected randomly). Discrepancies between original and back-translated transcripts were discussed and resolved through consensus among the research team.

Field Notes and Reflexivity

The researcher maintained field notes throughout data collection, documenting observations, reflections and initial impressions. A reflexive journal was kept to record personal responses, assumptions and potential biases. Regular debriefing sessions with research assistants were conducted after interviews to discuss findings and emerging themes.

Data Saturation

Data saturation was confirmed when two consecutive interviews yielded no new information relevant to the research questions. Two additional interviews were conducted after saturation was initially identified to confirm that no new information emerged.

Data Analysis

Analytic Approach

Data analysis followed Smith, Flowers, and Larkin's (2009) six-stage IPA process:

Table 2: The Six-Stage IPA Process

Stage	Activity	Description
1	Reading and re-reading	Transcripts were read multiple times to achieve holistic understanding
2	Initial noting	Line-by-line analysis documenting descriptive, linguistic, and conceptual comments
3	Developing emergent themes	Initial notes were transformed into emergent themes, capturing psychological essence of statements
4	Searching for connections	Emergent themes were clustered based on connections and patterns
5	Moving to the next case	Stages 1-4 were repeated for each transcript, preserving idiographic focus
6	Looking for patterns across cases	Superordinate and subordinate themes were identified across the dataset

Table 2

This idiographic approach ensures that individual experiences are not lost in cross-case analysis, allowing both unique and shared aspects of experience to emerge (Smith & Osborn, 2015).

Coding Process

Analysis was conducted manually using Microsoft word to facilitate organization also the coding was manual rather than automated. The following coding filters were employed as suggested by Saldana, (2013):

- **Descriptive coding:** Identifying topics and themes explicitly mentioned by participants
- **In vivo coding:** Using participants’ own words as codes to preserve their voices

Theme Development

Themes were developed through an iterative process of:

1. Identification of patterns across cases
2. Clustering related themes
3. Naming themes based on their essential meaning
4. Refining themes through discussion and comparison

The three authors engaged in regular debriefing to discuss theme development and ensure coherence and rigor. Disagreements were resolved through discussion and consensus.

Rigor and Trustworthiness

Following Lincoln and Guba’s (1985) criteria for trustworthiness in qualitative research:

Table 3: Strategies for Ensuring Rigor and Trustworthiness

Criterion	Strategy Used	Description
Credibility	Prolonged engagement, triangulation, peer debriefing	Multiple interviews, multiple data sources, discussion with colleagues
Transferability	Rich description	Detailed contextual description enabling assessment of relevance to other settings
Dependability	Audit trail	Documentation of all research decisions and processes
Confirmability	Reflexivity, audit trail	Acknowledgment of researcher positionality, documentation of how conclusions were reached

Table 3

Specific strategies included:

- **Peer debriefing:** Two impartial colleagues reviewed themes and analysis to challenge interpretations
- **Member checking:** Key themes were shared with participants for verification (conducted with five participants)
- **Reflexive journaling:** Documenting personal responses, assumptions and their influence on analysis
- **Audit trail:** Maintaining records of all methodological decisions

Researcher Positionality and Reflexivity

The first author, a Nigerian woman from Northern Nigeria, shares cultural and linguistic background with participants. This insider position provides advantages in understanding cultural nuances and building rapport but also carries risks of assumptions and biases. To address this:

1. A reflexive journal was maintained throughout the research process
2. Assumptions about DV, cultural norms and help-seeking were documented before data collection
3. Regular discussions with research assistants from different backgrounds challenged interpretations
4. Both insider and outsider perspectives were actively considered during analysis

This reflexive approach recognizes that knowledge is always situated and partial, shaped by both the researcher's position and the research process itself (Berger, 2015; Finlay, 2002).

Ethical Considerations

Ethical Approval

Ethical approval was obtained from the Health Research Ethics Committee (HREC) of the Kano State Ministry of Health (Approval Number: NHREC/17/03/2018). The study was conducted in accordance with the Declaration of Helsinki as documented by Kerpel-fronius et al., (2024). Permission was also secured from participating organizations.

Informed Consent

Written informed consent was obtained from all participants prior to interviews. Information sheets explained:

- Study purpose and procedures
- Voluntary nature of participation and right to withdraw
- Confidentiality and data protection
- Potential risks and benefits
- Contact information for further questions

Confidentiality

Participants were assured of confidentiality and anonymity. Pseudonyms are used in reporting, and identifying information has been removed from transcripts. Data are stored securely in password-protected files accessible only to the research team.

Safety and Wellbeing

Given the sensitive nature of DV research, the following safety protocols were implemented:

1. Distress protocol established (including referral to counseling services)
2. Option to pause or terminate interviews at any time
3. Confidential referrals provided to all participants regardless of participation
4. Safety planning discussed with participants where appropriate
5. Interviewers trained in sensitive questioning and crisis response

Cultural Sensitivity

Cultural sensitivity was maintained by:

- 1. Conducting interviews in Hausa by a native speaker
- 2. Respecting cultural norms regarding gender interactions
- 3. Consulting community leaders to understand local sensitivities
- 4. Ensuring participants could choose interview locations that felt safe and culturally appropriate

Findings

Participant Demographics

Ten women participated in the study. Table 4 provides participant demographic characteristics.

Table 4: Participant Demographic Characteristics

Pseudonym	Age (in years)	Marital Status	Education	Occupation	Tribe	Religion
Aisha	35	Married	NCE	Business	Hausa	Islam
Fatima	32	Divorced	MBA	Business	Hausa	Islam
Mariam	38	Married	Non-formal	Business	Hausa	Islam
Zainab	45	Married	Bachelor’s	Business	Hausa	Islam
Khadija	38	Divorced	Bachelor’s	Civil servant	Hausa	Islam
Amina	43	Divorced	Bachelor’s	Business	Hausa	Islam
Nafisa	36	Married	Bachelor’s	Business	Hausa	Islam
Rabi	39	Divorced	Diploma	Business	Hausa	Islam
Halima	40	Divorced	Bachelor’s	Civil servant	Fulani	Islam
Asmau	33	Divorced	NCE	Civil servant	Fulani	Islam

Note: NCE = Nigeria Certificate in Education

Participants ranged in age from 32 to 45 years (mean = 38 years). Marital status was split: six participants were divorced, four were currently married (though all had experienced DV in their current or previous relationships). Educational attainment was relatively high, with seven participants holding tertiary qualifications and most participants were Hausa (n=8), with two Fulani participants. All participants were Muslim. Occupations included business women (n=6), civil servants (n=3) and one with non-formal education working in business.

The analysis revealed three superordinate themes, each comprising subordinate themes:

Table 5: Summary of Superordinate and Subordinate Themes

S/N	Superordinate Theme	Subordinate Themes
1.	Gender Norms and Power Dynamics	· Understanding DV as Control · Forms and Manifestations of Abuse · Community Responses to DV
2.	Shattered Peace and Control	· Loss of Inner Peace and Freedom · Normalization of Harmful Behaviors · Psychological Impact and Suffering
3.	Overcoming Challenges Through Self-Discovery	· Navigating Help-Seeking Pathways · Cultural Influences on Help-Seeking · Barriers to Formal Help-Seeking · Resilience and Recovery

Table 5

Theme 1: Gender Norms and Power Dynamics

This superordinate theme captures how participants understood domestic violence as fundamentally rooted in patriarchal structures of male dominance and control over women. Three subordinate themes emerged within this overarching theme.

Subtheme 1.1: Understanding DV as Control

Participants articulated domestic violence as a mechanism through which men exercise control over women rather than as a legitimate form of discipline or correction. This understanding challenged cultural narratives framing DV as “discipline”.

*“I see domestic violence as a way of downgrading women by their male partners. It is not a way of preventing disgrace from a woman; in most instances, men use it to gain control over their women”.
(Zainab, 45year old, married businesswoman)*

Aisha (35 year old, married businesswoman) elaborated on how control operated through multiple mechanisms:

“Domestic violence is a weapon that men use to control their women by beating them, insulting them, or threatening their lives. Men who are violent end up depriving their partners of the peace they deserve. It’s never a way of correcting women it’s a way of overpowering them”.

Participants demonstrated nuanced understanding of how power operated in their relationships. For Fatima (32 year old, divorced businesswoman), the damage extended beyond physical harm to psychological control:

"Domestic violence kills women's inner peace. It makes you lose your confidence and self-esteem. It makes one sick and kills you from inside when you lack happiness and peace, you will definitely fall sick, especially with mental illness".

This understanding of DV as an expression of power and control reflects feminist conceptualizations of abuse as fundamentally about domination and subordination rather than individual pathology.

Subtheme 1.2: Forms and Manifestations of Abuse

Participants identified multiple forms of domestic violence they had experienced. Physical violence was most commonly described, followed by psychological and verbal abuse. However, understandings of what constituted abuse varied significantly, reflecting cultural norms that normalize some forms of violence.

Most participants identified physical and psychological forms as the most prevalent:

"I know physical violence, food starvation, and psychological violence through insults. As for me, when your husband forces himself on you even when you are not interested, that is not domestic violence because he has paid your dowry". (Mariam, 38 years old, married businesswoman)

This perspective that forced marital sex is not abuse because of "dowry" reveals how cultural and religious beliefs can normalize sexual coercion. In contrast, Khadija (38 year old, divorced civil servant) offered a more expansive understanding:

"I know physical, psychological, sexual and verbal abuse. And of course, forcing oneself for intimate relationship when the partner is not in the mood is rape, which falls under sexual violence".

Participants described specific violent acts they had experienced:

"I have experienced a lot. The violence was both physical, verbal, and psychological. My first ex-partner... was married to a spirit (jinn). We were together for three years; he never touched me for intimacy nor ever smiled for me". (Khadija, 38 year old, divorced civil servant)

"I have been subjected to a lot of beating by my partner. Sometimes he would smash my head against the wall when beating me. For sexual violence, that ex-partner of mine used to tie me up in the bed (because I have an iron bed) and have intimate relations with me. Whenever I refused, he would beat me and tie me. He said he wanted it that way". (Rabi, 39 year old, divorced businesswoman)

Rabi's account reveals the extreme nature of abuse some participants experienced, including physical restraint and sexual violence. Her question "How insane is this?" reflects her recognition of the profound

violation she endured.

Subtheme 1.3: Community Responses to DV

A notable tension emerged between participants' perceptions that their communities officially rejected DV and subtle cultural acceptance that manifested through silence and pressure to endure.

Aisha described community responses:

"My community people do not support domestic violence. Although there are some who see it as a crime when a woman comes out and discloses her problem because, according to them, she is exposing her matrimonial home secret. Others, the majority, see it as a distress call meaning the woman is in a terrible situation she can no longer condone".

This dual response official rejection of violence but pressure to remain silent exemplifies the cultural contradictions survivors navigate. On one hand, violence is publicly condemned on the other, survivors are blamed for "exposing" family secrets.

Theme 2: Shattered Peace and Control

This superordinate theme captures the profound psychological, emotional, and social consequences of domestic violence. Participants described how abuse deprived them of peace, autonomy and psychological wellbeing.

Subtheme 2.1: Loss of Inner Peace and Freedom

The most striking aspect of participants' accounts was their characterization of DV as fundamentally destructive of inner peace a fundamental human right they understood themselves as entitled to.

"Domestic violence makes you lose your inner peace and makes one sick. It kills one from inside". (Fatima, 32 year old, divorced businesswoman)

"Domestic violence deprives women of peace, which is their fundamental right". (Zainab, 45 year old, married businesswoman)

Participants described how violence created a constant state of anxiety, fear and hypervigilance:

"I lived in fear every day. I never knew what would trigger his anger. Even when he was quiet, I was afraid because I knew something would happen". (Halima, 40 year old, divorced civil servant)

The loss of peace was not simply emotional but was understood as having physical consequences:

"When you lack happiness and peace, you will definitely fall sick especially mental illness". (Fatima, 32 year old, divorced businesswoman)

This embodied understanding of DV's impact aligns with research showing that DV survivors experience elevated rates of both psychological and physical health problems (World Health Organization [WHO], 2021). (Campbell, 2002; WHO, 2021).

Subtheme 2.2: Normalization of Harmful Behaviors

Many participants described how initial experiences of abuse were not immediately recognized as problematic due to cultural normalization of certain behaviors.

"At first, I thought it was normal. My mother always told me that's how men are, and I should be patient. When he first hit me, I thought I must have done something wrong". (Asmau, 33 year old, divorced civil servant)

Cultural teachings from mothers and older women often reinforced endurance:

"My mother always says 'haka nayi fama da babanku' [this is how I struggled with your father]. In our culture, 'matan ke hakuri' [women are patient]. This is what they always taught us." (Fatima, 32 year old, divorced businesswoman)

The normalization of male control was also evident in how participants described their expected roles:

"Women are told to be obedient, to not argue with their husbands, to accept their husband's decisions. If you question him, you are seen as disrespectful". (Nafisa, 36 year old, married businesswoman)

Subtheme 2.3: Psychological Impact and Suffering

The psychological toll of DV was profound, affecting participants' self-concept, relationships, and overall wellbeing.

"The abuse made me feel worthless. I started believing that maybe I deserved it, that I was not good enough. It took years to realize that wasn't true". (Amina, 43 year old, divorced businesswoman)

Participants described symptoms consistent with post-traumatic stress, anxiety and depression:

"I couldn't sleep. I would wake up in the middle of the night feeling like something terrible was about to happen". (Halima, 40 years old, divorced civil servant)

"Sometimes I would just start crying for no reason. Everything made me sad". (Rabi, 39 years old, divorced businesswoman)

The psychological impact extended beyond individual suffering to affect participants' relationships and parenting:

"I couldn't even be a good mother because I was always thinking about my husband and trying to avoid his anger". (Aisha, 35 years old, married businesswoman)

Theme 3: Overcoming Challenges Through Self-Discovery

This superordinate theme captures participants' help-seeking behaviors, the cultural and structural barriers they encountered and their journeys toward recovery and resilience.

Subtheme 3.1: Navigating Help-Seeking Pathways

Participants predominantly sought help from family members, particularly parents and siblings, rather than formal institutions or organizations.

"I went to my parents. At that time, I just wanted my own apartment because I thought my problem was because we were living with his family and there was interference in our problems". (Fatima, 32 years old, divorced businesswoman)

Only one participant sought help from a neighbor:

"When I was leaving, I met a Hisbah personnel who was my neighbor. She started asking where I was going with my luggage. I told her what happened, and she asked me to go back so she could settle the case". (Khadija, 38 years old, divorced civil servant)

Help-seeking was often prompted by crisis situations rather than planned decisions:

"A lot was happening. The difficulty in the marriage was increasing to the extent that my ex-partner began to starve me and my little ones alongside beating me like a child. If I was alone without kids, I would endure, but my children's lives were in danger". (Aisha, 35 years old, married businesswoman)

"Unending difficulties... in my third marriage, I was thrown out of my matrimonial home at 2 am, which prompted me to seek help". (Mariam, 38 years old, married businesswoman)

Subtheme 3.2: Cultural Influences on Help-Seeking

Participants overwhelmingly reported that their culture negatively influenced help-seeking by discouraging disclosure to outsiders.

"My culture doesn't encourage me to go out and ask for help. Due to my cultural practice, I learned to be patient and endure a lot. If it became absolutely necessary to ask for help in my culture, it's preferred that one talks to a family member, not an outsider. But what they preach most is patience they will ask you to learn to live with it". (Zainab, 45 years old, married businesswoman)

"My culture doesn't want us to go out and ask for help. I just learned to be patient and endure pain. If seeking help became inevitable, I only go to my family, not an outsider like a friend, human rights organization, or court". (Halima, 40 years old, divorced civil servant)

The emphasis on patience was a recurring theme:

"In our culture, 'hakuri' [patience] is the main cultural barrier. The Hausa culture goes hand in hand with Islamic religion". (Fatima, 32 years old, divorced businesswoman)

"My dad would always say 'innallaha ma'assabirin' [Allah is with the patient ones], while my mom always says 'fasbir sabran Jamila' [be patient with beautiful patience]. They kept telling me that's how marriage is 'yau da dadi gobe ba dadi' [today is sweet, tomorrow is not]". (Fatima, 32 years old, divorced businesswoman)

Subtheme 3.3: Barriers to Formal Help-Seeking

Participants identified multiple barriers to formal help-seeking, including fear of stigma, concern for children and lack of available options.

Fear of Stigma and Labeling

The most commonly cited barrier was fear of being labeled "impatient" or unable to maintain marriage:

"I don't want to be called the impatient one. I don't want my children to feel that I am unfair to them by not considering the repercussions of seeking help". (Zainab, 45 years old, married businesswoman)

"As soon as you go out to look for help, you will be tagged 'impatient'. During my first marriage, the barrier was fear of going back to my father's house because of my stepmother's influence. In the second marriage, it was fear of stigma people may say I'm unable to keep a marriage". (Halima, 40 years old, divorced civil servant)

Concern for Children's Future

Half of participants cited concerns about children's future as a reason for not seeking formal help:

"If I were to go to any institution for help, people in my community would say I'm trying to expose my ex-partner and my children's future". (Aisha, 35 years old, married businesswoman)

"I didn't go to any organization because I don't want to end my marriage, thereby putting my children's future at stake". (Zainab, 45 years old, married businesswoman)

This concern reflects cultural values emphasizing family preservation and the importance of children having a father figure, even in abusive situations.

Lack of Supportive Options

Some participants reported having no viable alternatives:

"I didn't go to any organization because I know I have nowhere to go after reporting the case. That's why I continued to endure". (Halima, 40 years old, divorced civil servant)

"I had nowhere to go. At that time, my mother passed away and my stepmother wouldn't allow me to stay in my father's house with my kids. If I complained to any institution, my ex-partner would ask me to pack my things and leave his house". (Asmau, 33 years old, divorced civil servant)

Initial Emotional Responses

When asked about their first experience of DV, more than half of participants responded that their response was mainly crying and praying:

"I cried a lot and prayed. I remember performing ablution and prostrating on my prayer mat while crying immensely, saying 'ya Allah ka saka mini' [my Lord, please intercede on my behalf]". (Halima, 40 years old, divorced civil servant)

Subtheme 3.4: Resilience and Recovery

Despite significant challenges, participants demonstrated remarkable resilience and initiated journeys of self-discovery and healing.

"It took years, but I finally realized that I didn't deserve what happened to me. I learned to love myself again". (Amina, 43 years old, divorced businesswoman)

"After I left, I started my own business. I am independent now. No one will ever control me again". (Fatima, 32 years old, divorced businesswoman)

Many participants described finding strength through their experiences:

"The abuse taught me things I never wanted to learn, but it made me stronger. I know my worth now". (Khadija, 38 years old, divorced civil servant)

Participants also described the importance of social support in their recovery:

"My sisters were my strength. They believed me when I told them what happened. They helped me get back on my feet". (Rabi, 39 years old, divorced businesswoman)

"Having people who believe you, who don't blame you, who support you that makes all the difference". (Amina, 43 years old, divorced businesswoman)

Discussion

Summary of Findings

This phenomenological study explored the lived experiences and help-seeking behaviors of domestic violence survivors in Kano State, Nigeria. Three superordinate themes emerged: (1) Gender norms and power dynamics, revealing how DV was understood as a mechanism of male control; (2) Shattered peace and control, capturing the profound psychological, emotional and social consequences of abuse;

and (3) Overcoming challenges through self-discovery, illuminating survivors' complex help-seeking pathways and journeys toward resilience.

These findings illuminate the complex interplay between cultural norms, structural constraints and individual agency in shaping both the experience of DV and survivors' responses. Below, we discuss these findings in relation to theoretical frameworks and existing literature, also considering implications for practice and policy, and acknowledge study limitations.

Gender Norms and Power Dynamics: Understanding DV as Control

Participants' understanding of DV as a mechanism of male control rather than legitimate discipline reflects feminist conceptualizations of abuse as rooted in patriarchal power structures (Wermuth et al., 1981). This finding is significant because it demonstrates survivors' sophisticated recognition of how power operates in abusive relationships a recognition that challenges cultural narratives framing violence as "discipline".

The articulation that DV *"is not a way of preventing disgrace from a woman"* but rather *"a way of gaining control"* reflects what Liz, (1988) termed the "continuum of sexual violence" where various forms of coercion and control exist on a spectrum rather than as isolated incidents. Participants recognized that abuse served to maintain male authority and female subordination, consistent with broader patriarchal structures.

The diversity in participants' understandings of what constitutes abuse particularly regarding forced marital sex reveals the influence of cultural norms on conceptualizations of violence. While some participants recognized forced marital sex as "rape" others accepted it as legitimate *"because he has paid your dowry"*. This finding aligns with research in other African contexts where cultural practices normalize sexual coercion within marriage (Hunt et al., 2024).

The tension between community rejection of DV and subtle cultural acceptance of silence and endurance reflects what Bourdieu, (1977) termed "symbolic violence" the internalization of dominant norms that makes oppression appear natural and inevitable. Participants navigated this contradiction daily: publicly, communities condemned violence, yet privately, survivors were blamed for "exposing" family secrets and pressured to endure.

Shattered Peace and Control: The Psychological Toll of DV

Participants' descriptions of DV as destroying *"inner peace"* and making them *"sick from inside"* resonate with extensive research documenting the psychological consequences of intimate partner violence (Campbell, 2002; WHO, 2021). The embodied understanding of emotional suffering as physical illness reflects the complex interplay between psychological and physical wellbeing in DV survivors.

The finding that participants initially normalized abuse, believing they must have done something wrong, aligns with research on learned helplessness and the process of "grooming" in abusive relationships

(Walker, 1979). Cultural teachings from mothers and older women reinforced endurance, creating intergenerational patterns of normalization. This intergenerational transmission of attitudes toward DV has been documented in other contexts such as Kong et al., (2022); Yang et al., (2026) and underscores the importance of community-level interventions.

The profound psychological impact described by participants including anxiety, depression, loss of self-worth and sleep disturbance is consistent with extensive research demonstrating elevated rates of mental health problems among DV survivors (Campbell, 2002; WHO, 2021). The recognition of these impacts as “killing from inside” reflects the insidious nature of psychological abuse, which may have longer-lasting effects than physical violence alone.

Overcoming Challenges Through Self-Discovery: Help-Seeking and Resilience

The finding that participants predominantly sought help from family members rather than formal institutions aligns with research across Sub-Saharan Africa like those conducted by Adu, (2020); Fidan, (2017) and reflects both cultural values and structural constraints. Participants’ preference for family help was influenced by cultural norms prioritizing family privacy, the stigma associated with disclosure, and limited availability of formal support services.

The emphasis on “patience” (hakuri) as a cultural expectation and barrier to help-seeking is particularly significant. As participants noted, the Hausa culture “goes hand in hand with Islamic religion” in promoting patience as a virtue. This cultural-religious synergy creates powerful injunctions for women to endure suffering, making help-seeking feel like a violation of deeply held values (Sani, 2020; Stephens & Eaton, 2020).

Concerns about children’s future as a barrier to formal help-seeking reflect complex decision-making processes in which survivors weigh competing priorities. The belief that “children are better off with a father, even in an abusive situation, than having no father at all” represents a culturally embedded value that constrains survivors’ options. This finding underscores the need for interventions that address children’s wellbeing in ways that don’t require survivors to choose between their own safety and their children’s welfare.

The fear of stigma and labeling as “impatient” or unable to maintain marriage reflects broader cultural expectations of women as marriage-keepers. In contexts where marriage is central to women’s social identity and economic security, the threat of being seen as a “failed wife” represents significant social and practical costs (Gilbert, 2020; Stephens & Eaton, 2020)(Gilbert, 2020; Stephens & Eaton, 2020).

Despite these formidable barriers, participants demonstrated remarkable resilience. Their journeys of “self-discovery” included developing independence, recognizing their worth and building new identities outside abusive relationships. This resilience, documented in other research like (Press, (2018); Sani, (2020), reflects both individual strengths and the importance of supportive relationships in recovery.

Theoretical Implications

This study contributes to theoretical understanding of DV help-seeking in several ways:

Extending Feminist Theory: Findings demonstrate how patriarchal structures operate at multiple levels individual relationships, cultural norms, economic arrangements and social institutions to maintain male control and constrain women's options. This multi-level understanding of patriarchy is consistent with Connell, (1987) concept of "hegemonic masculinity" and emphasizes how power operates through multiple intersecting systems rather than simply through individual male behavior.

Elaborating the Ecological Model: The findings illustrate how factors at each level of the ecological framework as illustrated by Bronfenbrenner, (1979); Heise, (1998) shape help-seeking decisions. Individual factors (education, resources), relationship factors (family support), community factors (available services, community norms) and societal factors (cultural expectations, economic arrangements) interact to create the context for help-seeking. This highlights the need for interventions addressing multiple levels simultaneously.

Cultural Dimensions of Help-Seeking: The study underscores the importance of understanding help-seeking as culturally embedded. The emphasis on "patience", the preference for family help, and the stigma associated with formal help-seeking reflect culturally specific values that must be understood in their own terms rather than as barriers to be overcome through simple awareness-raising. Effective interventions must work with cultural values while creating alternative pathways for those whose families are unsupportive.

Implications for Practice and Policy

Community-Level Interventions

1. Culturally Sensitive Education and Awareness

Community education programs should acknowledge that most communities officially reject DV while addressing the subtle cultural norms that perpetuate silence. Programs should:

- Engage traditional and religious leaders as allies in promoting rejection of violence
- Address cultural teachings that normalize abuse (e.g., "women must be patient")
- Create safe spaces for community dialogue about gender norms and relationships
- Use culturally appropriate channels (community meetings, religious gatherings, media)

2. Engaging Traditional and Religious Leaders

Given the influence of traditional and religious leaders in Kano State, interventions should:

- Partner with leaders to develop messaging against DV

- Include religious teachings emphasizing respect and non-violence in marital relationships
- Train leaders to identify and appropriately respond to DV
- Establish referrals for survivors presenting to leaders

3. Addressing Intergenerational Transmission

Programs should address how attitudes about DV are transmitted across generations:

- Parent education programs emphasizing non-violent discipline and respectful relationships
- Youth education on healthy relationships and gender equality
- School-based programs addressing gender norms and violence prevention

Support Systems

4. Family-Based Support

Given that survivors predominantly seek family help, interventions should:

- Work with families to provide effective support for survivors
- Address harmful family responses (pressuring endurance, blaming survivors)
- Strengthen family capacity to provide emotional, practical and material support

5. Community-Based Support Centers

Establish community-based centers offering:

- Confidential counseling and emotional support
- Information about legal rights and available services
- Referrals to medical, legal and economic support
- Safety planning
- Support groups for survivors

6. Economic Empowerment

Address economic dependence as a barrier to leaving abusive relationships:

- Skills training and income-generating opportunities

- Access to microloans and business support
- Economic literacy and financial independence programs

Institutional Responses

7. Strengthening Formal Services

Improve responsiveness of formal institutions:

- Train law enforcement, healthcare workers, and social service providers in trauma-informed, survivor-centered responses
- Create survivor-friendly environments that encourage reporting
- Ensure confidentiality and respect for privacy
- Establish clear protocols for responding to DV reports

8. Legal Reforms and Access to Justice

Advocate for legal protections and access to justice:

- Implementation of existing laws addressing DV
- Establishment of specialized courts or units handling DV cases
- Legal aid services for survivors
- Protection orders and enforcement mechanisms

Research and Policy

9. Policy Advocacy

Advocate for comprehensive DV policies addressing:

- Prevention through education and community engagement
- Protection through legal and institutional responses
- Support through services and resources
- Accountability through monitoring and enforcement

10. Further Research

Ongoing research should:

- Examine intervention effectiveness in the Nigerian context
- Explore male perspectives on DV and masculinity
- Investigate how changes in economic status affect DV dynamics
- Conduct longitudinal studies on help-seeking and recovery
- Test culturally adapted interventions

Conclusion

This phenomenological study provides in-depth understanding of domestic violence survivors' perspectives and help-seeking behaviors in Kano State, Nigeria. Findings reveal that survivors understand DV as fundamentally about male control rather than legitimate discipline, that abuse has profound psychological consequences and that help-seeking is shaped by complex cultural and structural factors. While survivors predominantly seek family support, significant barriers to formal help-seeking persist, including stigma, fear of labeling, concerns for children and limited alternatives. These findings underscore the need for culturally sensitive, multi-level interventions addressing individual, relationship, community and societal factors. Effective responses must work within existing cultural and family structures while creating alternative pathways for those whose families are unsupportive. Engaging traditional and religious leaders, strengthening institutional responses and promoting economic empowerment represent key strategies. Future research should examine intervention effectiveness, explore male perspectives and extend these findings to other contexts.

Addressing domestic violence requires recognition that it is not simply an individual problem but a manifestation of broader gender inequalities. Sustainable change demands challenging cultural norms that normalize male dominance, empowering survivors through economic and social support, and creating systems that respond effectively to abuse. By centering survivors' voices and experiences, we can develop interventions that genuinely respond to their needs and respect their agency while working to transform the structures that make violence possible.

Recommendations

Based on these findings, we offer the following recommendations:

For Policy Makers

1. Legislate comprehensive DV laws including protection orders, provisions for shelters, and perpetrator accountability
2. Allocate funding for DV services including shelters, counseling, legal aid and economic empowerment

3. Integrate DV screening into health and social services
4. Develop referral pathways connecting survivors to comprehensive services

For Service Providers

1. Train staff in trauma-informed, survivor-centered approaches
2. Offer confidential services respecting privacy and autonomy
3. Provide emotional support that validates survivors' experiences
4. Connect survivors to economic opportunities and resources

For Communities

1. Develop community education addressing gender norms and violence
2. Engage religious leaders in promoting non-violence and respect
3. Establish community vigilance and support mechanisms for survivors
4. Challenge stigma and promote support for survivors

For Researchers

1. Examine intervention effectiveness in the Nigerian context
2. Include male perspectives on DV and masculinity
3. Explore economic factors and their relationship to DV
4. Conduct longitudinal research on help-seeking and recovery
5. Test culturally adapted interventions

Declarations

Author's contributions

FT conceptualized and designed the study, conducted the literature review, developed the interview guide, performed data collection, carried out data analysis using Interpretative Phenomenological Analysis (IPA), and drafted the original manuscript. MA supervised the research, provided methodological guidance, contributed to the theoretical framing, and critically revised the manuscript for important intellectual content. AR also supervised the research and assist with participant recruitment

and provided cultural and contextual insights, and critically reviewed and edited the manuscript. All authors read and approved the final manuscript.

Data availability statement

The datasets generated and/or analysed during the current study are not publicly available due to the sensitive nature of the qualitative interview data. As participants shared detailed personal narratives related to their experiences of domestic violence, there is a risk of identification despite the use of pseudonyms. Data are, however, available from the corresponding author upon reasonable request.

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Ethics Declaration

Ethical approval was obtained from the Health Research Ethics Committee (HREC) of the Kano State Ministry of Health (Approval Number: NHREC/17/03/2018). The study was conducted in accordance with the Declaration of Helsinki. All participants provided written informed consent prior to participation.

Competing Interests

The authors declare that they have no competing interests.

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References

1. Adu MA. (2020). *Domestic violence in ghana* (Number March) [University of Helsinki]. <https://helda.helsinki.fi/items/06ddb110-07cd-487e-b341-fe93c17c15f0>
2. Arisukwu O, Igbolekwu C, Adebisi T, Akindele F. Heliyon Perception of domestic violence among rural women in Kuje. *Heliyon*. 2021;7(2):e06303. <https://doi.org/10.1016/j.heliyon.2021.e06303>.
3. Battered Women's Justice Project. (2013). Domestic violence interview guide. *Battered Women's Justice Project*.
4. Bourdieu P. (1977). *OUTLINE OF A OF PRACTICE* (P. J. ernest gellner, jack goody, stephen gudeman, michael herzfeld, Ed.). Press Syndicate of the University of Cambridge The Pitt Building, Trumpington Street, Cambridge CB 21RP40 West 20th Street, New York, NY 10011 – 4211, U S A 10 Stamford Road, Oakleigh, Melbourne 3166, Australia.
5. Bronfenbrenner U. The Ecology of Human Development EXPERIMENTS BY NATURE AND DESIGN. Harvard University Press; 1979.

6. Campbell JC. Health consequences of intimate partner violence. *Lancet*. 2002;359(9314):1331–6. [https://doi.org/10.1016/S0140-6736\(02\)08336-8](https://doi.org/10.1016/S0140-6736(02)08336-8).
7. Connell RW. *Gender and power: Society, the person and sexual politics*. Stanford University Press; 1987.
8. Creswell JW. *Qualitative Inquiry and research design choosing among five approaches*. 3rd ed. Sage; 2013.
9. Davie M. *Where Should I go ? Who can I cry to ? The Perspectives of South Asian Immigrant Women. Edmonton who have Experienced Domestic Violence*. University of Calgary; 2020.
10. Dermot M. (1990). Introduction. In *Continuum* (Vol. 4, Number 1). Routledge. <https://doi.org/10.1080/10304319009388177>
11. Duvvury N. (2022). Examining Domestic Violence Around the World: The Cost of Doing Nothing. In *United Nations*. <https://www.un.org/en/academic-impact/examining-domestic-violence-around-world-cost-doing-nothing>
12. Fidan A. (2017). Women's help-seeking behaviour for intimate partner violence in sub-saharan Africa [University of Tennessee]. In *Trace:Tennessee research and creative exchange*. https://trace.tennessee.edu/utk_graddiss/4620
13. Gilbert SL. (2020). *Intimate partner violence in a native American community: An exploratory study* (Number 2). Boise state University graduate college.
14. Guest G, Namey E, McKenna K. How Many Focus Groups Are Enough? Building an Evidence Base for Nonprobability Sample Sizes. *Field Methods*. 2016;29(1):3–22. <https://doi.org/10.1177/1525822X16639015>.
15. Heinämaa S. Merleau-Ponty's Modification of Phenomenology: Cognition, Passion and Philosophy. *Synthese*. 1999;118(1):49–68. <https://doi.org/10.1023/A:1005140809802>.
16. Heise LL. Violence against women: an integrated, ecological framework. *Violence Against Women*. 1998;4(3):262–90. <https://doi.org/10.1177/1077801298004003002>.
17. Hunt X, Merwe A, Van Der, Swartz L, Xakayi W, Chideya Y, Hartmann L, Botha M, Hamilton A. It is in the Nature of Men : The Normalization of Non- Consensual Sex and Intimate Partner Violence Against Women with Acquired Physical Disabilities in South Africa. *Sage J*. 2024;30(11):2789–807. <https://doi.org/10.1177/10778012231172710>.
18. Igbolekwu CO, Arusukwu O, Nwogu JN, Rasak B, Asamu F, Osueke NO. (2021). *Domestic Violence against Women in the Nigerian Rural Context Domestic Journal of International Women ' s Studies Domestic Violence against Women in the Nigerian Rural Context*. (February).
19. Kerpel-fronius S, Becker S, Chan A, Nagaty Y, Naseem S, Schenk J, Matsuyama K. Declaration of Helsinki: ethical norm in pursuit of common global goals. *Front Med*. 2024;11(April):1–5. <https://doi.org/10.3389/fmed.2024.1360653>.
20. Kong J, Lee H, Slack KS, Lee E. The Moderating Role of Three-Generation Households in the Intergenerational Transmission of Violence. *Child Abuse Negl*. 2022;117:1–18. <https://doi.org/10.1016/j.chiabu.2021.105117>.The.

21. Liz K. *Surviving Sexual Violence*. Minneapolis: University of Minnesota Press; 1988.
22. Newberry AM. Book Review: Interpretative Phenomenological Analysis: Theory, Method and Research. *Qual Health Res*. 2011;21(9):1298–300. <https://doi.org/10.1177/1049732311410357>.
23. Onuoha JA. & C. (2017, August 24). Does Nigerian culture permit domestic violence? *Vanguard*, 2. <https://www.vanguardngr.com/2017/08/nigerian-culture-permit-domestic-violence/>
24. Onyedika A, Anazia D, Awodipe T, Thomas-Odia I, Diamond M. Domestic violence: Why Nigeria is experiencing an upsurge. Volume 27. *Guardian Nigeria News*; 2021.
25. Press D. (2018). *Thai women ' s experiences of and responses to domestic violence*. 557–565.
26. Rajendran R, Rajeswari G. Understanding Interpretative Phenomenological Analysis (IPA) in Qualitative Research in Education. *Asian J Educ Social Stud*. 2026;52(6):639–47. <https://doi.org/10.9734/ajess/2026/v52i63121>.
27. Rishal P, Joshi SK, Lukasse M, Schei B, Swahnberg K, Group, on behalf of A. S. They just walk away' – women's perception of being silenced by antenatal health workers: a qualitative study on women survivors of domestic violence in Nepal. *Global Health Action*. 2016;9(1):2–3. <https://doi.org/10.3402/gha.v9.31838>.
28. Salaudeen AG, Akande TM, Musa O, Bamidele J, Ekiti A. (2010). *Assessment of violence against women in Kano metropolis, Nigeria Assessment of Violence Against Women in Kano Metropolis, Nigeria*. (September). <https://doi.org/10.4103/1117-1936.181604>
29. Saldana J. (2013). *The Coding Manual for Qualitative Researchers* (2nd edition). In J. Seaman, editor, *Qualitative Research in Organizations and Management: An International Journal* (2nd editio, Vol. 12, Number 2). SAGE Publications Ltd. <https://doi.org/10.1108/qrom-08-2016-1408>
30. Sani AI. (2020). Mothers as Victims of Intimate Partner Violence: The Decision to Leave or Stay and Resilience-Oriented Intervention. *Journal Social Sciences*, 9(Peterson 2020). <https://doi.org/http://dx.doi.org/10.3390/socsci9100174>
31. Smith JA, Osborn M. Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *Br J Pain*. 2015;9(1):41–2. <https://doi.org/10.1177/2049463714541642>.
32. Stephens D, Eaton A. Cultural Factors Influencing Young Adult Indian Women ' s Beliefs about Disclosing Domestic Violence Victimization. *J Soc Issues*. 2020;00(0):1–31. <https://doi.org/10.1111/josi.12385>.
33. Tashi FT, Ladan MA, Ahmad RA, Yunusa U, Rajah AS. Survivors in Kano State, Nigeria : A Phenomenological Approach. *Bayero J Nurs Health Care*. 2025;7(1):1546–56. <https://doi.org/https://dx.doi.org/10.4314/bjnhc.v7i1.8>.
34. Tenny S, Brannan JM, Brannan. GD. *Qualitative Study*. National Library of Medicine; 2022. <https://www.ncbi.nlm.nih.gov/books/NBK470395/>.
35. Tripathi M, Gangwar S. *Patriarchy as Structure and Ideology: Classical and Contemporary Perspectives*. Concept Publishing Company Pvt. Ltd.; 2026. pp. 31–50.

36. UNite Working Group. (2019). *A Resource Book on Intimate partner violence for United Nations Staff in Asia*.
37. United Nations Women. (2025). *Gender-based violence*.
<https://www.unwomen.org/en/articles/faqs/faqs-types-of-violence-against-women-and-girls>
38. Walker LE. How battering happens and how to stop it. In D. M. Moore, editor, *Battered women*. UK: Sage; 1979.
39. Wermuth L, Dobash RE, Dobash R. Violence against wives: A case against the patriarchy. *Contemp Sociol*. 1981;10(3):413. <https://doi.org/https://doi.org/10.2307/2067357>.
40. WHO. (2021). *Devastatingly pervasive: 1 in 3 women globally experience violence*.
<https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence>
41. World Health Organization [WHO]. (2021). Violence against women. In *World Health Organization*.
<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>
42. Yang S, Park Y, Thor P. Intergenerational Transmission of Family Violence: A Narrative Review of Pathways from Childhood Exposure to Family Violence to Adult Intimate Partner Violence Perpetration. *Behav Sci*. 2026;16(299):1–16. <https://doi.org/https://doi.org/10.3390/bs16020299>.