

## **A Feminist-intersectional Analysis of Sexual Violence experienced by Nigerian women who are living in England**

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### **Abstract:**

There is a growing body of work on violence against women of black and minority ethnic (BME) origin in the UK. This study adds to this body of work by exploring the nature of sexual violence experienced by Nigerian women who are living in England. It draws upon in-depth narrative interviews conducted with 12 women of Nigerian origin who had experienced sexual violence. Women's accounts were analysed thematically. The women described experiencing different, sometimes multiple forms of sexual violence over the life course including, sexual abuse and female genital mutilation (FGM) in childhood, sexual assaults, rape, sex trafficking, and sexual violence from an intimate partner. Drawing upon a feminist-intersectional theoretical framework this article illuminates how: (1) the intersection of age, gender, poverty, cultural socialisation, and religious practice could provide the conditions for the perpetration of child sexual abuse, (2) patriarchal ideologies relating to gendered roles and expectations support men's notion of uncontested sexual access to women, (3) men's need to exercise power and control could contribute to women's experiences of rape, and (4) the intersection of FGM and gender continue to disempower women within heterosexual relationships.

**Keywords:** Sexual violence; feminist theory; intersectionality; Nigerian women

**Word Count:** 6990

**Key messages:**

- Effective intervention in child sexual abuse cases in Nigerian families require a consideration of situational conditions resulting from the intersection of age, gender, poverty, cultural socialisation, and religious practices that may lead to revictimization.
- Violence against women (VAW) practitioners need to understand the unique ways gender, male power, gendered norms, cultural practices, and insecure immigration status interact to create contexts that directly shape women's experiences of sexual violence, and revictimization in order to ensure holistic and meaningful support.

**Introduction:**

Violence against women (VAW) is a serious worldwide problem. WHO (2021) estimates that globally one in three women will experience different forms of violence perpetrated by an intimate partner and/or a non-partner. An EU-wide study based on interviews with 42,000 women further supports the view that VAW is a major problem that cannot be overlooked. The survey reveals that one in 10 women have experienced some form of sexual violence since the age of 15, and one in 20 had been raped. Just over one in five women have experienced physical and/or sexual violence from either a current or previous partner, and just over one in 10 women said that they have experienced some form of sexual violence by an adult before they were 15 years old (European Union Agency for Fundamental Rights, 2014). Furthermore, a recent Crime Survey for England and Wales (CSEW) estimates that among adults aged 16 to 74, 5.6% of women compared to 2.4% of men had experienced partner abuse. The report further points out that women were more likely than men to experience different types of sexual assaults including rape (2.9% compared with 0.7%) (Office for National Statistics [ONS], 2020). While domestic violence (DV) affects large numbers of women in the UK, it remains a challenge to document the estimated number of women from Black and minority ethnic (BME) background who are affected. Although the CSEW reports little variation in the prevalence of DV by ethnicity, such large population-based studies are however limited in comprehensively addressing levels and nature of violence experienced by BME women compared to small scale in-depth studies which provide more detailed and nuanced insights (Fontes, 2004). Based on this view, this current study is warranted as it draws upon in-depth narrative interviews conducted with 12 women of

Nigerian origin who have experienced sexual violence. Although the findings reported in this study is specific to these 12 women who are mostly recent migrants with unsettled immigration status, nonetheless, findings contribute to addressing the gap in knowledge about Nigerian women's experiences of sexual violence, and more broadly add to the literature on BME women's experiences of violence in the UK. This article starts by outlining studies conducted in the UK on BME women's experiences of violence before situating this current study within a feminist-intersectional analytical framework. The research method is described followed by the research findings. The discussion of the findings concludes this article.

### **BME women's experiences of violence:**

Previous research studies on violence against BME women in the UK report that women experience multiple types of violence. These include controlling behaviour, physical, emotional, sexual and financial abuse (Anitha, 2008, 2019; Batsleer et al., 2002; Femi-Ajao, 2018; Gangoli, Razak and McCarry, 2006; Gangoli, Bates and Hester, 2020; Gill, 2004; Kanyeredzi, 2018; Mama, 1989b; Thiara and Roy, 2010; Thiara and Gill, 2012). Other forms of violence experienced by women included forced labour, isolation, denial of adequate food and warm clothes, denial of privacy and labour-saving devices, entrapment, threats and rape (Anitha, 2008, 2019; Gangoli, Bates and Hester, 2020; Thiara and Roy, 2010). Studies have also reported that forced marriage is a problem in the UK (e.g., Chantler et al., 2017; Gangoli, Razak and McCarry, 2006; Hester et al., 2007). This assertion is supported by a recent Home Office's data which revealed that 140 cases of forced marriage was reported in 2019/2020 by 43 police forces in England and Wales (Home Office, 2020).

Although factors such as poverty, childcare, housing and concern for family and children influence the ways both majority and minority women experience violence (Pokharel, Hegadoren and Papathanassoglou, 2020), however, for BME women, studies show that additional factors interact in unique ways to exacerbate their experiences of violence. For example, studies focusing on DV against South Asian women, alongside other minority groups (e.g., Ahmed, Reavey and Majumder, 2009; Anitha, 2019; Chantler et al., 2017; Gangoli, Bates and Hester, 2020; Gangoli, Razak and McCarry, 2006; Gill and Harrison, 2019) found that racism and insecure immigration status posed a barrier to women's ability to seek help. In Kanyeredzi's (2018) study which examined the accounts of nine African and Caribbean

heritage women who had experienced violence, women's experiences of neglect, rape, physical, sexual and emotional abuse were found to be embedded within the broader structures of racism, discrimination, and poverty in a way that restricted their lives and ability to seek help. Similarly, in a study examining factors influencing disclosure and help-seeking practices of 16 Nigerian women living in England, Femi-Ajao (2018) identified women's socialisation, immigration status and level of acculturation as factors influencing women's inability to seek help for the experiences of violence. Culture-specific factors such as gendered norms acquired through socialisation, religious beliefs, the desire to maintain their 'honour' within the community and gendered power relations were also found to not only influence women's experiences of violence but provided grounds for revictimization (Ahmed et al., 2009; Gangoli, Bates and Hester, 2020; Gill and Harrison, 2019; Thiara and Gill, 2012). Similarly, in Ajayi, Chantler and Radford's (2021) study, it was found that women experienced sexual violence as a consequence of male privilege, gendered roles and expectations, religious beliefs, rape myths, and the practice of bride-price. These findings arguably illuminate how social contexts influenced by gender norms and structural power relations structurally and interpersonally increase women's vulnerability to violence.

Studies focusing on BME women's experiences of sexual violence is limited. Those examining services responses to BME women's experiences of sexual violence from the perspectives of professionals have simultaneously shed light on some good practices, and on the lack of awareness of the operations of intersectionality in women's lived experiences of sexual violence (Cancoro de Matos and McFeely, 2019; Thiara, Roy and Ng, 2015). Others have centred on women's accounts of sexual violence (Ahmed, Reavey and Majumder, 2009; Ajayi, Chantler and Radford, 2021). Ahmed, Reavey and Majumder's (2009) study which sought to understand the effects of culture within eight South Asian women's accounts of sexually violent experiences suggest that women tended to take an ambivalent stance with regards to the role culture plays in their experiences of sexual violence. Another concern identified in studies examining BME women's experiences of violence is that sexual violence is generally the least reported compared to other forms of violence (Batsleer et al., 2002; Gangoli, Bates and Hester, 2020; Gill, 2004; Gill and Harrison, 2019; Thiara and Roy, 2010). It has been noted that cultural socialisation may influence the types of violence women chose to emphasise and their reluctance to discuss others (Gangoli, Bates and Hester, 2020; Gill, 2004). In Gill and

Harrison (2019), the language associated with sexual violence posed a barrier to women's ability to report sexual violence. As Harne and Radford (2008) argue, 'the difficulty with the language of sexual violence, together with the fact that it is an intimate and intrusive violation of the self, makes it one of the hardest aspects of gender-based violence to discuss' (p.5). In consequence, we know relatively little about how BME women experience sexual violence. This current study contributes to this knowledge gap as it applies a feminist-intersectional lens to provide an in-depth exploration of the nature of sexual violence experienced by 12 women of Nigerian origin living in England.

Feminist theory for understanding VAW have been long standing. hooks (1997) provides a clear understanding of feminism, as she writes: 'feminism is the struggle to end sexist oppression. Its aim is not to benefit solely any specific group of women, any particular race or class of women. It does not privilege women over men. It has the power to transform in a meaningful way all our lives' (p. 26). Feminist theory rests heavily on the concept of patriarchy (Dobash and Dobash, 1979) and the social institutions which help to maintain it (Jasinski, 2001). Hunnicutt (2009) defines patriarchy as 'systems of male domination and female subordination' (p. 553). It can also be conceptualised as male power over women (Hartmann, 1979). Likewise, this article argues that women's experiences of sexual violence were embedded in men's need to exercise power and control. According to Kelly (1988), 'power in feminist analysis *is not a property but a relation* which structures interaction between men and women in all areas of social life' (p.26, italics in original). As would be seen later in this article, gendered power relations which stem from the interaction of patriarchy and expected gendered norms, shaped the way women experienced oppression, domination, and sexual violence in their intimate relationships.

This study also draws on the concept of 'intersectionality' developed by Crenshaw (1989, p. 153) to address the fact that the experiences and struggles of women of colour did not receive enough attention by feminist theory or by anti-racist politics. Crenshaw (1989) argued that both feminist theory and anti-racist discourse addressed black women's experiences using frameworks that recognised gender and race as separate systems of oppression. Consequently, only issues raised by either sexism or racism were tackled, but not issues raised by the intersection of the two. This, she claims provided a partial and distorted view of the experiences of black women. She argues that 'because the intersectional experience is

greater than the sum of racism and sexism, any analysis that does not take intersectionality into account cannot sufficiently address the particular way black women are subordinated' (1989, p.140). Intersectionality thus offers a way of exploring and understanding how gender, class, race and other social identities interact to produce dynamics of power relations and how these relations of power are transformed within women's lives and experiences (Cho, Crenshaw and McCall, 2013). This concept is applied in this study to understand how cultural, social, and structural factors work together to co-construct Nigerian women's experiences of sexual violence.

### **Research methods:**

As Collins (2000) argues, to assess knowledge claims within Black feminist epistemology, the researcher must be posited as an insider rather than an outsider within an interpretivist frame. Therefore, the first researcher's identity as a woman of Nigerian origin positions her as an insider in the process of knowledge production. Women of Nigerian origin living in the UK who have experienced sexual violence were asked to take part. Women were contacted through organisations working directly with BME women, refugees, and asylum seekers. Five organisations were contacted via emails and telephone calls, and three responded positively. Practitioners in these organisations agreed to pass on information sheets and to speak to women in groups about the study. The researcher also attended women's group meetings to speak to women about the study. Afterwards, she was contacted privately via telephone by women who wished to take part. Purposive and snowball sampling was also used to invite women to take part, with some interviewees approaching their friends on behalf of the researcher (Curtis et al., 2000). A total of 12 women were interviewed. This sample size which represents a very limited range of women from Nigeria living in England could be seen as a limitation of this study. Also, due to the sensitive nature of this study it was difficult to recruit the target women from different settings, thus, limiting the diversity of the women with regards to their immigration status. Nonetheless, the method of data collection provided rich data and in-depth insights into women's experiences of sexual violence, thus improving the key criteria for qualitative studies authenticity and credibility as recommended by Lincoln and Guba (1985).

Informed consent was renegotiated before the interviews and a consent form was signed by the participant and researcher before the interviews commenced. A narrative method of

inquiry was used for the interviews, utilising the 'telling of stories' as a data gathering strategy (Clandinin and Caine, 2008, p.2). Interviews were conducted in English between May 2017 and August 2017. The interview guide included briefings, introduction and background questions for building rapport, and possible follow-up question to help in eliciting further and rich narrations from participants. Interviews were conducted in settings that participants chose, audio recorded and lasted between 30-60 minutes. Each participant was given either £10 cash or a £10 gift voucher as a 'thank you' for sharing their story.

This research was approved by the PSYSOC Research Ethics Committee of the University of Central Lancashire. The recruitment method meant that women were pre-warned about the sensitive nature of the research. Other safeguarding strategies included, allowing women to dictate the pace of their interview, offering regular breaks to women during the interview, reaffirming the woman's strength at the end of the interview and ensuring they were debriefed. Women were also given a debrief sheet containing information and contact details of three relevant and accessible sources of help in case they required further support.

#### **Data analysis:**

The process of data analysis follows the 'six phases' of thematic analysis suggested by Braun and Clarke (2006, p.87). The audio recorded interviews were listened to three times: first, for familiarisation with the data, second, for verbatim transcription of data and third, to fill in gaps missed by the first transcription. Each woman's transcript was assigned a pseudonym to protect their identity, therefore, all names used in this study are pseudonyms. After the process of transcription, transcripts were uploaded onto the NVivo 11 qualitative data analysis software. Initial codes were then generated by working with one transcript at a time. Furthermore, repeated patterns of meaning and interesting features of the data were identified in a systematic fashion across the entire data set before coding them into themes and sub-themes. All data relevant to each potential theme were gathered. During this process care was taken to retain the interactional context in which the words were spoken including progression of themes within the interviews (Squires, 2008), in so doing, 'sequence and the wealth of the detail contained in long sequences were preserved' (Riessman, 2008, p.74).

### **The participants:**

The participants for this study were 12 women of Nigerian origin living in the UK aged between 27 – 46 who had experienced different forms of sexual violence. Only one woman was born in the UK. The other 11 had migrated into the UK and the length of residency in the UK ranged between 2.5 years to 13 years. One woman had refugee status, eight were seeking asylum at the time of the study, while the remaining two were refused asylum seekers. Women experienced sexual violence perpetrated by a church minister (n =1), a stepfather (n =1), an unknown male (n =1), intimate partners (n =8), a family friend (n =1) and an auntie's husband (n =1). All the perpetrators were adult males of Nigerian origin, except in the two cases of female genital mutilation (FGM), where parents (male and female) were named as perpetrators (n =2).

### **Women's experiences of sexual violence:**

Findings indicate that the nature of sexual violence experienced by women in this study align with the definition provided by WHO (2002) which identifies child sexual abuse, sexual violence perpetrated in marriage and other intimate relationships, including those perpetrated by non-partners and sexual violence from cultural practices such as FGM as types of sexual violence. All the women in this study reported experiencing different types of sexual violence perpetrated against them whilst living in Nigeria and in the UK. These included, childhood sexual abuse = 2, Sexual assault = 2, Rape = 2, Sex trafficking = 1, Intimate Partner Sexual Abuse and Violence (IPSA/V) = 8 and FGM = 2. Because verbatim quotes from women's narratives of sexual violence has been included in this section to enhance the authenticity of this study, readers may find some of the content disturbing.

### **Childhood sexual abuse**

Two women experienced childhood sexual abuse (CSA) (Angela & Titi). Angela who was born in the UK experienced CSA perpetrated by her mother's boyfriend who was a church minister. Her experience shows how the power and authority exercised by religious leaders can render women or girls powerless and subdued which in turn, may influence their experiences of violence.



*“it started when he used to give me spiritual baths, he will take me upstairs in my mum’s house at the time, cream me and everything and then that is when he will start to molest me. He used to tell me to lie down and he will just play with my breast”.*

First, it is possible to see how the power the mother’s boyfriend had by virtue of being male and a church minister accorded him a specific form of authority through which he could administer the religious ritual practice of “*spiritual baths*” unsupervised. Secondly, the intersection of her age and gender, along with the religious practice acted as a situational variable in the perpetration of the sexual abuse (Finkelhor, 1984). Titi who was made to live with her auntie’s family to reduce the financial strain on her family described her experiences of CSA perpetrated by her auntie’s husband in Nigeria.

*“When I was around 14 or 15 years, I was abused by my auntie’s husband. So, you know, in a situation when someone is living in one room, in the night, he will just come and finger us all...”.*

She further states:

*“... the man would scare me, you know, he will say that I have to leave the house, he will say he will kill me if I tell anybody or em, he said he will kill me”.*

Apart from being socialised by her cultural upbringing to honour and respect older male relatives, especially whilst living in an extended family setting, it appears that male power, gender, age, threats, poverty and the fear of being made homeless intersected in ways that not only influenced her experiences of CSA but reinforced her silencing.

### **Sexual assault**

Sexual assault was identified in two women’s narratives, Angela & Lola. Both women experienced sexual violence from men they knew. Angela who moved out of home as a teenager describes her experiences of sexual assault perpetrated by her stepfather whenever she visited as an adult. Her account arguably shows how gendered power relations manifested through the intrusive touching by her stepfather. She said:

*“Even after I moved out, and I would come and visit my mum he would still try, he would still, you know, have these little sexual innuendos, he would try to pinch my bum, he would try to kiss me on the lips, he would pinch my boobs...”*

Evidence from this study also highlights how women can experience sexual assault within marriage. Lola described her experiences of sexual assault whilst living with her ex-husband in the UK. This extract from her narrative illustrates how male power interacts with gendered roles and expectations to influence sexual violence.

*“I was very sick with the pregnancy, very sick, and the whole idea was ... he will go like eeh, you have to do this, and this was me a pregnant woman and my husband is asking me to do all these, using my mouth, my hand, I don't want to, but I knew what was going to happen if I didn't and so there will be... (sighs)”.*

The gendered expectation of sexually satisfying the husband seemed to have shaped the context of Lola's experiences of sexual assault. Furthermore, the phrase: *“but I knew what was going to happen if I didn't”* makes clear that there would be repercussions for refusing. It is evident that Lola feared that not submitting to his desires could lead to aggression from her ex-husband. Therefore, she had to succumb to her ex-husband's controlling behaviour to avoid physical violence. This type of submission could also be interpreted as her coping strategy.

## **Rape**

Orede & Efe both told of their experiences of rape. Orede described how she was 'locked in' and consistently raped for about six months by the man who brought her to the UK before she finally escaped.

*“He will just lock me in. He wants sex all the time, they want sex all the time, they left the food for me, but if I try to want to run away, they will just throw things”.*

It is known that threat is one of the factors that pose a barrier to women's ability to leave abusive relationships/situations (Anitha, 2008; Kanyeredzi, 2018). However, in Orede's case, threats did not operate in isolation but was reinforced by being 'locked in' and the fear of deportation as she stated:

*"... they said if you go out, we will call the police for you, they will take you to Nigeria. They collect my passport, I didn't even see my passport, they just said I should stay at home".*

Orede's fear of deportation was legitimate considering the socioeconomic and cultural factors that converge to disadvantage women in Nigeria. This tension was succinctly captured in this extract: *"because there is no help in Nigeria, what do you want to go and face?"*.

Efe described how she was raped in her home in Nigeria by an unknown male.

*"I was shaking, shaking... and he brought out the bullet from the gun and he said do you know what is this, I said no, I don't know, he said are you crazy? I said yes, yes, I know. He said what is it? I said it is a bullet. He said if you don't cooperate with me this is what I will use to kill you. I said please don't kill me, don't kill me, I will cooperate. He said now am going to rape you. So, he now... took me outside, he said that I should face the wall, he was smelling of alcohol, smoking. He now raped me".*

It appears that although Orede and Efe's experiences of rape happened in the UK and Nigeria, and differ in terms of contexts, they hold a similarity, which is, they both happened as a result of the intersection of power and gender.

### **Sex Trafficking**

Efe who was raped in her home in Nigeria described how she became a victim of sex trafficking. She states:

*"... so because of that thing that happened to me, I was not sleeping in the night I was so scared and now had this migraine headache, so I was very very sick and depressed, so I wasn't attending my saloon properly the way I used to. So once in a while when I go to ehh... the salon, there is this lady, I think she normally travel. So, we used to do her hair and everything, so am like her favourite. She always asks after me, so my madam said ah! look at what happened to her. She said let them send for me to come and see her. I went, so she said this thing that happen to you, I can help you out with it. She said I have to leave this country if not, that memory is not going to finish from me. I never even know that it is like people that*

*take people to go and do prostitution. She said you will be doing hair at home; you will be having money. She said I should not worry she is the one that is going to process everything, so that is how she did everything. When we got to Holland it was another story, she said I should start doing prostitution with her”.*

Reading through her account it is clear that the female trafficker exploited the vulnerabilities associated with being a rape victim to deceive her into becoming a victim of sex trafficking. In addition, the level of attention and affection offered by the female trafficker was something Efe seemed to have not experienced before, particularly living in a patriarchal society like Nigeria where victims of rape are stigmatised as a result of patriarchal beliefs associated with rape myths.

### **Intimate Partner Sexual Abuse and Violence (IPSA/V)**

Two thirds of the women (n= 8) contextualised their experiences of sexual violence within an intimate relationship. For example, Asaro and Omono who both left their abusive husbands to seek asylum in the UK described how male power interacted with gendered roles and expectations to influence their experiences of sexual violence in Nigeria.

*“At first, I tried to like... talk to him to say am not enjoying this, you end up satisfying yourself not considering me. Sometimes in the middle of the night when am fast asleep he is waking me to say..., and I keep telling him, you are forcing me into it not when am in the mood, but he is like that is your business” (Asaro).*

Omono who suffers from pelvic cramps stated:

*“... But now, I get it like twice in a month and when the pain starts, it starts from your tummy to your pelvis like cramps, like you are in labour. And my husband would not want to understand that. And when you are in a labour and you have that kind of cramp and you now still have to make love to fulfil your marital right, you see? You can imagine how painful that is”.*

It is possible to see how the control exercised by both Asaro and Omono’s ex-husbands removed any possible options, and further points to the fact that marital rape is not viewed as a valid concept in both cases. Lola who experienced IPSAV in the UK described the powerlessness associated with the notion of male sexual entitlement.

*“The things he would ask you to do and you had to do it, there was no option, who do you go to? You had to, yeah, you had to. Whether you like it or not, that wasn’t the point, he would go like are you not enjoying it? So, what are you supposed to say? You know you had to pretend, because if you didn’t then you are making it worst again”.*

These women experienced a significant level of controlling behaviour from their intimate partners which is clearly located within notions that reinforce male superiority, entitlement, and dominance.

### **Female Genital Mutilation (FGM)**

FGM, as defined by WHO (2020) encompasses all procedures involving partial or total removal of the external female genitalia or injury to the female genital organs for non-medical reasons. The practice is associated with the curbing of women’s sexual appetites, sexual pleasure of the husband, preservation of chastity, and ensuring marriageability (Adeniran et al., 2015). It is known that communities from more than 28 countries in Africa, including Nigeria and in some countries in Asia and the Middle East practice FGM (WHO, 2020). Whilst recognising that FGM is not practiced in every part of Nigeria, the practice is still entrenched in some parts of the country. All the women interviewed in this study have knowledge about FGM. However, only two women (Efe & Bisi) said they had undergone FGM. They spoke about their experiences of FGM in relation to the impacts it has had on their lives and relationships. Speaking about her experience of living with FGM, Efe stated:

*“... so, because of this FGM, for almost 1 year now, I haven’t got anybody in my life because any man I meet, they say that I am not sexually active... so, it has affected my life and everything” (Efe).*

Similarly, Bisi spoke of how her husband left her for another woman due to problems associated with FGM.

*“I was circumcised, that is FGM, I didn’t enjoy sex, he used that against me, you are not even good in bed, problem every time, all those things”.*

As these accounts illustrate, the practice of FGM continue to influence women's inability to sustain intimate relationships. Their narratives tell of women who are experiencing the powerlessness resulting from the intersection of gender and FGM.

### **Discussion and Conclusion:**

This article is based on a feminist-intersectional analysis of the findings from in-depth narrative interviews of 12 women of Nigerian origin who experienced sexual violence. Evidence shows that in two women's narratives of CSA, the intersection of age, gender, male power and poverty provided situational conditions that enabled the abuse to happen (Finkelhor, 1984). It also appears that for BME children, growing up within prescribed cultural norms and religious contexts may invariably add to the complexity of their experiences of CSA. This has implications for social care practitioners when considering appropriate interventions that would reduce the likelihood of revictimization. Although, as Brownmiller (1975) argues, sexual violence is perpetuated by a patriarchal system where men hold higher status and have greater power than women, it is however, important to understand that male power can operate subtly using coercion. Frye (1983) argues that men use tactics that involve the use of coercion and cooperation which work in ways that diminish women's agency. The findings of this study show that women can give in to this form of coercion for fear of possible physical aggression known to be directed at women who refuse to accept subordination (Kelly, 1988). Analysis also points to how patriarchal ideologies relating to gendered roles and expectations support men's notion of uncontested sexual access to their wives, thus, marital rape is not recognised as a valid concept in such patriarchal societies. Brownmiller (1975) argues that 'all rape is an exercise in power' (p.256). This assertion is consistent with the findings of this study as evidence shows that women's experiences of rape were embedded in men's need to exercise power and control. Furthermore, a finding of this study shows how vulnerabilities associated with rape could lead to sex trafficking and a cycle of victimisation, thus, underlying the need for preventative work both in Nigeria and in the UK to focus on how the interaction of power and gender can promote sexual violence against women.

Evidence from this study also suggests that 'heterosexual relationships and encounters are the site where many women experience patriarchal oppression most directly and intensely' (Kelly, 1988, p.42). Gendered power relations which stem from the interaction of patriarchy and expected gendered norms, shaped the way some women experienced oppression,

domination and sexual violence in their intimate relationships. Findings confirm the view that men who hold more traditional gender role attitudes that suggest that sex is a man's right in marriage are at increased risk of engaging in the perpetration of sexual violence (The World Bank Group, 2019). Although studies on VAW in Nigeria have reported that women are sometimes accepting of men's use of violence against women (e.g., Kunnuji, 2015; Oyediran and Isiugo-Abanihe, 2005), women in this study rejected this view. However, the interaction of male superiority and gendered role created the contexts for the reinforcement and continuation of the sexual violence they experienced. Given that dominant egocentric views around the superiority of the male can contribute to the validation and the perpetration of sexual violence (Kalunta-Crompton, 2017), it becomes an added layer of disadvantage that women of Nigerian origin may have to contend with. These egocentric views which have been described as controlling behaviour in a number of studies (e.g., Antai, 2011; Ashimolowo and Otufale, 2012), also relegate women to subordinate positions and help to encourage their silence.

According to Millet (2000), the control of women's sexuality is an essential feature of patriarchal societies. In this study, women's (Efe and Bisi) discussion of their relationship struggles highlight how the practice of FGM is rooted in the control of women's sexuality and the relegation of women to inferior positions within intimate relationships. Based on the evidence from this study, it is possible that women who do not enjoy sex as a result of having undergone FGM, may experience relationship struggles and breakdown. It could therefore be surmised that this practice promotes gender inequality and gives control to men, whilst disempowering women, particularly in the sexual and reproductive areas of their lives.

Taken together, these findings strengthen the findings of other qualitative studies (e.g., Femi-Ajao, 2018; Gangoli, Bates and Hester, 2020; Kanyeredzi, 2018) which show how different factors interact in unique ways to influence BME women's experiences of violence. It further shows that the way BME women, in this case, Nigerian women experience violence may be 'qualitatively different' from that of mainstream women (Crenshaw, 1993, p. 3). Findings suggest that women experienced sexual violence resulting from the intersection of age, gender, gendered norms, and practices embedded in patriarchy. In addition, the interaction of some of these factors with insecure immigration status, for some women, resulted in unequal power relations and unique contexts that directly shaped their experiences of sexual

violence. These findings give some support to the view that the concept of intersectionality is integral in understanding sexual violence against women of Nigerian origin. By taking intersectionality into account, services and professionals would be more equipped to offer interventions that are responsive to the interaction of these multiple disadvantages to ensure holistic and meaningful support.

### **Conflict of interest**

The Authors declare that there is no conflict of interest.

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