

Intersectional analysis of intimate partner violence against Nigerian nurses in the United States

Taiwo Isaac Olatunji¹  | Oladunni Tolu Tola-Adewumi² 

¹Department of Philosophy, Sociology, Pedagogy and Applied Psychology (FISPPA), University of Padova, Padova, Italy

²Department of Adult Education and Lifelong Learning, Obafemi Awolowo University, Ile-Ife, Nigeria

Correspondence

Taiwo Isaac Olatunji, University of Padova, Padova, Italy.

Email: taiwoisaac.olatunji@phd.unipd.it

Abstract

Intimate partner violence (IPV) against Nigerian nurses in the US is a complex issue intersecting gender, occupation, culture, economics, and migration. This study adopts an intersectional feminist and adult learning framework to explore the causes and potential solutions. Drawing on a thematic analysis of ten media reports and commentaries on various reported cases of IPV against Nigerian nurses, key themes that emerged include: gender-based power dynamics, cultural expectations, clashes between patriarchal societies and gender equality, open communication, psychological factors, perceived “anti-male” legal system, and immigrant struggles. Adult learning and education (ALE) interventions, employing transformative and experiential learning, can empower Nigerian nurses and the Nigerian immigrant community in general to challenge traditional norms, address power imbalances, and foster equality in relationships. The study calls for targeted and culturally sensitive support services to create safer environments for Nigerian nurses and families in the US. Further research is recommended to assess the long-term impact and representativeness of the findings.

INTRODUCTION

Nigeria is a diverse country with over 250 ethnic groups, encompassing practices, customs, and beliefs from various ethnic groups, each with unique customs and

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traditions (Nyawo, 2014; Okumagba & Ogisi, 2022). The traditional Nigerian culture is characterized by moral values, patriarchal power structures, and interfamilial hierarchies, which have shaped family and community relationships (Izzett, 2018; Mtenje, 2016; Nyawo, 2020). The Nigerian culture has well-defined gender roles, with men typically providing for the family and women taking care of the household. Property and wealth are passed down through the male lineage, with sons often being the primary heirs (Nnadi, 2013). Interfamilial hierarchies are also prevalent, with extended families and kinship networks often organized hierarchically in favor of the male gender.

However, these hierarchies may be less pronounced in some communities, such as the Ibibio and Minangkabau (Izugbara, 2004). As Nigeria continues to develop and modernize, social and cultural changes are influencing these dynamics. Studies further affirm that Nigeria's diverse society, with various ethnic groups and cultural norms, can perpetuate Intimate Partner Violence (IPV) (Kalunta-Crumpton, 2017; Nwabunike & Tenkorang, 2015; Oyediran & Feyisetan, 2017). Although the country has laws such as the *Violence Against Persons Prohibition Act* (VAPP) and the *Child Rights Act* to address IPV, enforcement and implementation vary across regions (Ngozi et al., 2017; Onyemelukwe, 2016). According to research, IPV is widely underreported in Nigeria due to various factors, including fear, shame, and cultural stigmatization (Akangbe, 2020; Cullen, 2020; Mshelia, 2021). Victims often hesitate to seek help or report abuse because of the cultural sentiments surrounding IPV.

Beyond the Nigerian shore, IPV has emerged as a critical concern within the Nigerian immigrant community in the United States of America (US), particularly against Nigerian nurses—"nurses" in this study refers to female nurses. Tragically, between 2005 and 2008 alone, nine Nigerian nurses lost their lives to fatal incidents of IPV perpetrated by their spouses or ex-spouses (Kalunta-Crumpton, 2013). The distressing trend calls for a deeper understanding of the underlying factors contributing to the violence and the urgent need for effective solutions. Studies shed light on the factors contributing to IPV among Nigerian immigrant nurses (Kalunta-Crumpton, 2013; Kalunta-Crumpton, 2017; Raufu, 2019). Relocating and living within the American culture often disrupts the traditional gender dynamics among Nigerian families, as nurse partners could earn higher incomes than their male partners. This disruption challenges the conventional role of men as the primary breadwinners, leading to economic envy and male resentment. The strain arising from these shifting power dynamics within the family can escalate into violence, endangering the lives of Nigerian nurses.

However, there is a need to explore the intersectionality of gender, occupation, culture, economics, and migration to gain a comprehensive understanding of IPV against Nigerian nurses in the US and to understand how adult learning and education (ALE) interventions can effectively mitigate IPV in cross-cultural contexts. Hence, referencing intersectional and other feminist theories and ALE theories, this study examined how various factors intersect in the occurrence of IPV by thematically analyzing media reports and commentaries on IPV cases against Nigerian nurses in the US. We addressed this issue with a view to highlighting potential contributions of ALE in preventing and responding to IPV in Nigeria-US cross-cultural contexts. This study provided a comprehensive understanding of the dynamics surrounding IPV against Nigerian nurses in the US and the potential role of ALE in promoting awareness, empowerment, and transformative learning against IPV among Nigerian immigrant families and communities, thereby creating safer environments for immigrant women.

INTIMATE PARTNER VIOLENCE AND (WOMEN'S) CROSS-CULTURAL EXPERIENCES

IPV is a form of gender-based violence (GBV), domestic violence, and violence against women (VAW), which is violence perpetrated against an individual due to their gender (Andreas et al., 2021; Read-Hamilton, 2014). The most common type of violence experienced by women is IPV, and it is widespread globally (World Health Organization, 2012). IPV includes physical, sexual, emotional, and psychological abuse, as well as economic and social discrimination that occurs within an intimate relationship (Kadir et al., 2020). It affects the safety, dignity, and health of people, their economic well-being, and the security of nations (Gracia & Merlo, 2016). IPV can lead to physical and mental health problems, economic problems, and death. It can also have a ripple effect on families and communities, causing division and mistrust and leading to other types of violence (Thomas et al., 2015).

Male partners who struggle with unequal power dynamics, addiction, jealousy, low educational attainment, multiple sexual partners, childhood abuse, and growing up in a family with a history of domestic violence are the primary perpetrators (Adebayo, 2014; Onoh et al., 2013). VAW is a result of complex interaction of individual, relational, community, and societal factors, such as personality traits, substance abuse, mental health problems, power imbalances, communication breakdowns, poverty, crime rates, cultural norms, and gender inequality (Lila et al., 2018). Cross-cultural experience such as migrating from Nigeria to the US could trigger IPV because immigration is a risk factor for IPV due to acculturation, discrimination, and economic changes in the family (Ting & Panchanadeswaran, 2015).

Female immigrants may experience discrimination and prejudice by their partners and other Nigerian immigrants, leading to IPV. For instance, there could be the belief that women's movements must be under strict male control with permission from the husband or a suitable male surrogate. Indeed, many Nigerian immigrant women in the US consider the nursing profession a lucrative occupation, and there is a possibility that the Nigerian nurse earns more than her partner. Such an ordinary socioeconomic situation—"ordinary" in the sense that there should not be a question about a woman earning what she has worked for—could fuel up gender role tensions in some Nigerian families. Hence, patriarchy is salient in IPV studies and learning among immigrant communities from Africa (Kalunta-Crumpton, 2017). Efforts to prevent and respond to IPV require a comprehensive approach that addresses the underlying causes and promotes gender equality (Dutton et al., 2015). ALE is a holistic field that can play a significant role in efforts to prevent and mitigate IPV in the pre-arrival and post-arrival phases of immigration.

ADULT LEARNING AND EDUCATION IN INTERSECTIONAL AND CROSS-CULTURAL CONTEXTS

Cross-cultural ALE includes formal, non-formal, and informal learning opportunities that allow individuals to acquire international experience, gain a greater understanding of cultural diversity, develop intercultural competencies, and develop global competencies (Coryell, 2013). Cross-cultural ALE is often informal and non-formal, especially in cross-cultural settings. Such learning opportunities may be in the form of immigrant family support systems, guided tours, or civic training.

A comprehensive ALE approach that addresses systemic and structural factors impacting immigrant communities might effectively address IPV and support survivors (Ali & Tan, 2022). Such an approach in dealing with IPV could be an intersectional strategy.

Intersectionality is a framework that recognizes the interconnectedness of social identities and how they interact to create unique experiences of oppression and privilege. It is a useful tool for investigating forms of inequality and discrimination, including IPV (Hankivsky, 2014; Kalunta-Crumpton, 2015).

Intersectionality refers to the interconnected nature of social categories such as race, gender, class, sexuality, culture, and other identities, which together shape a person's experiences of discrimination, inequality, and social position (Crenshaw, 1989). ALE research is familiar with the intersectionality of sexuality, class, gender, culture, and race, as well as other domains of inequality such as age and disability, and how this has impacted adult learners (Fejes & Merrill, 2018). In the context of IPV against Nigerian nurses in the United States, an intersectional approach can be used to examine how multiple factors such as race, gender, patriarchal culture, nationality, immigration status, and occupation intersect to create unique experiences of violent discrimination (Kalunta-Crumpton, 2015). For instance, Nigerian nurses may experience IPV differently from other groups due to their race, gender, and immigration status coupled with additional barriers to seeking help due to their occupation.

Intersectionality is an important concept in ALE as it addresses the issues of inequality, sociocultural disadvantages, oppression of marginalized groups and violence, including IPV. IPV is a complex social issue that affects individuals from various backgrounds and understanding it as an intersectional issue is crucial (Baird et al., 2019). Rice et al. (2020) identified key aspects to understanding IPV as an intersectional issue: multiple forms of oppression, unique experiences, barriers to seeking help, and cumulative effects on the victims. Recognizing intersectionality also helps inform inclusive and comprehensive approaches to addressing IPV, such as developing culturally sensitive support services, promoting inclusive policies, and empowering survivors through an understanding of how various identities intersect with their experiences of IPV. In sum, understanding IPV as an intersectional issue requires recognizing the interconnected nature of identities and the diverse experiences and challenges faced by survivors to develop more inclusive and effective strategies to prevent, support, and work towards creating a more equitable and just society (Capinha et al., 2023; Kubicek, 2016; Kulkarni, 2018).

THEORETICAL FRAMEWORK—INTERSECTIONAL FEMINIST AND ADULT LEARNING THEORIES

We combined and adopted multiple feminist and ALE approaches as a theoretical framework for this study. The theoretical approaches include feminist intersectionality theory, African feminism, cultural feminism, Marxist/socialist feminism, transformative learning, and experiential learning. The framework served the purpose of gaining a more nuanced and comprehensive understanding of the phenomenon under investigation. Intersectional feminism recognizes the interconnectedness of social categories as they apply to systems of oppression, including gender, race, class, and sexuality (Lorde, 1984; Moraga & Anzaldúa, 2015). It allows the quest for gender equality to become inclusive and challenges the interlocking systems of oppression that disadvantage women of color and other marginalized groups (Collins, 2002). Further, African feminism emphasizes the intersectionality of race, gender, and class, (Mejiuni, 2013; Mikell, 1997; Tripp et al., 2011), while cultural feminism emphasizes the unique qualities and contributions of women and seeks to promote women's interests through the celebration of feminine values and traits (Brownmiller, 1993). Marxist/socialist feminism focuses on the intersection between capitalism, economic inequality, and gender oppression, arguing that women's oppression is due to their economic dependence on men (Gimenes, 2005; Holmstrom, 2002).

Intersectionality theory, African feminism, cultural feminism, and Marxist/socialist feminism are complementary perspectives that enrich our understanding of Nigerian nurses' traumatic and fatal experiences of IPV in the US. Intersectionality theory helps to understand how the intersections of gender, occupation, culture, economics, and migration contribute to the occurrence and manifestations of IPV. African feminism helps to uncover cultural norms, values, and power dynamics that may contribute to IPV within Nigerian immigrant communities. Cultural feminism offers insights into the influence of cultural norms, expectations, and traditional gender roles on the occurrence and perpetuation of violence. Marxist/socialist feminism helps to uncover the underlying power dynamics and economic struggles within Nigerian immigrant families. These perspectives illuminate the multi-dimensional nature of IPV and inform the development of ALE initiatives that can contribute to the prevention and response to IPV in Nigeria-US cross-cultural contexts.

ALE theories like transformative learning (TL) theory and experiential learning (EL) theory provide grounds for such educational initiatives to effectively empower individuals and communities for the social change against IPV in cross-cultural contexts. Studies have used ALE theories such as experiential learning and transformative learning to dissect cross-cultural learning (Coryell, 2013; Dyce & Owusu-Ansah, 2016; Farcas & Gonçalves, 2017; Taylor, 2001; Zhu, 2020). TL emphasizes the examination of assumptions and beliefs as catalysts for transformative change in adults (Mezirow, 1991). TL as a process of personal and social transformation (Finnegan, 2022) can help Nigerian immigrant couples develop critical consciousness about the root causes of IPV, question gender norms, transform harmful beliefs and behaviors, and engage in advocacy and community-building efforts to address violence. Further, EL emphasizes the importance of learning through direct experience, reflection, and active experimentation (Kolb, 1984). EL can be utilized to design ALE interventions that provide Nigerian nurses with opportunities to reflect on their experiences of IPV and the intersecting issues, engage in dialogue, promote empathy, and develop new skills and strategies to prevent and respond to such violence.

METHODOLOGY

To address the research questions and gain an in-depth understanding of IPV experiences, we collected data from online media platforms and discussion forums that documented the reported cases of and opinions on IPV involving Nigerian nurses in the US. We analyzed primary sources including ten media articles and commentaries, namely Agu (2010), Chop Naija Kitchen (2018), Ezekwesili [Nigeria Info FM] (2019), Iwu (2020) Kperogi (2010), Ladepo (2014), Nnabugwu (2016), Nwoye (2017), Ojo (2020), and Oluwagbemi (2016). These sources provided rich qualitative data that shed light on the unfortunate IPV experiences of Nigerian nurses and the contextual factors influencing the perpetration of IPV. We utilized a thematic analysis technique to identify codes and emerging themes within the data (Braun & Clarke, 2019; Nowell et al., 2017). The analysis process, aided with the use of Atlas.ti followed the key steps of thematic analysis as outlined by Braun and Clarke (2006), including familiarization with the data, coding, identification of themes, and interpretation of findings. Codes were generated based on recurring patterns and ideas within the data, and themes were derived through a process of comparison, grouping, and refinement.

To ensure rigor and validity of the study, several measures were taken. The data were found through a Google search, using search terms such as "Intimate Partner Violence among Nigerian partners in the US", "IPV against Nigerian women in the US", "fatal cases of IPV against Nigerian nurses in the US" and "Nigerian men killed their nurse wives in the US". Scores of textual and audiovisual media files were downloaded and read. After

triangulating the primary sources for the purpose of verifying the cases presented and excluding redundant articles, thirteen were used for preliminary analysis. Three were further dropped to avoid duplicity, leaving us with nine articles and one YouTube video (a recording of a radio program). Only these articles and the video, which was later transcribed, from reputable platforms and/or verifiable reports were considered and selected for the final analysis. These online media items were produced between 2010 and 2020, covering at least ten reported cases of IPV, particularly fatal cases, that happened between 2006 and 2020. Furthermore, we adopted a reflexive stance by acknowledging the potential influence of the researchers' backgrounds, biases, and assumptions on the interpretation of data (Braun & Clarke, 2019). We counterbalanced our biases through regular discussions, peer debriefing, and critical self-reflection. Furthermore, the use of multiple media sources helped to establish the credibility and reliability of the data and findings.

RESULTS

IPV against Nigerian nurses in America is a complex issue that requires an intersectional analysis to fully comprehend its underlying causes and potential solutions. This section covers the findings from the thematic analysis conducted for this intersectional study. Below we present the themes relating to gender, occupational, cultural, economic, and migration issues that intersect with IPV against Nigerian nurses in the US.

Theme 1: Gender-based power dynamics and financial independence

An overarching theme across the data analyzed is the impact of gender-based power dynamics and financial independence on domestic violence against Nigerian nurses. As Nigerian women in America pursue education and employment, their financial empowerment challenges traditional gender roles, leading to conflicts in relationships. Nurses who earn more than their husbands are prone to violence due to cultural beliefs that equate a man's worth with his financial status (Ezekwesili [Nigeria Info FM], 2019; Nwoye, 2017). Ezekwesili [Nigeria Info FM] (2019) emphasized that Nigerian nurses face violence due to financial power dynamics and cultural beliefs. There are examples of how some men resorted to violence when they perceived a loss of control. For example, "As an African man, Azubuike expects unilateral control over his wife's assets, unfortunately as things didn't go as planned for Azubuike he shot and killed his wife in cold blood" (Iwu, 2020, para. 3). Also, commenting on one of the cases of Nigerian registered nurses that were murdered by their husbands, Ladepo (2014, para. 3) observed that "Mrs. Egharevba's 'sin' was her 'financial liberation' from a supposedly tight-fisted husband.". This theme shows the centrality of financial issues in gender-based tensions that ultimately lead to IPV due to some Nigerian men's tendencies to resist their spouses' financial independence.

Theme 2: Cultural expectations and "punishment for deviation"

Cultural expectations play a significant role in perpetuating IPV against Nigerian nurses. Cultural expectations and traditional beliefs about male dominance in marriage can influence men's perceptions of power and control within the relationship. These expectations include submission, obedience, and adherence to traditional gender roles. Deviating from these norms can lead to "punishment" or even violence within marriages. The clash between Nigerian men's resistance to change and women asserting their rights further

exacerbates this issue. Nnabugwu (2016) reported, Mr. “Ndubuisi’s several entreaties to his wife’s family to intercede and bring Christiana back under his control had all failed.” Ezekwesili [Nigeria Info FM] (2019) highlighted violence as a means for some men to assert dominance and control over their partners, stemming from cultural expectations that men should have authority over women which may lead to abusive behaviors within relationships. The prevalence of domestic violence in Nigeria and its acceptance in certain contexts may contribute to its perpetration within the Nigerian diaspora community in the US. As Nwoye (2017, para. 19) observed, “In Nigeria, the balance of power, most of the time, is in the man’s hands, so he has less recourse to violence.”

Theme 3: The clash of patriarchal societies and gender equality

The data showed that IPV is linked to the clash between patriarchal Nigerian societies and the push for gender equality in America. Agu’s (2010, para. 14) reference to “god-father-ism” in Nigerian politics suggests a societal context where men are expected to hold authoritative roles, and this might extend to their family dynamics. Agu opined that the trait is “in most cases genetic with most Nigerian men” (para. 14). While Nigerian men may expect women to conform to traditional roles, empowered Nigerian nurses challenge these norms by asserting their rights and advocating for equality. Another writer called this situation “a clash between a particular strain of patriarchy... and feminism, as represented by the acculturated Nigerian woman” (Nwoye, 2017, para. 16). This conflict can lead to violence as men attempt to reassert control, especially when their experiences have gone to the point of “unnervingly emasculating and humiliating” (Kperogi, 2010, para. 8). The violent acts committed by some Nigerian men against their wives in America may result from a clash of cultural values that was not properly managed. Indeed, “a poorly managed commixture of these deeply contrasting values can be culturally—and literally—combustible” (Kperogi, 2010, para. 7). Resistance to adapting to the changing social structure could lead to potential disaster in relationships.

Theme 4: Open communication and dealing with societal pressures

Open communication about financial matters is crucial in addressing the power dynamics in marriages. Both partners need to engage in honest conversations about their expectations, motives, and financial responsibilities. A lack of transparency and financial control can lead to misunderstandings and exploitation even in contractual marriages—that is, legal or civic marriages rather than customary marriages, which are only culturally recognized and anchored on sociocultural obligations—potentially escalating into violence. Married men and women should have open communication about financial matters (Ezekwesili [Nigeria Info FM], 2019). Transparent discussions about finances can help alleviate potential conflicts related to financial power dynamics and expectations. Furthermore, commentators advocated for honesty and transparency in marriages, suggesting that when marriages are based on mutual understanding and respect, the risk of violence and exploitation may be reduced (Agu, 2010; Ezekwesili [Nigeria Info FM], 2019; Ladepo, 2014). However, there are no indications that open communication and honesty are sufficient to prevent IPV against the Nigerian female nurses or that the cultural differences between Nigerian traditions and American expectations of gender equality could be simply alleviated. Rather, for instance, the pressure to conform to societal expectations, including arranged marriages and family demands, can contribute to unhappy unions and violence. Also, there could be underlying psychological issues affecting the perpetrators.

Theme 5: Psychological factors and mental health

There were indications that psychological and emotional factors contribute to IPV. For example, Agu (2010, para. 4) reported how Michael Collins IHEME called the police and stated that he had “killed the woman that messed my life up, a woman that destroyed me.” This statement reflects a deep emotional distress that may have fueled his violent actions. The reference to fear of inheritance and loss of wealth as motivations for violence points to emotional factors influencing violent behaviors. In another tragedy, Muhammadu Igomigoh killed his estranged wife and the mother of his two children and committed suicide afterward (Oluwagbemi, 2016). Similarly, Ojo’s (2020, para. 4) reported that “Benjamin [Okigbo] strangled his wife, a nurse, to death... attempted to also strangle his two sons... before eventually killing himself by hanging.” These cases of murder-suicide point to mental health issues as a contributing factor. Benjamin Okigbo’s status as a medical doctor raises questions about the intersection of professional success and violence, underscoring the importance of addressing violent behaviors regardless of one’s occupation or social standing.

Theme 6: Perceived “anti-male” bias in the legal system

Analysis indicated that some Nigerian men perceive an “anti-male” bias in the American legal system, particularly in cases of rape or domestic violence accusations. A commentator noted, “In America, when it’s a woman’s words against a man’s, the man’s are lies... Marriage laws are also heavily weighted in favor of women, that is, by the standards of our patriarchal African cultures” (Kperogi, 2010, para. 9). This perceived bias may fuel feelings of injustice and resentment among men. This relates to the fact that Nigerian women, upon moving to America, may experience newfound empowerment and freedom. Also, Nnabugwu’s (2016) account notes that the fear of losing their property and earnings in divorce contributes to some men resorting to violence.

Theme 7: Intersectionality and immigrant struggles

An intersectional perspective reveals that immigrant struggles, such as communication barriers and social limitations are perceived as compounding the challenges faced by Nigerian nurses. As Chop Naija Kitchen (2018, para. 8) observes in their post, “being a foreigner, it is difficult for you in terms of communication and accent among co-workers, patients, family members, and others in the interdisciplinary healthcare field.” This comment suggests that the stress of the nursing profession and the additional challenges faced by immigrant nurses, may contribute to domestic quarrels and conflicts within their families. However, it is important not to regard how the victims handle the pressure of work and family responsibilities as a justification for IPV. The data also provided insights into how migration and cultural adaptation are thought of as a factor leading to a loss of identity and moral conflicts within relationships. For example, the comment that “Nigerian women in the USA are now more Americanized than the ‘real Americans’” (Agu, 2010, para. 18) suggests that some women are perceived to have undergone a transformation that leads to clashes with traditional values. While acknowledging the compounding effects of these occupational and cross-cultural stresses on the harm caused to the nurses, it is essential to avoid the trap of suggesting that they are the cause of domestic violence. Domestic violence is rooted in power imbalances and control, and while external stressors might exacerbate conflicts, they do not justify or cause abusive behaviors.

DISCUSSION AND CONCLUSION

This study set out to investigate the intersection of issues relating to gender, occupation, culture, economics, and migration in cases of IPV against Nigerian nurses in the US. By adopting an intersectional feminist and ALE theoretical framework, we gained a nuanced understanding of the complex factors that contribute to IPV within cross-cultural contexts. Through thematic analysis of the data, several key findings emerged, revealing that gender-based power dynamics, cultural expectations, cultural clash, lack of open communication, financial control, immigrant struggles, mental health issues, and perception of the US legal system intersect to make it a challenging environment for male Nigerians with traditional values living in American culture (Agu, 2010; Ezekwesili [Nigeria Info FM], 2019; Kperogi, 2010; Nwoye, 2017; Oluwagbemi, 2016). The Nigerian males' inability to critically review their underpinning patriarchal assumptions and violent tendencies would create challenging, toxic, or even fatal situations for Nigerian nurses, who are the males' partners.

The findings indicated that Nigerian women are fatally affected by violence within intimate relationships (Ezekwesili [Nigeria Info FM], 2019; Iwu, 2020; Ladepo, 2014). The patriarchal norms and power imbalances inherent in traditional gender roles, viewed through the African feminist lens (Mikell, 1997; Tripp et al., 2011), play a significant role in the occurrence of IPV among Nigerian nurses. African feminists are committed to overcoming all forms of gender inequality against African women and uphold their rights, including the right to be recognized as the subjects not the objects of their work, and "the right to healthy, mutually respectful, and fulfilling personal relationships" (The African Women's Development Fund, 2006, p. 11). Economic disparities, financial stressors, struggles for control over resources, and societal pressures can create tension within relationships and contribute to abusive dynamics by male partners (Gimenez, 2005; Holmstrom, 2002). Analysis showed that stress from work and the assumption of breadwinning roles by women can affect relationships at home, leading to domestic quarrels. This observation aligns with the intersectional feminist perspective, which emphasizes the interconnectedness of social categories, including gender and occupation, in systems of oppression (Collins, 2002; Lorde, 1984; Moraga & Anzaldúa, 2015).

Cultural norms and expectations from both Nigerian and American contexts also shape attitudes towards gender roles and contribute to the perpetuation of violence. While African feminism and cultural feminism emphasize the unique qualities and contributions of women (Brownmiller, 1993; Mejiuni, 2013), it is important to not restrict women's peculiarities to a locality on the African continent, but rather they should blossom anywhere, within any nation and culture. Regarding struggles connected to immigrant status, Nigerian women's disconnection from familiar support networks and the men's increased reliance on their female partners for financial support further increase women's vulnerability to abuse (Okenwa-Emegwa et al., 2016).

In response to these findings, ALE could provide valuable tools for developing prevention and intervention strategies, especially based on the tenets of intersectional multiple feminist theories, TL, and EL. By promoting open communication, addressing societal pressures, and fostering an environment of mutual respect and equality, we can work towards eradicating IPV and creating a safer and more equitable community for Nigerian nurses. Transformative learning interventions can empower Nigerian immigrant couples to critically examine traditional gender norms and work towards more equitable partnerships. By questioning and transforming harmful beliefs and behaviors, couples can create a safer and healthier environment, reducing the risk of IPV (Mezirow, 2000).

Experiential learning interventions, such as workshops and role-playing exercises, provide opportunities for Nigerian nurses and nurse survivors to reflect on their

experiences of patriarchy, IPV, and the intersecting issues of gender, culture, and migration (Kolb, 1984). Experiential learning interventions offer opportunities for reflection and active experimentation, enabling individuals to develop new skills and strategies for preventing and responding to IPV. Moreover, the insights gained from this research can inform the development of culturally sensitive and context-specific support services for IPV survivors within the Nigerian immigrant population. ALE initiatives can incorporate activities such as storytelling, peer discussions, and group exercises, allowing participants to explore power dynamics, communication strategies, and conflict resolution skills (Brookfield, 2013). These approaches promote self-awareness, empathy, and the development of alternative responses to violence.

However, it is essential to acknowledge the limitations of this study. We draw data from media sources, and the findings may not fully represent the experiences of most Nigerian nurses and their partners in the US. Future research will benefit from responses from a representative sample of survivors of IPV to gain a deeper understanding of the complexities of IPV within this population. Additionally, qualitative longitudinal studies would provide insights into how experiences of IPV change over time and the effectiveness of ALE interventions in promoting transformative change. In conclusion, this study contributes to the growing body of knowledge on IPV in cross-cultural contexts and offers valuable insights for the development of targeted interventions to address the unique challenges faced by Nigerian nurses in the US. By adopting an intersectional approach and integrating ALE theories, this research lays the groundwork for fostering positive social change and promoting healthy and equitable relationships within immigrant communities.

ORCID

Taiwo Isaac Olatunji  <https://orcid.org/0000-0001-9310-6725>

Oladunni Tolu Tola-Adewumi  <https://orcid.org/0009-0001-4709-9429>

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How to cite this article: Olatunji, T. I., & Tola-Adewumi, O. T. (2023). Intersectional analysis of intimate partner violence against Nigerian nurses in the United States. *New Directions for Adult and Continuing Education*, 2023, 25–37. <https://doi.org/10.1002/ace.20509>

AUTHOR BIOGRAPHIES

Taiwo Isaac Olatunji is a doctoral candidate in Pedagogical, Educational, and Training Sciences at the University of Padova (Padua), Italy. His doctoral research project explores how cross-cultural transition results in transformative learning among Nigerian immigrants in Italy and the USA. Taiwo was recently a Visiting Research Scholar in Adult, Professional, and Community Education at Texas State University, San Marcos, USA. He holds a B.A. Ed. (English) and an M.A. in Adult Education from Obafemi Awolowo University, Ile-Ife, Nigeria. He is also an ERASMUS+ Alumnus of Julius-Maximilians University Wuerzburg, Germany.

Oladunni Tolu Tola-Adewumi holds a B.A. Ed. (English) and an M.A. in Adult Education from Obafemi Awolowo University, Ile-Ife, Nigeria. She is an ERASMUS+ Alumnus, with experiences at the University of Padua, Italy, and Julius-Maximilians University Wuerzburg, Germany. She is also an MBA Alumnus from Quantic School of Business and Technology in Washington D.C., USA, reflecting her commitment to education and international experiences.