

**DISTRESS TOLERANCE, ANGER EXPRESSION AND RESILIENCE AS PREDICTORS OF INTIMATE PARTNER VIOLENCE ENTRAPMENT RELATIONSHIP**

<sup>1</sup>Onyedibe, M.C.C., <sup>1</sup>Ugwu, L.E., & <sup>1</sup>Ugwu, L.I.

<sup>1</sup>Department of Psychology,  
University of Nigeria,  
Nsukka.

**Abstract**

This study investigated whether some psychological variables such as distress tolerance, resilience and anger expression could contribute to intimate partner violence entrapment relationship. Two hundred and seven married women were drawn from five Local Government Areas of Nsukka Senatorial Zone, Eastern Nigeria, using convenient sampling techniques. The age of the participants ranged from 20 to 60 years with a mean age of 37.58. Composite Abuse Scale (CAS), Distress Tolerance Scale, Brief Resilience Scale (BRS) and Anger Expression Scale were used for data collection. The result of the step-wise multiple linear regression analysis indicated that location (urban or rural areas) of the participants was a significant predictor of intimate partner's violence entrapment relationship ( $\beta = -.20$ ,  $t(207) = -3.28$ ,  $p < .001$ ); age of the participants was a significant predictor of intimate partners' violence entrapment relationship ( $\beta = .43$ ,  $t(207) = 5.58$ ,  $p < .001$ ); distress tolerance was found to be a significant predictor of intimate partners' violence entrapment relationship ( $\beta = -.18$ ,  $t(207) = 2.70$ ,  $p < .001$ ); anger-in was found to be a significant predictor of intimate partners' violence entrapment relationship ( $\beta = .19$ ,  $t(207) = 2.70$ ,  $p < .01$ ). Anger-out and resilience were not found to be significant predictors of intimate partners' violence entrapment relationship. This implies that those women who have the capability to withstand negative psychological states and who suppress their anger are more likely to stay in intimate partner violence relationship.

**Key Words:** Anger-in, Anger-out, Distress Tolerance, Intimate Partner Violence, Resilience.

Intimate partner violence is widespread across all cultures, with both men and women in intimate relationship being victims and perpetrators (Tjedan, & Thoennes, 2000). The Centre for Law Enforcement Education (CLEEN) Foundation in Nigeria reported that 1 in every 3 respondents admitted being a victim of intimate partner violence (IPV). The survey also found a nationwide increase in IPV in the past 3 years from 21% in 2011 to 30% in 2013 (CLEEN Foundation, 2013). Intimate partner violence takes many forms including physical, sexual, and emotional/psychological. However, in traditional African setting, IPV is committed mostly against women. Common forms of violence against women in Nigeria are rape, acid attacks, molestation, wife beating, and corporal punishment (Noah, 2000); and withholding of salary, need denial, suppression, sexual harassment, widowhood practice, abusive speech, destruction of property, deprivation, threats, child abuse, maltreatment, intimidation and humiliation (Ezeilo & Ohia, 2006).

A significant body of evidence has accumulated to suggest that women are as likely as or more likely than men to be the perpetrators of less severe violence in their romantic relationships (Archer, 2000). In Nigeria, as in many other African countries that practice patriarchal system, more women are likely to be victims of IPV, while more men than women are likely to be perpetrators. In one of the researches conducted with a Nigerian sample. Ilika, Okonkwo and Adogu (2002) reported that 39.3% of women of child bearing age in Anambra State (Nigeria) had experienced physical violence, while 78.8% of women in Imo (Nigeria) reported been battered by their male counterparts. This result has also been supported by the findings of Abdulahi (2009) which showed that IPV against women is common within culture where gender roles are strictly defined and enforced, and

where masculinity is closely associated with toughness, and violence regarded as a standard way of

**Correspondence:** Maria Chidi Onyedibe (chidichristy@yahoo.com)

## *Psychological factors in intimate partner violence entrapment*

resolving conflict. In such traditional patriarchal society, violence against women are widely accepted because, there is a deep cultural belief that it is morally right to chastise or punish a woman b) whatever means in order to discipline her (Oyediran & Abanihe-Isiguzo, 2005; Ilika, Okonkwo & Adogu, 2002). This violence against women impacts negatively on their physical and psychological wellbeing.

Despite the negative and painful experiences involved in IPV, most women still remain in abusive relationship. Some theories, for example, Traumatic Bonding Theory by Dutton and Painter (1981), have tried to explain this behaviour. The theory proposes that a battered woman has experienced unhealthy or anxious attachments to her parents who, as a child, abused or neglected her. Accordingly, the woman develops unhealthy attachments in her adult relationships and accepts intermittent violence from her intimate partner. She readily accepts the remorse that follows the victimization because she needs positive acceptance from and bonding with the batterer (Dutton & Painter, 1981). Another theory which is relevant in this study is Brockner and Rubin's (1985) Psychological Entrapment Theory. The theory holds that when women feel that they have invested so much in the relationship, they are willing to tolerate the battering to save the relationship. Life Course Theory (Glen, Johnson & Crosnoe 2003) is another theory that tries to explain IPV. The life course theory links previous or past experiences to recent or current occurrences. Applying this perspective to domestic and marital violence would suggest that violence experienced by women may not be independent of similar experiences in the past. Consistent with the life course perspective, it is likely that women, who in their early stage in life, witnessed their father beat their mother, were significantly more like to experience higher levels of both physical and sexual violence, compared to those who did not. While it is difficult to establish direct causal connections, it is clear that children of battered women may also be affected in later years.

The role of some of the demographic variables in IPV have been supported by some researchers, for instance, Abramsky, Watts, Garcia-Moreno, Devries, Kiss, Ellsberg, Jansen, and Heise, (2011) found that women with high level of education, high socio-economic status, and formal marriage, offered protection to women, while alcohol abuse, growing up with domestic violence and experiencing or perpetrating other forms of violence in adulthood, increased the risk of IPV. In addition, other researchers found that younger age, low income, low academic achievement, involvement in aggressive or adolescent delinquent behaviour increased the risk of IPV (WHO, 2002). Similarly, Coker, Smith, MckKeown, and King, 2000; Caetano, Schfer, and Cunradi, 2001; Ellsberg, Jansen, Watts, and Gaecia-Moreno, (2008) also found that age gap with partner, relative employment, increased number of children and partnership type were strong factors in IPV.

Research evidence also showed that IPV is positively correlated with women's mental health, such as anxiety, depression, posttraumatic stress disorder, and low self-esteem (Golding, 1999; Campbell, 2002). Some other researchers (e.g. Bergman & Brismar, 1991; Linares & Pico-Alfonso, 2004) have identified other variables such as suicidal behaviour, sleep and eating disorders, social dysfunction, and increased likelihood of substance abuse as factors in IPV. However, most of these studies reviewed focused on the negative consequences of the IPV to health and wellbeing of women victims, while some others have attempted to unravel factors that predict IPV in both males and females. With the record of high negative incidences of intimate partner abuse, many women still remain in abusive relationships. Therefore, the question is: what are the factors responsible for sustaining women in such abusive relationship, even at the detriment of their physical and mental wellbeing? The researchers contend that distress tolerance, resilience, and anger expression could be possible factors that are implicated in IPV.

Distress tolerance (DT) refers to individual capacity to experience and withstand negative psychological state (Simon & Gaher, 2005). An individual who has higher distress tolerance may find it easier to stay in an intimate partner violence relationship than one who has lower distress tolerance. Literature search and review of articles show that there is dearth of literature linking IPV and distress tolerance. Most of the studies reviewed discussed psychological stress and distress as being associated with consequences of IPV to the victims of the intimate partner violence. Smith (1992) defines anger as an unpleasant emotion ranging in intensity from irritation to rage, usually in a response to perceive maltreatment or provocation. Anger is one of the emotions which are common among people. Although everyone may experience anger, people differ in their ability to express the

anger either out or in (anger suppression). When the anger is overt and directed at the anger-provoking situation, objects or people, it is referred to as anger-out, while anger-in refers to inward feelings of anger with covert characteristics. Both anger-in and anger-out are two ways of expressing anger as operationalized in this work.

Resilience is a dynamic process that encompasses positive adaptation within the context of significant adversity (Luther, Cicchetti & Becker, 2000), but when applied to IPV it is described as individual's ability to adapt and function successfully in a high-risk home environment or following exposure to prolonged trauma (Masten, 2011). Research studies revealed that some individuals can develop healthy and stable personalities despite enduring high stressful environment (Linley & Joseph, 2004) including those impacted by Intimate partner violence, while Humpherys (2003) demonstrated that resilience has negative association with domestic violence. However literature search shows that there is dearth of literature in empirical studies of some psychological factors that keep women in IPV relationships. In the light of this, the following hypotheses were tested: Distress tolerance will predict intimate partner violence entrapment relationship; Anger expression will predict intimate partner violence entrapment relationship; Resilience will predict intimate partner violence entrapment relationship.

## **Methods**

### **Participants**

Two hundred and seven married women, who were drawn from five Local Government Areas of Nsukka Senatorial Zone in Enugu State of Eastern Nigeria (a predominantly Igbo speaking area), participated in the study. One hundred and eleven (111) participants were drawn from the rural areas of Nsukka Senatorial Zone namely, Igbo-Eze North, Igbo-Eze South, Udenu, and Igbo-Etiti, while ninety six (96) participants were drawn from the Nsukka urban area. On educational level, 39 of the participants had no formal education, 54 completed primary school, 66 completed their secondary school education, while 48 of them completed tertiary education. Over eighty per cent (81.16%) could read and write while 18.84% of the participants could neither read nor write. They were approached at their community unions meetings where the researchers introduced themselves and explained their objectives for carrying out the study using English and Igbo language. The age of the participants ranged from 20 to 60 years with a mean age of 37.58. As regards their occupational status, 87, 51, 9, 36, 24 were traders, civil servants, artisans, farmers, and housewives, respectively.

### **Instruments**

#### ***Composite Abuse Scale (CAS).***

Composite Abuse Scale (CAS) is a 30-item scale developed by Hegarty, Sheehan, and Schonfeld, (1999) and Hegarty, Bush, and Sheehan, (2005). The CAS is a scale that measures different dimensions of intimate partner abuse among females with current or former intimate partners for longer than one month. The CAS has 4 subscales: physical abuse, emotional abuse, harassment and severe combined abuse. The physical abuse subscale includes 7 items (6, 10, 14, 17, 23, 27, 30), with higher scores indicating greater physical abuse. The emotional/psychological abuse includes 11 items (1, 4, 8, 9, 12, 19, 20, 21, 24, 28, and 29), with higher scores suggesting higher emotional/psychological abuse. The harassment subscale includes 4 items (3, 11, 13, and 16), with higher scores indicating greater harassment levels. The severe combined abuse consists 8 items (2, 5, 7, 15, 18, 22, 25, and 26). The Internal consistencies were .94, .93 and .83 for physical abuse scale, emotional and harassment abuse subscales, respectively. For this study, however, the entire 30 items were scored to get the total score of Composite abuse scale. The higher the individual's score on the entire item, the greater the level of intimate partner violence. The internal consistencies of the instruments obtained through pilot study for the entire Composite Abuse Scale, was  $r = 0.91$

#### ***Distress Tolerance Scale (Simon & Gaher, 2005).***

## *Psychological factors in intimate partner violence entrapment*

Distress tolerance Scale (DTS) was used to measure an individual's ability to tolerate negative emotional states, DTS is a 15-item scale developed by Simons and Gaher (2005). The scale has four clusters namely: tolerance, absorption, appraisal, and regulation. Tolerance measures the individual's perceived ability to tolerate distress; absorption measures the degree to which an individual is consumed by negative emotions; appraisal measures the subjective assessment of the distress as tolerable or intolerable, while regulation assesses the individual's feelings to do something to alleviate negative emotions. However the developers maintain that the DTS is a one factor measure of distress tolerance. Items were rated on a 5-point scale: strongly disagree (5), mildly disagree (4), agree and disagree equally (3), mildly agree (2), and strongly agree (1). In this scale, only Item 6 is scored in a reversed direction. The scores range from fifteen to seventy-five with higher scores indicating higher distress tolerance while lower scores indicating lower distress tolerance. Simons and Gaher (2005) reported reliability coefficient of  $\alpha = .95$ . The present researchers obtained a Cronbach's alpha of  $r = 0.70$ .

### ***The Brief Resilience Scale.***

The brief resilience scale (BRS) is a six-item scale developed by Smith, Dalen, Wiggins, Tooley, Christopher, and Bernard, (2008). The BRS measures the ability of an individual to bounce back or recover from stress. Items 2, 4, and 6 are negatively worded and were reverse scored. The BRS is scored by finding the mean of the six items. Participants are required to respond in the following response set: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree. According to the developers, the BRS has good internal consistency with Cronbach's alpha ranging from .80-.91 with four different samples. The internal consistency for the present participants were found to be  $r = 0.57$ .

### ***Anger Expression scale (AX) (Spielberger, Johnson & Jacobs, 1985)***

The anger expression inventory is a 16-item measure of anger scale developed by Spielberger, Johnson and Jacobs (1985). It contains two subscales: anger-out and anger-in. Anger-out sub-scale contains 8 items that assess the tendency to express angry feelings verbally or via physically aggressive behaviour. It measures the frequency with which an individual's anger is expressed outwardly towards either other persons or objects. For example, 'I'll strike out at whatever infuriates me (item 10)'; 'I do things like slam doors' (item 6). Anger-in (8 items) measures the tendency to experience anger but only express it inwardly, for example, 'I tend to harbour grudges that I don't tell anyone about' (item 9). Participants are required to respond in the following response set: Almost Never (1), Sometimes (2), Often (3), Almost Always (4). The scores range from 8 to 32 for each of the sub-scales, with higher scores indicating greater tendency to express or suppress anger. Internal consistency was found to be .84 and .73 for anger-out and anger-in two sub-scales, respectively. The internal consistencies obtained through pilot study were .75 and .64, for Anger-in and Anger-out subscales, respectively.

### ***Procedure***

The area of the study covered Nsukka Senatorial Zone, which has five Local Government Areas. Nsukka urban is the only urban area within the Nsukka Senatorial Zone, while the other four Local Governments were located in rural areas. From a list of the registered community unions in each of the local government areas, five (5) unions were randomly selected, one from each local government area. The Local Government areas with their corresponding number of the copies of questionnaires distributed are as follows: Igbo-Eze North (44 copies), Igbo-Eze south (30 copies), Udenu (33), Igbo-Etiti (37), and Nsukka urban (106). The total number of questionnaires distributed in the rural areas was 144, while 106 copies were distributed in urban areas making a total of 250 questionnaires. From the total number of questionnaires distributed, two hundred and seven (207) copies were recovered representing 82.8% return rate. In the rural areas, one hundred and eleven (77.1%) out of one hundred and forty four copies of the questionnaires distributed were used for analysis, while in the urban areas, ninety six (90%) out of the 106 questionnaires were used for analysis. The grand

total of the number of properly filled questionnaires used for analysis irrespective of the location was 207. The researchers, with the help of five research assistants administered the questionnaires to the participants individually under unstructured interview. The illiterate participants were sufficiently guided by the researchers and the research assistants in completing the instruments. This was done by reading to them the Igbo-language format of the questionnaire by the research assistants.

***Design/ Statistics***

The design of this study is cross-sectional design. A stepwise multiple linear regression was used as statistical package for data analysis.

*Psychological factors in intimate partner violence entrapment*

**Results**

Correlation analysis was conducted to test the relationships between distress tolerance, resilience and anger expression with intimate partner violence.

**Table 1: Correlation matrix among variables and descriptive statistics**

	Factors	M	SD	1	2	3	4	5	6	7	8	9	10	11	12
1	IPV	25.91	19.0	1.00	-.24**	.46**	-.37**	.14*	.34**	-.08	-.12*	-.3**	-.13*	.32**	.30**
	Location	.46	.50		1.00	.09	.32**	-.07	.04	.07	.05	-.15*	.03	-.14*	-.02
3	Age	37.58	8.29			1.00	.33**	.20**	.62**	-.10	-.09	-.05	-.2**	.02	.18**
4	Education	2.59	1.04				1.00	.29**	.30**	.25**	.11	-.12*	.09	-.3**	-.2**
	Occupation	2.32	1.45					1.00	.12*	-.12*	.00	.12*	-.02	.22**	.21**
6	No. of children	4.41	2.34						1.00	-.01	-.10	-.09	-.2**	.14*	.13*
7	Abused#	1.84	.37							1.00	.00	-.14*	.29**	.04	.15*
8	WVAM	1.64	.48								1.00	-.01	-.01	-.09	-.15*
9	DTS	44.29	15.3									1.00	.01	.37*	.47*
10	BRS	17.44	2.74										1.00	.13*	-.01*
11	ANGER-IN	15.67	4.03											1.00	.53*
12	ANGER-OUT	16.35	3.72												1.00

\*p<.05, \*\*p<.001 (significant)

IPV - Intimate partners violence

Location: Coded '0' for rural and '1' for urban

Education (level): 1-no formal education, 2-primary school, 3-secondary school, 4-tertiary education.

Occupation: 1-trader, 2-civil servant, 3-artisan, 4-farmer, 5-others

#: coded '0' for abused as a child and '1' and not abused as a child

WVAM: coded '0' for witnessing violence against mother and '1' for not for witnessing violence against mother  
 DTS-distress tolerance  
 BRS-resilience

Table 1 shows the inter-correlations among the variables. It was found that those that witnessed violence against their mothers, distress tolerance, resilience and anger expression (anger-in and anger-out) were significantly related to intimate partner violence among women. Their correlation coefficient (r) values of -.27, -.13, .32 and .30 were significant at  $p < .001$  level, respectively. To further test the hypotheses in this study, a stepwise multiple linear regression analysis was conducted. The purpose of the enter method regression is to select a small subset of variables that account for most of the variations in the dependent or criterion variable.

Table 2: A stepwise regression model summary of the predictor demographics, distress tolerance, resilience and anger expression (anger-in and anger-out)

Model	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	Std. Error of the Estimate	R <sup>2</sup> Change	F Change	df1	df2	Sig. F Change
1	.56 <sup>a</sup>	.310	.29	16.07	.310	12.75	7	199	.000**
2	.63 <sup>b</sup>	.400	.37	15.13	.091	7.39	4	195	.000**

a. Predictors: (Constant), violence, occ, Iga, abused, n\_ch, edu, age

b. Predictors: (Constant), violence, occ, 19a, abused, n\_ch, edu, age, DTS, BRS, ANGER IN, ANGER OUT

\*\* $p < .001$  (significant)

Table 2 shows the regression analysis of the demographic variables, distress tolerance, resilience and anger expression (anger-in and anger-out). It was found that the models were significantly related with intimate partner violence. Adjusted R<sup>2</sup>, the strength of association or explanatory power of the model in model 1 is .29 and model 2 is .37. The models are significant at 0.001 levels.

Table 3: Multivariate Regression Coefficient Table

Model	B	Beta	t	Sig
Location	-2.61	-.20	-3.28	.00**
Age	.98	.43	5.58	.00**
Education	-1.56	-.09	-1.23	.22
Occupation	-.77	-.06	-.99	.32
No. of children	.33	.04	.55	.58
Abused#	.67	.01	.20	.84
WVAM	-1.24	-.03	-.56	.58
DTS	-.23	-.18	-2.70	.01 *
BRS	-.23	-.03	-.55	.59
ANGER_IN	.91	.19	2.70	.01 *
ANGER_OUT	.09	.02	.23	.82

\* $p < .05$ , \*\* $p < .001$  (significant)

Location: Coded '0' for rural and '1' for urban

#: coded '0' for abused as a child and '1' and not abused as a child

WVAM: coded '0' for witnessing violence against mother and '1' for not for witnessing violence against mother.

## *Psychological factors in intimate partner violence entrapment*

DTS-distress tolerance

BRS-resilience

Table 3 above shows that the location of the participants was a significant predictor of intimate partner's violence ( $\beta = -.20$ ,  $t(207) = -3.28$ ,  $p < .001$ ), which suggests that those women in the rural areas are more likely to remain in intimate partners' violence than those in the urban area (location was coded '0' for rural and '1' for urban). Age of the participants was a significant predictor of intimate partners' violence entrapment relationship ( $\beta = .43$ ,  $t(207) = 5.58$ ,  $p < .001$ ), which suggests that the older participants were of higher tendency to remain in the relationship than the younger participants. Distress tolerance was found to be a significant predictor of intimate partners' violence ( $\beta = -.18$ ,  $t(207) = 2.70$ ,  $p < .001$ ), that is, those women who have the capability to tolerate violence meted to them by their intimate partner are more likely to remain in intimate relationship than their counterparts with low levels of distress tolerance. Anger-in was also found to be a significant predictor of intimate partners' violence entrapment relationship ( $\beta = .19$ ,  $t(207) = 2.70$ ,  $p < .01$ ). This suggests that the higher the 'anger-in' the higher the intimate partners' violence entrapment relationship. Anger-out and resilience were not found to be significant predictors of intimate partners' violence entrapment relationship.

### **Discussion**

This study investigated the role of distress tolerance, anger expression and resilience in intimate partner violence entrapment relationship. The result of the study which showed that distress tolerance was a significant predictor of intimate partner's violence supports the first hypothesis. This suggests that women who have high distress tolerance are more likely to stay in intimate partner violence than those with lower levels of distress tolerance. The women may perceive intimate partner violence as less threatening and thereby try to tolerate such abusive relationship. Furthermore, women in the traditional Nigerian society, which is patriarchal in nature, are socialized, right from childhood, to respect the views of their husbands (Ilika, Okonkwo & Adogu, 2002). This societal expectation may be carried further into conflict situation and therefore explains why women are entrapped in such conflict-laden relationship. Consequently, they are more likely to exhibit such behaviour such as maintaining calmness and absorbing frustration, especially if that is coming from their intimate partner (husband). This result has also been supported by the findings of Abdulahi (2009) which showed that IPV against women is common within culture where gender roles are strictly defined and enforced, and where masculinity is closely associated with toughness, and violence regarded as a standard way of resolving conflict.

The second hypothesis which states that anger expression will significantly predict intimate partner violence entrapment relationship was supported. As expected, anger-in rather than anger-out significantly predicted intimate partner violence entrapment relationship. This could be explained in the premise that women who suck their anger in may stay longer in such relationship than those who voice out their angry feelings. This is because expressing their anger out may generate more conflicting situation between the woman and her husband which could bring about more abusive or domestic violence. Furthermore, African patriarchal traditional system plays a very vital role in intimate partner relationship. In such culture, women are often seen as second to men, and as such should always be submissive to their husbands even against their own opinion. Thus, women that talk back at their husbands are often regarded as very arrogant, stubborn and insubordinate. Therefore, in African context, women's expression of their anger is likened to disobedience and a challenge to age-long societal norms.

However, resilience did not significantly predict intimate partner violence entrapment relationship. Thus the third hypothesis was not confirmed. While it may be surprising at face value that resilience failed to produce a significant result, it may not be in actuality. This is because resilience has been viewed as a dynamic construct (Mowbray, 2011). Mowbray (2011) maintains that most scales on resilience yield different responses when used at different times and



circumstances. Thus it does not always mean that individuals who score high in resilience are equally resilient to every adverse event or circumstances they encounter. In addition to the main findings, the study also found that witnessing mother being abused by the father is a strong predictor of intimate partner violence entrapment relationship. This finding is in line with a famous adage which states that "ugly begets ugly". Because such women had witnessed their mother being abused by their father, they may see it as part of life and consequently continue to accept such behaviour without taking any step to extinguish it. Alternatively, the women may have misinterpreted or misrepresented such abuse as part of family display of love. Interestingly, the study also found that rural women remain longer in the intimate partner violence relationship than their counterparts in the urban area. This finding could be explained on the premise that societal norms and values are more reinforced in the rural than in the urban areas.

In this study, distress tolerance was found to be a significant predictor of intimate partner violence entrapment relationship. This finding has some important implications. One major implication of this finding is that women's ability to tolerate violence meted to them in the intimate relationship explains the reason why many victims of IPV remain in the relationship in the face of violent activities of their intimate partners. Secondly, distress tolerance has been viewed as one of the positive psychological constructs that can help one adapt in a challenging or difficult situation. The researchers however are not in any way advocating that one continues to stay in a traumatic relationship that could bring about negative or harmful consequences, they rather advocate the need for the women to cultivate and develop distress tolerance that will help them to manage the difficulties involved in the traumatic relationship while working hard to either leave the relationship or make the partner understand the negative consequences of his behaviour. More so, psychologists, government, policy makers, and non-governmental organization are required to develop some programme or strategies needed to help women in such intimate partner violence live a better and satisfactory relationship with their intimate partner. Such programme will go a long way to help them make better choices in their relationship. Furthermore, anger-in, though not a positive way of expressing anger, was also found to be significantly related to intimate partner violence entrapment relationship. There is need to train women in the way of expressing anger positively without offending the other partner. When such is done, the rate of intimate partner violence may be lessened. This training could be done under women forum in each of the community. Cultural factors that play a very big role in intimate partner violence need to be revisited with emphasis placed on gender equality as such will help reduce the incidences of intimate partner violence in the Nigerian society.

While findings for this study are interesting, there are some short-comings worth acknowledging. The use of cross-sectional data limits the interpretation of our findings. Although inferences can be made about associations between dependent and independent variables, causal inferences cannot be drawn. Some scholars have questioned the reliability of surveys based on self-reports especially when they border on sensitive issues like violence in intimate relationships. It is thus possible that physical and sexual violence will be under-reported especially among married couples given the stigma and other related consequences attached to reporting such incidences in most African societies.

The study investigated the role of distress tolerance, anger expression and resilience in intimate partner violence entrapment relationship. The finding showed that women with high level of distress tolerance are more likely to stay in the relationship in spite of the victimization they receive at the hands of their intimate partner. Furthermore, women who suppress their anger are more likely to remain in the relationship than those with free-floating anger

*Psychological factors in intimate partner violence entrapment*

expression.

## References

- Abdullahi, O. E. (2009). *Domestic violence and crime against women: An African cultural perspective*. <http://ebookbrowse.com/ domestic-violence-and-crime-against-women-47711477> (accessed 07 June 2013).
- Abramsky, T., Watts, C. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., Jansen, H., & Heise, L. (2011). What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health*. <http://www.biomedcentral.com/1471-2458/11/109> (accessed 14 July 2013).
- Ajomale, O. (2007). Ageing in Nigerian current state, social and economic implications in African Gerontological Society ages international. *Sociology of Ageing*, 6(2), 12-17.
- Alabi, F. (2011). Domestic violence against women in Kaduna State: Cause and prevention strategies. *Journal of Home Economics Research*, 14, 46-55.
- Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin*, 126, 651-680.
- Bergman, B., & Brismar, B. (1991). A 5-year follow-up study of 117 battered women American *Journal of Public Health*, 81, 1486-1489.
- Black, M. C. (2011). Intimate partner violence and adverse health consequences: Implications for clinicians. *American Journal of Lifestyle Medicine*, 5(5), 428-439.
- Brockner, J., & Rubin, J. (1985). *Entrapment in Escalating Conflicts*. New York: Springer-Verlag, 5.
- Brislin, R (1970). Back translation for cross-cultural research. *Journal of Cross-Cultural Psychology*, 1, 185-216.
- Brislin, R (1993). *Understanding culture's influence on behaviour*. Fort Worth, TX: Harcourt Brace Janovich.
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *Lancet*, 359, 1331-1336.
- CLEEN Foundation. (2013). National Crime Victimization Surveys.
- Coker, A. I., Smith, P.H., McKeown, R. E., & King, M. J. (2000). Frequency and correlates of intimate partner violence by type: physical, sexual, and psychological battering, *American Journal of Public Health*, 90, 4.
- Davidson, J. R. T., Book, S.W., Colket, J. T., Tupler, L. A., Roth, S., David, D., Hertzberg, M., Mellman, T., Beckham, J. C., Smith, R. D., Davison, R. M., Katz, R., & Feldman, M. E. (1997). Assessment of a new self-rating scale for posttraumatic stress disorder.

## *Psychological factors in intimate partner violence entrapment*

*Psychological Medicine*, 27, 153-160.

Dutton, D. G., & Painter, S. L. (1981). Traumatic Bonding: The development of emotional attachments in battered women and other relationships of intermittent abuse. *Victimology: An International Journal*, 7(4), 139-155.

Ediomo-Ubong, E. N., & Iboru, E. N. (2010). Violence against women in Nigeria: The factors and the dynamics. *The Constitution*, 10(2), 80.

Ellsberg, M., Jansen, H. A., Heise, L., Watts, C. H., & Garcia-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. *Lancet*, 371(9619), 1165-1172.

Ene, O. C. (2004). *Health wellness and longevity*. Enugu: Cheston Agency.

Ezeilo, J. N., & Ohia, O. E. (2006). *Torture and the female gender: Report of a national survey on torture in Nigeria*. Enugu: Women's Aid Collective (WACOL).

Garcia-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. H. (2006). Prevalence of intimate partner violence; findings from the WHO multi-country study on women's health and domestic violence. *Lancet*,

Glen, E. H., Johnson, M. K., & Robert Crosnoe (2003). *The Emergence and Development of Life Course Theory*. In: Jeylan T. Mortimer and Michael J. Shanahan (ed.). *Handbook of the Life Course*. Springer, 3-19.

Golding, J. M. (1999). Intimate partner violence as a risk factor for mental disorder: a meta-analysis. *Journal of Family Violence*, 14, 99-132.

Hegarty, K., Bush, R., & Sheehan M. (2005). The Composite Abuse Scale: Further development and assessment of reliability and validity of a multidimensional partner abuse measure in clinical settings. *Violence and Victims*, 20,529-547.

Hegarty, K., Sheehan, M., & Schonfeld C. A. (1999). Multidimensional definition of partner abuse: Development and preliminary validation of the Composite Abuse Scale. *Journal of Family Violence*, 14, 399-415.

Humphrys, J. (2003). Resilience in sheltered battered women. *Issues in mental health nursing*,24, 137-152.

Ilika, A. L., Okonkwo, I. P., & Adogu, P. (2002). Intimate partner violence among women of childbearing age in a primary health care centre in Nigeria. *Africa Journal of Reproductive Health*, 6(3), 53-58.

Krantz G. & Garcia-Moreno C. Violence against women (2005). *Journal of Epidemiological Community Health*. 59(10), 818-21.

Linares, G., & Pic6-Alfonso, M. A. (2004). Women victims of domestic violence: Consequences for their health and the role of the health system. In: R. Klein & B. Wallner, (Eds.), *Conflict, gender, and violence* (pp.). Vienna: Studien-Verlag, 55.

- Linehan, M. M. (1993). Commentary on innovations in dialectical behaviour therapy. *Cognitive and Behavioural Practice*, 7,478-481.
- Linley, P. A., & Joseph, S. (2004). Positive choice following trauma and adversity: A review. *Journal of traumatic stress*, 17, 11-21.
- Luther. S. S., Cicchetti, D., & Becker. B. (2000). The construct of resilience. A critical evaluation and guidelines for future work. *Child Development*, 71,543-562.
- Masten, A. S. (2011). Ordinary magic: Resilience processes in development. *American Psychologist*, 56,227-238.
- Matsumoto, D. (2005). Cross-cultural research. In S.F. Davis (ed). *Handbook of research methods in experimental psychology*. Malden: Blackwell Publishing.
- Mowbray, D. (2011). *Resilience and strengthening resilience in individuals*. [http://www.mas.oru.uk/u\\_loads/articles/Resilience and strengthening resilience in individuals.pdf](http://www.mas.oru.uk/u_loads/articles/Resilience_and_strengthening_resilience_in_individuals.pdf) (accessed 06 May 2013).
- Noah, Y. (2000). Incidence and dimension of violence against women in the Nigerian Society. *Centre point Journal*, 20,2-8.
- Simons, J. S., & Gaher, R. M. (2005). The distress tolerance scale: Development and validation of a self-report measure. *Motivation and Emotion*, 29,2-20.
- Smith, D.A. (1992). Variable effects of arrest on criminal careers: The Milwaukee domestic violence experiment, the. *Journal of Criminal Law and Criminology*, 83, 137.
- Smith, B. W., Dalen, J., Wiggins, K, Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioural Medicine*, 15, 194-200.
- Spielberger, C. D., Johnson. E. H., & Jacobs, G. A. (1985). The experience and expression of anger: Construction and validation of an anger expression scale. In M. A. Chesney & R. H. Rosenman (Eds.), *Anger and hostility in cardiovascular and behavioural disorders*. Hemisphere: Cambridge.
- Tjaden P., & Thoennes, N. (2000). *Consequences of intimate partner violence: Findings from the national violence against women survey*. National Institute of Justice, Washington D.C.
- Watts, C., & Zimmerman, C. (2002). Violence against women: Global scope and magnitude. *Lancet*, 359 (9313),1232-7.