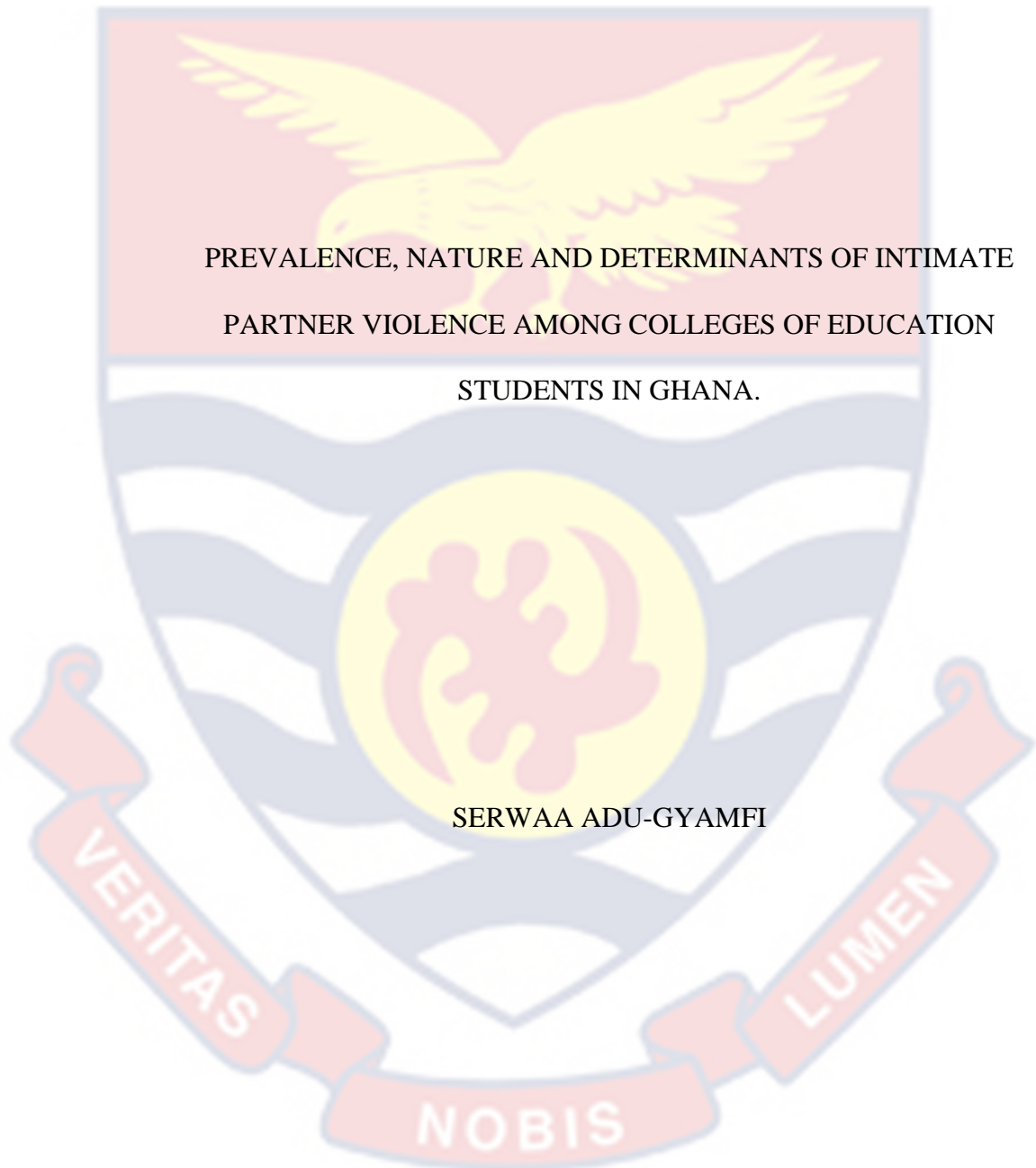




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PREVALENCE, NATURE AND DETERMINANTS OF INTIMATE
PARTNER VIOLENCE AMONG COLLEGES OF EDUCATION
STUDENTS IN GHANA.

SERWAA ADU-GYAMFI

2024

UNIVERSITY OF CAPE COAST

PREVALENCE, NATURE AND DETERMINANTS OF INTIMATE
PARTNER VIOLENCE AMONG COLLEGES OF EDUCATION
STUDENTS IN GHANA

BY
SERWAA ADU-GYAMFI

This thesis submitted to the Department of Guidance and Counselling of the
Faculty of Educational Foundations, College of Education Studies, University
of Cape Coast, in partial fulfillment of the requirements for the award of
Doctor of Philosophy degree in Guidance and Counselling

JANUARY 2024

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this University or elsewhere.

Candidate's Signature..... Date

Name:

Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature..... Date.....

Name:

Co-Supervisor's Signature..... Date

Name:

ABSTRACT

This study investigated the prevalence, nature and determinants of intimate partner violence (IPV) among college of education students in Ghana. The study adopted a mixed method approach, specifically a concurrent triangulation design. The study population was all level 300 students in the selected Colleges of Education (CoE) in Ghana. Sampling techniques used were the purposive and census. A total of 1,228 students participated in the quantitative data while 12 students were interviewed for the qualitative data. Data were collected using a structured questionnaire and an interview guide. Both descriptive and inferential statistics (independent samples t-test and One-Way Analysis of Variance) were used to analyse the quantitative data while the qualitative data were analysed using thematic analysis. The findings indicated a 54.3% prevalence of intimate partner violence among the CoE students. The most prevalent type of IPV experienced by respondents was social violence followed by sexual, psychological, economic and physical violence, in that order. Young age (immaturity), exposure to violence between parents, and weak legal sanctions against perpetrators of IPV were seen to be factors leading to IPV. Concern for children; hope that their partner would change and lack of support from family and friends were part of the reasons why CoE student stay with their abusive partners. It was recommended that, college counsellors become more empathic and non-judgmental when dealing with victims who continue to stay with their abusive partners.

KEYWORDS

Abusive Partners

Intimate Partners

Intimate Partners Violence

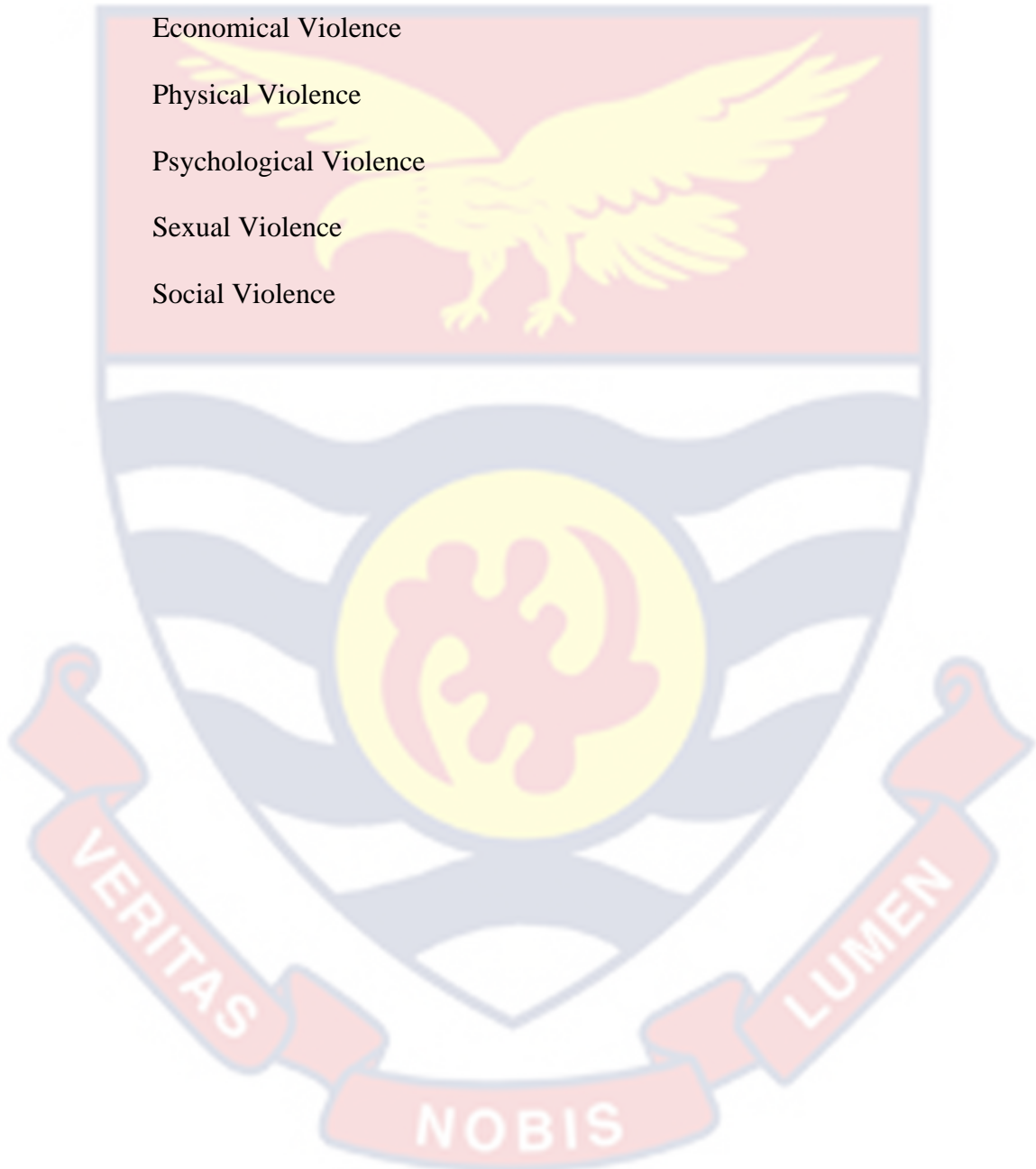
Economical Violence

Physical Violence

Psychological Violence

Sexual Violence

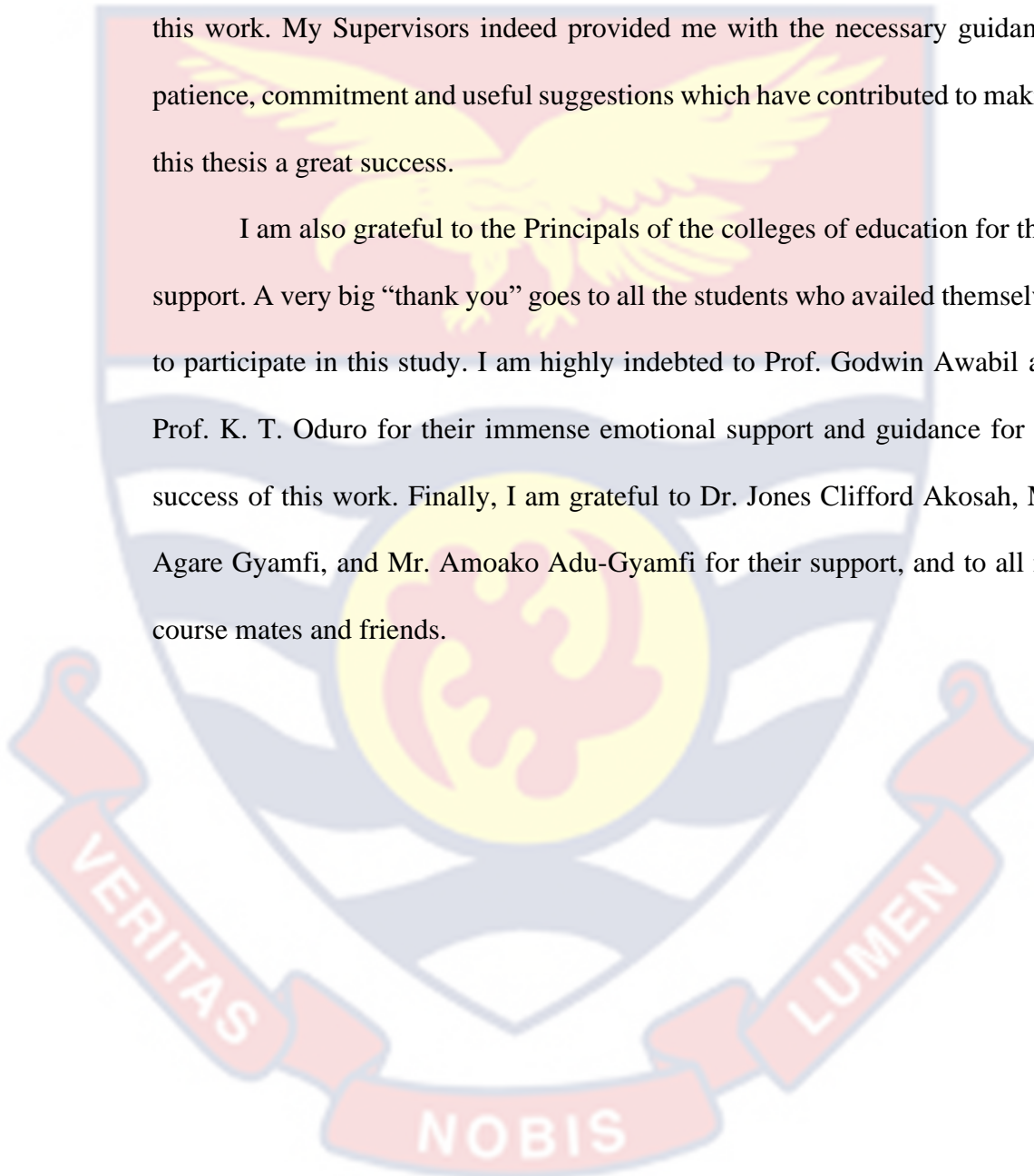
Social Violence



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DEDICATION

To my parents: Mr Daniel Adu-Gyamfi and Ms Janet Amponsah, and to all the members of my family my friends.



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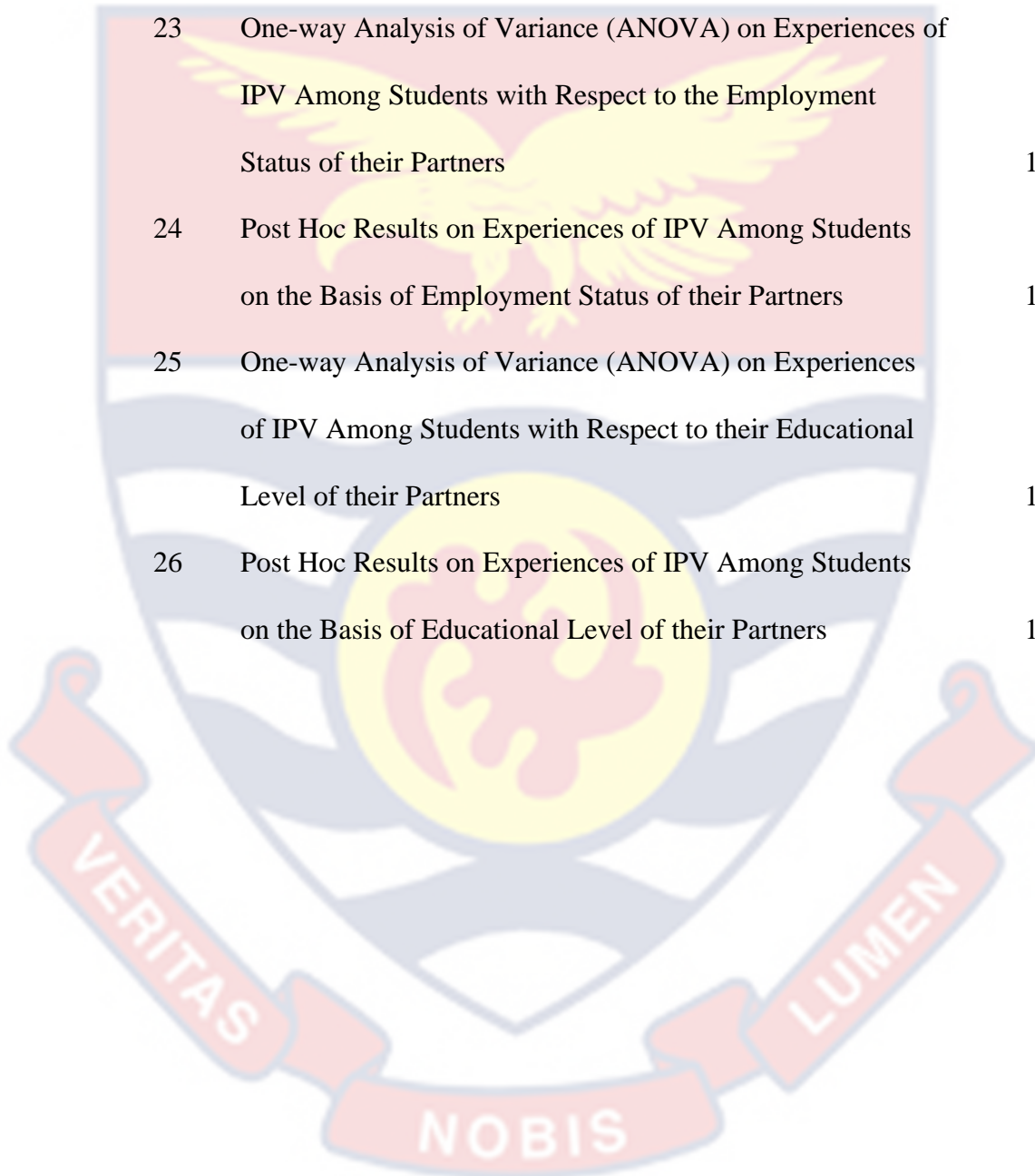
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LISTS OF ACRONYMS

IPV- Intimate Partner Violence

CoE- College of Education

WHO- World Health Organisation

CDC- Centre for Disease Control and Prevention

UN- United Nations



CHAPTER ONE

INTRODUCTION

Intimate partner violence (IPV) cuts across cultures, religious, economic and social status. It does not need specific location for it to occur. It can happen anywhere, whether at households, colleges, the offices, community centres, or a public places. People need to be educated about the prevalence, types of violence committed by intimate partners, the determinants/causes of IPV and how effectively we can all combat it. Particularly, among college and university students, violence towards intimate partners is prevalent (Narbors & Jasinski, 2009). There are many theories (Social Cognitive Theory by Bandura, 1977; Resource Theory by Goode, 1971; Allen & Straus 1980; Ecological Model/Theory by Dutton, 2006 & Bronfenbrenner, 1979) on IPV from its nature through to causes and prevention.

Background to the Study

An ongoing or past intimate partner, such as a spousal or a romantic companion, who implicates severe, sexually, or emotional harm is considered to have engaged in intimate relationship violence (Centre for Disease Control [CDC], 2013). The incidence of physical intimate partner abuse throughout the course of a person's lifetime ranges from 15% to 71% (Garcia-Moreno, Jensen, Ellsberg, Heise, & Watts, 2006). In 20 nations in Africa, Latin America, Asia, or Eastern Europe, the proportion of women aged 16 or older who experienced sexual assault in the preceding year was from 0.3 to 8.0 percent (WHO, 2002). Nevertheless, a lot of women fail to report sexual assault (WHO, 2002). The frequency of sexual violence is, therefore, certainly undetected.

A large portion of sub-Saharan Africa is affected by IPV, with an estimated prevalence of 36%, which is higher than the 30% average for the world (Garca-Moreno, Pallitto, Devries, Stöckl, Watts, & Abrahams, 2013). More women experience lifetime partner violence (45.6%) and sexual assault (11.9%) in Africa than anyplace else in the world, with the notable exception of high-income countries in the case of rape (Garca-Moreno et al., 2013). As a result of an increase in population-based studies utilizing random samples over the past 15 years, our understanding of the scope and causes of IPV across the African continent has changed. A number of the negative effects of IPV in Africa are comparable to those in other nations, such as personal characteristics at the individual level (excessive drinking or a history of child molestation) or monetary factors like poverty (McCloskey, Boonzaier, Steinbrenner & Hunter, 2016). Long-standing paternalistic traditions have an effect as well.

According to Desmarais, Reeves, Nicholls, Telford and Fiebert (2012), physical abuse in romantic relationships has an impact on men, women, and households everywhere. For both male and female victimhood generally as well as by samples, nation, survey time frame, and measuring approach, unweighted, pooled prevalence estimates were derived. Studies found that almost 1 in 4 women (23.1%) and 1 in 5 males (19.3%) encountered violent acts in an emotional relationship.

African cultural ideas and customs, according to Morrell, Jewkes, and Lindegger (2012), support and facilitate men's dominant position in committed intercourse, particularly in matrimony. In many parts of East Africa, women typically are deprived of the choice of their spouses and frequently enter unions as pubescent girls, demonstrating the pervasiveness of such views. According

to the World Bank (2015), up to 63% of Africans reside in rural, isolated areas that are cut off from the power of the national government and the legal framework that forbids gender-based abuse. Although there are stringent laws against sexual assault and domestic abuse in twenty-one African nations, implementation is difficult because a sizable number of people lives beyond the urban areas. In remote places, cultural standards about family violence also evolve more gradually (United Nations, 2012).

In many African regions, IPV is a result of beliefs about gender stereotypes in matrimony. Although there are other causes of partner abuse outside sexist ideas, such views enhance social acceptance of IPV and lessen the likelihood of a comprehensive social reaction. In Sub-Saharan Africa, a sizable portion of individuals of both sexes favour a man's power to punish his wife routinely (Uthman, Lawoko, & Moradi, 2009). This demonstrates that sexist ideologies are frequently held by both men and women in Africa; hence, initiatives to modify ideologies must take into account both sexes.

The CDC (2020), estimates that approximately a fourth of men have experienced interpersonal sexual violence at some in their lives. One in ten American men reported some sort of IPV-related effect in their lives, including interpersonal sexual violence, physical abuse, and/or surveillance by an individual. There is substantial evidence that males may experience psychological violence more frequently than other types of IPV (Dim & Elabor-Idemudia, 2018; Follingstad & Rogers, 2013).

Amoakohene (2004), reported on and examined how educated, married, and working women in Ghana perceive incidents of domestic abuse as well as the legislative options available to protect victims. She discovered varied kinds

of IPV, noting that married Ghanaian women hardly reported cases of IPV, as they accept abuse as normal in matrimony (Amoakohene, Smith & Tietaah, 2019). This behaviour was attributed to the socio-cultural underpinnings of Ghanaian culture, which appeared to be against them for exposing the violent acts. The efforts of the government and non-governmental organizations to inform and educate women about the differences between human rights and cultural rights had a minimal impact on the decline in violence.

Domestic violence experts noted that paying for new products and paying for school fees frequently led to disagreements that resulted in abuse. Additionally, Jewkes (2002), noted that a combination of additional factors, including the uneven position of women in a particular relationship (and in society) and the acceptable use of violence in dispute, contributed to intimate partner violence. She rejected survey results that identified racial and ethnic characteristics, such as age and education, as risk factors for the phenomenon. Instead, she noted that one uncommon demographic feature linked to a higher likelihood of intimate partner violence was poverty.

According to earlier studies on intimate partner violence, courting individuals are more prone to use violence against one another than husbands and wives (Narbors & Jasinski, 2009). According to statistics, proportions ranging from 20% to 50% of college students in particular are at a higher risk of experiencing intimate partner abuse. According to another studies, 30% of college students will experience physical abuse from a partner at some point (Bryant & Spencer, 2003). Over 20% of college students who date report experiencing physical assault, and an even higher number report psychological abuse. It is, therefore, overwhelming to know that university students who are

educated, go through violence/abuse in their relationship. Thus, the need to conduct research into the prevalence and attitude of colleges of education students in Ghana towards intimate partner violence.

Statement of the Problem

Globally, many studies (Sabina & Ho, 2014; Sylaska & Edwards, 2015) have been conducted on IPV among college students. Luo (2018) discovered that Chinese students were much less likely than American students to experience minor IPV. Additionally, female students in both China and the United States were more prone than male students to physically assaulting their partners in both minor and serious ways. From this study, it could be seen that the female students in both countries are likely to be perpetrators of IPV putting their partners at risks.

In a South Africa-based study, Kordom, Julie and Arunachallam (2014), examined the frequency of IPV and risk variables among undergraduate students studying nursing. The random sample responded to a self-administered survey. Emotional, bodily, economic, and sexual abuse were all included in the stated lifetime prevalence of IPV. This study demonstrates the high presence of IPV and its intriguing related factors among nursing undergraduate students.

There is a plethora of studies that have examined various aspects of violence but few of them focused on IPV among college students in Africa. One of these few studies researched into the frequency and predictors of male-perpetrated IPV at the University of Ibadan in Nigeria. It was conducted in 2014 by Umana, Fawole, and Adeoye. Cross-sectional survey was used for their research. Findings from their study indicated that IPV was highly prevalent

among their study participants. This makes one wonder why the higher prevalence among university students who are highly educated.

Also, another study was carried out by Spencer, Haffejee, Candy, and Kaseke, (2016). Their investigation focused on the incidence of IPV in a cohort of South African tertiary institution students with a varied demographic variables. They discovered that the level of IPV among the sampled medical and social work students was too high. However, some research works (Mbassa, 2001; Ajuwon, Akin-Jimoh, Olley, & Akintola, 2001; Yaynshet, 2008; Arnold et al. 2008; Umana, Fawole & Adeoye, 2014; Kordom, Julie, & Arunachallam, 2014) have pointed to the fact that even the rate of its occurrence is alarming among college students. These research works were conducted in different African countries with Ghana not inclusive, thus, the need to conduct this study to know how prevalent IPV is among college of education students in Ghana.

In Ghana, available and accessible literature suggests that Amoakohene, Smith and Tietaah's (2019) study is the only documented research work on IPV among tertiary education students. They solely did their study at the University of Ghana. Their study adopted the qualitative approach which is only limited to the study group. There is therefore, a methodological gap that needs to be filled. Also, the sample only focused on university students without considering the colleges of education students. Thus, the need to conduct this study in the colleges of education. Moreover, a mixed method approach was used in the present investigation to provide a more thorough and complete grasp of the topic.

Furthermore, the researcher's own experience with students during her time as a Graduate Assistant (Counsellor) in a tertiary institution motivated her

to carry out this study. Most of the cases she attended to had to deal with IPV. The cases were quite overwhelming. Hence, her decision to conduct this study.

Moreover, the researcher, in order to conduct this study, consulted some college counsellors on issues concerning IPV among their students of which they confirmed that IPV is prevalent. All these above mentioned issues have created a methodological and empirical gap. It was in light of the above-mentioned issues that the researcher decided to undertake this study in order to investigate the prevalence, nature and determinants of IPV among colleges of education students in Ghana.

Objectives of the Study

This study's goal was to identify the prevalence, nature/types, and predictors of IPV among Ghanaian colleges of education students. Specifically, the study sought to:

1. Determine the prevalence of IPV among CoE students in Ghana.
2. Determine the types of IPV experienced by CoE students in Ghana.
3. Identify the factors that cause IPV among CoE students in Ghana.
4. Identify the factors that make CoE students stay with abusive partners.
5. Determine the most effective strategies for preventing and combating IPV among CoE students in Ghana.
6. Determine if IPVs experienced by married CoE students are different from those experienced by unmarried students.
7. Determine if IPVs experienced by younger CoE students are different from those experienced by the older students.
8. Discover the differences between the situations of male and female CoE IPV students.

9. Determine if the employment status of CoE students' partners create any difference in their experience of IPV.
10. Determine if the educational status of CoE students' partners create any difference in their experiences of IPV.

Research Questions

1. What is the prevalence of IPV among CoE students in Ghana?
2. What are the types of IPV experienced by CoE students in Ghana?
3. What are the causes IPV among CoE students in Ghana?
4. What are the factors that make CoE students stay with abusive partners?
5. What are the best approaches to prevent IPV among CoE students in Ghana?

Research Hypotheses

- H_01 : There is no statistically significant difference among CoE students in their experiences of IPV on the basis of gender.
- H_11 : There is a statistically significant difference among CoE students in their experiences of IPV on the basis of gender.
- H_02 : There is no statistically significant difference among CoE students in their experiences of IPV on the basis of age.
- H_12 : There is a statistically significant difference among CoE students in their experiences of IPV on the basis of age.
- H_03 : There is no statistically significant difference in the experience of IPV among CoE students on the basis of their relationship status.
- H_13 : There is a statistically significant difference in the experience of IPV among CoE students on the basis of their relationship status.

H₀₄: There is no statistically significant difference in the experience of IPV among CoE students on the basis of the employment status of their partners.

H₁₄: There is a statistically significant difference in the experience of IPV among CoE students on the basis of the employment status of their partners.

H₀₅: There is no statistically significant difference in the experience of IPV among CoE students on the basis of their partners' educational level.

H₁₅: There is a statistically significant difference in the experience of IPV among CoE students on the basis of their partners' educational level.

Significance of the Study

The research findings should help unearth the state of intimate violence among colleges of education students in Ghana. This study would provide CoE counsellors and other therapists the in-depth understanding of intimate partner violence among CoE students in Ghana. Despite this, the findings should serve as a benchmark for those offering counselling and other psychological assistance to IPV sufferers. Again, this study may be an eye opener to psychological health practitioners at the tertiary level in Ghana, thus, enabling them to become aware that violence/abusive relationship does not only occur among illiterate but even among educated CoE students.

The study may also provide practical, health and educational implications for hall masters, college tutors, departmental heads and the managerial board of the CoE as a whole in educating their students' especially first year students on the implication of intimate partner violence on their academic works as well as their physical and mental health. The study might

also provide vital information that will be useful and beneficial to governmental bodies such as Ministry of Gender, Children and Social Protection and Domestic Violence Victim Support Unit. Finally, the findings from this study will have a theoretical benefit which will add up to existing knowledge.

Delimitations

The purpose of this investigation was to ascertain the incidence, kinds, and causes of IPV among Ghanaian CoE students. The study also focused on reasons why people continued to stay with their abusive partners, factors leading to IPV and how it can be controlled or prevented. It also included gender, age difference as well as relationship status and respondents experience of IPV. The employment status and the educational level of respondents' partners in relation to their experience of IPV was also discussed. The study thus, excluded attitudes of victims/perpetrators towards IPV. It also did not include the effects of IPV on college of education students. Even though the study was conducted in CoEs, it focused on only level 300 students and no other subjects apart from them.

Limitations

Limitations of the study included respondents' confidence level in sharing their intimate issues without fear of it being leaked or the researcher invading their privacy. To minimise this, respondents were given the assurance of confidentiality and reminded to speak up if they felt like the researcher was invading too much of their privacy. Gathering students for the quantitative data collection was quite difficult since the students had different class schedule. To solve this problem, the college counsellors together with their course tutors and the students came up with a schedule that was favourable to all the students involved in the study.

The primary research tool employed, the structured questionnaire, was a further limitation. Regarding the questionnaire, it was anticipated that since there would not be any strong motivation for the respondents, the response rate may be low. Also, there was the possibility of not being able to tell how truthful a respondent was. There was also the tendency that respondents may read different meanings into the questionnaire and therefore may respond based on the interpretations they give to the questions. Therefore, the questionnaire was pilot tested to find its reliability coefficient to determine how reliable it was. Experts and the project's supervisors attested to the validity of the tool. The validation and reliability of the questionnaire minimised some of its limitations.

Definition of Terms

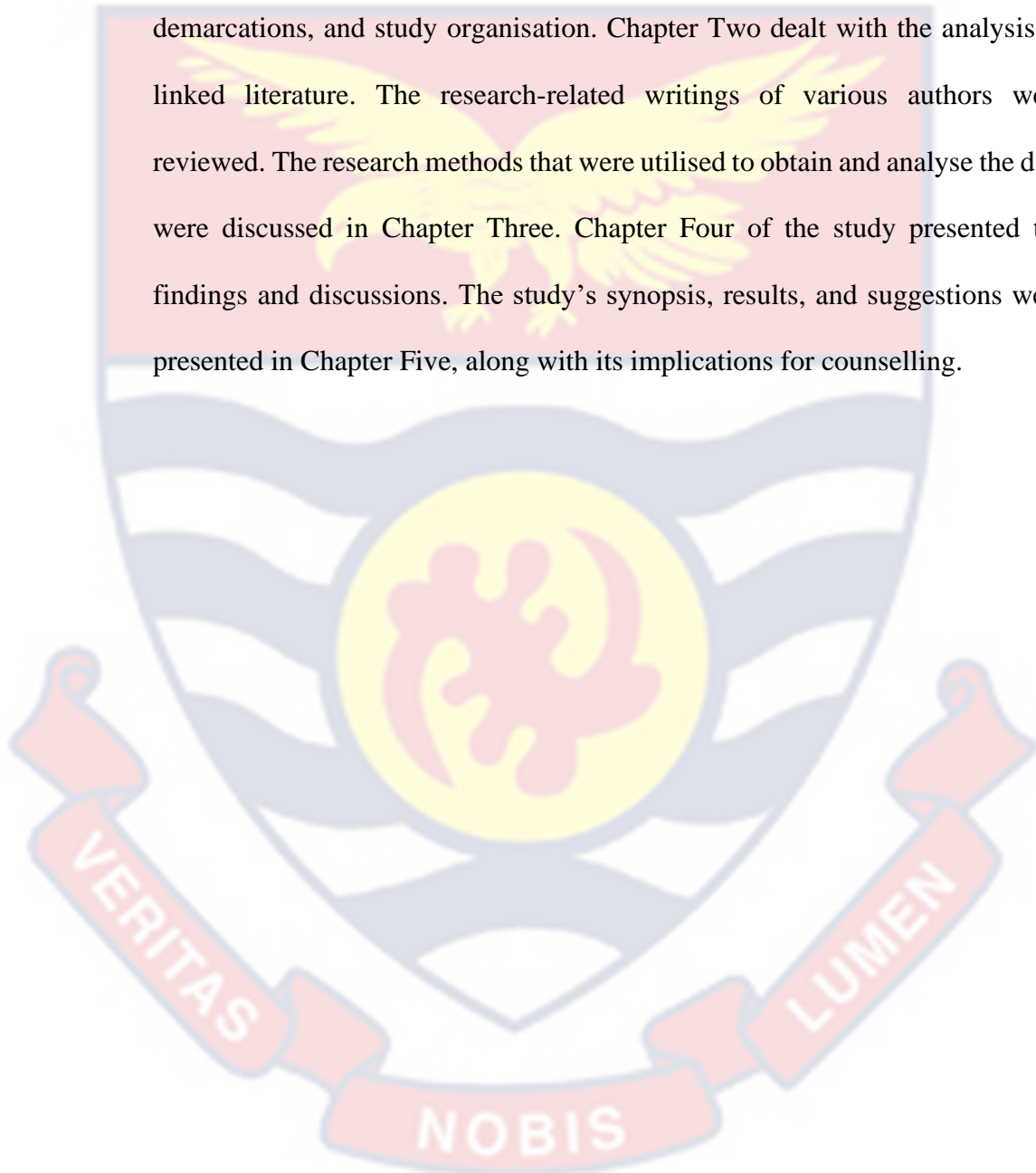
Intimate Partner: In this study could be current/ongoing or a former spouse (married spouse, domestic partners), boyfriend/girlfriend, dating partner and ongoing sexual partner.

Intimate Partner Violence: In this study is a behaviour within an intimate relationship that can cause physical, sexual, social, economic or psychological harm to a partner.

Nature of Intimate Partner Violence: Nature and types of intimate partner violence are used interchangeably in this study to mean the categories of abuse including sexual, social, economic, physical and psychological violence experienced by CoE students.

Organisation of the Study

The study was divided into five chapters. The following topics were discussed in Chapter One: overview, context of the study, research problem, applicability of the inquiry, research questions and hypotheses, restrictions and demarcations, and study organisation. Chapter Two dealt with the analysis of linked literature. The research-related writings of various authors were reviewed. The research methods that were utilised to obtain and analyse the data were discussed in Chapter Three. Chapter Four of the study presented the findings and discussions. The study's synopsis, results, and suggestions were presented in Chapter Five, along with its implications for counselling.



CHAPTER TWO

LITERATURE REVIEW

Introduction

This study set out to find out how common intimate partner violence (IPV) was among students at Ghana's colleges of education (CoEs). This chapter discusses pertinent academic research on the phenomenon being studied. There were three sections in the chapter. IPV theoretical considerations were the main topic of the first segment. The conceptual review was covered in the second section, while prior researchers' empirical studies were the focus of the third and final section.

Theoretical Framework

According to some scholars, there may be several sorts of violent individuals and violent relations (Saunders & Hamill, 2003). These have given rise to a number of hypotheses that aim to explain why men and women act violently toward one another. Four theoretical stances are taken in the current study to assist explain IPV among Ghanaian college students. These theories include social cognitive theory, the feminist theory, resource theory and ecological theory.

Social Cognitive Theory

According to the social cognitive theory (Bandura, 1977; Foshee, Bauman, et al., 1999), aggression is picked up through observation. Children pick up violent habits through witnessing others act violently because they can observe how these actions are reinforced over time. This is in accordance with social cognitive theory, previously called social learning theory (Bandura, 1973). Therefore, it is believed that aggressive behaviour arises as a result of

repeated reinforcement or modelling. Children pick up behaviour from their encounters with others and their own encounters. These findings are especially noteworthy when high-status modellers, such as parents and caregivers, are involved (Bandura, 1973).

Even when you think a child is not paying attention, they are actually taking everything in since they are incredibly perceptive. Children who witness violence and abuse have overwhelming emotions and deliberately recreate the incidents (Cunningham & Baker, 2007). Children who are exposed to violent behaviour on a regular basis in their homes will act out by punching, biting, and pushing their friends, siblings, and classmates. As they get older, the violent behaviour will then progress into intimate partnerships. By the time these kids are teenagers, they have this distorted view of what a relationship ought to look like.

It is clear that we learn by watching others. The transfer of violent conduct from one generation to the next can most clearly be explained by the social cognitive theory. A youngster who experiences violence is permanently altered, but not harmed. We have a lot of options to improve tomorrow (Cunningham & Baker, 2007).

These perspectives contend that being exposed to physical abuse as a child increases the probability of IPV victimization and perpetration (e.g., Gómez, 2011). The most popular justification for this connection centres on how we learn. The idea claims that those who engage in IPV do so because they were exposed to or engaged in physical abuse as children (Vung & Krantz, 2009). According to social cognitive theorists, children frequently pick up aggressive family dispute resolution from watching their parents and peers

interact (Bandura, 1973; Mihalic & Elliott, 2005; Wareham, Boots, & Chavez, 2009).

According to Ehrensaft, Cohen, Brown, Smailes, Chen, and Johnson (2003), aggression is taught by direct observation of other people's behaviour and the results of that behaviour (Bandura, 1977). But social learning is more than just imitation; people watch others and may internalise elaborate patterns of aggressive behaviour, and in some situations, they may even come to embrace violence as acceptable. On the other hand, many people who have seen viciousness as children do not engage in IPV as grown-ups (Smith, Ireland, Park, Elwyn, & Thornberry, 2011).

In applying the social cognitive theory to this study, almost everyone learns by observation and imitation. We mostly aspire to be like the people we see around us who exhibit some form of power or authority over others. Most families in Ghana are living in the extended family system where families are surrounded by other family members from either the paternal or maternal lineage. These families exhibit all kinds of behaviours from which kids and adults alike pick from and repeat in their own future relationships. Children's exposure to violent behaviours in the media such as violence seen through movies, magazines and news outlets are all ways through which violent behaviours are learned and lived.

Feminist Theory

By examining the societal context in which violent relationships occur, the feminist model, also referred to as feminist theory, aims to analyse these interactions. IPV is primarily caused by sexism and gender inequality in patriarchal societies, claim proponents of this theory (Bell & Naugle, 2008). In

summary, they assert that men are the primary perpetrators of violence against women and that patriarchal ideologies and social practices that support male dominance and female submission are the primary causes of IPV (Abrar, Lovenduski, & Margetts, 2000; Bell & Naugle, 2008). Feminist theorists contend that violence against women stems from men's dominance of them, and that a person's gender increases their likelihood of encountering violence. Because hegemony reinforces social norms, it has a significant impact on violence against women in personal relationships (Courtenay, 2000; Jewkes, 2002).

Women's violent behaviour against their husbands or boyfriends should be comprehended as self-defence, retribution, or protective methods against victimization, according to proponents of the feminism theory (Dobash & Dobash, 1978). Men frequently use various techniques, including physical abuse, to impose dominance and power over women and their families (McMahon & Pence, 1996). Feminist theorists assert that IPV should be evaluated as a different type of abuse from, example, child or elder abuse and that gender should be the unit of analysis rather than the family. This is in contrast to family violence scholars who focus on the family as the unit of analysis with regard to IPV.

Violence against women, according to this theory, is a special circumstance that is separate from other types of abuse and criminal conduct. (Dobash & Dobash, 2004). In light of this, it suggests that the first step in treating the issue should be educating men about patriarchal views and dominating behaviour against women (Dutton, 2011; Namy, Carlson, O'Hara, Nakuti, Bukuluki, Lwanyaaga, & Michau, 2017). Gender-based indoctrination,

power and wealth inequalities, and male control over women all fundamentally increase the likelihood of violence (Takyi & Dodoo, 2005). Additionally, abuse against women in intimate relationships is both acceptable and justified by culturally accepted sexist norms on the use of violence (Namy Carlson, O'Hara, Nakuti, Bukuluki, Lwanyaaga, & Michau, 2017).

Some studies in support of this theory show higher rates of violence against women in households where the husbands play the traditional “gender roles,” where the husbands have traditional “gender-role” attitudes (Hunnicut, 2009). Many studies have been criticised for their biased sample selection, including feminist research and other studies that claim that IPV victimization is considerably more common in women (Dutton, 2011). According to Sugarman and Frankel (1996), meta-analytic evaluations do not corroborate such a link or the idea that sexism is the main risk factor for IPV.

Feminist theorists have also asserted that hegemony is the source of intimate partner violence without addressing why certain men are not confrontational towards their spouses, despite the possibility that all men have access to social training about male superiority or advantage (Heise, 1998; Hunnicutt, 2009). Albeit male predominance assumes a critical part in understanding savagery against ladies, zeroing in just on one component keeps us from completely fathoming its origins (Heise, 1998).

With regard to this study, Ghana is a patriarchal country where males dominate in power over females in homes, workplace, politics and even in religious groups. Therefore, the feminist theory of patriarchy may apply to the CoE students in Ghana and may be the cause of violence experienced by some of the students in the colleges of education.

Resource Theory

To understand family violence, Goode (1971) and Allen and Straus (1980) suggested using Resource Theory. One tool that can be used to further personal goals is violence. The Resource Theory's advocates claim that the degree of violence committed by couples is determined by the resources available to them (Allen & Straus, 1980; Goode, 1971). According to the Resource Theory, persons who have more resources may be less likely to resort to violence to get what they want, such respect or obedience (Goode, 1971). However, when means like money and social standing are not accessible, males may turn to violence as a substitute (Goode, 1971).

Applying this idea particularly to partner violence, Allen and Straus (1980) note that poor people are more likely to experience "marital violence" than the rich. Similarly, some studies indicate that employed men are less likely than unemployed men to harm their intimate partners (Panda & Agarwal, 2005; Namy, Carlson, O'Hara, Nakuti, Bukuluki, Lwanyaaga, & Michau; Lawrence, Orengo-Aguayo, Langer, & Brock, 2012). Couple tension and disputes may, therefore, be unavoidable in a community and family where the economy is bad.

When women are dependent on their male partners in terms of their livelihood and social standing, they are more likely to put up with violence out of fear that resources would be withheld (Sedziafa, Tenkorang, Owusu, & Sano, 2017). On the other hand, husbands, who are less wealthy than their wives, resort to violence to enforce their will or to assert their dominance or authority in society (Sedziafa, Tenkorang, Owusu, & Sano, 2017). Women are less likely to experience abuse when couples have some degree of educational parity, for instance (Oduro, Deere, & Catanzarite, 2015). According to research on views

against hitting spouses, having exposure to wealth is associated with a reduced tolerance for IPV (Cools & Kotsadam, 2017; Doku & Asante, 2015).

Looking at the economic performance of Ghana and the higher rate of unemployment together with a higher cost of living with stagnant salary, it will be easier for one to conclude that the most people are prone to violence. This research will find out whether the employment status which determines the income one receives has any bearing on IPV.

Ecological Theory

Based on the ecological framework developed by Bronfenbrenner in 1979, Dutton (2006) suggested a layered ecological theory. It is a framework for comprehending intimate partner violence that is closely tied to systems theory. In order to comprehend intimate partner violence, Dutton emphasises the individual as the analytical unit, but he also believes that the individual's relationships and surroundings are crucial to this knowledge.

According to Bronfenbrenner's (1979) ecological paradigm, a person's relationship conduct is induced by several family and societal influences. According to Belsky (1980), one can locate numerous points of causality when discussing child abuse using an ecological framework. Belsky's (1980) four levels of influence are, thus, adopted by Heise (1998) to characterise intimate relationship violence. These are personal, interpersonal, communal, and macrosystem.

The individual level elements are referred to as the first level. Individual traits are internal, subjective elements of the person that increase the risk of being a violent victim or perpetrator. Examples include experiencing child

molestation, witnessing parental conflict while growing up, having an abusive father, being a woman, being older, abusing drugs, and so forth (Heise, 1998).

The relationship level components are referred to as the second level (microsystem level). The family as a whole—the local environment in which the person lives—is the microsystem. Relationship-level elements are the ones that pertain to intimate social exchanges between the person and those in his or her family or physical vicinity and the impact of these encounters on either committing violence or becoming a victim of it. At this level, indicators such as alcohol use, marital conflict, and male dominance over family resources have been found as factors contributing to violence against women (Heise, 1998). The influence of male authority or dominance is in effect at this level, which feminist theorists describe as the root of violence against women. Women in poor neighbourhoods are more likely to encounter IPV if their personal relationships are tumultuous, they date males with lower education levels, who are unemployed, have several partners, act in a dominating manner, abuse drugs, or who suffered violence as a child (Krug et al., 2002; Uthman, Lawoko, & Moradi, 2010).

The components at the community level are referred to as the third level (exosystem level). The organizations and structures that link the family to the wider community are collectively referred to as the exosystem. The community contexts, such as neighbourhoods, businesses, and colleges, where social ties are based, are referred to as social factors. Poor income position, unemployment, the exclusion of women, and peer associations with criminals have all been linked to IPV at this level (Heise & Garcia-Moreno, 2002; UNICEF, 2012).

The macrosystem level is the last level. "Broad cultural values and belief systems" make up the macrosystem (Heise, 1998, p. 19). These are elements that connect to broader cultural norms and beliefs that may have an impact on other ecological levels (Heise, 1998). The social level considers components of society as a whole, including organisational, local, and governmental laws and regulations that regulate or support healthy behaviours. Weak legal penalties for IPV, sociocultural beliefs and norms that consider IPV as legitimate, and standards that link masculinity to control and violence are some other societal variables that promote IPV in low-income communities (U.S. Department of Health and Human Services, 2005). Male hostility, established gender expectations, tolerance, and the recourse to aggression are some factors that are recognised as aggravating IPV (Heise, 1998; Klugman, 2017; Semahegn & Mengistie, 2015). These cultural standards influence a person's mind-set and foretell the use of violence. Feminist theorists' claims about gender inequity and women's subjugation are in play in this situation.

A quick look at the ecological model will make one understand the causes of IPV. Thus, applying the ecological model in this current study, the researcher will be looking out for personal/ individual factors such as observing inter-parental violence as a child, low level of education, and previous experience of violence that make one either a victim or perpetrator of IPV. The relationship level which looks at factors such as male supremacy, marital disagreement/ conflicts and alcohol usage that could make one a victim or perpetrator of IPV. The community/ecosystem which may experience low socio-economic status, unemployment, delinquent peer pressure among others causes one to become a victim or perpetrator. Finally, the macrosystem/societal

factors which includes public policies and laws, weak legal sanctions against IPV perpetrators, sociocultural norms and values that accepts IPV are the causes of IPV among CoE students in Ghana.

Conceptual Review

This section focuses on relevant concept in relation to IPV. The following concepts were reviewed to provide an understanding of the phenomenon under investigation. The concepts include, domestic violence, intimate partners, intimate partner violence, types of intimate partner violence, prevalence of intimate partner violence, consequences of intimate partner violence, and legislation on domestic violence in Ghana.

Concept of Violence

Astrom, Bucht, Eisemann, Norberg, and Saveman (2002), Barnett, Miller-Perrin, and Perrin (2005), O'Moore (2006), Rhatigan, Moore, & Street (2005), WHO (1996), and Winstok (2007) all suggest different definitions for it. This study adopted WHO's definition of violence: "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (WHO, 1996).

Krug et al. (2002) classify violence into three: self-directed, interpersonal, and collective. Suicidal behaviour and self-abuse can be classified as subtypes of self-directed violence. Suicidal ideas, attempted suicides, and successful suicides are included in the first category. Self-harm encompasses behaviours like self-mutilation. Interpersonal violence may come from the family/intimate partner, or strangers. In addition to assaults conducted in

institutional settings like workplaces, schools, jails, or nursing homes, assaults committed by strangers, rape, and sexual assault also fall under the category of community violence.

Collective aggression may be social, political, or economic. Collective violence can be classified in terms of its probable cause, as opposed to the first two categories. War and other violent conflicts could be considered examples of political violence. Economic violence includes atrocities carried out with the intent to impede economic output, promote economic separation and disintegration, or be perpetrated by larger organizations with the aim of limiting access to essential services. The interconnection of diverse types of violence in addition to the intricacy of the phenomenon of aggression are stressed by Krug and his colleagues. In order to avoid violence in the long term, they underline the relevance of examining the linkages between violence and the requirement that professional groups collaborate in order to do so (Vanderende et al., 2016).

Concept of Domestic Violence

Everywhere in the globe, domestic violence is a sin that is frequently committed. Domestic violence has been shown to result from cognitive, bodily, erotic, and emotional misery or misery. A sequence of violent acts performed by one partner against the other while engaged in an intimate relationship, such as when dating, in a family or marriage, or when a couple is cohabiting, is known as domestic violence, sometimes known as spousal abuse or family violence. Most of the time, those who abuse victims do so in order to acquire control over them (Boss, Doherty, LaRossa & Steinmetz, 1993).

The term "domestic violence" refers to various kinds of violence committed by one close relative or a cohort of relatives against another close

relative or a group of members of the family (Romedenne & Loi, 2006). However, intimate partner violence against women, commonly known as wife battering, is the most typical form of family violence. Domestic violence and violence against intimate partners are frequently used interchangeably (Krantz & Garcia-Moreno, 2005).

Due to the widespread perception that women are the inferior species in culture and as a consequence, are more commonly the primary targets of domestic violence, domestic abuse is a social problem. Domestic violence by women is more serious and damaging than violence by men (Boss, Doherty, LaRossa & Steinmetz, 1993). Domestic violence is allegedly transmitted down the generations. If domestic violence is present in a child's family, they come to view it as appropriate activity as adults and end up abusing others (Cyleste & Dressier, 2008). Due to these factors, it is crucial to approach domestic violence as a social issue, and suitable measures should be taken to end the practice.

Concept of Intimate Partners

Dating partners, including first dates (same-sex or heterosexual), existing couples, current cohabiting partners, and boyfriends/girlfriends, ex-spouses from previous marriages, ex-spouses from previous separations, ex-spouses from previous non-marital partners, former dates, and ex-boyfriends/girlfriends are all examples of intimate partners (Saltzman, Fanslow, McMahon & Shelley, 2002). It is possible for intimate partners to cohabit or not. Sexual activity is not required to exist in the partnership. By definition, the victim and the perpetrator fall into the category of former spouses or former cohabiting partners if they share a child but are not currently dating (Saltzman, Fanslow, McMahon & Shelley, 2002).

Concept of Intimate Partner Violence

Intimate relationship violence, sometimes referred to as domestic violence/abuse or dating violence/abuse, is when a partner mistreats someone psychologically, emotionally, physically, or sexually. "Intimate partner violence" is a pattern of behaviour designed to seize or maintain control over an intimate partner in any relationship. Intimate partner abuse in close adult relationships can take many different forms. IPV, or intimate partner violence, is any form of violence done by one partner against the other while the couple are experiencing an intimate relationship. Consequently, IPV can be seen as a sort of violent relationships (Ganley & Schechter, 1996).

Every type of intimate relationship can experience IPV, including married and casual dating and partnerships between adults and adolescents, as well as ongoing and ended relationships. It has a significant bodily, sexual, mental, or even psychological impact on children's lives as well as those of people, households, and societies (CDC, 2004). Additionally, the CDC sees IPV as a continuum that can range from a single blow that could or might not have an effect on the victim to persistent, serious battering. These include controlling behaviour, physical violence, and sexual coercion (WHO, 2002). According to the WHO (2002), along with physical assault like hitting or kicking, intimate partner violence also involves mental abuse like harassment and embarrassment, as well as controlling behaviours like alienating an individual from their friends and family or limiting their information access and help.

Types of Intimate Partner Violence

According to the classifications given above, there are three main categories of IPV: physical, sexual, and psychological/emotional. Other

categories include economic, stalking/social, and other forms of violence. Saltzman, Fanslow, McMahon, and Shelley, (2002) described them as follows:

Physical violence: The purposeful use of physical force that has the possibility of resulting in mortality, disfigurement, pain, or harm is included in acts that are considered physical IPV. Clawing, shoving, kicking, tossing, squeezing, nipping, strangling, rattling, spanking, hitting, flaming, using weapons, and using shackles or one's physique, size, or power against another person are all examples of physical violence (Breiding & Armour, 2015, p. 11). Pressuring others to commit these bodily acts is a type of physical aggression (Breiding & Armour, 2015). The degree and regularity of physical abuse tends to increase over time. Even though physical harm is one of domestic violence's most obvious signs, women regularly fail to report it and professionals who are supposed to step in fail to detect it (Ilika, 2006).

Sexual violence: The three fundamental demonstrations that describe this kind of IPV are: utilizing actual power to constrain somebody into playing out a sexual demonstration despite their desire to the contrary, whether the demonstration is finished; and performing or endeavouring to play out a sexual follow up on somebody who cannot grasp the nature or state of the demonstration, to decline support, or to communicate reluctance to play out the demonstration. For instance, experiencing unwelcome sexual contact, being unwell or incapacitated, high on alcohol or other drugs, or feeling intimidated or under pressure. Sexual assaults on the genitalia include using objects, a wide range of techniques, orally, or rectally; chasing sex while a person is not conscious of it or is scared to refuse; and forcing intercourse without providing protection from conception or transmittable illnesses (WHO, 2002).

Similar to physical assault, sexual assault can take many different forms, including coerced sexual behaviour (Breiding & Armour, 2015). It includes uninvited sexual contact, such as purposefully caressing someone even when they don't want it. Unwelcome non-contact sexual abuse includes making unwanted sexual remarks, and displaying sexually graphic material knowingly (Breiding & Armour, 2015).

Psychological violence: The “use of verbal and non-verbal forms of communication with the intent to harm an intimate partner mentally or emotionally and/or exert control over her” may be regarded as psychological violence (Breiding & Armour, 2015, p. 15). Comparing mental violence to other kinds of abuse, Começanha, Basto-Pereira, and Maia (2017) discovered that emotional abuse had the greatest rate of both victimisation and victims. Psychological abuse includes a variety of controlling behaviours. This involves trauma brought on by deeds, deed warnings, or forceful measures.

Utilisation of language, actions, or firearms to indicate the intent to inflict death, disfigurement, damage, or other bodily injury are other characteristics of threats of physical or sexual violence. Effective utilization of the victim, becoming irritated when the victim disagrees, and denying the victim direct exposure to phone line or transportation are some other examples (Saltzman, Fanslow, McMahon & Shelley, 2002). Other actions could qualify as emotional abuse if the victim sees them that way. Some of the aforementioned behaviours may not all be viewed by victims as being psychologically or emotionally abusive. Some specialists advise that mental abuse only be regarded as a form of assault where it has also occurred antecedent

physical or sexual assault, or the previous risk of violence by an intimate partner (Saltzman, Fanslow, McMahon & Shelley, 2002).

Economic violence: When abusers exert control over or place restrictions on the victims' access to all of their resources, including time, money, food, clothing, shelter, and transportation, this is referred to as economic abuse. One way that abusive male partners keep women reliant and in inferior positions to them is by controlling their economic and financial resources (Sanders, 2015; Sedziafa, Tenkorang, Owusu, & Sano, 2017). In addition to having control over the victim's finances, there is interference with the victim's ability to become self-sufficient. The abuser may use money to keep control of the situation after the victim leaves a violent relationship or to coerce her to return (Tjaden & Thoennes, 2000).

According to several researchers, male partners employ a variety of tactics to make their female partners economically reliant on them, which leads to varied ways that socio-economic abuse against women might present itself (Sanders, 2015; Sedziafa et al., 2017). Financial reliance may likewise deter ladies from avoiding harmful relationships with regard to worry for their capacity to accommodate their families (Adjei, 2015; Sanders, 2015). Therefore, women who depend on their spouses for financial support run the danger of experiencing other forms of intimate relationship violence committed by men (Oduro, Deere, & Catanzarite, 2015).

Stalking: Stalking is the recurrent use of intimidating or disturbing behaviours, such as pursuing a person, showing up at their residence or place of business, unwanted phone calls, dropping objects or notes, or damaging their belongings.

These activities might be preceded by a real threat of great harm, and they might or might not be murderous or violent acts (Tjaden & Thoennes, 2000).

Consequences of Intimate Partner Violence

IPV is a significant public health issue with wide-ranging effects on individuals and society. The effects of trauma in general and violence against women in particular are evident bodily harm. Death can also come from IPV (CDC, 2016), in addition to psychological symptoms and monetary losses. IPV has been connected to numerous more harmful health impacts. These diseases impact the cardiac, gastrointestinal, sexual, musculoskeletal and skeleton, neurological, and other functions. Many of them are chronic.

Survivors may endure psychiatric disorders, including depression and PTSD symptoms (CDC, 2016). They are more likely to engage in dangerous sexual behaviours, drink excessively, and smoke. IPV has negative effects on people, but it also costs society a lot of money. IPV costs women \$103,767 and males \$23,414 over the course of a victim's lifetime, respectively (CDC, 2016).

It should be highlighted that research on women who sought treatment may not be representative of all victims. These women might have experienced more severe trauma than women who did not ask for aid, making them the worst-case scenarios. It is also likely that the worst cases are not disclosed since women who speak out have experienced less self-esteem loss and dread. Furthermore, some victim groupings may be particularly vulnerable to violence or experience unique difficulties in recovering, and investigators may not always have the knowledge or means to approach these victims (Straus, 2004).

According to Karamagi, Tumwine, Tylleskär, and Heggenhougen (2006) and the UN (2006), gender-based violence has acute impacts that include

sickness and mortality as a result of physical assault. Chronic pain, gynaecological morbidity, HIV, obesity, asthma, tobacco, despair, and death are just a few of the long-term repercussions of gender-based violence (Campbell, 2002). According to Scarpa (2001), sudden behavioural changes, a decline in educational outcomes, withdrawal from regular social or academic activities, promiscuity, sudden phobias, and risk-taking or self-destructive behaviour are all symptoms specific to adolescent IPV victims (Mirsky, 2003).

Campus sexual assault victims may experience traumatization, which includes severe anxiety and numbness, losing control, and destruction of their trust in themselves (Karjane, Fisher & Cullen, 2002). College students who have encountered violence are more likely to develop psychiatric disorders, according to Scarpa et al.'s (2002) findings. Such issues have a detrimental effect on a human life in many areas, including marital problems, trouble focusing and performing well in school, drug and alcohol misuse, and other risky behaviours. Low self-esteem, dysphoria, a low sense of control, and inadequate coping mechanisms are other symptoms (Karjane et al., 2002).

There is a hypothesis that vocational decision-making abilities, preparation, and behaviours may be connected to intimate partner violence. Intimate partner violence, according to Chronister, Wetterson, and Brown (2004), prevents women from achieving their educational, professional, and financial goals. According to Albaugh and Nauta's (2005) research, a woman's perceived capacity to participate in correct self-assessment was negatively correlated with how frequently she had experienced sexual coercion.

Legislation on Domestic Violence in Ghana

In Ghana, IPV is a social blight that has an adverse effect on many women. About 20% of men have ever perpetrated IPV, according to a recent study by Asante et al. (2019). In Ghana, multiple governmental initiatives have been implemented to eliminate certain types of violence against women. These governmental actions aim to preserve the vulnerable groups' fundamental human rights. These include the Ghanaian Constitution of 1992, the Criminal Code of 1960 (Act 29), and the Domestic Violence Act of 2007 (Act 732). Criminal acts that violate a person's fundamental human rights are covered by the Criminal Code, 1960 (Act 29), and its later modifications. The Criminal Code, 1960 (Act 29) lists certain offenses that are related to killings, sexual exploitation, property destruction, inflicting bodily harm on a person, and other acts (Government of Ghana, 2007).

In addition, several jurisdictional interventions have been enacted. This include that the Women and Juvenile Unit (WAJU). Due to the rise in domestic violence-related offenses reported in the country, this special unit was established (Amoakohene, 2004). The WAJU was tasked with investigating and prosecuting violent crimes against women in Ghana. In 2005, this institution was renamed Domestic Violence and Victim Support Unit (DOVSSU). In a similar vein, DOVSSU is required to look into and punish crimes or offenses committed against men, women, and children. Additionally, by utilizing the expertise of qualified clinical psychologists and social workers, the unit is anticipated to refer victims of violence to counselling and medical treatments as well as offer victims social assistance.

In order to tackle family abuse concerns, many government and quasi-organizations in Ghana collaborated to adopt the Domestic Violence Act 732 in 2007. The Criminal Code of 1960's definition of intimate connections includes intimate relationships. The Domestic Violence Act defines numerous violent acts that threaten or hurt a person in a prior or present relationship (Act 29), which are of verbal, emotional, and sexual nature. Additionally, according to the Act, coercion and intimidation, including sexual misconduct, count as domestic abuse (Ghana Domestic Violence Act, 2007). The Act also mandates the creation of a fund to assist domestic violence victims by offering them the necessary resources and training. The Victims of Domestic Violence Management Board is tasked with handling all domestic violence-related matters, including but not limited to maintaining the Fund, collaborating with other agencies and groups to establish prevention initiatives, and performing domestic violence studies.

The elimination of all types of violence against women and girls must remain a priority. As a result, for this legislation to be successful, the government must give full and ongoing attention to the suggested structures required to guarantee that the Act safeguards everyone's basic rights, notably those of girls and women.

Conceptual Framework

The conceptual framework looked at the variables that were hypothesised to guide the study.

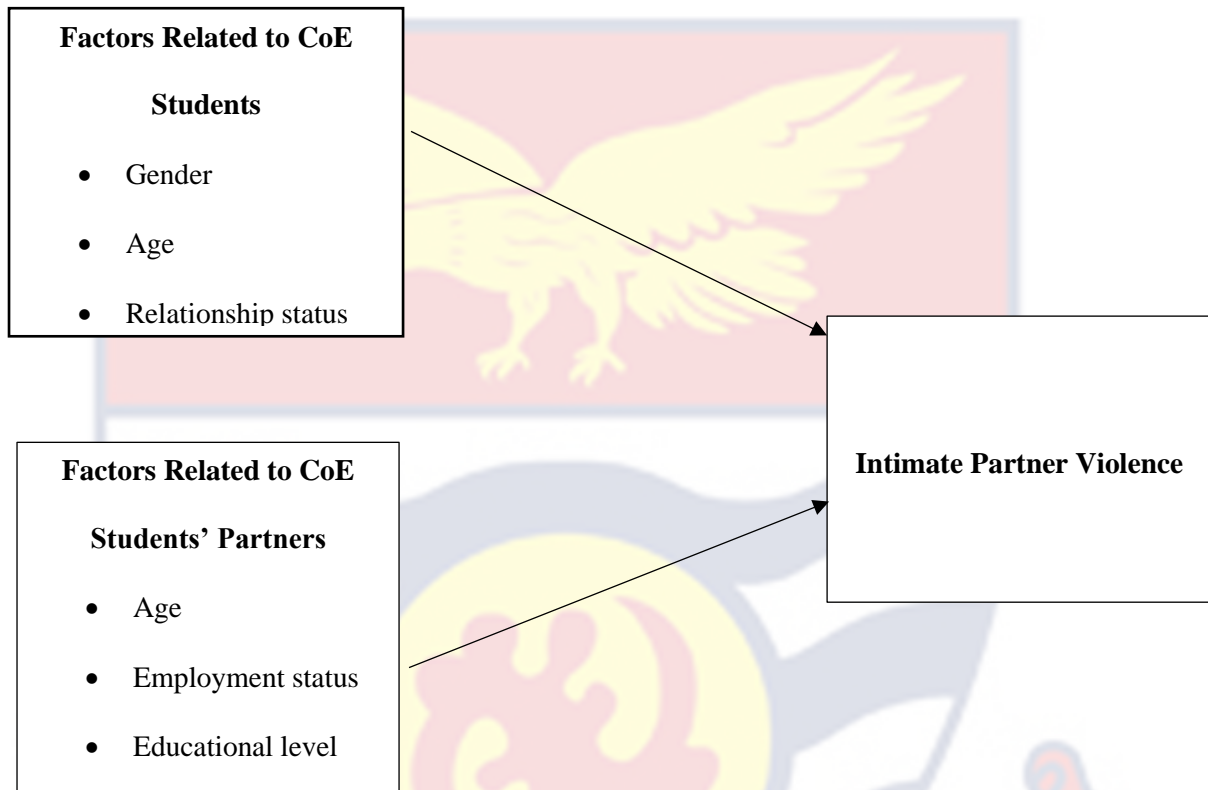


Figure 1: The conceptual framework of the study

Source: Author's construct

From Figure 1, the conceptual framework depicts two different groups of independent variables namely, variables or factors that are related to CoE students and variables/factors that relate to partners of these CoE students. Factors/variables that are in relation to CoE students included their gender, age and relationship status. Variables/factors related to partners of CoE students also included the ages of the partners, their educational level and their employment status. The researcher hypothesised these independent variables

against the dependent variable IPV so see if any of these variables have any direct relationship with the CoE students' experience of IPV.

Thus, was there any statistically significant difference between CoE student's experiences of IPV on the basis of CoE student's age, gender and their relationship statuses? And then again, was there any statistically significant difference between CoE students' experiences of IPV on the basis of their Partner's age, educational level or their employment statuses.

Empirical Review

This section deals with research on IPV conducted by previous authors. It is presented based on themes created from the research questions.

Prevalence of Intimate Partner Violence

More than 32 million people in America are impacted by the persistent societal issue known as intimate partner violence (IPV). All members of the family, including children, are impacted by intimate partner violence, which includes sexual assault, which is typically committed by men against women and girls. The aforementioned statistics certainly understate the real frequency of violence because the majority of IPV incidents are not reported to the police and may not be recognised as violent acts. In the US, women 18 years of age and older experience over 5.3 million occurrences of IPV annually. Nationwide, intimate partner violence causes roughly 2 million injuries and 1,300 fatalities (Tjaden & Theonnes, 2000). Most women in the globe have experienced sexual or physical violence at some point in their lives—at least one in three (Heise, Pitanguy & Germain, 2002).

According to research done in all 50 states and the District of Columbia, at some point in their lives, approximately 25% of women had been sexually or

physically abused by their spouse, cohabitant, dating partner, or friend. Additionally, in the US, an intimate partner physically assaults about 1.3 million women per year (Tjaden & Thoennes, 2000). Intimate partners were involved in 20% of all violent offenses by American women that were not deadly in 2001 (Rennison, 2003). It has been suggested that the problem is far worse than what can be inferred from statistics (Tjaden & Thoennes, 2000; CDC, 2006).

Due to the fact that IPV is most common in girls between the ages of 16 and 24 in the United States of America, traditional college-age students may be more at risk for it (Bureau of Justice Statistics, 2000). Furthermore, one in five college students claim to have been physically abused in either recent or past romantic relationships (Wasserman, 2003). Additionally, according to six studies cited by Smith, Thompson, Tomaka, and Buchanon (2005), between 20% and 30% of college students report experiencing physical violence in intimate relationships (Shook, Gerrity, Segrist, & Spencer 2000; Spencer & Bryant 2000).

In Yaoundé, Cameroon, a research on sexual assault in schools found that 16% of the 1,688 pupils polled said they had experienced abuse (Mbassa, 2001). About 15% of these assaults happened in educational institutions. Fawole, Ajuwon, Osungbade, and Faweya (2003) revealed that 24% of young women in Nigeria had experienced partner abuse. The rate of sexual violence against young female hawkers in southwest Nigeria was also reported to be 30.4%. Fatusi and Alatise (2006) found that 19.9% of women reported experiencing sexual abuse in Ile Ife, Nigeria.

Prevalence and Types of Intimate Partner Violence among Students

It is impossible to overlook the prevalence of IPV among students. There have been multiple recent studies in both advanced and developing nations on the frequency of IPV among students. In the US, at average, one out of every five undergraduates has faced IPV (Wasserman, 2003). When studying particular forms of violence, IPV prevalence varies. In the US, college students experienced physical violence at a rate of about 22%, while psychological victimization at a rate of 52% in the previous year (Gover, Kaukinen, & Fox, 2008).

A similar study found that 83% of female college students had undergone mental violence during their time in school, and 30% had experienced sexual or physical assault (Fass Benson, & Leggett, 2008). One percent to 31% of college students reported experiencing physical violence, 10% to 77% of them reported experiencing psychological violence, and 10% to 36% of them reported experiencing sexual violence, according to an assessment of the findings from nine researches (Scherer et al., 2016). Generally, it appears that college students most frequently face mental abuse, then physical and/or sexual assault (Cho & Huang, 2017).

One of the pioneering approaches on IPV involving teenagers (Makepeace, 1981), for instance, found that 20% of undergraduates had a physical IPV incident. Since then, the frequency of bodily IPV among university students has fluctuated, from 16.7% (Makepeace, 1986) to 48% (Amar & Gennaro, 2005). In Michigan, a sexual experience survey, which was updated, was part of a questionnaire that high school students filled out. The study's findings showed that nearly half (48%) of the female students said they had been

the victim of sexual assault (Maxwell, Robinson, & Post, 2003). Straus' (2004) study came to comparable results about the prevalence of physical IPV. According to the poll, 29% of adolescents showed engaging in physical abuse towards romantic partners, with reported prevalence at average universities ranging from 17% to 45%. Even at the facility with the lowest incidence, 17% of the population had physically abused someone in the year prior, making this prevalence significant.

Further, Smith, Thompson, Tomaka, and Buchanon (2005) identified six research that revealed the prevalence of abuse in intimate relations among college students is typically believed to be 20% to 30%. In a study to evaluate IPV, Amar and Gennaro (2005) recruited 863 college women in the USA using a convenience sampling technique. The participants filled out the Symptom Checklist—R-90, the Physical Injury Checklist, and the Abuse Assessment Screen. Thirty-nine percent ($n = 160$) of the respondents ($n = 412$) who reported experiencing violence (48%) did so in more than one way ($n = 160$). Scratches were the most often reported ailments, along with tired muscles, sprains, or pulls.

A study by Rivera-Rivera, Allen-Leigh, Rodriguez-Ortega, Chávez-Ayala, and Lazcano-Ponce (2007) in Mexico found a 9.88% incident of physical abuse. In the same year, Lehrer, Lehrer, and Oyarzn (2007) in Chile conducted a survey of students at a significant public institution. According to the findings, one year before to the survey, 17% of the participants said they had some sort of unwanted sexual contact. Six percent of the victims reported that the majority of their rapes or attempted rapes involved the use of alcohol or other substances. Munoz-Rivas, Graa, O'Leary, and González (2007) conducted an investigation

in Spanish colleges where they found that women were substantially more likely to exhibit emotional aggressiveness and that it was so common in relationships that it could be regarded an accepted component of dating.

O'Leary, Jemmott, and Jemmott (2008) conducted another study in the USA to gauge the frequency of physical and mental abuse among high school students. Students from seven big Long Island, New York public high schools who were enrolled in health classes made up the subjects ($n = 2,363$). Since health education was a prerequisite for graduation in the junior or senior year for all students, the sample was representative of the total student body at each institution. At least one instance of psychological abuse was reported by 88% of the participants, and physical assault by 30% of the participants, in the year prior.

Forke, Myers, Catalozzi, and Schwarz (2008) used self-administered surveys in Philadelphia to assess the prevalence of relationship violence among urban college students between the ages of 17 and 22 who attended three different universities. On the day the survey was administered, all enrolled students were welcome to take part. Of the students, 42.1% ($n=383$) said they had experienced violence. In 910 participants, emotional violence was experienced by 26.2% ($n = 238$), sexual violence by 22.9% ($n = 208$), and physical violence by 17.1% ($n = 156$). One kind of violence was experienced by 57.2% ($n = 219$), two types by 28.5% ($n = 109$), and three types by 14.4% ($n = 55$) of the 383 victims. Of the 383 casualties, 46.2% (or 177) occurred before the start of college, 31.3% (or 120) occurred before and during the semester, and 22.5% (or 86) occurred during the semester. Prior to college, sexual and bodily abuse were the most frequently reported, followed by psychological

abuse. The most frequent types of violence reported in college were sexual assault and emotional abuse, followed by physical abuse.

Huang (2008) examined the frequency of dating violence among a sample of 316 college students in Taiwan. Cross-sectional, descriptive, and correlational research designs were used. Data were gathered using the Taiwanese version of the Conflict Tactic Scale II. A little more than 75% of the participants said they had encountered some kind of relationship violence. With the exception of sexual coercion, women dominated those who committed the other forms of violence. In Chile, Lehrer, Lehrer, and Zhao (2010) investigated the prevalence of physical dating violence among University of Santiago students. According to the study, 21% of the 970 individuals had experienced physical aggression without injuries at least once since turning 14 years old. Additionally, throughout this time, 5% of the populace suffered at least one incident that resulted in an injury, 12.9% and 2.4%, respectively, were the equivalent past-year projections.

In the USA, Gross, Winslett, Roberts, and Gohm (2006) conducted a study involving the freshman psychology classes and the sorority members on campus (N=935). The results showed that 27.2% of respondents admitted to engaging in uninvited sex, and 37% (n = 91) of these individuals claimed to have experienced various types of sexual harassment. The most typical forceful event was being physically forced to kiss or pet someone (13.3%). In addition, 9.1% of the respondents admitted to having unwanted sex because they did not think it was worthwhile to try to dissuade their partner from approaching them, 2.7% had oral sex while 3.2% had vaginal sex as a result of a male holding them

against their will and forcing them to perform these activities were comparatively low.

In Sub-Saharan Africa, IPV is becoming more commonplace. For instance, a research on sexual assault in schools in Yaoundé, Cameroon, found that almost 16% of the 1,688 students polled said they had experienced abuse (Mbassa, 2001). About 15% of these assaults happened in educational institutions. A study was carried out in Ibadan, Nigeria to evaluate young people's views, norms, and experiences with sexual compulsion. The study's qualitative and quantitative data came from memoir seminars and a poll of teenagers. Female apprentices and students between the ages of 15 and 21 made up the study population. Fifteen percent of the study's female participants had engaged in forceful vaginal sex, more than a fourth had attempted to coerce sex, and two out of every five had experienced unwelcome sex. The primary coercers were people the victims knew well, such as neighbours, friends, and partners (Ajuwon, Akin-Jimoh, Olley, & Akintola, 2001).

Yaynshet (2008) investigated IPV among female students in Mekelle, Northern Ethiopia. For the study, a total of 1,024 female students were enrolled. Frequency measurements were utilised to determine prevalence, and the rate of sexual assault was 45.4% over a lifespan, 34.4% since starting college, and 28.1% during the current educational year. In Ethiopia, Arnold, Gelaye, Goshu, Berhane, and Williams (2008) found that about 46.1% of participants said they had been the victim of gender-based violence since starting university. The prevalence of sexual abuse was 54.9%. It also found that 18.5% of the students said they had ever been the victim of gender-based violence had only been physically abused, 42.6% had only been sexually abused, and 38.9% had both.

A somewhat larger percentage of students said they had been the victim of sexual assault both before and while starting college this academic year.

Barrick, Krebs, and Lindquist (2013) used an online questionnaire to investigate the forms of IPV that were particularly popular with students in historically black colleges and universities (HBCUs) of various races as well as their associated predictors. In their poll, they found that 64% of participants had come into contact with IPV at minimum once in the year preceding the study. The majority (63.7%) of people in this age range said they had experienced oral or coercive IPV, such as screaming, ranting, and insults. Of the remainder (17.8%), physical IPV, such as hitting, slapping, and pushing, was also recorded, as was sexual assault, which was reported by roughly 1% of the group.

In order to learn more about the frequency and varieties of IPV that students suffer, Umana, Fawole, and Adeoye (2014) examined female students residing in school residences at the University of Ibadan in Nigeria. The study indicated a prevalence of 42.3%. The majority of students (41.8%) reported experiencing psychological abuse, while 7.9% and 6.6% said they had experienced physical or sexual violence. In a South African reputable university, undergraduate nurses participated in a study by Kordom and Arunachallam (2014) to figure out the incidence of IPV and the socio-demographic characteristics linked with it. They found financial abuse (39%), bodily abuse (34%), and sex assault (23%) in the 12 months prior to the study.

Attitude towards Intimate Partner Violence among Students

A growing amount of work is looking at how people feel about using violence against an intimate relationship (Amoakohene, 2004). In most African societies, violence against women is typically approved, for instance, hitting a wife is a form of punishment or discipline for failing to fulfil her husband's expectations of her (Ofei-Aboagye, 1994b). Men are, therefore, more likely to use IPV to teach women to adhere to socially acceptable behaviour in situations when they believe women to have "transgressed." According to Nukunya (2003), a wife may receive physical abuse if she does not prepare a meal on time or if she has an extra-marital affair. Patriarchal traditional contexts and socialization reinforce such values. When women fall short of these expectations, these could increase the use of violence (Dery & Diedong, 2014). Women's experiences with IPV may be made worse by traditional norms that promote subordination of women (Namy, Carlson, O'Hara, Nakuti, Bukuluki, Lwanyaaga, & Michau, 2017).

The definition of intimate relationship violence varies according to cultural and historic norms. Similar cultural differences and attitudes can be seen in how society reacts to IPV. Women may absorb societal expectations around and support for violence. IPV is associated with wife-beating rationale, social and cultural acceptance, and (Heise & Kotsadam, 2015). In her study of 50 women who suffered IPV in Ghana, Ofei-Aboagye (1994) discovered that women perceived violence to be personal since it was generally accepted as the norm. A large proportion of Egyptian women believed beatings were acceptable for a variety of behaviours, such as disobeying orders, ignoring the home or children, denying sex, or responding angrily (Heise, Ellsberg & Goheemoeller,

1999). In the UK, 33% of girls and 50% of boys thought that it was permissible to hit a woman or compel her to have intercourse in some circumstances. Approximately, 36% of men said they might physically assault a lady or coerce her into having sex (Burton, Kitzinger, Kelly & Reagan, 1998).

Only 1% of IPV victims in eastern Nigeria reported their crimes to the police, according to a different study (Ilika, Okonkwo & Adogu, 2002). In all seven of the sub-Saharan African nations that made up their survey, men and women were found to support wife-beating on a widespread basis, according to Rani et al. (2004). The most typical rationale, according to Garcia-Moreno, Jansen, Ellsberg, Heise, and Watts (2005), is having cause to suspect that a wife is being unfaithful. Women who had experienced physical or sexual intimate partner abuse (or both) were more accepting of wife beating as appropriate for some reason than women who had never experienced such violence, with the exception of Thailand.

According to a study on women's opinions in a rural community in the Anambra state, women typically accept and endure intimate partner abuse because they believe it to be cultural and religious norms. The women believed that physical abuse, beatings, and forced sex that negatively impacted their reproductive, mental, and physical health were commonplace in marriage. They opted to report such situations to family members rather than the police or by divorcing the male. The women also believed that their families would not back their decision to end the marriage. Additionally, they voiced worry about their children's well-being, their ability to support themselves after remarriage, and social shame. This study also showed that in the Nigerian state of Anambra, societal institutions and norms encourage partner violence (Ilika, 2006).

According to a study on intimate partner violence in Ibadan, motivations for continuing violent relationships included expecting the other person will change. This study also revealed that more female respondents than male respondents gave justifications for various forms of domestic abuse, including beating. Younger respondents' opinions were noticeably worse, whereas married and educated respondents' sentiments were better (Fawole, Aderonmu & Fawole, 2005).

Significantly increased probabilities of male-perpetrated violence were found among women who approve of wife-beating (Ozaki & Otis, 2017; Tenkorang, Owusu, Yeboah & Bannerman, 2013). Spencer, Mallory, Cafferky, Kimmes, Beck, Sandra, and Stith (2017) used the reports of both male and female students and discovered that men who approve of IPV reported being sexual violence perpetrators. In addition, it is more prevalent among women who support sexual and mental IPV against them. Prior research has revealed a strong link between men's tolerance of wife-beating and the abuse of intimate female partners in other locations, including sub-Saharan Africa (Johnson & Das, 2009; Speizer, 2010).

One study in 17 sub-Saharan African nations revealed that men and women in all the nations examined generally supported intimate partner violence against women under specific situations (Uthman, Moradi & Lawoko, 2009). Similar to this, men in a study of migrants from Libya, for instance, thought that violence against women was a less severe threat and that it was a private family matter (El Abani & Pourmehdi, 2018). The impression of wife-beating by males is influenced by a number of circumstances—for instance, younger men (Dalal, Lee, & Gifford, 2012). Takyi and Mann (2006) discovered

that males with higher parity and those who make all home choices are substantially more likely to rationalize the maltreatment of their wives.

Although the aforementioned studies shed light on the general relationship between attitudes toward IPV and the use of partner violence, this earlier research has some drawbacks.

Factors contributing to Intimate Partner Violence among Students

The risk factors for IPV include male dominance, gender variations in IPV risk, poverty and women's economic dependency.

Male Dominance

IPV is significantly impacted when hegemonic masculinity standards are strictly followed (Hatcher et al., 2013). Hegemonic masculinities truly demonstrate societal influence in the construction of these identities rather than just reflecting individual predispositions (Connell, 1987). According to Reed (1972), people who use violence occasionally do not have to do so; instead, they turn aggressive to avoid punishment and embarrassment for not using violence. This demonstrates unequivocally that a culture that supports and views violence as legitimate for resolving conflicts will encourage its members to utilise it even in situations where they do not believe violence is necessary.

Adjei (2016) found that abusers beat their wives to prove to society that they are “manly” as society expects husbands to be. Thus, even when they believe it to be unnecessary, some males employ violence because of societal expectations. In a different study by Adjei (2015), men stated that they used violence against women to teach them a lesson about doing things “wrong”. IPV is linked to control or dominance over women (Ozaki & Otis, 2017). Ozaki and Otis (2017) contend that male dominance underlies patriarchal civilizations,

and their findings indicate that male dominance over women increased the severity of IPV (Ozaki & Otis, 2017). Additionally, violence is accepted in ways that portray men as powerful and masculine while portraying women as weak and helpless (Zembe Townsend, Thorson, Silberschmidt, & Ekstrom, 2015).

Gender

All genders are susceptible to violence. However, some research contends that being a woman is a significant determinant of IPV in both developing and industrialised nations (Kishor & Bradley, 2012). Feminists and researchers have made this claim, saying that women's vulnerability to violence is associated with men's authority over them (Caman, Kristiansson, Granath, & Sturup 2017).

Similar findings were made by Umubyeyi, Mogren, Ntaganira, and Krantz (2014) who found that for the three categories of violence found in Southern Rwanda using a cross-sectional population-based approach, women were continuously more likely than men to report such acts of violence being committed against them. Another study that examined the views of married men and women in Ghana and Uganda found no proof supporting female representation in relation to spousal violence (Kishor & Bradley, 2012).

The gender gap in IPV prevalence, severity (injuries), and fatalities is a significant aspect of the disease (Kishor & Bradley, 2012; Umubyeyi, Fawole, & Adeoye, 2014). The highest gender discrepancies, according to Kishor and Bradley (2012), were recorded for behaviours like "being kicked, dragged, or being beaten up on purpose." Compared to men, women in Uganda were almost ten times more likely to have engaged in such activities than men were in Ghana. Additionally, a whopping 42% of female IPV victims also had many types of

injuries (WHO, 2013). According to these stories, IPV committed by men has a terrible impact on the well-being of women.

IPVs committed by men are thought to be more common than those committed by women. Stöckl et al. (2013) found that just 6% of killings globally are committed by women against male intimate partners, while 38% of all homicides worldwide are committed by males against female partners. Approximately, 57% (399) of women were murdered by heterosexual men in Sweden, compared to 7% of men who were murdered by female partners, despite a significant drop in killings involving romantic relationships (78%). Similarly, nearly 50.3% of the estimated 3,797 female killings in South Africa determined by mortuary records in 1999 were caused by IPV committed by men (Abrahams et al., 2009).

Additionally, males are much less probable than women to prefer beating their wives yet they are more probable to abuse women (Kishor & Bradley, 2012). In Ghana, for example, a significant number of individuals still believe that battering spouses is appropriate in light of the certain circumstances (GSS et al., 2016). According to Alesina et al. (2016), interviewer desirability may be the reason why fewer males than women reported justifying violence.

Age

According to recent research, there is a connection between age and IPV against women. The first finding is that IPV risk is higher in older couples (Vakili, Nadrian, Fathipoor, Boniadi, & Morowatisharifabad, 2010). Luke et al. (2007) discovered that older men have a higher potential to hit their spouses and older women were more prone to suffer IPV. In Iran, Vakili, Nadrian, Fathipoor,

Boniadi, and Morowatisharifabad (2010) also discovered that age was positively correlated with IPV.

Similar to this, a study from the United States (Lacey, West, Matusko, & Jackson, 2016) found that women between the ages of 35 and 64 were more likely to suffer severe physical IPV. Adolescent women are more prone to become victims of IPV, according to other study (Obi & Ozumba, 2007). For instance, Faramarzi et al. (2005) reported that women in Iran under the age of 20 have a greater chance of experiencing IPV. Hadi (2000) discovered comparable results in Bangladesh.

On the subject of the connection between age and IPV, a 10-country study yielded contradictory findings. Younger women suffer higher incidents of IPV, according to the study. However, the study also noted that a woman's older age was linked to a higher likelihood of IPV (Abramsky, Watts, Garca-Moreno, Devries, Kiss, Ellsberg, & Heise, 2011). The results on how age and age inequality affect IPV are, thus, inconclusive.

Poverty/Economic Dependence

Studies that have looked into the potential association between poverty and IPV have produced largely conflicting results. According to certain studies, IPV may be related to household resource distribution and degrees of poverty (Tenkorang et al., 2013). According to the marital dependency model, IPV risk is higher for women from low-income or poorer households (Kimuna, Tenkorang, & Djamba 2018; Takyi & Lamptey, 2016). This is due to the fact that they are monetarily reliant on their male spouses, making them prone to abuse and possibly preventing them from ending violent relationships out of

fear of losing the money they need to provide for their children (Adjei, 2017; Sedziafa et al., 2017).

Additionally, when women have access to even more affluence (resources) than their husbands or boyfriends, they are more likely to encounter violence (Weitzman, 2014). According to the relative resource hypothesis, status changes that challenge conventional gender norms may lead to increased susceptibility to IPV against women (Oduro et al., 2015). Similar findings from earlier studies suggest that males who lack authority in an economic sense may use violence as a substitute (Kiss, Schraiber, Heise, Zimmerman, Gouveia, and Watts, 2012; Weitzman, 2014).

Due to resource disparities at the family and communal levels, IPV is high throughout Africa (Cools & Kotsadam, 2017). The implications of violence against women in developing nations where poverty is a major concern cannot be overemphasised (Krug et al., 2002). In comparison to homes in higher wealth, those in the lowest wealth have a larger likelihood of having a female perpetrator (Kimuna et al., 2018).

According to Panda and Agarwal's (2005) research, women who own property, such as homes or land, are less prone to IPV, compared to women who do not own any property. This highlights how access to wealth and assets for women acts as a deterrent to violence. The authors contend that women who possess such assets have more negotiating influence within unions. Data show that when women in Ghana and Ecuador have a bigger share of their couple's wealth, they are less likely to suffer physical and emotional abuse at the hands of men (Oduro et al., 2015). A study by Zembe, Townsend, Thorson, Silberschmidt, and Ekstrom (2015) found that 46% of women were subject to

the expectations of their spouses abusing them when they received presents or cash. Certain studies have, however, failed to reveal any association between wealth and IPV (Fleming et al., 2015; Speizer, 2010).

Unemployment

An important predictor of IPV is either partner's or both partners' work situation, with the majority of research showing a strong correlation between IPV and unemployment. For instance, Vakili, Nadrian, Fathipoor, Boniadi, and Morowatisharifabad (2010) found that women who had non-working partners also had higher mean reported IPV. In addition, Faramarzi and associates (2005) found higher levels of IPV in women who reported not presently being employed. Similarly, a research conducted in Lagos, Nigeria, involving 400 women discovered that women who had unemployed partners were highly prone to IPV.

Additionally, Obi and Ozumba (2007) discovered a substantial association between bodily, emotional, and sexual IPV and a spouse's employment position among males who reported engaging in IPV. According to research conducted in the United States on 848 couples, any or both partners who are unemployed increase the likelihood of IPV. However, contrasting findings were reported in Bangladesh (Naved & Persson, 2005).

Social Support

The importance of social networks in the detection and treatment of IPV has been highlighted in studies on social support. Social support leads to improved health in victims of IPV (Zapor, Wolford-Clevenger, & Johnson, 2018). Therefore, social support (attention, cash, gifts, services provided (child care, household chores, advice, and physical interaction) from significant

individuals in a woman's life may help to reduce the frequency of IPV (Mburia-Mwalili et al., 2010).

Social support also improved the mental health of IPV victims. Other family members' presence or involvement in the home could prevent or lessen the frequency and severity of abuse. The likelihood of ever experiencing abuse decreases when friends and family members help with child support, transportation, housework, and counsel. Furthermore, research has demonstrated that having enough social support may enable or motivate victims of abuse to exit violent situations (Barnett, 2001; Costa & Gomes, 2018; Dillon, Hussain, Loxton, & Khan, 2016; Lanier & Maume, 2009; Ondicho, 2000).

Education

It is impossible to overstate the significance of education for a number of social outcomes (Al Riyami, Afifi, & Mabry, 2004). People's views and perceptions alter as a result of education, which is also linked to more liberal values (Thornton & Camburn, 2011). There are numerous routes that lead to intimate relationship violence. In general, higher levels of formal education correlate with reduced risks of IPV (Abramsky et al., 2011). This implies that a lower likelihood of IPV against women is linked to higher levels of formal education of couples. In the Democratic Republic of the Congo, men with higher levels of formal education were more likely to mistreat women than they were in India (Fleming et al., 2015). According to the findings of their international survey, males with postsecondary education in the Democratic Republic of the Congo were 2.02 times more likely than men with only elementary education or no formal education to have ever committed abuse (Johnson & Das, 2009). In Tanzania, Mulawa, Kajula, Yamanis, Balvanz,

Kilonzo, and Maman (2018) found no substantial association between men's educational level and their propensity to abuse women.

According to some studies, education may shield women from male-perpetrated IPV by providing them with better economic options (McCloskey, Williams, & Larsen, 2005; Weitzman, 2014), as well as by reducing the likelihood that they will become victims of violence (Abramsky et al., 2011; Adjah & Agbemaflle, 2016). Even while literacy is a protective factor, certain studies have shown that women's literacy might not always offer this benefit since male dominance and expectations may deny women of this advantage (Dodoo, Horne, & Biney, 2014). A study by Takyi and Lamptey (2016) has suggested that educated women in Ghana may be more susceptible to IPV, compared with their illiterate colleagues.

According to some experts, a woman's expertise is a significant predictor of violence directed towards her. According to the relative resource hypothesis, women's experience of violence is not predicted by absolute educational status alone (Atkinson, Greenstein, & Lang, 2005; Kaukinen, 2004). Highly educated women may question patriarchal norms, which could raise their risk of encountering violence (Jewkes, 2002). This relationship between women's education and that of their partners has major consequences for violence.

Fidan and Bui (2016) discovered that women whose partners have greater educational backgrounds than they do are more likely to suffer physical and psychological abuse than women who are educated to the same level as their partners. When the husband or the wife is more educated, relative status equality is typically more protective than the other two extremes (Oduro et al., 2015).

For instance, according to Kaukein (2004), women who have more education/training are highly prone to mental abuse. Because they connect to gender identities, marital duties, and conflict, feminists and resource theorists suggest that having access to these resources has symbolic meaning (Oduro et al., 2015). Additionally, attitudes toward beating women are influenced by education, and men are often more inclined to support beating wives when they have less formal education (Wang, 2016).

Observing Violence

Researchers have discovered strong, enduring relationships between watching violence as a child and later experiencing or engaging in similar behaviour in the IPV literature (Peralta, Tuttle, & Steele, 2010; World Health Organization, 2017). For many individuals, it is abhorrent to witness violence as a child since it affects the child's behaviour as an adult (Eriksson & Mazerolle, 2015; Gage, 2016). In addition, childhood victimization is linked to post-traumatic stress disorder (Bucheli & Rossi, 2017).

A child's exposure to violence is ingrained in their overall socialization, and it also reflects the expectations and viewpoints of those around them in a particular situation (Namy et al., 2017). For instance, participants who were recruited as IPV perpetrators mentioned seeing violence as children (Peralta et al., 2010). As a result, they discovered that they were still doing such things to their romantic partners as adults (Peralta et al., 2010).

IPV can have negative consequences on children. First, according to several studies (Namy et al., 2017; Yount, Miedema, Haardörfer, & Girard 2014), men who witness abuse of children are more likely to engage in IPV. According to Gass et al. (2011), males who witnessed family abuse were nearly

twice as probably as men who did not to go on to commit IPV in the future. Heise (1998) contends that employing violence in adult personal relationships is a reaction to parenting-instilled tendencies. People who witness their dads or other adult caregivers beating or abusing their moms are often more prone to justify such behaviour as acceptable and justified, and they may find it difficult to stop such behaviour (Dery & Diedong, 2014). This relates to the earlier discussion of how violence has become commonplace and widely accepted in society; as a result, there may be a decrease in the amount of attention paid to this threat or little that people will do to prevent it.

Alcohol Use

Alcohol use is a significant correlate of IPV (Adebowale, 2018; Alangea et al., 2018; Hatcher Colvin, Ndlovu, & Dworkin 2014). Alcohol usage and IPV are strongly correlated, and women who have alcoholic partners suffer more IPV. In Ghana, the risk of abuse is twice as high for women whose partners consume alcohol (Tenkorang & Owusu, 2019). Studies conducted in India (Wagman et al., 2016; Weitzman, 2014), Australia (Wilson, Graham, & Taft, 2017), and Uganda (Namy et al., 2017) all came to the same conclusions.

Alcohol consumption may serve as a justification for violence because of the perpetrators' belief that they will not be held accountable for their conduct due to their being drunk. In fact, victims may even justify violence against them by blaming it on the alcohol their spouses drank (Javaid, 2015). Alcohol consumption so greatly reduces men's ability to comprehend the seriousness of the violence they commit (Javaid, 2015).

Alcohol usage encourages violent acts even if it may not always be the underlying cause or reason for conflict. Several academics have challenged the

significance of alcohol as a factor of wife-beating (Heise, 1998). According to other studies, there is not much of a link between drinking alcohol and IPV (Gil-González et al., 2006). However, alcohol consumption may worsen IPV as a cause or a facilitator.

In addition, men are more prone to mistreat their drunken female friends (Adjah & Agbemafle, 2016; Dery & Diedong, 2014; Javaid, 2015). Adjah and Agbemafle (2016) found that drinking enhanced the possibility of IPV. Being drunk is, therefore, a morally unacceptable behaviour for women, and it needs to be sanctioned by the use of violence. Women who consume alcohol before having sex in Rakai, Uganda, are highly susceptible to IPV, which increases their chance of contracting HIV. These findings suggest that violence and alcohol consumption have considerably more detrimental effects on health.

Religion

Different types of men-perpetrated violence have been influenced by religion. This is because some religious systems emphasise male supremacy and female subjugation, which justifies violence against women by men (Deshotels, Forsyth, Earwood, New, & Fulmer, 2019). Gurmu and Endale (2017) discovered that women who identify as practicing Muslims and those who practice Protestantism were at a lesser risk of rejecting hitting wives. In Ghana, Takyi and Lamptey (2016) have shown that Christian and Muslim women have less propensity of experiencing IPV. The likelihood of male-perpetrated assault and its tolerance could increase if conventional norms are followed (Weitzman, 2014).

Instead of focusing solely on religious affiliation, it is crucial that surveys also look into religious involvement. Research has shown that religious

involvement, more specifically the regularity and consistency of attendance, may offer the social support necessary to reduce intimate partner violence (Ellison et al., 2007). Men who regularly participate in religious activities less frequently abuse their spouses (Ellison & Anderson, 2001). Religious participation can potentially lower one's chance of being violent by fostering social support and togetherness. Alcohol consumption is regulated by regular religious attendance and involvement, which reduces the probability of male-perpetrated assault (Adebowale, 2018; Meyers, Brown, Grant, & Hasin, 2017). Other research has discovered no connection between opinions against wife-beating and religious connections (Okenwa-Emegwa, Lawoko, & Jansson, 2016). In the light of these contrasting findings, it is essential for context-appropriate methods to be prioritised when studying ideas related to beliefs, culture, and beliefs.

Residential Setting

The couple's location—rural versus urban—has an impact on whether IPV is experienced or committed. According to several research, IPV is more prevalent in rural regions (Vakili et al., 2010). This discovery supports the information provided by Haj-Yahia (2000), who discovered that living in a rural area was consistently strongly connected to the chance of experiencing IPV. However, it is possible that context influences how residence affects IPV. Contrasting findings have been reported by Hindin and Adair (2002) in the Philippines. This shows that different contexts have different effects on how residential environment affects IPV (Hindin & Adair, 2002).

Chapter Summary

This chapter reviewed relevant literature on the phenomenon under investigation. The chapter was divided into three sections. The first section focused on theoretical perspectives on IPV. The second part dealt with conceptual review and the final part centred on empirical studies conducted by previous researchers.



CHAPTER THREE

RESEARCH METHODS

Introduction

The research methodology and design were presented in this chapter along with the study's predetermined objectives. The research paradigm, design, study region, and target population were presented in the first part. It continued with sample selection, questionnaire design, and a detailed discussion of the scales used in the study. The chapter concluded with data processing and analysis, the statistical tests that were employed to test the set hypotheses and ethical considerations for the research.

Research Paradigm

A researcher's perspective frequently has an impact on the type of research. Every research project needs a basis, which Creswell and Plano-Clark (2007) argue, is provided by the researcher's "worldview" or philosophical framework, whether it be explicit or implicit. The pragmatist paradigm is more appropriate for the goals of this investigation. In its simplest and basic form, the pragmatic paradigm proposes that the typical method of conducting research involves integrating data collection strategies with examination throughout the entire study (Creswell & Plano-Clark, 2007).

By focusing on what functions as the truth in connection to the research question that needs to be answered, pragmatic thinking seeks to refute concepts like fact and reality (Teddlie & Tashakkori, 2003). There is sufficient justification for employing the pragmatic world view given the nature of the issue the researcher is attempting to address (prevalence, type, and drivers of IPV in institutions of education). This is so because the pragmatist paradigm is

best suited for explaining multiple and multi-cultural contexts that are influenced by a variety of viewpoints (Teddlie & Tashakkori, 2003).

Pragmatism focuses on disproving ideas like truth and reality. Many academics have emphasised the benefits of mixed-methods design, including Creswell and Plano-Clark (2010) and Teddlie and Tashakkori (2006). These benefits include the ability to: (1) create and verify hypothesis by tackling exploratory and confirmatory research issues; (2) resolve research issues that cannot be addressed by a monomethod; and (3) be highly practical in that the scientist is free to employ all methods available to tackle a research issue.

Mixed-methods designs do provide certain difficulties, though. The investigator should become proficient in a number of methods and approaches and be able to successfully integrate them. Additionally, it takes a lot of time and money. More specifically, due to the simultaneous collecting and analysing data, the mixed methods design's multilayer nature necessitates a great deal of skill and work (Teddlie & Tashakkori, 2006). The researcher heavily drew on the experiences and knowledge of both her supervisors in qualitative and quantitative research to overcome these issues.

Research Design

A study design outlines the procedures for gathering and analysing scientific data in order to tackle the research issues. According to McMillan and Schumacher (2001), research design is the process for selecting the participants, sites, and data collection strategies that will be applied to the topic of interest. A great research strategy could perhaps strive to yield findings that are regarded as credible. A research design, according to Durrheim (2004), is a strategic action plan that acts as a bridge between research questions and the execution

of the research approach. As a result, creating a successful research design necessitates strategic thinking and a thorough understanding of the study challenge.

A research problem informs research designs. There are three basic types of research methods: mixed methods, qualitative methods, and quantitative methods (Creswell, 2014). A mixed method approach, for instance, will call for explanatory or exploratory designs (Creswell 2014). For this investigation, a mixed-methods strategy was applied.

Concurrent triangulation is used as the research design in this study. In order to fully comprehend the study problem, Creswell, Plano-Clark, Gutmann, and Hanson (2003) claim that the triangulation design is utilised to gather various but complementary data on the same topic. The objective is to combine the advantages and distinct shortcomings of quantitative and qualitative methodologies. Researchers use both quantitative and qualitative methodologies equally and within the same time frame in this one-phase strategy (concurrent triangulation design). In order to help the researcher better grasp the study challenge, Creswell (2013) claims that triangulation design typically entails the concurrent but independent gathering and processing of both quantitative and qualitative data.

Since the researcher wanted to use both quantitative and qualitative data to analyse the prevalence and character of intimate relationship violence, this research design was used for the study. Through the use of quantitative data to determine the prevalence of intimate relationship violence and qualitative data to further investigate and comprehend the nature of intimate partner violence, it was hoped that this approach would enhance the study. Quantitative and

qualitative data were collected using questionnaire and an interview guide respectively.

In order to confirm findings from one method, triangulation examines how evidence from other approaches studying the same issue converges, or it examines how findings from one approach are supported by data from another approach. Triangulation is valuable because it allows the researcher to check whether results are consistent, contradictory, or converging. In order to more fully comprehend a study problem, triangulation was used to gather, examine, and combine information. Researchers can gather different types of data simultaneously or sequentially using triangulation (Ary, Jacobs, Sorensen & Razavieh, 2010).

The triangulation design aids researchers in developing an intuitive understanding of their research to prevent guesswork. It is also an effective design because both data are gathered at or around the same time during one phase of the study. Since each piece of data is gathered and examined separately and independently, it is also efficient and effective. In addition to these benefits, triangulation design demands a lot of work and the support and understanding of specialists. As a result, during the data collection and analysis, researchers with expertise in both qualitative and quantitative research methods were consulted. Additionally, it can be exceedingly difficult to meaningfully combine both qualitative and quantitative data, as well as their outcomes; the researcher anticipated such challenges and geared herself up appropriately to successfully meet them.

Study Areas

The study areas for this study were Wesley College of Education, Berekum College of Education and Foso College of Education.

Wesley College of Education, Kumasi

Wesley College of Education was established by the Methodist Church in Kumasi as a result of the Synod of the Gold Coast Methodist Church's 1918 decision to transfer employee training from Cape Coast and Fourah Bay to the Kemp amenities in Aburi in the Eastern Region of Ghana. The church started coaching ministries and educators at the Kemp institutions under the direction of the Rev. S. J. Gibson. In 1921, Rev. C. W. Armstrong took over for Rev. Gibson. In 1922, the fully-fledged institution was given the designation WESLEY COLLEGE, and its first vice-principal and head was the Rev. C. W. Armstrong.

In Kumasi, Wesley College was formally inaugurated on Monday, March 3, 1924. The first higher education facility to be founded in the Northern Gold Coast region was Wesley College, Kumasi. Seventy-four students moved into residence on March 5, 1924. Twenty-six of the 74 pupils had previously received instruction at Aburi in the preceding years. The first group of female students admitted to the teacher-training programme was in 1930. The College's academic offerings have been upgraded from 2-year Certificate "B," 4-year Certificate "A," 2-year Post-Secondary Certificate "A," 3-year Post-Secondary Certificate "A," and Diploma in Basic Education (DBE) and now 4-year B.Ed. degree.

These are the programmes that Wesley College of Education currently offers: Three-year Basic Education Diplomas are available in Science and

Mathematics Education, General Arts, and French; four-year B.Ed. degrees are available in Primary Education and JHS Education (science, mathematics, social studies, French, physical education, R.M.E., Agric Science). One of the few universities in Ghana that provides particular programmes for the blind is Wesley College of Education. There are now 489 female students and 765 male students enrolled in the college. This indicates that the institution has 1254 students. There are currently 52 teaching staff members at the college, 36 of whom are men and 16 of whom are women, and 50 non-teaching staff members, comprising 20 men and 30 women (Wesley College of Education, 2019).

Berekum College of Education

The Berekum College of Education is situated on the Berekum-Sunyani road in the southeast of Berekum. With the slogan "PER ARDUA AD ASTRA," the college was founded in February of 1953 as a government institution. There were 60 male students enrolled in February 1953. The College's first president was Mr. T.T. Buchanan. The first prefect in a college was Mr. Alex Godwin Kwakye. Buchanan House, Nicholas House, and Stewart House are three dormitories that were constructed and given their names after the first three principals. First Ghanaian to lead the college was Mr. I.E. Hayfron.

Up until 1961, the college offered a 2-year Certificate "B" programme before introducing a 4-year Certificate "A" programme. Students enrolled in the 2-year Certificate "B" programme last graduated in 1963. A two-year Mathematics Specialist programme was also launched in 1964. In 1966, the programme was moved to Winneba in the Central Region. When women were allowed to enrol at the college in 1965, it became a co-educational school. A 4-Year Certificate 'A' course that was phased out in 1971 was replaced in 1968 by

a 2-Year Post-Secondary Certificate 'A' course. In 1972, the college that would later become a female institution opened the Berekum Girls Secondary School, which was a part of it. After men were allowed back into the institution in 1974, the girls secondary school was shut down in 1975. In addition to the 4-Year Post Middle Programme, which was reinstated in 1975, a 3-Year Post-Secondary Programme was also launched that year. In 1984, a Modular programme was launched for aspiring teachers. In 1992, the Post Middle programme was ultimately phased down.

The college received accreditation to provide diploma programmes in September, 2007. By October 2007, there were 916 students enrolled, 613 of whom were men and 303 of them were women. For 546 certified "A" instructors and 586 untrained teachers, the college offers a sandwich programme in basic education. A sandwich programme for certificate "A" was also introduced for about 231 inexperienced teachers. There are 43 members of the teaching faculty, including 36 males and 7 women. About 8,000 teachers have been trained by the college, which has a strong academic track record. Many of these teachers have gone on to work as public employees, attorneys, economists, academics, legislators, company leaders, chiefs, and members of the media.

Additionally, in 2018, all 46 colleges of education were placed under the traditional universities' tutelage for the purpose of running a four-year bachelor's degree programme in education. This was done through the implementation of educational reforms. In order to conduct the B.Ed. programmes in primary education, junior high school education, and early childhood education, the College was once more affiliated to the University of Cape Coast. These B.Ed.

programmes' first batch is graduated in December 2022. (Berekum College of Education, 2022).

Foso College of Education

As one of the committee of colleges' top choices for preparing teachers for Ghana's primary schools, Foso College of Education is. On November 15, 1965, Ghana's first president, Dr. Kwame Nkrumah, incorporated it as a co-ed teacher training institution, with 240 students and 9 faculty members working under the late Mr. R.R. Essah as its dean. One hundred and twenty Post Middle 4-Year students and 120 Post 'B' 2-Year Certificate 'A' students made up the student body.

Every significant pre-tertiary and current tertiary teacher education programme in Ghana has been run by the college. The college contains seven departments, including the departments of language, mathematics and information technology, science, arts and social sciences, education studies, and vocational skills. The college is located in Assin Foso, off the Cape Coast–Kumasi route, on a one square kilometer parcel of ground.

The National Accreditation Board granted the College its initial accreditation in 2007 to conduct the Diploma in Basic Education programme. Since then, this certification has been extended three times: in 2010, 2013 and 2018. The accreditation that Foso College of Education currently holds will expire in 2023. The institution is currently required to offer four-year bachelor's degree in education programmes. It is required that student teachers receive professional training in order to give them the information, skills, and moral character they will need to succeed as basic school teachers. To prepare teachers for Ghana's Basic School, the College was founded as a teacher training

institution. The college wants to establish itself as a premier institution for educating teachers with a comprehensive perspective in line with its mission statement (Foso College of Education, 2019).

Population

The population for this study was all level 300 students from the three selected colleges of education in Ghana namely, Wesley College of Education, Foso College of Education and Berekum College of Education. The population was 1361. Level 300 students were chosen for the study because they are more conversant with life on campus than their levels 100 and level 200 counterparts. In addition, because they had stayed relatively longer on campus than their levels 100 and 200 colleagues, it was assumed that they were more capable in combining academic and relationship life as compared to their fellow students in level 100 and 200. The total number of level 300 students were 1361. Therefore, the target population and sample size for the study was 1361 and the final sample size was 1228. This figure was made up of 737 males and 491 females for the 2020/2021 academic year. These Colleges of Education were chosen to cover the southern part of Ghana. They are also the largest mixed colleges of education in their respective regions. The population distribution is presented in Table 1.

Table 1- *Distribution of the Population by College and Gender*

Name of Institution	Gender		Total
	Male	Female	
Wesley College of Education	228	154	382
Fosu College of Education	244	117	361
Berekum College of Education	265	220	485
Total	737	491	1,228

Source: Field Survey, (2021)

Sample and Sampling Procedure

In the first stage, the simple random sampling technique was used to select the three Colleges of Education from the many colleges consulted by the researcher. Purposive sampling technique was used to select the level 300 students. The researcher believed that by using level 300 students she would be able to obtain information relevant to the research.

Census was used in selecting all the level 300 students from these three colleges for the quantitative part of the study. They were all selected to form part of the study. Thus, all the 1,361 level 300 students were used for the study. However, valid responses were obtained from 1228 respondents. Thus, 1228 was the final sample size for the study. Bhanu (2011) contends that no matter how accurately a population sample is derived, there will always be a margin of error. Census, which takes into account the entire population is, therefore, the most accurate. Because the estimates are not affected by sample errors, the census sampling approach was utilised to collect data through the questionnaire.

In sampling respondents for the qualitative aspect of the research, the researcher used the purposive sampling procedure. The researcher purposively selected four students from each college to participate in the interview. The selection of 12 participants was in connection with Guest, Bunce and Johnson (2006) who are of the view that between six to twelve participants interviewed are enough to provide data saturation and validity.

This topic of discussion is highly sensitive and, therefore, needed discretion in selecting respondents for the qualitative data. Thus, it was appropriate to extensively discuss the essence of the interview to the general respondents to request for individual respondents who have experienced IPV before or are currently experiencing it and were willing and ready to participate in the interview. Victims of IPV were interviewed since they have had first-hand experience of IPV and the researcher wanted them to share their experiences without speculating it. The study interviewed four respondents from each CoE. Respondents were interviewed individually due to the sensitivity of the study, after which the researcher sought their consent to bring them together with the aim of creating a support system for them. In all, 12 respondents were interviewed for the study.

Ethical Issues Considered in the Study

In studies involving human subjects, the ethical question is one that must be carefully considered (Best & Kahn, 2012). According to the definition of research ethics, it is a researcher's proper conduct in light of social norms (Zikmund, 2010). By adhering to established guidelines for research ethics, the researcher, study participants, and study clients are safeguarded against any negative effects of the study. The study gave different considerations to ethical

issues. The right to privacy, informed consent, protection of participants from harm by providing counselling to them should there be an instant, anonymity and secrecy, as well as issues relating to deceit and scientific misconduct, were all taken into consideration in this study.

The Institutional Review Board of the University of Cape Coast was consulted before the researcher began collecting data from the sampled people. This was carried out in order to safeguard the research subjects, the academic society, the colleges of education, and the country at large. The researcher subsequently followed the Board's suggestions to ensure that all ethical requirements, including academic honesty, copying, recognizing the use of any protected works, and ethics review approval, were correctly addressed.

Additionally, before data were gathered, authorization was requested from the administration of the three institutions of education, Wesley College of Education, Foso College of Education, and Berekum College of Education. Through an introductory letter, this was accomplished. Respondents were made aware of the study's goal and aim, as well as its intended audience. The queries were stated to them, and when necessary, explanations were offered. The survey also included and valued the respondents' consent and privacy. All of these actions were taken to guarantee and get the respondents' consent.

Protecting respondents' identities is the top consideration in survey in order to safeguard their interests and welfare. As a result, the researcher used anonymity and secrecy procedures to secure the respondents' safety. The responders received guarantees that their information would be treated as confidentially as feasible. After introducing herself to the participants, the researcher made it apparent that the study's main objective was academic. In

order not to deceive the respondents into providing information, the researcher did not conceal her identity from them.

It should be noted that the research community rejects unethical behaviour like plagiarism and research fraud. Scientific misconduct is the word for this type of behaviour. To prevent fraud and plagiarism in this study, the researcher dutifully adhered exactly to the specified norm of scientific behaviour. In order to accomplish this, the researcher gathered data from the appropriate respondents and carefully analysed them prior to drafting the research report. Additionally, the reference list and in-text citations for all concepts, works, and publications used in this study were properly recognised.

The questionnaire was conducted with some help from reputable course tutors who are conversant and experienced with conducting questionnaires once the researcher was certain that the respondents had fully grasped the topic. Respondents were well informed about the essence of the research and they were treated with the maximum of respect throughout the process. Respondents were urged to express themselves freely and as honestly as possible, and to exercise their right to opt in or out of the survey. Additionally, they had the freedom to change their minds at any time without suffering any negative repercussions. They received assurances that the data they submitted would be used only for academic study and nothing else.

Three counsellors were on hand to help respondents who were experiencing emotional distress before and after data collection because IPV is a delicate and emotional subject for any conversation. Any responder who required additional assistance after the data collection was complete might contact the researcher for online counselling.

Data Collection Instrument

The data were collected using a questionnaire and an interview guide. The interview guide was also a self-developed tool, as was the questionnaire. A questionnaire is a collection of systematically organised written items that are uniformly sent to a group of respondents or individuals. This was done to get their opinions on a certain topic (Zikmund, 2010). The responder is expected to answer items on a questionnaire that relate to the study's objectives, hypotheses, and research items that need to be confirmed (Neuman, 2014). The questionnaire had closed-ended items that gave respondents a choice among several options. Closed-ended survey items can easily be used, scored, and coded for computer-based analysis to gauge opinions, attitudes, or knowledge. The reliability of answers among respondents seems to be improved with closed-ended questionnaires (Gravetter & Forzano, 2015).

The questionnaire was designed for students, and it is in 11 sections labelled A to K. The sections are on the following corresponding themes: A- background characteristics of respondents; B- background characteristics of respondents' partners; C- social violence; D- physical violence; E- sexual violence; F- psychological violence; G- economic violence; H- prevalence of IPV; I- factors leading to IPV; J- factors making CoE students stay in an abusive relationship and approaches to prevent K- how to prevent/respond to IPV. Three closed-ended questions were utilised in section 'A' of the first section to gather information about the respondents' backgrounds. Items considered were gender, marital status and age group of respondents. Section 'B' also consisted of three close-ended items on the background of the respondents' partners. Items

considered were age, employment status, and educational level of respondents' partners.

Section 'C' through to 'G' covered at the nature/forms of IPV experienced by CoE students inspired by the Ghana Statistical Service, Institute of Development Studies and Associates (2016). Section 'C' which was used to collect data on the social violence experienced by CoE students consists of eight items. Section 'D' looked at the physical violence experienced by CoE students and it consisted of 11 items. Section 'E' which focused on sexual violence consisted of 11 items. Section 'F' dealt with psychological violence consisted of eight items and finally Section 'G' was of eight items on the economic violence.

Section 'H', contained four items which looked at the prevalence of IPV. Section 'I' consisted of 20 items on the perceived factors leading to IPV among CoE students. Section 'J' consisted of 14 items on the factors that make CoE students stay with their abusive partners. Finally, Section 'K' consisted of 13 items on the preventive measures on IPV among CoE students.

Respondents were given a four-point, Likert-type rating scale to use to express how they agreed or disagreed with the items: Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD). Strongly Agree (SA) was rated as 4, Agree (A), as 3, Disagree (D), as 2, and Strongly Disagree (SD), as 1.

The cut-off point for deciding whether a respondent agrees or disagrees to the items was 2.50. Hence, if a respondent's score was 2.5 or higher on an item then it means he/she agrees to the statement. However, if the score was below

2.5 then it means the respondent disagree with the item. The cut-off point was arrived at this:

The highest score possible on the Likert-scale items =4.0, in the case where all respondents strongly agree with the item. The lowest score possible on any of Likert-scale items =1, the case where all respondents strongly disagree with the item. Hence, the cut-off point of these extreme scores was $\frac{4-1}{2} = \frac{3}{2}$ or 1.5. Therefore, the cut-off point was either 1.0-1.5 or 1.0+1.5.

Best and Kahn (2012) state that using survey questions also permits participants' secrecy, which typically facilitates it for participants to provide data without the fear of being victimised. This study which was highly sensitive and using a questionnaire allowed respondents to feel safe and more protected in participating.

Due to its relative affordability compared to other approaches like interview and observation, the questionnaire was chosen to collect the data. Additionally, it gave the researcher space to approach the interviewees. The questionnaire was also considered suitable for the study because it offered a much speedier way of getting data from such a sizable group.

Surveys, in the opinion of Gravetter and Forzano (2015), are only useful for literate people and do offer the chance to gather more data. Literate and able to comprehend the items in the questionnaire as predicted, the study's respondents who were available for the study's questionnaire were the study's accessible respondents. To aid responders' comprehension, the questionnaire was written in straightforward language.

The interview guide was developed based on the research questions for the study. Items on the interview guide allowed respondents to share their

experiences on each of the forms of IPV they have/were experiencing. It also gave respondents the opportunity to express their views on the causes of IPV since they have/were experiencing it. Again, respondents were given the opportunity to tell why they stayed with their abusive partners when they could have opted out of the relationship. Finally, respondents, based on their experiences, were allowed to share their views on how to reduce or prevent IPV among CoE students.

To qualify to participate in the study, respondents ought to have been in an intimate relationship before the study. Respondents who were currently dating, married or cohabiting were qualified to be part of the study. Those who were currently not dating, married or cohabiting but had been in an intimate relationship before the study also qualified to be part of the study.

Tests for Validity and Reliability of the Instrument

A pilot test was conducted to ensure the validity and reliability of the instrument utilised for the investigation. Since they share traits with the population of the study, a sample of 367 students from Seventh Day Adventist College of Education Koforidua and Ada College of Education were used for the pilot test. These 367 students make up 26.9% of the study's overall participant pool. According to Baker (1994), a pilot study's sample size should be between 10 and 20 percent of the study's overall sample size. The pilot study enabled the researcher to test for large scale reliability as well as run factor analysis of the instrument. The factor analysis enabled the researcher to delete any item that was out-lined from the questionnaire before collecting the actual data for the study. These colleges were not be part of the main study.

Validity is the extent to which a measure truly describes the concept it is meant to measure (Ary, Jacobs, Sorensen & Razavieh, 2010). The instruments' validity was tested, and internal validity was evaluated to assist identify any faults that would obscure the instrument's meaning or prevent it from eliciting false responses before distributing the questionnaire to the main research population. Neuman (2014) claims that, the questionnaire will be improved and modified based on the feedback from the pilot respondents. In the context of this study, the ability of the questionnaire to generate responses from subjects in the manner desired by the investigator to address the study goal is referred to as validity.

To guarantee that the instrument measured what it purported to measure, the researcher checked the instrument's face validity. By the researcher's peers, fellow students, and counsellors, the study's face validity was approved. By ensuring that the instrument corresponded to the numerous constructs that it was intended to evaluate, construct validity, on the other hand, was assessed by conducting the exploratory factor analysis. Was the questionnaire, for instance, able to measure sexual assault in the way that the study intended? Yes, it did.

Regarding content validity, the researcher made sure that the instrument's items covered the area that it was intended to measure in light of the study's objectives. The two supervisors' expert judgment and other experts in the field of guidance and counselling were used to make this determination. These academics and professionals assisted in the development of the questionnaire by establishing content validity. The clarity, ambiguity, and generality of each item were taken into consideration when the experts evaluated its quality. Items that were deemed erroneous or those that violated

the respondents' confidentially were paraphrased, changed, or deleted by the researcher. These academics and experts also assisted in scrutinizing ambiguous, flawed, and biased items and determining if they were components of the subsets to which they had been assigned.

The researcher personally gave the questionnaire to the respondents, assisted by some college employees. After collecting data from the pilot subjects, the McDonald's Omega Reliability Co-efficient was obtained using the Predictive Analytic Software (PASW) Version 21.0. Since the answers to the questionnaire's items were quantified numerically using a unilinear scale, the researcher employed McDonald's Omega Reliability Coefficient to assess the internal consistency or reliability of the instrument.

McDonald's Omega Reliability Co-Efficient was obtained for the various sections in the questionnaire namely: social violence, physical violence, sexual violence, psychological violence, economic violence, etc. Both the results for the pilot testing and factor analysis have been presented below.

Table 2- *Reliability of IPV Scale*

Sub-scale	No. of items	Omega (ω)
Social violence	8	.867
Physical violence	11	.954
Sexual violence	11	.946
Psychological violence	8	.930
Economic violence	8	.951

Pilot testing was done on the IPV scale using a sample of 367, after which the reliability estimates were generated. As shown in Table 2, the reliability coefficients for each of the five dimensions of IPV using McDonald's

Omega were greater than .70 with an overall reliability of .967 (Pallant, 2010). This suggested a high internal reliability.

Lincoln and Guba (1985) provided alternate standards for proving rigor in qualitative research while validating the interview guide. They included the importance of truth, coherence, neutrality, and applicability. The researcher diligently followed these.

The researcher required to ensure reflexivity, reflect on her own perspectives, and establish representativeness of the findings in respect to the phenomena in order to assure truth value. As a result, the researcher encouraged participants to increase their readiness to elaborate on their experiences, which over time allowed for continual clarification of findings. The audio recorded interviews also preserved the participants' accounts and allowed for repeated examination of the data to look for emergent themes. To again allow for correct judgments regarding whether the final themes were genuine to participants' statements, the researcher used rich and thick verbatim extracts from participants. Finally, some of the participants were requested to offer their thoughts on the themes and findings of the study.

It was crucial to achieve auditability in terms of uniformity and neutrality. Here, the researcher made sure that the study process was transparently and clearly described, from the initial conceptualization to the creation of the methodologies and the reporting of findings. The researcher also kept a research journal in which she noted difficulties. This helped to keep the study's goal, design, and methodology cohesive. Emerging themes were openly explored with qualitative research experts to maintain objectivity. This allowed some presumptions to be questioned and consensus to be established.

Applicability talks about the application of findings to others contexts. To ensure this, the researcher gave a vivid detail of context, the study settings, including the participants used. This would facilitate the evaluation of study conclusions and transferability to other areas.

Trustworthiness

When the research instrument has not been altered to suit the researcher's objectives, it is considered trustworthy. Trustworthiness has been discussed in the following:

Credibility

Due to the fact that a qualitative study takes place in a real-life environment, credibility, according to Merriam (2007), requires that the research findings be more realistic. This calls for the researcher to provide substantiations that are compelling. As a result, according to Lincoln and Guba (1985), qualitative research must be supported with information that relates to the conclusions. The researcher rephrased and summarized the information obtain from the responders to create credibility and make sure the facts heard were accurate. After the interview, several of the respondents were contacted to get confirmation of some of the things they had mentioned.

Transferability

Transferability is the degree to which results can be applied to different contexts, populations, or locations (Lincoln & Guba, 1985). In order for generalizations to be made to identical conditions, the researcher must give the public enough relevant data, particularly regarding the context (Merriam, 2007). Regarding the topic of transferability, the researcher gave a thorough explanation of the number of institutions that were included in the study, their

locations, the data collection techniques used, and the total majority of participants.

Dependability

Dependability measures how likely it is that the study's results will be discovered again (Merriam, 2007). Logic, traceability, and thorough documentation should be used to present the data collecting and analysis process (Lincoln & Guba, 1985). Therefore, the researcher is required to give a thorough description and explanation of the choices, methodologies, and processes that could have influenced the study (Merriam, 2007). The research design, its execution, and the data gathering processes were all thoroughly explained in order to address reliability.

Confirmability

Confirmability is the degree to which the research can be verified or supported by other sources (Lincoln & Guba, 1985). The authors added that some techniques are employed to improve confirmability, such as looking for negative cases or running a data audit to identify biasness. The researcher delegated the data analysis to a research team in order to assure objectivity in this study.

Data Collection Procedure

A letter of introduction was collected from the Department of Guidance and Counselling, University of Cape Coast to the management in charge of the colleges of education. The researcher then explained the importance and purpose of her study to the management in charge of these colleges in order to acquire adequate support from them. The instruments were administered to the respondents from Berekum College of Education, Wesley College of Education

and Foso College of Education in the Bono, Ashanti and Central regions of Ghana respectively.

Assurance of confidentiality was given to the respondents that data collected from them were only going to be used for academic purposes. The researcher in each college then distributed and explained the content of the questionnaire to them. Respondents were given a maximum of 50 minutes to respond to the questionnaire.

Data Processing and Analyses

Sorting, editing, coding, and analysis of the acquired data were done. The questionnaires were serially numbered to make it easier for analysis and presentation of statistics and to make sure they could be easily found. This precaution was required to ensure prompt error discovery in the event that any occurred during the tabulation of the data. Additionally, the replies to the various survey questions were incorporated, compiled, and quantitatively examined.

The Statistical Product for the Social Sciences (SPSS Version 22.0) software was used to enter the data into the computer after editing and coding. The data were cleaned by performing consistency checks on each variable before carrying out the appropriate data transformation. After confirmation using the surveys, corrections were made. The answers were measured and analysed. Both descriptive and inferential methods of analysis were used.

Research question one was answered using frequencies and percentages since it sought to elicit responses on the prevalence/rate of intimate partner violence among CoE students. Research questions two, three, four and five were answered using means and standard deviations since they sought to elicit

responses on the nature of IPV, factors leading to IPV, factors that make CoE students stay with abusive partners and the preventive approaches of intimate partner violence among CoE students respectively.

Inferential statistics was used to test the hypotheses. Hypothesis one was tested using independent samples t-test, hypotheses two, three, four and five were tested using One-Way Analysis of Variance. Hypothesis one looked at the relationship status of CoE students' and their experience of IPV. Hypothesis two examined the age of CoE students and their experience of IPV. Hypothesis three looked at the experience of IPV among CoE students on the basis of gender. Hypothesis four considered the employment status of the partners of CoE students and their experience of IPV and finally hypothesis five dealt with the educational level of CoE students' partners and their experience of IPV.

Thematic analysis was used to examine the qualitative data. In a data set, thematic analysis looks for patterns of meaning. It groups collections of data based on their commonalities (themes). In order to learn more about people's experiences, viewpoints, and ideas, thematic analysis is fairly helpful. Hence, it was chosen for this study. The researcher familiarised herself with the data once it was obtained and assigned rough codes to describe the content. The researcher then looks for commonalities or themes among the many interviews. Reports were then generated once themes had been examined, clarified, and labelled. Table 3 below gives a summary of the theme presentation.

Table 3- *Summary of thematic analysis*

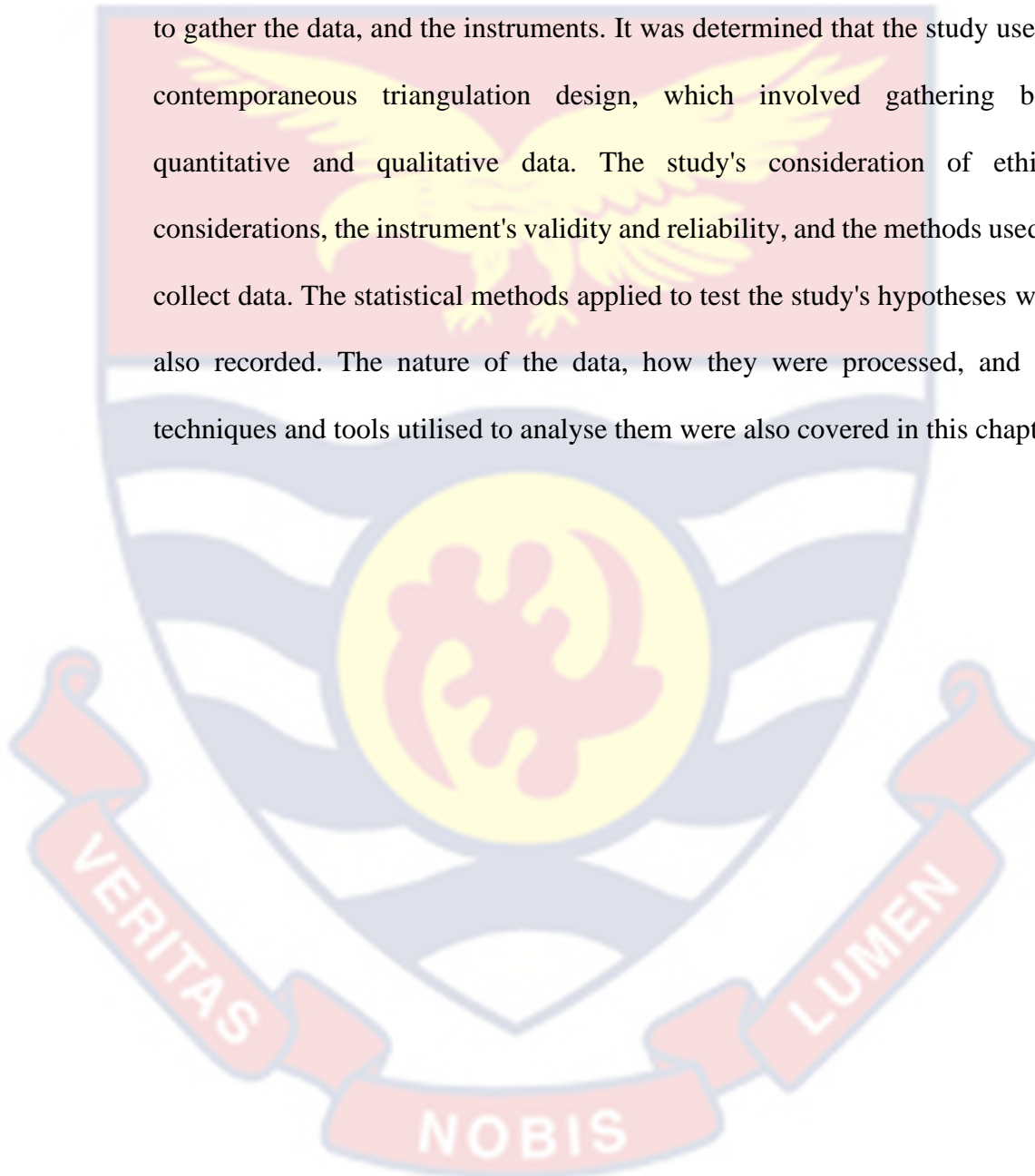
Phases	Description of the Process
1. Familiarizing yourself with your data:	If necessary, transposing the information, perusing it again, and making initial notes.
2. Generating initial codes	Systematically noting intriguing parts of the data throughout the dataset and compiling information pertinent to each code.
3. Searching for themes	Assembling all information pertinent to every prospective motif and grouping codes into subthemes.
4. Reviewing themes	Creating a "thematic map" of the analysis by determining how the themes relate to the patterns (level 1) as well as the whole set of data (level 2).
5. Defining and naming themes:	Ongoing analysis to improve the details of each theme and the overall narrative that the analysis tells, resulting in distinct definitions and names for each theme.
6. Producing the report	The last chance for interpretation. Final analysis, sampling of strong, persuasive infuse illustrations of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis

Source: Braun and Clarke (2006)

The researcher handled the study's generated data manually. Quantitative data were translated into soft copies and password-protected. For the purpose of organizing the qualitative data, each participant received pseudo name in place of their original names. The recordings and transcripts of the interviews were kept in my care where they are kept electronically with a password protection.

Chapter Summary

In-depth explanations of the study's methodology were provided in this chapter. It looked at the setting for the study, the method and design of the research, the subjects, the sample and the sampling technique, the sources used to gather the data, and the instruments. It was determined that the study used a contemporaneous triangulation design, which involved gathering both quantitative and qualitative data. The study's consideration of ethical considerations, the instrument's validity and reliability, and the methods used to collect data. The statistical methods applied to test the study's hypotheses were also recorded. The nature of the data, how they were processed, and the techniques and tools utilised to analyse them were also covered in this chapter.



CHAPTER FOUR

RESULTS AND DISCUSSION

This study's goal was to ascertain the prevalence, nature, and determinants of IPV among colleges of education students in Ghana. The outcomes and discussion of the results are presented in this chapter.

Qualitative Data Analysis

The qualitative data were analysed using thematic analysis. When analysing the data for the study, logical reasoning was used. A list of themes that a researcher anticipates finding in their data serves as the foundation for a deductive approach to thematic analysis. In other words, it uses current theory or previous research to direct the analysis. Based on the research questions, eight major themes were created. The study also created the codes using the latent coding technique. The goal of latent coding is to uncover concealed meanings or underlying presuppositions, notions, or ideologies that might influence the descriptive or semantic content of the data.

The first five themes allowed participants to share their experiences on the types of abuse they have encounter with their intimate partners. Since all the five themes come under one research question (research question 2), thus, they were not sub-divided into subthemes. The remaining three main themes were based on research questions 3, 4 and 5. Research question 3 which dealt with perceived factors that causes IPV has five subthemes namely: Masculinity; Childhood witness of abuse, Economic hardship, Weak legal sanctions and Alcohol use. The next theme which was based on research question 4 sought to know why people continue to be in an abusive relationship. It had three subthemes namely; Hope that they will change; Lack of support and Sexual

benefits from the partner. The final theme looked at research question 5 (how to prevent or control IPV) also had three subthemes namely: Strong legal sanctions; Family support system and Education and awareness creation. The thematic analysis is presented in Table 26 below.

Table 26-*Summary of themes and subthemes*

Research Questions	Themes	Subthemes
R.Q. 2. What are the types of IPV experienced by CoE students in Ghana?	Physical violence Social violence Sexual violence Psychological violence Economic violence	
R. Q. 3 What are the factors that cause IPV among CoE students in Ghana?	Causes of IPV	Masculinity Childhood witness of abuse Economic hardship Weak legal sanctions Alcohol use
R.Q. 4 What are the factors that make CoE students stay with abusive partners?	Staying with abusive partners	Hope that they will change Lack of support Sexual benefits from the partner
R.Q. 5 What are the best approaches to preventing IPV in Ghana?	Preventive measures	Strong legal sanctions Family support system Education and awareness creation

Source: Field Data, (2022)

There were eight themes derived based on the research questions. Based on these themes, other several sub-themes were formed from the participants' responses. Results have been attached to the quantitative data to complement each other.

Demographic Characteristics of Respondents

The demographic information covered about the respondents are in two fold. First personal information about the respondents were explored. Secondly, information about respondents' partners were also presented. The personal information covered include gender, age, relationship status, and religious affiliation. Table 4 presents the personal information of respondents.

Table 4- *Demographic Characteristics of Respondents*

Variable	Frequency	Percentage (%)
Gender		
Female	491	40.0
Male	737	60.0
Age (years)		
15 – 19	148	12.1
20 – 24	901	73.1
25 – 29	150	12.2
30 and above	29	2.4
Relationship Status		
Single	616	50.2
Married	77	6.3
Co – habiting	214	17.4
Dating	321	26.1

Source: Field survey (2022)

From Table 4, the majority of respondents 737 (60%) were males with females being in the minority 491 (40%). Most of the respondents (n=901, 73.1%) were between the ages of 20 – 24 years, followed by those aged between 25 – 29 years (n=150, 12.2%). Ages from 30 years and above had the least number of respondents (n=29, 2.4%). On relationship status of respondents, the majority of the respondents (n=616, 50.2%) stated they were currently single, 26.1% (n=321) were dating, 17.4% (n=214) were co-habiting, while 6.3% (n=77) were married. Finally in Table 8, the study was dominated by respondents who identified themselves as Christians (n=1117, 91%), with the least (n=26, 2.1%) being Africa Traditional believers. A few were believers of

other religion (n=13, 1.1 %). Respondents further gave information about their partners is shown in Table 5. The information about their partners included: partners' age, employment status, educational level, and partners' religious affiliation.

Table 5- *Demographic Characteristics of Intimate Partners*

Variable	Frequency	Percentage (%)
Partners' Age (years)		
Below 20	141	11.5
20 – 24	629	51.2
25 – 29	343	27.9
30 and above	115	9.4
Partners' Employment Status		
Unemployed	319	26.0
Self-employed	386	31.4
Employed	267	21.7
Student	256	20.8
Partners' Educational Level		
No formal education	22	1.8
Primary Level	2	0.2
JHS Level	36	2.9
SHS Level	433	35.3
Tertiary Level	735	59.9
Partners' Religious Affiliation		
Christianity	1134	92.3
Islam	71	5.8
African Traditional	8	0.7
Others	15	1.2

Source: Field survey (2022)

As shown in Table 5, more than half of the respondents (n=629, 51.2%,) indicated their partners were between the ages of 20– 24 years, with those above 30 years representing the least (n=115, 9.4). Most of the respondents also indicated their partners (n=386, 31.4%) were self-employed, 26% (n=319) were unemployed, 21.7% (n=267) were employed, whereas 20.8% (n=256) were students. Moreover, tertiary level was dominant among partners' education level (n=735, 59.9%), followed by those who had completed SHS (n=433, 35.3%). Partners with primary school level qualification were the least (n=2,

0.2%). Further, a vast majority of the respondents identified their partners as Christians (n=1134, 92.3%) with the least being African Traditional affiliations (n=8, 0.7%).

Research Question One: *What is the prevalence of IPV among CoE students in Ghana?*

The focus of this research question was to determine how prevalent intimate partner violence (IPV) was among colleges of education students in Ghana. Respondents were asked whether they had experienced any form of IPV since their first relationship. Their responses are summarised in Table 6.

Table 6- *Experience of IPV Since First Relationship*

Response	Frequency	Percentage (%)
Yes	667	54.3
No	561	45.7
Total	1228	100.0

Source: Field survey (2022)

The majority of the respondents (n=667, 54.3%) responded affirmatively to experiencing IPV since their first relationship, while 45.7% (n=561) responded in the negative. Hence, on the average, in 54 of every 100 cases, level 300 students in the three colleges of education experience IPV. That is a prevalent rate of slightly more than half, thus, IPV was prevalent at 54.3%.

Research Question Two: *What are the types of IPV experienced by CoE students in Ghana?*

This research question explored the broad types of IPVs that students in the colleges of education experience. Those who had experienced any type of

IPV were asked to indicate the broad type of violence they experienced. Table 7 provides a summary of their responses.

Table 7- *Broad Types of IPV Experienced since First Relationship*

Item	Yes	No	N/A
Social violence	401(60.1)*	261(39.1)	5(0.7)
Physical violence	173(25.9)	489(73.3)	5(0.7)
Sexual violence	362(54.3)	300(45.0)	5(0.7)
Psychological violence	319(47.8)	343(51.4)	5(0.7)
Economic violence	281(42.1)	379(56.8)	7(1.0)

Source: Field survey (2022); n=667; *percentages in parenthesis, N/A – no response

From Table 7, social violence ($n = 401$, 60.1%) was most prevalent, followed by sexual violence ($n = 362$, 54.3%) and psychological violence ($n=319$, 47.8%). Physical violence ($n =173$, 25.9%) was the least prevalence of IPV experienced since their first relationship.

Further analysis of the data obtained from research question 2 indicated specific types of the various IPV experienced by the CoE students. The responses were analysed using means and standard deviations. The mean scores ranged from 1.0 to 4.0, with higher scores indicating high occurrence of the IPV. However, a mean score of 1.0 means the violence has not been experienced.

Table 8- *Specific types of Social Violence* (n=401)

Item	M	SD	RK
Stalked me with calling, texting and following me to a point of discomfort	1.67	1.02	1 st
Asked me to report my daily activities including my call logs and text messages	1.65	0.96	2 nd
Stopped me from leaving the house for other reasons	1.57	0.92	3 rd
Kept me from going to see my friends	1.49	0.87	4 th
Spread rumours about me	1.47	0.85	5 th
Spread photos/videos of me without my permission	1.45	0.84	6 th
Prevented my friends from meeting me	1.43	0.82	7 th
Kept me from going to see my family members	1.42	0.81	8 th
<i>Mean of means</i>	<i>1.51</i>	<i>0.89</i>	<i>--</i>

Source: Field survey (2022); RK- rank

Generally, from Table 8, the respondents experienced lower forms of violence. Relatively, the top types of five social violence are as follows. The respondents indicated that their partners often stalked them with calling, texting and following them to a point of discomfort ($M = 1.69$, $SD = 1.02$), asked them to report their daily activities including call logs and text messages ($M = 1.65$, $SD = 0.96$), they stopped them from leaving the house for other reasons ($M = 1.57$, $SD = 0.92$), and they kept them from going to see friends ($M = 1.49$, $SD = 0.85$), and also spread rumours about them ($M = 1.44$, $SD = 0.83$). Table 9 presents that of physical violence.

Table 9- *Specific types of Physical Violence* (n=173)

Items	M	SD	Rank
Slapped me	1.25	0.69	1 st
Threw things at me that could hurt me	1.25	0.64	2 nd
Kicked me	1.23	0.61	3 rd
Dragged me	1.23	0.60	4 th
Hit me with his/her fist or with something else that could hurt one	1.22	0.61	5 th
Beat me up	1.21	0.58	6 th
Pushed or shoved me violently	1.21	0.61	7 th
Choked or strangled me	1.19	0.55	8 th
Burnt me on purpose	1.17	0.52	9 th
Poured hazardous chemicals or substances (e.g. acid, warm water) on me	1.17	0.55	10 th
Used a gun, knife or other weapon against me	1.16	0.49	11 th
Mean of means	1.21	0.59	--

Source: Field survey (2022); RK- rank

The results in Table 9 show the respondents experienced least forms of physical violence. Among the top three violence are: their partners sometimes slapped them ($M = 1.25$, $SD = 0.69$), threw things at them that could hurt them ($M = 1.25$, $SD = 0.64$), and kicked them ($M = 1.23$, $SD = 0.61$). However, the bottom three are that their partners burnt them on purpose ($M = 1.17$, $SD = 0.52$), poured hazardous chemicals on them ($M = 1.17$, $SD = 0.55$), and used gun, knife or other weapons against them ($M = 1.16$, $SD = 0.49$). Table 10 details information on sexual violence.

Table 10- *Specific types of Sexual Violence* (n=362)

Items	M	SD	Rank
Made inappropriate sexual comments about my body that made me feel uncomfortable	1.56	1.00	1 st
Physically forced me to have sexual intercourse or perform a sexual act when I did not want to	1.55	0.97	2 nd
Did not use protection during sex even after I asked for it (protection)	1.54	0.94	3 rd
Touched me in an inappropriately and sexual way that made me feel uncomfortable	1.51	0.87	4 th
Had sex with me without protection from any STI	1.50	0.90	5 th
Forcefully had oral sex with me	1.47	0.88	6 th
Denied me sex without any logical reason	1.47	0.82	7 th
Did not reveal to me that he/she had HIV (though he/she knew about it)	1.42	0.86	8 th
Forcefully had anal sex with me	1.41	0.82	9 th
Penetrated me with an object against my will	1.39	0.79	10 th
Forced us to abort the baby we were expecting	1.34	0.73	11 th
Mean of means	1.47	0.87	--

Source: Field survey (2022); RK- rank

From Table 10, amongst the top six violence reported are partners made inappropriate comments about respondents' body that made them feel uncomfortable ($M = 1.56$, $SD = 1.00$), partners physically forced respondents to have sex with them ($M = 1.55$, $SD = 0.97$), and partners did not protect themselves during sex ($M = 1.54$, $SD = 0.94$). Furthermore, partners touched respondents inappropriately and sexual way that made them felt uncomfortable ($M = 1.51$, $SD = 0.87$), had sex without protection from any STI ($M = 1.50$, $SD = 0.90$), and forcefully had oral sex ($M = 1.47$, $SD = 0.88$). Thus, from table 10, the results indicated that the respondents experienced low form of sexual violence. Table 11 presents results on psychological violence.

Table 11- *Specific types of Psychological Violence* (n=319)

Items	M	SD	RK
Insulted me publicly or privately	1.52	0.94	1 st
Ignored me or treated me indifferently	1.50	0.86	2 nd
Threatened to abandon me	1.49	0.88	3 rd
Humiliated or belittled me publicly or privately	1.46	0.88	4 th
Done things to scare or intimidate me on purpose	1.45	0.84	5 th
Threatened to hurt someone I care about	1.40	0.79	6 th
Threatened to hurt me with something other than a weapon	1.35	0.75	7 th
Threatened to use a gun, knife or other weapon against me	1.30	0.73	8 th
Mean of means	1.43	0.83	--

Source: Field survey (2022); RK- rank

The top five psychological violence respondents experienced are as follows. The respondents indicated that their partners often insulted them publicly or privately ($M = 1.52$, $SD = 0.94$), ignored them or treated them indifferently ($M = 1.50$, $SD = 0.86$), and threatened to abandon them ($M = 1.49$, $SD = 0.88$). Further, respondents added that partners humiliated or belittled them publicly or privately ($M = 1.46$, $SD = 0.88$), and done things to scare or intimidate them on purpose ($M = 1.45$, $SD = 0.84$). Thus, from table 11, the results indicated that the respondents experienced low form psychological violence. Table 12 presents economic violence.

Table 12- *Specific types of Economic Violence* (n=281)

Item	M	SD	Rank
Refused to give me enough house-keeping money even though I knew he/she had enough money to spend on other things	1.66	1.08	1 st
Controlled my spending decisions	1.57	1.00	2 nd
Forced me to work against my will	1.53	0.86	3 rd
Took cash/withdrew money from my bank account/other savings without my permission	1.47	0.89	4 th
Controlled my own belongings	1.47	0.88	5 th
Destroyed/damaged property that I have material interest in	1.45	0.90	6 th
Prevented me from working/forced me to quit my work	1.43	0.87	7 th
Refused to give me or denied me food or other basic needs	1.42	0.85	8 th
Mean of means	1.50	0.92	--

Source: Field survey (2022); RK- rank

From Table 12, respondents stated that partners refused to give them enough home-keeping money even though their partners had enough money to spend on other things ($M = 1.66$, $SD = 1.08$), controlled their spending decisions ($M = 1.57$, $SD = 1.00$), and forced them against their will ($M = 1.53$, $SD = 0.86$). Also, respondents indicated that their partners took cash or withdrew money from their account without their permission ($M = 1.47$, $SD = 0.89$), controlled their own belongings ($M = 1.47$, $SD = 0.88$), and destroyed properties they had interest in ($M = 1.45$, $SD = 0.90$). Thus, from table 12, the results indicated that the respondents experienced low form of economic violence.

In sum, among the five types of violence, social violence was the highest experienced (mean of means = 1.51), this was followed by economic violence (mean of means = 1.50). The least among them was physical violence (mean of means = 1.21).

Qualitative Data

Respondents shared their experience of the specific types of violence in their intimate relationships. These were some of the excerpts of the interview:

Physical Violence

Below are some of the shared physical violence experienced by respondents:

“I had to cover my face each time he was angry.. my face was his favourite place for cooling down” (Participant 1)

“Me...! being hit with a slipper on the face by a girl.. a girl oooh! Love is a bitch. A whole me ooooo. I thought it was never going to happen me until it did.” (Participant 2)

Social Violence

Some social violence experienced by respondents are shared below:

“Hmm! I actually didn’t know stalking was a word till I looked it up. He would follow me around campus, town, I mean everywhere oooo! When he wasn’t around, he had some useless friends who did his bidding for him.” (Participant 3)

“Talking to girls was her issue. She thought I was messing with her. But it got worse when she saw me talking or smiling with pretty girls. She was so insecure it scared me.” (Participant 4)

“I once had this Oldman, who didn’t like the idea of me having male friends. So I couldn’t answer or call any male contacts on my phone. I had to change their names to girls at a point. He wouldn’t give me a breathing space.” (Participant 5)

Sexual Violence

These are some of the sexual violence experienced by some respondents shared:

“We were having fun....kissing, touching and all that...then boom!!!! It happened, he intentionally entered the wrong hole. Hmmm..... it was horrible and really terrified. He was playing around ‘there’ you know, it was tickling and all that, before I could say jack! He had entered there without my consent. The pain was out of the world.” (Participant 6)

Another participant has this to say:

“He will always say, how can you eat toffees with its wrapper...raw is better....you can feel it. I will not wear any rubber...mood spoiler. I wouldn’t have mind because, raw was nice but he had multiple partners.” (Participant 7)

Another participant has this to say about their experience:

“Why do women like doing that? I mean some women! Sometimes, she will see you really need to visit the ‘shrine’ but she will either pretend she was sleeping or menstruating. That was painful, really painful!”
(Participant 8)

Psychological Violence

When respondents were asked to share their experience of psychological violence, these were some of their experiences shared:

“Madam...do you know how it feels when someone you truly love feels indifferent about you? As if you don't exist? Like you don't really matter anymore? Hmmm Abi!!! That girl made me feel like crap!!” (Participant 9)

“She will be on call waiting when my call goes through to her/ she will not answer neither will she call back. I can call her more than five times in a day and she wouldn't mind me.” (Participant 10)

Another participant shared this:

“Sometimes I wonder how a beautiful lady with all the front and back sides in pleasant places can insult like that. She can dress you down like nothing”. (Participant 4)

“Imagine being humiliated among his friends so much so that even his friends will ask what I see in him? He can make one feel like a rag.” (Participant 11)

Economic Violence

These were some of the experiences that some of the respondent had gone through so far as economic violence was concerned:

“I don't know if you can classify this as economic abuse because, one time my then girlfriend broke my iPhone 11 ProMax of which she didn't get me another one. I had to get myself a new phone. That phone was my whole savings.” (Participant 12)

“My former boyfriend was a rich guy coming from a rich home. He always had money on him but I could beg him for days for just a fraction of what he wasted on his friends daily. He was stingy when it came to me.” (Participant 5)

A participant also had this to say:

“Currently, I’m trying to run away from my boyfriend because I think he is just a parasite. He keeps spending my money through devious means without even getting me a common toffee as a gift.” (Participant 1)

“Awww.... You have reminded me of an incident...hahahaha. Oh it was not funny then. I had to vacate my room for days and my landlord had to warn my girlfriend with the police. She kept destroying every little thing I owned then for no apparent reason. It was horrifying.” (Participant 2)

Research Question Three: *What are the causes of IPV among CoE students in Ghana?*

The aim of this research question was to identify the possible factors that cause IPV among students in colleges of education. Mean scores were used in the analysis. A mean score of 2.50 or more indicate the item is a factor, whereas mean scores below 2.50 means the item is not a factor. Table 13 presents the results.

Table 13- *Factors Leading to IPV*

Item	M	SD	RK
Young age/ immaturity	2.60	1.19	1 st
Exposure to violence between parents	2.50	1.22	2 nd
Weak legal sanctions against IPV within marriage	2.49	1.06	3 rd
Weak legal sanctions against IPV	2.48	1.05	4 th
Poverty	2.45	1.07	5 th
Low level of education	2.44	1.18	6 th
Low level of education or illiteracy	2.44	1.08	7 th
Man/woman having multiple partners	2.43	1.09	8 th
Low social and economic status of women	2.43	1.06	9 th
General acceptance of violence as way to resolve conflict	2.43	1.05	10 th
Harmful use of alcohol and drugs	2.42	1.20	11 th
Past history of abusing partners.	2.42	1.22	12 th
Too much money or affluence	2.42	1.06	13 th
Conflict or dissatisfaction in the relationship	2.40	1.11	14 th
Culture of male dominance in family relationships	2.40	1.10	15 th
Economic stress	2.40	1.09	16 th
Exposure to violence in the media	2.37	1.07	17 th
Witnessing or experiencing violence as a child	2.36	1.17	18 th
Having experienced physical or sexual abuse during childhood	2.36	1.15	19 th
Acceptance of violence (e.g. feeling it is acceptable for a person to beat his/her partner)	2.21	1.19	20 th

Source: Field survey (2022); RK- rank

From Table 13, respondents agreed to two items based on the mean and standard deviation score as factors that caused IPV. These were young age or immaturity ($M = 2.60$, $SD = 1.19$), and exposure to violence between parents ($M = 2.5$, $SD = 1.22$). That notwithstanding, other factors such as weak legal sanctions against IPV within marriage ($M = 2.49$, $SD = 1.06$), weak legal sanctions against IPV ($M = 2.48$, $SD = 1.05$), poverty ($M = 2.45$, $SD = 1.07$) and low level of education ($M = 2.44$, $SD = 1.18$) were ranked among the first six factors. The following were the least identified factors: and acceptance of violence ($M = 2.21$, $SD = 1.19$), exposure to violence in the media ($M = 2.37$, $SD = 1.07$), among others.

Qualitative Data

Respondents shared their views on the factors that cause IPV among CoE students. Based on their views expressed, three sub-themes were extracted.

Below are some excerpts:

Masculinity

Under masculinity these views were expressed:

“As a man speaking from different perspective, I think we as men don’t like women who challenges us. We must always prove to friends and the community that we are in charge of the relationship. We can’t allow girls/women speak to us anyhow? We must be men at all times.”

(Participant 4)

This came from another participant:

“I think because men are naturally stronger than women and because they always want to control us, when you challenge them small ‘koraa mpo’ then they become aggressive and abusive. Especially when they know they are wrong.” (Participant 5).

Childhood Witness of Abuse

These were some of the views expressed under childhood witness of abuse:

“My ex used to talk about how abusive his father was to him mum. And he promised himself never to hit any woman in his life. But I guess I wasn’t woman enough. I think how people are brought up can lead to abuse.” (Participant 7)

Another participant had this to say

“I always say that where she grew up and her upbringing were the cause of her attitude. She grew up in a rough neighbourhood where there were

fights everywhere. Her mum used to beat up her boyfriends' when she was just a little girl. There was no father. She is a 'Zongo girl'."

(Participant 2)

Economic Hardship

Some participants shared these views under economic hardship

"In my experience, he started getting violent and abusive after he lost his investment to 'NAM 1'. He sent all his frustration on me. I think being broke breaks men's ego and thus makes them violent."

(Participant 1)

"He was usually aggressive each time I asked him for money for fees or clothes. It became worse when he lost his job. Hmmm it wasn't easy."

(Participant 6)

Weak Legal Sanctions

Some participants had these to say on weak legal sanctions:

"I believe the laws of the country does not punish culprits well enough. People keep beating and even killing others all in the name of love, and nothing really is done to them." (Participant 11)

"I as a man don't believe there are any strong laws against people who abuse their partners. Not to even talk of the victims. No proper laws if there are some." (Participant 8)

"Our communities don't see anything wrong with a wife insulting her husband publicly or a husband beating his wife even in public. Everything has become normal. So who is to correct who?"(Participant 9)

Alcohol Use

Below were some views shares:

“I think when the couple drinks, or one of them drinks, there is a likely possibility that abuse happens. I know what I’m really talking about.”

(Participant 3)

“Alcohol and drugs! That’s all I can say. It just reset your brain.”

(Participant 10)

Research Question Four: *What are the factors that make CoE students stay with abusive partners?*

This research question sought to identify the factors that made students in the colleges of education stay with abusive partners. Mean scores were used in the analysis. A mean score of 2.50 or more indicate the item is a factor, whereas mean scores below 2.50 means the item is not a factor. Details of the results are summarised in Table 14.

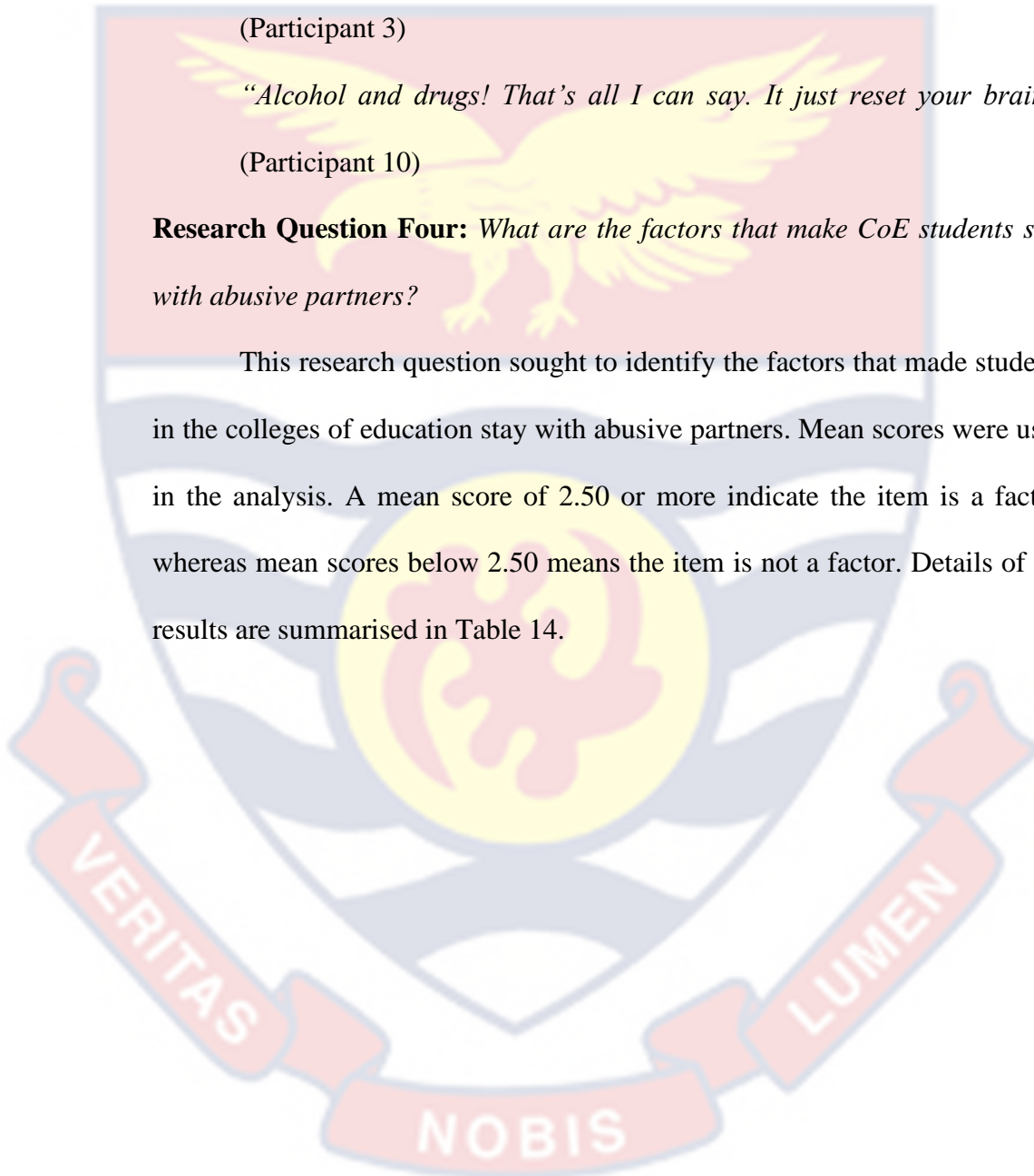


Table 14- *Reasons why CoE Students Continue to Stay in Abusive Relationship*

Items/factors	M	SD	Rank
Concern for their children	3.10	1.03	1 st
Fear of losing custody of children if separation/divorce happens	3.03	1.02	2 nd
Hope that the partner will change.	3.00	1.00	3 rd
Lack of alternative means of economic support	2.98	1.01	4 th
Lack of support from family and friends	2.96	1.04	5 th
Fear of retaliation	2.95	1.01	6 th
Fear of being lonely	2.87	1.02	8 th
Deep love for the partner in spite of violence suffered	2.90	1.05	7 th
Sexual enjoyment derived from experiencing violence (sadism)	2.75	1.08	9 th
Low mental health of the culprit in intimate partner violence	2.64	1.07	10 th
Low mental health of the victim in intimate partner violence	2.55	1.10	11 th
My religious faith prohibits separation or divorce	2.53	1.13	12 th
Stigma that goes with not being able to stay in such relationship	2.54	1.12	13 th
Fear of what my parents/family may think if I don't stay	2.47	1.11	14 th

Source: Field survey (2022); RK- rank

Respondents indicated 13 reasons for continuous stay with abusive partners (see Table 14). These include: concern of their children ($M = 3.10$, $SD = 1.03$), fear of losing custody of children ($M = 3.03$, $SD = 1.02$), and hope that partners will change ($M = 3.00$, $SD = 1.00$). They further agreed that lacked of alternative means of economic support ($M = 2.98$, $SD = 1.01$) and lack of support from family ($M = 2.96$, $SD = 1.04$) made them stayed with abusive partners. Fear of the thoughts of their parents was not a major reason for they staying with abusive partners ($M = 2.47$, $SD = 1.11$) since mean was less than 2.50.

Qualitative Data

Participants shared their views on reasons why they continued to stay with their abusive partners. There were three subthemes derived. Below are some of their comments shared:

Hope that they will Change

“Sometimes we believe they will change, you know. Cox they are mostly show much concern after each episode. You will be vulnerable and compassionate should you face one yourself.” (Participant 12)

“I always thought I could help him change. I thought I could show him how to love me better.” (Participant 3)

Lack of Support

These were some views shared on lack of support:

“Money! Money! Money! If he is a rich guy and he provides for you in this economy, my sister common insult is nothing. Just enjoy the money with what it comes with...hahahahaha.” (Participant 5)

“I’m coming from a home where each one to himself, God to us all. Survival of the fittest. He controls my every move though, but he gives me all that I need for my fees and feeding. I won’t survive without his help.” (Participant 11)

“I knew a woman who wanted to leave her abusive husband but her church and family didn’t support her. Finally, finally, her burial was three weeks ago. She could have been alive if her family supported her. My take though.” (Participant 4)

Sexual Benefits from the Partner

Under the sexual benefits from partners, participants had these to say:

“The kind of things she does with and to my body ‘no’ I’m yet to experience that from anyone else. She is good there..hehe...you know what I mean right. She is really good there!!” (Participant 10)

“He knows how to make a woman feel good sexually. He ‘digmatized’ me in a way that it was difficult for me to leave hmmm!” (Participant 7)

Research Question Five: *What are the best approaches to preventing and responding to IPV in Ghana?*

The goal of this research question was to determine views of respondents on the approaches that could be used to prevent and respond to IPV among students in the colleges of education. A mean score of 2.50 or more indicate the item is a way of preventing or responding to IPV, whereas mean scores below 2.50 means otherwise. Summaries of the results are displayed in Table 15.

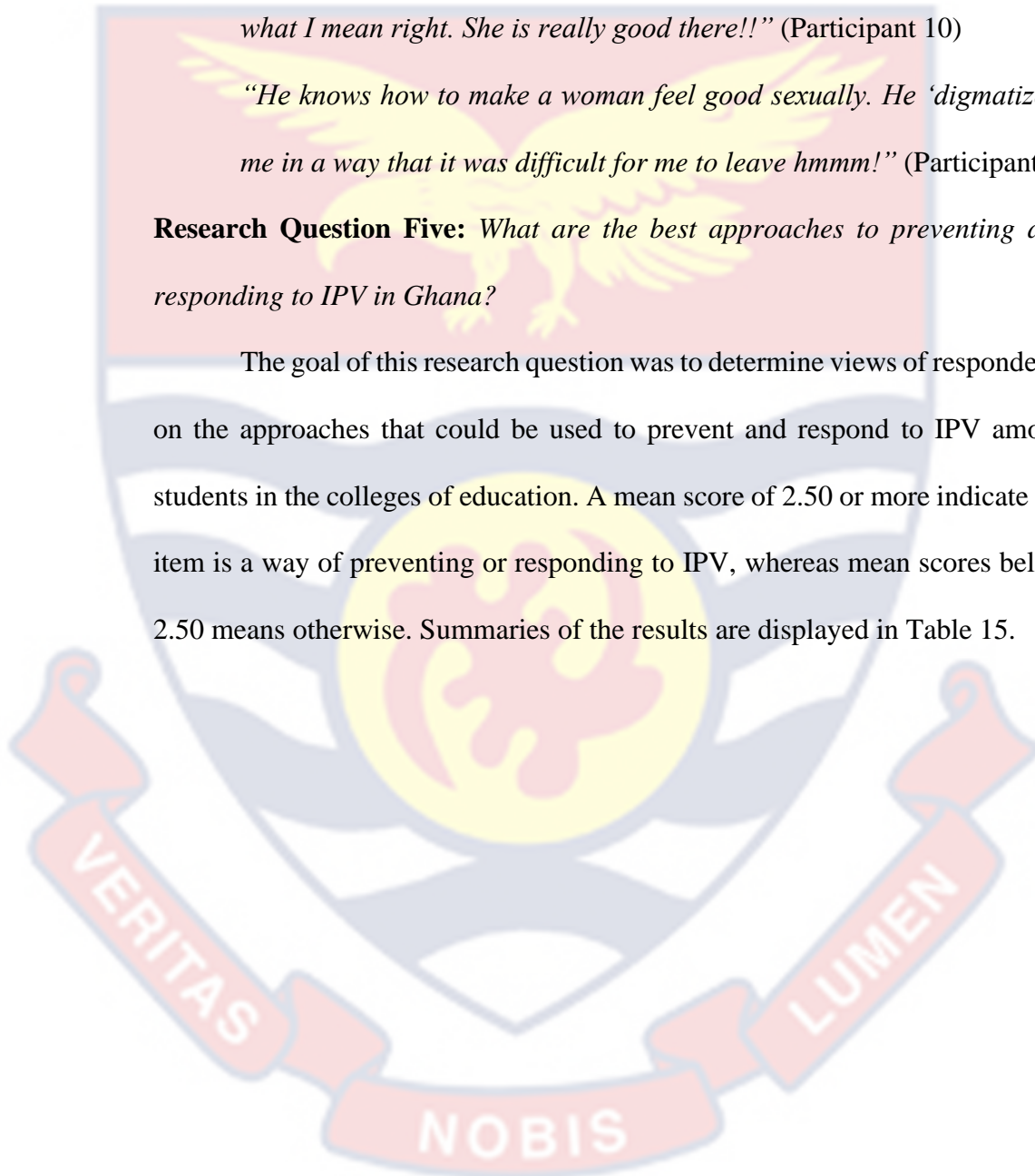


Table 15- *How to Prevent IPV*

Item	M	SD	Rank
Include relationship issues in students' orientation programmes	3.42	0.82	1 st
Create awareness programmes on healthy relationships in the various SRC programmes	3.39	0.85	2 nd
Teach safe and healthy relationship skills in schools and colleges	3.37	0.85	3 rd
Organise media and advocacy campaigns to raise awareness about existing legislation	3.36	0.87	4 th
Strengthen women's civil rights related to divorce, property, child support and custody	3.36	0.89	5 th
Reform civil and criminal legal frameworks against perpetrators	3.35	0.89	6 th
Educate communities on healthy and safe relationship	3.34	0.87	7 th
Organise media and advocacy campaigns to raise awareness on the negative impact of IPV	3.33	0.88	8 th
Design life-skills and school-based programmes	3.31	0.87	9 th
Engage boys and girls to promote non-violence and gender equality	3.31	0.88	10 th
Engage boys and girls to promote non-violence and gender equality	3.30	0.91	11 th
Provide early-intervention services to at-risk families.	3.27	0.91	12 th
Build comprehensive service responses to IPV survivors in communities	3.25	0.92	13 th

Source: Field survey (2022); RK- rank

The respondents identified 13 ways in which IPV can be prevented (see Table 15). Some of the approaches were, including relationship issues in students' orientation programmes ($M = 3.42$, $SD = 0.82$), creating awareness on healthy relationships in the various SRC programmes ($M = 3.39$, $SD = 0.85$), and teaching safe and healthy relationship skills in schools and colleges ($M = 3.37$, $SD = 0.85$). They also resolved to coordinate press and outreach activities to promote understanding of current laws ($M = 3.36$, $SD = 0.87$), bolster the legal rights of women in matters of breakup, assets, childcare, and safekeeping ($M = 3.36$, $SD = 0.89$), and reforming civil and criminal legal frameworks against perpetrators ($M = 3.35$, $SD = 0.89$).

Qualitative Data

Participants shared their views on effective ways to curb or prevent IPV. Three subthemes were developed based on participants views shared. Below are some excerpts:

Strong Legal Sanctions

These were some views shared by participants on strong legal sanctions:

“I will always talk about sanctions for those who beat and cause physical harm/damage to their partners. They should be sentenced for life.” (Participant 9)

“The laws must work!! And if there are no laws, our leaders must sit up and create one because it is becoming unbecoming.” (Participant 8)

“One guy who beat his pregnant wife to her death, they made it a ‘foolish’ case. He is walking in town with his shoulders up. It bores me paaa, but what can I do?” (Participant 3)

Family Support System

Some participants had these to share:

“Church and family support is necessary. They should listen and help their people when they report such cases. We tend to ignore our own a lot.” (Participant 12)

“Some people are dying slowly in their marriages because their family and church do not support divorce. Sometimes it’s painful to watch.”
(Participant 8)

“Imagine your boyfriend/husband beats you up, then your brothers gang up and beat him too hahahaha, it will teach them a lesson.” (Participant 6)

Education and Awareness Creation

These were some of the comments shared by participants under education and awareness creation:

“It should begin from school or even home. Parents and teachers as such should educate their wards on what a healthy relationship should look like.”(Participant 11)

“I think for example, during orientation, if the school authorities can speak to the first years about this abuse thing and stuff, most first year students especially the ladies will know their worth.” (Participant 4)

“Our t.v’s and radio’s should be vibrant in these areas since it is becoming very common in Ghana now. Those unnecessary telenovelas should be cancel for this important issue.” (Participant 7)

Testing of Hypotheses

Descriptive information such as mean, 5% trimmed mean, median, standard deviations, skewness, and kurtosis of the five dimensions of IPV are shown in Table 16.

Table 16- *Descriptive Statistics on the Dimensions of IPV*

	Social	Physical	Sexual	Psychological	Economic
Mean	1.51	1.21	1.47	1.43	1.50
5% Trim.	1.45	1.22	1.39	1.35	1.41
Median	1.25	1.00	1.00	1.00	1.13
Std. Deviation	0.64	0.49	0.70	0.68	0.79
Skewness	1.21	3.03	1.46	1.64	1.60
Kurtosis	0.79	9.78	0.99	1.68	1.21

As depicted in Table 16, the mean, 5% trimmed mean, and median of all variables were approximately the same. Additionally, except for physical violence dimension which was close, the skewness and kurtosis were within the recommended ranges of ± 2 and ± 7 , respectively (Hair et al., 2010). Based on these, it can be said that normality is assumed.

Hypothesis One

H0: There is no statistically significant gender difference in the experience of IPV among CoE students.

H1: There is a statistically significant gender difference in the experience of IPV among CoE students.

The purpose of this hypothesis was to ascertain whether the degree of IPV experienced by male and female students varied. An independent samples t-test was used to test this hypothesis and see whether any statistically significant differences exist. Table 17 provides the analysis of the findings.

Table 17- Gender Difference in the Experience of IPV among CoE

Students

Gender	N	Mean	SD	df	t-cal	Sig (2tailed)
Female	283	79.93	25.11			
				665	2.82*	.005
Male	384	74.47	24.36			

*Significant, $p < 0.05$

Table 17 shows the independent samples t-test performed on male and female College of Education students' experience of IPV. A preliminary analysis to test the assumption of Homogeneity of Variance was conducted using Levene's test. The p-value for Levene's test was .347, which is greater than the alpha (critical value) of .05. This means that the assumption of equal variances has not been violated. The Table revealed that the mean for the females was 79.93 with a standard deviation of 25.11, while that of males was 74.47 with a standard deviation of 24.36. It can be concluded from Table 23 that there is a statistically significant difference in male and female students' experience of intimate partner violence which is to mean that, it was not as a result or error or chance ($t = 2.82, df = 665, p < .05, 2\text{-tailed}$). The magnitude of the differences in means (mean difference = 5.45, 95% CI: 1.65 to 9.24) was very small (eta squared = .004). Male and female students experienced IPV different ways. The probability value (p-value) of 0.005 is less than the .05 significant level. Therefore, based on the result above the null hypothesis is rejected.

Hypothesis Two

H0: There is no statistically significant difference among CoE students in their experiences of IPV on the basis of age.

H1: There is a statistically significant difference among CoE students in their experiences of IPV on the basis of age.

The focus of this hypothesis was to determine if a statistically significant difference exist among CoE students in their experiences of IPV on the basis of age. In testing this hypothesis, One-way analysis of variance (ANOVA) was computed to find the differences. The analysis of the results is presented in Table 18

Table 18- *CoE Students Experiences of IPV on The Basis of Age*

	Statistic ^a	df 1	df 2	Sig.
Welch	8.46*	3	67.90	.000

*Significant, $p < 0.05$

Table 18 presents the results obtained from the One-way ANOVA. A preliminary analysis to test the assumption of Homogeneity of Variance was conducted using Levene's test. The p-value for Levene's test was .000, which is less than the alpha (critical value) of .05, $F(3, 663) = 6.60, p < .001$. This means that the assumption of equal variances has been violated. Consequently, the Welch test provided by the Robust Tests of Equality of Means was used. The results show that the p value of .000 is less than the significant level of 0.05 implying that there was a statistically significant difference among CoE students in their experiences of IPV on the basis of age, which is to mean that it was not

as a result of error or chance $Welch's F(3, 67.90) = 8.46, p < .001$. The effect size, calculated using eta squared, was .03 indicating a small effect size. In this respect, the null hypothesis was rejected in favour of the alternate hypothesis.

A Post-Hoc test of multiple comparisons using Games-Howell post hoc procedure was employed to assess which group means in the independent variable (age) differed from others with respect to students' experiences of IPV that showed a statistically significant at the 0.05 alpha level. The analysis of the results is presented in Table 19.

Table 19- *Post Hoc on CoE Students' Experiences of IPV on the Basis of Age*

(I) AGE	(J) AGE	Mean Difference (I-J)	Std. Error	Sig.
Below 20	20 – 24	-10.39181*	2.96490	.004
	25 – 29	.10179	3.59424	1.000
	30 and above	-13.23793	6.44709	.193
20 – 24	15 -19	10.39181*	2.96490	.004
	25 – 29	10.49360*	2.57401	.001
	30 and above	-2.84612	5.93902	.963
25 – 29	Below 20	-.10179	3.59424	1.000
	20 – 24	-10.49360*	2.57401	.001
	30 and above	-13.33973	6.27693	.172
30 and above	Below 20	13.23793	6.44709	.193
	20 – 24	2.84612	5.93902	.963
	25 – 29	13.33973	6.27693	.172

* = where figures indicate significant differences in means

The Games-Howell post hoc procedure proved that the actual difference in means existed between the respondents aged below 20 ($M = 68.36, SD = 20.91$) and 20-24 ($M = 78.75, SD = 25.38$). There was a difference in means between respondents aged 20-24 ($M = 78.75, SD = 25.38$) and those aged 25-29 ($M = 68.26, SD = 19.81$) with respect to their experience of IPV.

Hypothesis Three

H0: There is no statistically significant difference in the experience of IPV among CoE students on the basis of their relationship status.

H1: There is a statistically significant difference in the experience of IPV among CoE students on the basis of their relationship status.

The aim of this hypothesis was to determine differences in experience of IPV among CoE students with respect to the status of their relationship. In testing this hypothesis, One-way analysis of variance (ANOVA) was computed to find the differences. The analysis of the results is presented in Table 20.

Table 20- *CoE Students Experiences of IPV on the Basis of Relationship Status*

	Statistic ^a	df 1	df 2	Sig.
Welch	23.88*	3	171.82	.000

*Significant, $p < 0.05$

Table 20 presents the results obtained from the One-way ANOVA. A preliminary analysis to test the assumption of Homogeneity of Variance was conducted using Levene's test. The p -value for Levene's test was .000, which is less than the alpha (critical value) of .05, $F(3, 663) = 20.56, p < .001$. This means that the assumption of equal variances has been violated. Consequently, the Welch test provided by the Robust Tests of Equality of Means was used. The results show that the p value of .000 is less than the significant level of 0.05 implying that there was a statistically significant difference (which means it was not as a result of error or chance) among CoE students in their experiences of IPV on the basis of relationship status, *Welch's* $F(3, 171.82) = 23.88, p < .001$. The effect size, calculated using eta squared, was .09 indicating a medium effect

size. In this respect, the null hypothesis was rejected in favour of the alternate hypothesis.

Post-hoc test of multiple comparisons using Games-Howell post hoc procedure was employed to assess which group means in the independent variable (relationship status) differed from others with respect to students' experiences of IPV that showed statistically significant at the 0.05 alpha level. The analysis of the results is presented in Table 21.

Table 21- *Post-hoc on CoE Students Experiences of IPV on the Basis of Relationship*

(I) Relationship Status	(J) Relationship Status	Mean Difference (I-J)	Std. Error	Sig.
Single	Married	2.02352	3.78667	.950
	Co-habiting	18.38798*	2.21399	.000
	Dating	2.21681	2.59503	.828
Married	Single	-2.02352	3.78667	.950
	Co-habiting	16.36446*	4.00082	.001
	Dating	.19329	4.22363	1.000
Co-habiting	Single	-18.38798*	2.21399	.000
	Married	-16.36446*	4.00082	.001
	Dating	-16.17117*	2.89860	.000
Dating	Single	-2.21681	2.59503	.828
	Married	-.19329	4.22363	1.000
	Co-habiting	16.17117*	2.89860	.000

* = where figures indicate significant differences in means

The Games-Howell post hoc procedure proved that the actual difference in means existed between the respondents who were single ($M = 81.19$, $SD = 23.82$) and respondents who were co-habiting ($M = 62.81$, $SD = 21.37$). There was a significant difference (which means it was not as a result of error or chance) in means between respondents who were married ($M = 79.17$, $SD =$

24.45) and those who were co-habiting ($M = 62.81, SD = 21.37$) with respect to their experience of IPV. It can also be seen from Table 21 that the respondents who were co-habiting ($M = 62.81, SD = 21.37$) differed significantly from respondents who were dating ($M = 78.98, SD = 25.79$) with respect to their experience of IPV.

Hypothesis Four

H0: There is no statistically significant difference in the experience of IPV among CoE students on the basis of the employment status of their partners.

H1: There is a statistically significant difference in the experience of IPV among CoE students on the basis of the employment status of their partners.

The aim of this hypothesis was to determine differences in experience of IPV among CoE students with respect to the employment status of their partners. In testing this hypothesis, One-way analysis of variance (ANOVA) was computed to find the differences. The analysis of the results is presented in Table 22.

Table 22- *Experiences of IPV among Students with Respect to the Employment Status of their Partners*

	Statistic ^a	df 1	df 2	Sig.
Welch	35.50*	3	285.60	.000

*Significant, $p < 0.05$

Table 22 presents the results obtained from the One-way ANOVA. A preliminary analysis to test the assumption of Homogeneity of Variance was

conducted using Levene's test. The p-value for Levene's test was .000, which is less than the alpha (critical value) of .05, $F(3, 663) = 34.00, p < .001$. This means that the assumption of equal variances has been violated. Consequently, the Welch test provided by the Robust Tests of Equality of Means was used.

The results show that the p value of .000 is less than the significant level of 0.05 implying that there was a statistically significant difference (which means it was not as a result of error or chance) in the experience of IPV among CoE students on the basis of the employment status of their partners, *Welch's* $F(3, 285.60) = 35.50, p < .001$. The effect size, calculated using eta squared, was .09 indicating a medium effect size. In this respect, the null hypothesis was rejected in favour of the alternate hypothesis.

A Post-Hoc test of multiple comparisons using Games-Howell post hoc procedure was employed to assess which group means in the independent variable (partner's employment status) differed from others with respect to students' experiences of IPV that showed statistically significant at the 0.05 alpha level. The analysis of the results is presented in Table 23.

Table 23- Post Hoc on Experiences of IPV among Students on the Basis of Employment Status of their Partners

(I)	(J)	Mean		
Partner's	Partner's	Difference		
employment	employment	(I-J)	Std. Error	Sig.
Unemployed	Self-employed	-20.93522*	2.12829	.000
	Employed	-4.10577	2.80132	.460
	Student	-6.93272	2.83193	.072
Self-employed	Unemployed	20.93522*	2.12829	.000
	Employed	16.82945*	2.71764	.000
	Student	14.00250*	2.74918	.000
Employed	Unemployed	4.10577	2.80132	.460
	Self-employed	-16.82945*	2.71764	.000
	Student	-2.82695	3.29784	.827
Student	Unemployed	6.93272	2.83193	.072
	Self-employed	-14.00250*	2.74918	.000
	Employed	2.82695	3.29784	.827

* = where figures indicate significant differences in means

The Games-Howell post hoc procedure proved that the actual difference in means existed between the unemployed partners ($M = 67.25$, $SD = 22.29$) and partners who were self-employed ($M = 88.18$, $SD = 22.46$). There was also a significant difference in means between partners who were self-employed ($M = 88.18$, $SD = 22.46$) and those who were employed ($M = 71.35$, $SD = 25.86$) with respect to their experience of IPV. The Post-Hoc test of multiple comparisons further revealed that significant difference in means existed between self-employed partners ($M = 88.18$, $SD = 22.45$) and partners who were students ($M = 74.18$, $SD = 22.91$) with respect to students experience of IPV.

Hypothesis Five

H_0 : There is no statistically significant difference in the experience of IPV among CoE students on the basis of their partners' educational level.

H_1 : There is a statistically significant difference in the experience of IPV among CoE students on the basis of their partners' educational level.

The objective of this hypothesis was to determine differences in the experience of IPV among students in the CoE based on the educational level of their partners. In testing this hypothesis, One-way analysis of variance (ANOVA) was computed to find the differences. The analysis of the results is presented in Table 24.

Table 24- *One-way Analysis of Variance (ANOVA) on Experiences of IPV among Students with Respect to their Educational Level of their Partners*

Source of variation	Sum of squares	Df	Mean square	F-cal	P value
Between groups	30021.191	4	7505.298	13.081	.000
Within groups	379836.578	662	573.771		
Total	409857.769	666			

*Significant, $p < 0.05$

Table 24 presents the results obtained from the One-way ANOVA. A preliminary analysis to test the assumption of Homogeneity of Variance was conducted using Levene's test. The p-value for Levene's test was .762, which is greater than the alpha (critical value) of .05. This means that the assumption of equal variances has not been violated. The One Way ANOVA revealed that the p value of .000 is less than the significance level of 0.05 implying that there was statistically significant difference in the experience (which means it was

not as a result of error or chance) of IPV among CoE students on the basis of the educational level of their partners, $[F(4, 662) = 13.081, p < .001]$. The effect size, calculated using eta squared, was .07 indicating a small effect size. In this respect, the null hypothesis was rejected in favour of the alternate hypothesis.

A Post-Hoc test of multiple comparisons using Tukey Honest Significant Difference test was employed to assess which group means in the independent variable (partner's educational level) differed from others with respect to students' experiences of IPV that showed statistically significant at the 0.05 alpha level. The analysis of the results is presented in Table 25.

Table 25- *Post Hoc Results on Experiences of IPV among Students on the Basis of Educational Level of their Partners*

(I) Partner's education	(J) Partner's education	Mean		
		Difference (I-J)	Std. Error	Sig.
No formal	Primary	2.05556	18.72533	1.000
	JHS	3.47863	10.38694	.997
	SHS	5.61050	8.11505	.958
	Tertiary	18.74474	8.08103	.140
Primary	No formal	-2.05556	18.72533	1.000
	JHS	1.42308	18.19401	1.000
	SHS	3.55495	16.99963	1.000
	Tertiary	16.68919	16.98341	.863
JHS	No formal	-3.47863	10.38694	.997
	Primary	-1.42308	18.19401	1.000
	SHS	2.13187	6.79985	.998
	Tertiary	15.26611	6.75921	.160
SHS	No formal	-5.61050	8.11505	.958
	Primary	-3.55495	16.99963	1.000
	JHS	-2.13187	6.79985	.998
	Tertiary	13.13424*	1.91114	.000
Tertiary	No formal	-18.74474	8.08103	.140
	Primary	-16.68919	16.98341	.863
	JHS	-15.26611	6.75921	.160
	SHS	-13.13424*	1.91114	.000

* = where figures indicate significant differences in means

The Tukey post hoc procedure showed that the actual difference in means existed between the partners who schooled up to Senior High School ($M = 83.95, SD = 22.07$) and partners who had tertiary education ($M = 70.81, SD = 25.26$). There were no significant differences in mean scores between partners in the remaining different pairs of educational level (No formal education vrs Primary; No formal education vrs Junior High School (JHS); No formal education vrs (SHS); No formal education vrs Tertiary; Primary vrs JHS; Primary vrs SHS; Primary vrs Tertiary; JHS vrs SHS; JHS vrs Tertiary).

Discussion of Findings

The findings of the study are discussed in this section.

Prevalence of Intimate Partner Violence among College of Education Students in Ghana

The majority of the subjects (54.3%) indicated they had experienced IPV in their relationship before, which was in response to research question one. Additionally, the most common types of violence were social, sexual, and psychological in nature. Physical violence was the least type of IPV experienced by respondents since their first relationship. The current findings corroborate earlier studies (Cho & Huang, 2017; Scherer et al., 2016). For instance, according to Gover et al. (2008), 74% of college students experienced IPV in the preceding year. According to another study by Fass et al. (2008), 83% of female college students reported experiencing psychological violence during their time in college, compared to 30% who had suffered sexual or physical abuse. In addition, an analysis of the findings from nine research by Scherer, Snyder, and Fisher (2016) revealed that the prevalence rates of IPV among

university students varied from 1% to 31% for physical abuse, from 10% to 77% for emotional aggression, and from 10% to 36% for sexual assault.

The prevalence of IPV among students is not a new phenomenon. Participants in this study have stated that they have been victims of IPV since their first relationship. Although there are rules and regulations governing violence on campuses, respondents are still being exposed to the different forms of IPV, which means IPV could have happened at home. The current finding points to the fact that social violence was the most dominating among students. Participants ranked highly the following examples of social violence; stalking, texting and following partner to a point of discomfort, reporting daily activities including call logs and text messages to partner and stopping from leaving the house for other reasons by partner. Again, sexual violence was reported as the second IPV perpetuated. According to respondents, my partner did not provide protection during sex even after I requested it and made improper sexual remarks about my physique that made me feel uneasy. He or she also literally forced me to engage in sexual activity that I did not want to.

The types of IPV mostly experienced by CoE Students in Ghana

Regarding research question two, the study revealed that of the five types of violence, social violence was the highest experienced, this was followed by economic violence. This finding was in disagreement with a number of studies which found psychological violence to be the most prevalent among college studies (Fass et al., 2008; Gover et al., 2008; Scherer et al., 2016).

According to a research by Fass et al. (2008), 83% of female college students reported being victims of psychological abuse while in college,

compared to a reported 30% who had suffered sexual or physical violence. According to Gover et al. (2008), about 22% of college students experienced physical violence, while 52% said they had been the victims of psychological abuse in the previous year.

The current study has shown that participants were exposed to more of social violence as they indicated that stalking me with calling, texting and following to a point of discomfort; asking to report my daily activities including call logs and text messages; stopping from leaving the house for other reasons; keeping from going to see my friends and spreading rumours.

A study conducted by Institute of Development Studies (IDS), Ghana Statistical Services (GSS) and Associates (2016), also found social violence to be the most prevalent in Ghana. This is presupposed that, a lot of people are moving from the known IPV which are the physical and sexual type of violence to social violence which many people do not classify as violence. Generally speaking, a lot of college students are engage in romantic relationships but do not know how to handle issues in a matured way.

They therefore, resort to social violence as a way of controlling their partners and maintain dominance in the relationship. It is therefore, not surprising that college of Education students experience this type of violence. Physical violence such as slapping, throwing things that could hurt, kicking, dragging and hitting with fist or with something else that could hurt one was the least of the violence experienced by college of education students. It must be established that students are very much aware of the rules and regulations by the Colleges in the students' handbook. They are exposed to the consequences

of being extremely physical in their dealings with other students and therefore, cautious. Maybe, most of their experiences of IPV occurred outside the college.

Causes of IPV among CoE Students in Ghana

Regarding research question three, which examined the causes of intimate partner violence among college students, it was found that participants believed that being young or immature and having experienced parental violence were the main causes of IPV. These results support the outcomes of earlier investigations (Abramsky et al., 2011; Peralta et al., 2010; Dery & Diedong, 2014). Younger women (20 years) had 2.23 times the likelihood of having IPV compared to older women, according to a study by Faramarzi et al. (2005). In a similar vein, Hadi (2000) discovered through data analysis that women under 30 years of age were more likely to experience sexual assault during pregnancy, menstruation, and the neonatal period. Additionally, Abramsky et al. discovered a clear correlation between younger women's ages and elevated IPV risk across the sites. Therefore, the current findings tallies with the previous studies.

Peralta, Tuttle, and Steele (2010) also found a high and consistent correlation between watching violence as a child and later experiencing or perpetrating such actions. Respondents who had been recruited to engage in IPV revealed how they viewed the violence they had seen as youngsters in their own homes as being commonplace. During the interview section with the participants, some of them were of the same view that, childhood witness of abuse could cause IPV in adulthood.

These views expressed by a participants was in agreement with what Dutton (2006) suggested in the levels of his ecological model. Other several

researchers (Erikson & Mazerolle, 2015; Gage, 2016; Abramsky et al., 2011; Bucheli & Rossi, 2017) among many others believed that, marital violence witnessed by a child is positively associated with perpetrating or experiencing IPV as an adult. In it, he suggested that childhood experience of violence/abuse and witnessing violence between parents or adults can make one become either a victim or a perpetrator. This is not far-fetched from the truth in the sense that, most children view what they see or witness in their childhood as normal and would want to imitate it as they grow up.

The recent discovery, however, is at odds with a number other investigations. According to these studies, older couples are more prone to experience violence (Luke, Schuler, Mai, Thien, & Minh, 2007; Vakili, Nadrian, Fathipoor, Boniadi, & Morowatisharifabad, 2010). Luke et al.'s (2007) study on marital behaviours and spousal aggression, for instance, found a higher risk of older men hitting their wives and a higher chance of older women getting attacked by their spouses. This implies that violence is not a preserve for the young and immature but the older also.

This finding is not surprising since immaturity can breed a lot of unnecessary tension in the lives of students. Young students may not have the emotional tenacity needed to have positive relations with others. Again, majority of the participants used in this current study were between the ages of 15 and 24 years. This implies that the population is youthful and are more likely to be immature when it comes to having meaningful interpersonal intimate relationships. The social cognitive theory by Bandura (1977) also gives credence to the current finding. This idea contends that people can learn from the behaviour of others and from whether or not those others receive

reinforcement for acting aggressively. Children pick up behaviour via their encounters and observations of interactions, all in all.

These findings are especially noteworthy when modellers have significant social standing, such as parents and carers (Bandura, 1973). As a result, when people start violence or have strict parenting methods, they realise that the use of force to settle disputes is acceptable and will continue to model this conduct in their relationships with others (Akers & Sellers, 2009). According to Cunningham and Baker (2007), children are amazingly insightful and even when you do not think they are focusing, they are absorbing everything. Children who witness abuse and violence are overcome with strong emotions and deliberately recreate the incidents.

The third and fourth reasons given by respondent as perceived causes of IPV are all centred on weak legal sanctions against IPV. The views shared by the vast respondents were also supported by those who were interviewed. These assertions are in connection with the fourth level of the ecological model as proposed by Bronfenbrenner (1979), Heise (1998) and Dutton (2006). In their separate but related theories, they all believed that, weak legal sanctions against IPV within serve as a significant contributor to the rampant causes of IPV.

Other investigations (Heise & Garcia-Moreno, 2002; Krug, Dalhberg, Mercy, Zwi, & Lozano, 2002; McLeroy, Bibeau, Steckler, & Glanz, 1988) agreed that IPV is mostly driven by cultural beliefs, ideologies, and ideals that perceive IPV as appropriate. These assertions are serious issues that leaders in our communities and countries must sit up and find a more meaningful and strategic way of curbing this issue of lawlessness around IPV. The implication of this finding is that, if people are not punished or sanctioned when they abuse

their partners, especially, those who sexually and physically abused their partners, it will seem that it is normal to act in such a manner thereby allowing onlookers to do same against their partners because they will also not be punished.

Other factors given by the interviewed respondents stressed on economic hardship (poverty) and alcohol/drug abuse by both or either of the partners. The resource theory can also be used to explain the current finding. Theoretically, those with greater wealth may be less likely to demand respect or obedience through violence because their resources are more likely to fulfil such needs for them (Goode, 1971). However, when resources like money and social standing are not accessible, males may turn to violence as a substitute (Goode, 1971). The current state of economic hardship makes everything difficult. People are frustrated because what they earn is not enough to sustain them not to talk of using the same insignificant and insufficient income to support. It thus looks/feels easier to use violence as a substitute.

On the other hand, some of the participants interviewed were of the notion that alcohol use by partners were possible factors causing IPV among CoE students. These respondents shared the same view with many others around the globe (Hatcher et al., 2014; Tenkorang et al., 2013). For instance, in Ghana, the risk of abuse is twice as high for women whose partners consume alcohol (Adjah & Agbemaflle, 2016; Tenkorang & Owusu, 2018). When people are intoxicated, their ability to think through things and make diligent or informed decisions is reduced and that may be the reason when it comes to partners who drink and abuse their partners or are being abused by their partner.

Factors that make CoE Students stay with Abusive Partners

The fourth research objective looked into the reasons why CoE students continue to be with their abusive partners. The survey found that the following factors were the most important ones that lead people to stay with abusive partners: concern for their children, fear of losing custody of children, optimism that partners will change, lack of alternative sources of financial assistance, and lack of support from family.

García-Moreno, Jansen, Ellsberg, Heise, and Watts (2005) and Bornstein (2006) discovered that women who stay with their abusive spouses have anxiety for their children, which is consistent with participants' worries for their kids and fear of losing custody. Most men refused to pay for child support or refuse to support their children who are not staying with them, some just to punish the mothers of these children. These other researchers believe that the presence of children in the relation affects the decisions to leave an abusive relationship (Estrellado & Loh, 2014; Rhodes, Cerulli, Dichter, Kothari, & Barg, 2010). Sometimes too the stress involved in fighting for the custody of kids will make people neglect all signs of abuse and stay with their abusive partners. I believe it is one of the reasons why most people choose to stay with their abusive partners instead of running for their lives.

The finding that respondents hope that partners will change was also buttressed by those interviewed. These responses support an earlier study conducted by García-Moreno, Jansen, Ellsberg, Heise, and Watts, (2005) where they discovered that most people stay in abusive relation with the hope that their partners will change. Similarly, the current findings support the study by Eckstein, (2011) which found that people stay with their abusive partners

because they have positive beliefs in the future. The love and care abusive partners show after an episode will make one believe that, it was just a bad day and thus, she/he will change for the better. Some may change but the majority may never change.

Regarding the absence of parental help and the lack of other possible sources of financial assistance, data received from interviewed participants agreed that indeed financial support from their partners and lack of support from their family are mainly part of the reasons why they continue to stay with their abusive partners.

This finding tallies with previous studies. Sanders (2015) and Sedziafa et al. (2017) discovered that limiting women's access to and control over monetary backing makes it challenging for them to meet the fundamental needs of their children, such as food. Women who are financially dependent on their boyfriends are consequently more likely to endure additional types of intimate partner violence by men (Oduro, Deere, & Catanzarite, 2015).

Partner's concern over their children may some render them helpless and make them stay in abusive relationship. Women especially do not want to lose their children also consider their welfare hence preferring to stay in abusive homes to moving away. In addition, some partners believe that giving second chance is the best option. They believe that their partners may change with time, therefore, decide to stay and observe this change happen no matter how long it may take. This is quite dangerous and usually leads to a sad end but many people give it a try. Culture and traditions also make people stay in abusive homes. In Ghana, a lot of divorcees are perceived to be irresponsible people who bring shame to the families. Therefore, the family do not come in to support anybody

who has chosen to stay off an abusive relationship. More attention is given to staying in relations and trying to resolve matters which usually does not work most often. Since less support will be received from family members, abused partners continue to stay in the relationship.

Best Approaches to Preventing IPV in Ghana

This fifth research question was aimed at determining the approaches best used in preventing IPV among students in the colleges of education. The current study found the following to be ways to preventing IPV: discussing relationship issues in students' orientation programmes; creating awareness on healthy relationships in the various SRC programmes; teaching safe and healthy relationship skills in schools and colleges. They also decided to plan media and advocacy activities to spread the word about current laws. The least preferred strategy for intervening IPV, according to the respondents, was to provide enhanced service solutions to IPV survivors in localities which is an intervention.

Other findings from the interviewed data stressed on reinforcement of the laws governing IPV. The work of Adu-Gyamfi (2014), who examined the prosecution of domestic abuse cases following the introduction of the 2007 Domestic Violence Act in the Ghanaian municipality of Mampong, provided support for the conclusions about law and legislation. The analysis found that after the Act was passed, there was a significant rise in the amount of complaints of abuse but no matching increase in the number of accusations or prosecutions. Mitchell (2011) also noted that while several organizations have been set up in Ghana to address domestic violence, they are constrained by capabilities and other practical problems, such as a complete absence of initial and continuing

employee training, the delay of the tribunals, and a lack of specific support programmes like counselling, transitional shelters, and expert counsel.

If perpetrators know that their actions will not be persecuted, they will continue abusing more and more victims. Our justice system as a country needs to be strengthened in every area, from the police service through to the court system. People must be held responsible for these kinds of crime and humanly injustice.

Others also believed that family support system will help prevent the adverse effects of IPV. In Ghana, Amoakohene (2004) found that most domestic violence victims did not report the abuser since they did not always receive support whether they went to their relatives, the village head, or the police. These views held by respondents are not far-fetched because our inability to support one another as a family, church, community or friends allow perpetrators of these crimes see victims as helpless or powerless and therefore do not fear harming them. It is important for everyone to accept the fact that, violence in any form is wrong and hold hands in fighting against it.

On education and creation of awareness too, participants believed that if there were proper education and awareness creation among various communities and schools about IPV, it will help curb it. This finding could be explained to align with the rules and regulations stipulated in the colleges' handbooks for students. The discussion of relationship issues during orientation is a way of making fresh men and women aware of what the school stands for when it comes to IPV. Reiterating the school's stance is very critical in making students aware of how heinous it is for them to engage in violence. It is not surprising the students also indicated that awareness creation during SRC

programmes is another to preventing IPV. This is because during these programmes students can get to hear a lot about forming meaningful relationships. It is, therefore, important that the SRC collaborate with counselling units of the various colleges in order to get the right people on board to talk about such topics. In addition, students must be constantly reminded of the existing legislation about IPV both at the national and local level. This can be done through various campus advocacy groups.

The purpose of hypothesis one was to ascertain whether the degree of IPV experienced by male and female students varied. The study found that the prevalence of IPV among male and female students varied significantly. This implies that IPV was experienced differently by male and female pupils. A variety of research papers are supported by the most recent discoveries (Kishor & Bradley, 2012; Umubyeyi, Mogren, Ntaganira, & Krantz, 2014).

In two African nations—Ghana in West Africa and Uganda in East Africa—Kishor and Bradley (2012) focused on the experiences of married men and women. They discovered that there was no proof to support gender symmetry in regard to spousal violence. Umubyeyi, Mogren, Ntaganira, and Krantz (2014) investigated the prevalence of several types of intimate relationship violence among young people and found that women were consistently more likely than men to report having such acts committed against them.

This result is not unexpected given that empirical evidence from poor countries indicates that men are much more likely than women to engage in IPV, harm intimate partners, and even kill them (Caman et al., 2017; Stöckl et al., 2013). This stands to reason than men and women experience IPV

differently. A possible reason for this finding could be due to strict adherence to hegemonic masculinity norms in our local communities. By supporting traditional masculine ideals like status, esteem, and power, violence against women is tied to men's dominance and rule over them. Some males choose to employ violence despite believing it to be unneeded because of social pressures.

The second hypothesis was to determine whether or not there was a statistically significant difference among CoE students in their experiences of IPV on the basis of age. It was revealed that there was a statistically significant difference among CoE students in their experiences of IPV on the basis of age. The study further revealed that significant difference existed between students aged below 20 and 20-24; below 20 and 30 and above; 20-24 and 25-29; 25-29 and 30 and above. Students in these age brackets experienced IPV differently. The present finding is in agreement with a number of studies. According to Luke et al.'s study on couple attitudes and marital violence, older males are more likely to hit their spouses and older women are more likely to be hit by their partners.

Additionally, a substantial positive link between a woman's age and IPV was discovered by Vakili et al. (2010). Additionally, Lacey, West, Matusko, and Jackson (2016) discovered that women between the ages of 35 and 64 (35–64) were more likely to experience serious physical violence from a partner. Younger women (20 years) had 2.23 times the likelihood of encountering IPV compared to older women, according to another study by Faramarzi et al. (2005). Hadi (2000) discovered that women under 30 years old were more likely to experience sexual assault during pregnancy, menstruation, and the neonatal period.

It must be established that different age levels come with maturity levels as well. Therefore, it is more likely that students who are younger are likely to be more prone to IPV compared to those advanced in age. Once more, it is probable that because older people have been exposed to the possibility of violence for longer in their relationships, they are more likely to report hitting or being hit. Younger people will try and keep violence for a long time without reporting it. Some of them may even perceive it to be shameful when violence is reported. It may take extreme dangerous cases before they come out to seek help.

The aim of hypothesis three was to determine if differences existed in the experience of IPV among CoE students with respect to the status of their relationship. The study revealed a statistically significant difference in the experience of IPV among CoE students on the basis of their relationship status. Specifically, it was found that the actual difference in means existed between the students who were single and those who were co-habiting; single and those who were dating.

In contrast to married couples, dating couples are more prone to act violently towards one another, (Narbors & Jasinski, 2009). According to Bryant and Spencer (2003), over 20% of college daters experience physical violence, and an even higher percentage experience psychological abuse. The current conclusion is rather unexpected because one could have expected students who were married and those who were single to suffer IPV differently.

However, it was not the case, the difference rather existed between singles and those who were co-habiting as well as those dating. These findings, however, do not support the findings of these researchers. Dating couples are

more prone to turn violent towards one another than married couples (Narbors & Jasinski, 2009). According to Bryant and Spencer's (2003) research, more than 20% of college daters experience physical assault, and an even higher percentage experience psychological abuse.

Marriage comes with a lot of responsibilities and security. Unlike co-habitation and dating where there is less security, marriage makes couples responsible towards each other. Therefore, the experience of violence is expected to be higher for people who have not been legally married although violence can ensue in marriages too.

Furthermore, the study sought to determine whether to see if students' experiences with IPV would vary depending on their partners' work situations. Based on their partners' work position, CoE students' experiences with IPV varied significantly, according to the current study. Particularly, the spouses who were self-employed and those who were employed, as well as the partners who were working and the partners who were students, had actual differences in means.

A possible explanation for this finding is that employment status can determine one's standard of living. A working spouse may be earning some income hence that person is far away from poverty. According to certain studies, IPV is correlated with capital allocation and family low income (Panda & Agarwal, 2005; Tenkorang et al., 2013). Therefore, the experience of IPV is dependent on employment status of the partner. An unemployed partner is likely to be angry partner while a working partner whether self-employed or government worker may be a happy partner. Female partners who are economically dependent on their husbands are more likely to be abused and may

be discouraged from ending abusive relationships out of concern that resources will be taken away from them and their children (Adjei, 2017; Sanders, 2015; Sedziafa et al., 2017).

Therefore, it is not surprising that spouses in this study experienced intimate partner violence differently depending on their work situation.

Hypothesis five sought to identify disparities in IPV experiences among students in the CoE based on the partners' educational backgrounds. Based on the educational background of their partners, it was found that CoE students' experiences with IPV varied significantly. Particularly, there was a real difference in means between the partners with up to senior high school education and the ones with tertiary education. The current findings supports a number of studies. According to some researchers (Abramsky et al., 2011; Onigbogi et al., 2015), couples who have more formal education—especially the male partner—or both partners have a lower likelihood of using violence against women.

Education is very crucial when it comes to the experience of IPV. Educated people are knowledgeable people who know a lot about their rights and the law. Therefore, the level of education determines ones knowledge depth about IPV. People's views and perceptions alter as a result of education, which is also linked to more liberal values (Thornton & Camburn, 2011). Again, confidence is influenced by education level. In general, higher levels of formal education are found to be protective against IPV (Abramsky et al., 2011; Onigbogi et al., 2015).

Chapter Summary

The study findings indicated a 54.3% lifetime prevalence of IPV among the CoE students. The most prevalent type of IPV experienced by respondents was social violence followed by sexual violence, psychological, economic and physical in that order for the lifetime experience. In their last twelve months of experience, social violence was still the most prevalent followed by psychological, economic, sexual and lastly physical violence. Under the social violence, stalking; daily report of personal activities including call logs and messages; being stopped from leaving the house; kept away from seeing friends among many others were the most experienced by respondents.

With regard to physical violence, being slapped; things being thrown at them; being kicked; being dragged and being hit with fist or something among many others were the most experienced by the respondents. Sexual violence reported inappropriate sexual comments about their body; forceful sexual intercourse; sex without protection; being touched inappropriately; sex without protection from STI, among many others. Under the psychological violence, being insulted (publicly/privately); being ignored or treated indifferently; threatened to be abandoned; being humiliated or belittled; being intimidated on purpose among many others were the violence experienced by respondents. The economic violence also reported refusal of partners to give house-keeping money; spending decisions controlled by partners; being forced to work against their will; and unauthorised withdrawal of money by partners, among many others, were experienced by respondents.

Respondents believed that young age/immaturity; exposure to violence between parents; weak legal sanctions against perpetrators of IPV; weak

community sanctions against IPV perpetrators; low level of education; man/woman having multiple partners were the perceived factors of IPV. On reasons why people continue to stay in abusive relationships, respondents concluded that, concern for children; fear of losing custody of children; hope that their partner will change; lack of alternative means of economic support; lack of support from family and friends; fear of retaliation, among many others.

Respondents believed that when relationship issues are included in students' orientation programmes; awareness is created on healthy relations during SRC programmes; students taught safe and healthy relationships in schools; advocacy campaigns organised by the media; civil rights of women strengthened; reformation of legal sanctions against perpetrators, among many others, can help prevent or control IPV among CoE students.

With regard to gender, it was evident that females experienced IPV in reference to all the types of IPV more than males. With reference to age, IPV happened to all the categories of age with the exception of those between the ages of 15-19 years. Thus, age was significant with regard to the experience of IPV among CoE students. It was evident that the relationship status of respondents did not prevent them from experiencing IPV though those who were married experienced less of the various violence. The employment status of respondents' partners was very significant with regard to their experience of IPV. Finally, the educational level of respondents' partners was also significant with regard to their experience of IPV.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter provides a summary of the research while highlighting the methods used for data collection and analysis. On the basis of the key findings, recommendations are made, along with ideas for additional research and the significance of the findings for counselling.

Overview of the Research

This study sought to ascertain the prevalence, nature/types, and predictors of intimate partner violence among Ghanaian college students studying education. This study was guided by five research questions and five hypotheses. The study was guided by five research questions and five hypotheses.

The study employed concurrent triangulation design using both questionnaire and interview guide as the instruments for data collection. In sampling respondents for data collection, a population census was used to include all the 1,361 respondents from the three CoE to form part of the study. In addition to that, a total of 12 respondents were sampled to form part of the qualitative study. Valid data were collected from 1,228 out of 1,361 respondents for the study. The analysis of the quantitative data were done using descriptive and inferential statistics, while the analysis of the qualitative data was done using a thematic method. The demographic features of respondents as well as research questions one and two were analysed using frequencies and percentages for the descriptive statistics. The analyses of research questions 2, 3, and 4 were done using means and standard deviations. The five research

hypotheses were analysed using independent samples t-test and one-way analysis of variance (ANOVA). Hypotheses 1 was tested using independent samples t-test and the four other research hypotheses were tested using one-way (ANOVA).

Key Findings

The following were the key findings:

1. There is a 54.3% lifetime prevalence of IPV among the CoE students.
2. The most prevalent type of IPV experienced by respondents was social violence followed by sexual violence, psychological, economic and physical. In their last twelve months of experience, social violence was still the most prevalent followed by psychological, economic, sexual and lastly physical violence.
3. Under the social violence, *stalking; daily report of personal activities including call logs and messages; being stopped from leaving the house; kept away from seeing friends*, were mostly experienced by respondents.
4. With regard to physical violence, *being slapped; things being thrown at them; being kicked; being dragged and being hit with fist or something*, were mostly experienced by the respondents.
5. The major types of sexual violence reported were, *inappropriate sexual comments about their body; forceful sexual intercourse; sex without protection; being touched inappropriately; sex without protection from STI*.
6. Under the psychological violence, *being insulted (publicly/privately); being ignored or treated indifferently; threatened to be abandoned; being*

humiliated or belittled; being intimidated on purpose, were the majors types of violence experienced by respondents.

7. The type of economic violence experience by respondents included *refusal of partners to give 'chop' money; spending decisions controlled by partners; being forced to work against their will; and unauthorised withdrawal of money by partners.*
8. Respondents believed that *young age/immaturity; exposure to violence between parents; weak legal sanctions against perpetrators of IPV; weak community sanctions against IPV perpetrators; low level of education; man/woman having multiple partners* were the perceived as factors contributing to IPV.
9. On reasons why CoE students continue to stay in abusive relationships, respondents indicated that *concern for children; fear of losing custody of children; hope that their partner will change; lack of alternative means of economic support; lack of support from family and friends; fear of retaliation*, among many others.
10. Respondents believed that *when relationship issues are included in students' orientation programmes; awareness created on healthy relations during SRC programmes; students taught safe and healthy relationships in schools; advocacy campaigns organised by the media; civil rights of women strengthened; reformation of legal sanctions against perpetrators*, among many others, can help prevent or control IPV among CoE students.
11. With regard to gender, it was found that females experienced IPV in reference to all the types of IPV more than males.

12. With reference to age, IPV happened to all the categories of age with the exception of those between the ages of 15-19 years. Thus, age was significant factor with regard to the experience of IPV among CoE students.

13. It was evident that the relationship status of respondents did not prevent them from experiencing IPV though those who were married experienced less of the various types of violence.

14. The employment status of respondents' partners was a significant factors in CoE students' experience of IPV.

15. The educational level of respondents' partners was a significant factors in CoE students' experience of IPV.

Conclusions

In conclusion, social violence outnumbered other types of violence in the lifetime prevalence estimate of IPV among CoE students, which was 54.3%. The researcher's knowledge of intimate partner violence and, more crucially, college students has been greatly expanded by this study, which has been very educational and instructive. The study has opened our eyes to the factors that lead people to stay with violent partners.

According to the study's findings, some CoE students continue to live with their violent relationships because of fear of losing custody of their kids and a never-ending desire for their abusive partners to change. Lack of alternative financial assistance also encourages people to remain living with violent partners. The findings also shed light on the fact that CoE students do in fact encounter IPV irrespective of their age or gender.

The researcher believes that IPV can be controlled if not prevented among CoE and the general public if the Ministry of Gender, Children Social Protection, the Ministry of Health, the media (television and radio stations), the ministry of education and the government and other non-governmental agencies can provide a comprehensive, holistic and enough education/sensitization on the effects of IPV on the physical, mental and emotional health on its victims.

Recommendations

In light of the findings, the following recommendations were made:

1. Since some CoE students continue to be with their abusers, it is recommended that, college counsellors become more empathic and non-judgmental when dealing with this kind of victims.
2. Due to the high rate of IPV among CoE students, it is recommended that college counsellors create massive awareness on Intimate Partner Violence through orientation programmes and SRC week celebrations among the various colleges of education in the country.
3. Looking at the high rate of IPV among these college students, the management and school board should be able to concentrate more resources on how to educate CoE students on IPV.
4. Most people are aware of physical and sexual violence but a few know about social and psychological violence. It is, therefore, recommended that awareness is created on these other types of violence to the general public by the Ministry of Health through the use of the media (radio and television).
5. It is recommended that, laws regarding IPV or domestic violence should be amended by the Parliament in such a way that the punishment involve

will be severe enough to deter others from participating in these violent acts.

6. Since respondents believe that law enforcers fall short in their duties when it comes to IPV, it is recommended that enforcers of the law (DOVVSU) on Domestic Violence of which IPV is inclusive should be more diligent and uncompromising when it comes to bringing perpetrators to justice.
7. It is recommended that mental health awareness is created by the Ghana Psychology Council through the media on the effects IPV has on the victims and children involved.

Implication for Counselling

The findings of this study have the following implications for counselling:

1. The finding that social violence was the most prevalent of the five forms of violence implies that college counsellors in their dealing with victims of IPV should not ignore the aspect of social violence.
2. The finding that victims of IPV continue to stay with their abusive partners implies that college counsellors must be graceful when counselling such people in order not to make them feel like they are the cause of their situation.
3. Since IPV is a very sensitive issue and most people are uncomfortable sharing such issues, it implies that the college counsellor must watch out for clients dealing with low self-esteem, isolated from friends, and mostly kept to themselves and probe further during counselling sessions to rule out any form of IPV.
4. College counsellor must be very empathic especially when dealing with victims of IPV and must make sure to avoid judgmental comments.

5. It is also important for college counsellors to concentrate on the emotions of clients dealing with IPV.

Implication for Guidance

The findings of this study have the following implications for guidance:

1. The finding that social violence was the most prevalent of the five forms of violence and followed by sexual violence implies that, college counsellors need to create special awareness on social and sexual violence among the students. It will be necessary for the college counsellors to assist students in identifying all forms of abuse they are likely to experience in their intimate relationships.
2. The finding that young age/immaturity, exposure to violence between parents and weak legal sanctions against perpetrators were the perceived factors leading to IPV implies that, college counsellors work does not end just at the school. The college counsellor must be an advocate in the community when it comes to the fight against IPV.
3. The finding that partners continue to be with their abusive partners due to fear for their children, hope that their partners will change, lack of alternative support from family and friends imply that, the college counsellors have a lot of work to do when it comes to dealing with victims of these abuse. Developing empowerment programmes for victims, encouraging and supporting communities and families to create support systems for those who will be victims of these forms of violence.
4. The college counsellors also have a duty to involve other stakeholders (Church, Mosque, Traditional Council) when it comes to the community and family education or sensitization on IPV.

5. The college counsellors can collaborate with the student body as well as school management in designing educative programmes on IPV during SRC week celebrations and any other general school programmes.
6. When it comes to gender and IPV, females experience more abuse than males. That notwithstanding, the college counsellor must always remember that a lot of men also go through these forms of abuse in their relationships and should therefore include them in all programmes on IPV.
7. IPV is no respecter of age. Therefore there is the need for the college counsellor to educate both young and old about IPV. It can happen to anyone.
8. The college counsellor should be able to help students and the community at large to understand that, being married or cohabiting does not guarantee one safe from experiencing IPV. All must be vigilant.
9. Since both the educational and employment status of respondents' partners were significant with regard to their experience of IPV, it will be expedient for the college counsellor to encourage and motivate students as well as the community in general to be self-sufficient or less dependent on their partners. Especially during this economic hardship since it is easier to exert frustration and anger when overwhelmed with economic/financial burdens.

Suggestions for Further Research

In three colleges of education in Ghana, the study determined the prevalence, nature, and determinants of IPV. The study used the mixed method approach specifically the concurrent triangulation design. Therefore, it is suggested that future research efforts take the following into account:

1. Intimate Partner Violence among tertiary students in Ghana using a qualitative design. This approach will help the research get in-depth understanding from victims who have experienced IPV.

2. Assessing the psychological effects of IPV on tertiary students in Ghana.

It is recommended to determine the psychological or mental health implications of IPV on both victims and perpetrators.

3. A qualitative study on how victims of IPV continue to stay with their abusive partners is recommended. For mental health practitioners to be able to provide the needed assistance to victims who are still staying with their abusers, it will be necessary to understand them from their internal state of reference.

Chapter Summary

The chapter provided a summary of the complete thesis project, which focuses on the occurrence, nature, and causes of IPV among students in Ghanaian colleges of education. It portrayed the study's final impression. The chapter started out with a summary of the research. This covered both the goal and the chosen research techniques. It also included a summary of the study's main findings, followed by the conclusions drawn from the information covered in the results and discussion section. The chapter concluded with suggestions for additional research, counselling implications based on the study's primary findings, and practical advice.

REFERENCES

- Abrahams, N., Jewkes, R., Martin, L. J., Mathews, S., Vetten, L., & Lombard, C. (2009). Mortality of women from intimate partner violence in South Africa: A national epidemiological study. *Violence and Victims, 24*, 546–556.
- Abramsky, T., Watts, C. H., García-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., & 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, 11*, 1-17.
- Abrar, S., Lovenduski, J. & Margetts, (2000). Feminist ideas and domestic violence. *Political Studies, 48*, 239-262.
- Adebowale, A. S. (2018). Spousal age difference and associated predictors of intimate partner violence in Nigeria. *BMC Public health, 18*(1), 1-15
- Adjah, E. S., & Agbemafle, I. (2016). Determinants of domestic violence against women in Ghana. *BMC Public Health, 16*(1), 2-9.
- Adjei, S. B. (2015). Entrapment of victims of spousal abuse in Ghana: A discursive analysis of family identity and agency of battered women. *Journal of Interpersonal Violence, 32*(5), 730-754.
- Adjei, S. B. (2016). Masculinity and spousal violence: Discursive accounts of husbands who abuse their wives in Ghana. *Journal of Family Violence, 31*(4), 411–422.
- Adjei, S. B. (2017). Sociocultural groundings of battered women's entrapment in abusive marital relationship in Ghana. *Journal of Aggression, Maltreatment & Trauma, 26*(8), 879-901.

- Adu-Gyamfi, E. (2014). Challenges undermining domestic violence victims' access to justice in Mampong Municipality of Ghana. *Journal of Law, Policy and Globalization*, 27, 75–90.
- Ajuwon, A. J. I. Akin-Jimoh, I. A, Olley, B. O. & Akintola, O. (2001). Perceptions of sexual coercion: Learning from young people in Ibadan, Nigeria. *Reproductive Health Matters*, 9(17), 128-136.
- Akers, R. L., & Sellers, C. S. (2009). *Criminological theories: Introduction, evaluation, and application*. Oxford University Press.
- Al Riyami, A., Afifi, M., & Mabry, R. M. (2004) Women's autonomy, education and employment in Oman and their influence on contraceptive use. *Reproductive Health Matters*, 12(23), 144-154.
- Alangea, D. O., Addo-Lartey, A. A., Sikweyiya, Y., Chirwa, E. D., Coker-Appiah, D., Jewkes, R., & Adanu, R. (2018). Prevalence and risk factors of intimate partner violence among women in four districts of the central region of Ghana: Baseline findings from a cluster randomised controlled trial. *PLOS ONE*, 13(7), 1-19.
- Albaugh, L. M. & Nauta, M. M. (2005). Career decision self-efficacy, career barriers, and college women's experiences of intimate partner violence. *Journal of Career Assessment*, 13(3), 288-306.
- Alesina, A., Brioschi, B., & Ferrara, E. L. (2016). Violence against women: A cross-cultural analysis for Africa. *National Bureau of Economic Research*, 88(349), 70-104.
- Allen, C. & M. A. Straus (1980). Resources, power, and husband-wife violence. In M. A. Straus & G. T. Hotaling (Eds.) *The social causes of husband-wife violence* (pp. 188-208). Univ. of Minnesota Press.

- Amar, A.F. & Gennaro. S. (2005). Dating violence in college women: Associated physical injury, healthcare usage, and mental health symptoms. *Nursing Research*, 54, 235-242.
- Amoakohene M. I. (2004). Violence against women in Ghana: A look at women's perceptions and review of policy and social responses. *Social Science & Medicine*, 59(11), 2373-2385.
- Amoakohene, M. I., Smith, M., & Tietaah, K. M. (2019). Intimate partner violence impacts university students in Ghana. *Athens Journal of Social Sciences*, 6, 19-34.
- Arnold, D., Gelaye, B., Goshu, M., Berhane, Y., & Williams, M. A. (2008). Prevalence and risk factors of gender-based violence among female college students in Awassa, Ethiopia. *Violence and Victims*, 23(6), 787–800.
- Ary, D., Jacobs, L. C., Sorensen, C., & Razavieh, A. (2010). *Introduction to research in education* (8th ed.). Cengage Learning.
- Asante, F., Fenny, A., Dzudzor, M., Chadha, M., Scriver, S. Ballantine, C., & Duvvury, N. (2019). *Economic and social costs of violence against women and girls in Ghana: Country technical report*. NUI Galway.
- Astrom, S., Bucht, G., Eisemann, M., Norberg, A., & Saveman, B. I. (2002). Incidence of violence towards staff caring for the elderly. *Scandinavian Journal of Caring Sciences*, 16(1), 66-72
- Atkinson, K., Greenstein, T., & Lang, M. (2005). For women, breadwinning can be dangerous: Gendered resource theory and wife abuse. *Journal of Marriage and the Family*, 67, 1137-1148.
- Baker, T. L. (1994). *Doing social research* (2nd ed.). McGraw-Hill Inc.

- Bandura, A. (1973). *Aggression: A social learning analysis*. Prentice-Hall.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review* 84, 191–215.
- Barnett, O. W. (2001). Why battered women do not leave, Part 2. Trauma, *Violence and Abuse*, 2(1), 3-35.
- Barnett, O., Miller-Perrin, C. L., & Perrin, R. D. (2005). *Family violence across the lifespan: An introduction*. Sage Publications, Inc.
- Barrick, K., Krebs, C. P., & Lindquist, C. H. (2013). Intimate partner violence victimization among undergraduate women at historically black colleges and universities (HBCUs). *Violence Against Women*, 19(8), 1014-1033.
- Bell, K. M., & Naugle, A. E. (2008). Intimate partner violence theoretical considerations: Moving towards a contextual framework. *Clinical Psychology Review*, 28, 1096-1107.
- Belsky, J. (1980). Child maltreatment: An ecological integration. *American Psychologist*, 35, 320–335.
- Berekum College of Education. (2022). History and achievement. <https://becoled.edu.gh/>
- Best, J. W., & Kahn, J. V. (2012). *Research in education* (12th ed.). Allyn and Bacon.
- Bhanu, S. (2011). Census and sampling method. <http://bhanusigdel.wordpress.com/2011/11/17census-and-sampling-method/>
- Bornstein, M. H. (2006). Parenting Science and Practice. In K. A. Renninger, I. E. Sigel, W. Damon, & R. M. Lerner (Eds.), *Handbook of child*

psychology: Child psychology in practice (pp. 893–949). John Wiley & Sons, Inc.

Boss, P. G., Doherty, W. J., LaRossa, R., Schumm, W. R., & Steinmetz, S. K. (Eds.). (1993). *Sourcebook of family theories: A contextual approach*. Plenum Press.

Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.

Breiding, M. J., & Armour, B. S. (2015). The association between disability and intimate partner violence in the United States. *Annals of Epidemiology*, 25(6), 455-457.

Bronfenbrenner, U. (1979). *The ecology of human development*. Harvard University Press.

Bryant, S. A., & Spencer, G. A. (2003). University students' attitudes about attributing blame in domestic violence. *Journal of Family Violence*, 18(6), 369–376.

Bucheli, M., & Rossi, M. (2017). Attitudes toward partner violence and gender roles in Uruguayan women. *Journal of Interpersonal Violence*, 32(23), 3693–3705.

Bureau of Justice Statistics. (2000). *Sourcebook of criminal justice statistics*. U.S. Department of Justice.

Burton, S., Kitzinger, J., Kelly, L. & Regan, L. (1998). *Young people's attitudes towards violence, sex and relationships: A survey and focus group study*. University of London.

Caman, S., Kristiansson, M., Granath, S., & Sturup, J. (2017). Trends in rates and characteristics of intimate partner homicides between 1990 and 2013. *Journal of Criminal Justice, 49*, 14-21.

Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet, 359*, 1331–1336.

Center for Disease Control and Prevention, (CDC). (2020). *Intimate partner violence, sexual violence, and stalking among men*. Centers for Disease Control and Prevention.

Center for Disease Control and Prevention, (CDC). (2004). *Sexual violence prevention: Beginning the dialogue*. Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention. (2003). *Costs of intimate partner violence against women in the United States*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Center for Disease Control and Prevention, (CDC). (2016). *Health-related quality of life frequently asked questions*.
<http://www.cdc.gov/hrqol/faqs.htm>.

Center for Disease Control and Prevention. (2013). *National Health Interview Survey*. <http://www.cdc.gov/nchs/nhis.htm>.

Children, Family Court Advisory & Support (USA). (2009). *Annual Report and Accounts*. <https://www.anglicarevic.org.au/about-us/annual-report/>.

Cho, H., & Huang, L. (2017). Aspects of help seeking among collegiate victims of dating violence. *Journal of Family Violence, 32*(4), 409-417.

- Chronister, K. M., Wettersten, K. B., & Brown, C. (2004). Vocational research for the liberation of battered women. *The Counseling Psychologist, 32*, 900-922.
- Começanha, R., Basto-Pereira, M., & Maia, Â. (2017). Clinically speaking, psychological abuse matters. *Comprehensive Psychiatry, 73*, 120-126.
- Connell, R. W. (1987). *Gender and power: Society, the person, and sexual politics*. Stanford University Press.
- Constitution of Ghana, the Criminal Code 1960. (1992). *Ghana's Constitution of 1992 with Amendments through 1996*. constituteproject.org
- Cools, S., & Kotsadam, A. (2017). Resources and intimate partner violence in Sub-Saharan Africa. *World Development, 95*, 211-230.
- Costa, E. C., & Gomes, S. C. (2018). Social support and self-esteem moderate the relation between intimate partner violence and depression and anxiety symptoms among Portuguese women. *Journal of Family Violence, 33*(5), 355-368.
- Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's wellbeing: A theory of gender and health. *Social Science & Medicine, 50*(10), 1385-1401.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: choosing among five approaches* (3rd ed.). SAGE Publications, Inc.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative and mixed methods approaches* (4th ed.). Sage.
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Sage.

Creswell, J. W., & Plano Clark, V.L. (2010). *Designing and conducting mixed methods research* (2nd ed.). Sage.

Creswell, J. W., & Plano-Clark, V. L. (2007). *Designing and conducting mixed methods research*. Sage.

Creswell, J. W., Plano Clark, V. L., Gutmann, M. L., & Hanson, W. E. (2003). Advanced mixed methods research designs. In A. Tashakkori, & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 209-240). Sage.

Cunningham, A. J., & Baker, L. L. (2007). *Little eyes, little ears: How violence against a mother shapes children as they grow*. Centre for Children & Families in the Justice System.

Cyleste, C., & Dressler, W. W. (2008) Cultural consensus and cultural diversity: A mixed methods investigation of human service providers' models of domestic violence. *Journal of Mixed Methods Research*, 2, 362-387.

Dalal, K., Lee, M. S., & Gifford, M. (2012). Male adolescents' attitudes toward wife beating: A multi-country study in South Asia. *Journal of Adolescent Health*, 50(5), 437-442.

Dery, I., & Diedong, A. L. (2014). Domestic violence against women in Ghana: An exploratory study in Upper West Region, Ghana. *International Journal of Humanities and Social Science*, 4(12), 228-244.

Deshotels, T. H., Forsyth, C. J., Earwood, S., New, B., & Fulmer, J. (2019). For HE tells me so: Techniques of neutralization applied to Christian domestic discipline. *Deviant Behavior*, 40(6), 732-751.

- Desmarais, S. L., Reeves, K. A., & Nicholls, T. L. (2012). Prevalence of physical violence in intimate relationships, part 1: Rates of male and female victimization. *Partner Abuse, 3*(2), 140-169.
- Dillon, G., Hussain, R., Loxton, D., & Khan, A. (2016). Rurality and self-reported health in women with a history of intimate partner violence. *PLOS ONE, 11*(9), 1-12.
- Dim, E. E., & Elabor-Idemudia, P. (2018). Prevalence and predictors of psychological violence against male victims in intimate relationships in Canada. *Journal of Aggression, Maltreatment & Trauma, 27*(8), 846–866.
- Dobash, P. R., & Dobash, E. R. (2004). Women's violence to men in intimate relationships: Working on a puzzle. *The British Journal of Criminology, 44*(3), 324–349.
- Dobash, R., Dobash, R., Wilson, M., & Daly, M. (1992). The myth of sexual symmetry in marital violence. *Social Problems, 39*(1), 71–91.
- Dobash, R., & Dobash, R.E. (1979). *Violence against wives: A case against the patriarchy*. The Free Press.
- Dobash, R. E., & Dobash, R. P. (1978). Wives: The “appropriate” victims of martial violence. *Victimology: An International Journal, 2*, 426-442.
- Dodoo, F. N. A., Horne, C., & Biney, A. (2014). Does education mitigate the adverse impact of bride wealth on women’s reproductive autonomy? *Genus, 70*(1), 77–97.
- Doku, D. T., & Asante, K. O. (2015). Women’s approval of domestic physical violence against wives: analysis of the Ghana demographic and health survey. *BMC Women's Health, 15*(1), 1-8.

Domestic Violence Act. (2007.). <https://www.dennislawgh.com/law-preview/domestic-violence-act/1095#>.

Durrheim, K. (2004). Research design. In M. Terre Blanche, & K. Durrheim (Eds.), *Research in practice: Applied methods for the social sciences*. University of Cape Town.

Dutton, D. G. (2006). *The abusive personality: Violence and control in intimate relationships*. Guilford Press.

Dutton, D. G. (2011). Attachment and violence: An anger born of fear. In P. R. Shaver & M. Mikulincer (Eds.), *Human aggression and violence: Causes, manifestations, and consequences*. (pp. 259–275). American Psychological Association.

Eckstein, J. (2011). Reasons for staying in intimately violent relationships: Comparisons of men and women and messages communicated to self and others. *Journal of Family Violence*, 26, 21-30.

Ehrensaft, M. K., Cohen, P., Brown, J., Smailes, E., Chen, H., & Johnson, J. G. (2003). Intergenerational transmission of partner violence: A 20-year prospective study. *Journal of consulting and clinical psychology*, 71(4), 741–753.

El Abani, S. & Pourmehdi, M. (2018). Gender and educational differences in perception of domestic violence against women among Libyan migrants in Manchester. *Journal of Interpersonal Violence*, 36(5-6), 2074-2096.

Ellison, C. G., & Anderson, K. L. (2001). Religious involvement and domestic violence among US couples. *Journal for the Scientific Study of Religion*, 40(2), 269-286.

- Ellison, C. G., Trinitapoli, J. A., Anderson, K. L., & Johnson, B. R. (2007). Race/ethnicity, religious involvement, and domestic violence. *Violence Against Women, 13*(11), 1094-1112.
- Eriksson, L., & Mazerolle, P. (2015). A cycle of violence? Examining family-of-origin violence, attitudes, and intimate partner violence perpetration. *Journal of Interpersonal Violence, 30*(6), 945-964.
- Estrellado, A. F., & Loh, J. (2014). Factors associated with battered Filipino women's decision to stay in or leave an abusive relationship. *Journal of Interpersonal Violence, 29*, 575-592.
- Faramarzi, M., Esmailzadeh, S., & Mosavi, S. (2005). Prevalence and determinants of intimate partner violence in Babol city, Islamic Republic of Iran. *Eastern Mediterranean Journal, 11*, 870-879.
- Fass, D. F., Benson, R. I., & Leggett, D. G. (2008). Assessing prevalence and awareness of violent behaviors in the intimate partner relationships of college students using internet sampling. *Journal of College Student Psychotherapy, 22*(4), 66-75.
- Fatusi, A. O., & Alatise, O. I. (2006). Intimate partners' violence in Ile-Ife, Nigeria: Women's experiences and men's perspectives. *Gender and Behaviour, 4*(2), 764-781.
- Fawole, O., Aderonmu, A. L., & Fawole, A. O. (2005). Intimate partner abuse: Wife beating among civil servants in Ibadan, Nigeria. *African Journal of Reproductive Health, 9*(2), 54-64.
- Fawole, O. I., Ajuwon, A. J., Osungbade, K. O., Faweya, O. C. (2003). Prevalence and nature of violence to young female hawkers in motor

parks in southwestern Nigeria. *Health Education Research*, 102, 230-238.

Fidan, A., & Bui, H. N. (2016). Intimate partner violence against women in Zimbabwe. *Violence Against Women*, 22(9), 1075-1096.

Fleming, P. J., McCleary-Sills, J., Morton, M., Levto, R., Heilman, B., & Barker, G. (2015). Risk factors for men's lifetime perpetration of physical violence against intimate partners: Results from the international men and gender equality survey (IMAGES) in eight countries. *PLOS ONE*, 10(3), 1-18.

Follingstad, D. R., & Rogers, J. M. (2013). Validity concerns in the measurement of women's and men's report of intimate partner violence. *Sex Roles*, 69(4), 149-167

Forke, C. M., Myers, R. K., Catalozzi, M., & Schwarz, D. F. (2008). Relationship violence among female and male college undergraduate students. *Archives of Pediatrics and Adolescent Medicine*, 162(7), 634-641.

Fosu College of Education. (2019). College history. <https://fosco.edu.gh/>

Gage, A. J. (2016). Exposure to spousal violence in the family, attitudes and dating violence perpetration among high school students in Port-au-Prince. *Journal of Interpersonal Violence*, 31(14), 2445-2474.

Ganley, A. L., & Schechter, S. (1996). *Domestic violence: A national curriculum for child protective services*. Family Violence Prevention Fund.

García-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. H. (2005). *WHO multi-country study on women's health and domestic*

violence against women: Initial results on prevalence, health outcomes and women's responses. World Health Organization.

García-Moreno, C., Pallitto, C., Devries, K., Stöckl, H., Watts, C., & Abrahams, N. (2013). *Global and regional estimates of violence against women.* World Health Organization.

Garcia-Moreno, C., Jansen, H., 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*, 368(9543), 1260-1269.

Gass, J. D., Stein, D. J., Williams, D. R., & Seedat, S. (2011). Gender differences in risk for intimate partner violence among South African adults. *Journal of Interpersonal Violence*, 26(14), 2764-2789.

Ghana Domestic Violence Act. (2007). <https://genderapp.statsghana.gov.gh/pdf/violenceact.pdf>

Ghana Statistical Services (GSS), Institute of Development Studies (IDS) & Associates (2016). *Domestic violence in Ghana: Incidence, attitudes, determinants and consequences.* IDS.

Ghana Statistical Service, Ghana Health Service & ICF Macro (2009). *Ghana Demographic and Health Survey 2008* (DHS Final Reports No. FR221). Ghana Statistical Service and Ghana Health Service.

Gil-González, D., Vives-Cases, C., Ruiz, M. T., Carrasco-Portiño, M., & Alvarez-Dardet, C. (2008). Childhood experiences of violence in perpetrators as a risk factor of intimate partner violence: a systematic review. *Journal of public health (Oxford, England)*, 30(1), 14–22.

- Gómez, A. M. (2011). Testing the cycle of violence hypothesis: Child abuse and adolescent dating violence as predictors of intimate partner violence in young adulthood. *Youth & Society, 43*(1), 171–192.
- Goode, W. (1971). Force and violence in the family. *Journal of Marriage and the Family, 33*, 624–636.
- Government of Ghana, (2007). *Domestic Violence Act, 2007*. <https://evaw-global-database.unwomen.org/>
- Gover, A. R., Kaukinen, C., & Fox, K. A. (2008). The relationship between violence in the family of origin and dating violence among college students. *Journal of Interpersonal Violence, 23*(12), 1667-1693.
- Gravetter, F. J., & Forzano, L. B. (2015). *Research methods for the behavioural sciences* (4th ed.). Thomson Wadsworth.
- Gross A. M., Winslett A., Roberts M., & Gohm C. L. (2006). An examination of sexual violence against college women. *Violence Against Women, 12*, 288–300.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and validity. *Field Methods, 18*(1), 59-82.
- Gurmu, E., & Endale, S. (2017). Wife beating refusal among women of reproductive age in urban and rural Ethiopia. *BMC International Health and Human Rights, 17*(1), 1-12.
- Hadi, A. (2000). Prevalence and correlates of marital sexual violence in Bangladesh. *Journal of Interpersonal Violence, 15*, 787-805.
- Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2010). *Multivariate data analysis* (7th ed.). Prentice Hall.

- Haj-Yahia, M. M. (2000). The incidence of wife abuse and battering and some sociodemographic correlates as revealed by two national surveys in Palestinian society. *Journal of Family Violence, 15*(4), 347-374.
- Hatcher, A. M., Colvin, C. J., Ndlovu, N., & Dworkin, S. L. (2014). Intimate partner violence among rural South African men: Alcohol use, sexual decision-making, and partner communication. *Culture, Health & Sexuality, 16*(9), 1023-1039.
- Hatcher, A. M., Romito, P., Odero, M., Bukusi, E. A., Onono, M., & Turan, J. M. (2013). Social context and drivers of intimate partner violence in rural Kenya: Implications for the health of pregnant women. *Culture, health & sexuality, 15*(4), 404-419.
- Heise, L. L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Women, 4*(3), 262-290.
- Heise, L. L., & Kotsadam, A. (2015). Cross-national and multilevel correlates of partner violence: An analysis of data from population-based surveys. *The Lancet Global Health, 3*(6), 332-340.
- Heise, L., & Garcia-Moreno, C. (2002). Violence by intimate partners. In: E. G. Krug et al., (Eds.). *World report on violence and health*, (pp.87-121). World Health Organization.
- Heise, L., Ellsberg, M., & Gottemoeller, M. (1999). *Ending violence against women*. (Population Reports, Series L, No. 11). Johns Hopkins University School of Public Health, Center for Communications Programs.

- Hindin, M. J., & Adair, L. S. (2002). Who's at risk? Factors associated with intimate partner violence in the Philippines. *Social Science & Medicine*, 55(8), 1385–1399.
- Huang, T. Y. (2008). *Dating violence among college students in Taiwan*. Paper presented at the 19th International Nursing Research Congress focusing on evidence-based practice.
- Hunnicut, G. (2009). Varieties of patriarchy and violence against women: Resurrecting “patriarchy” as a theoretical tool. *Violence against Women*, 15(5), 553-573.
- Ilika, A. L. (2006). Women's perception of partner violence in a rural Igbo community. *African Journal of Reproductive Health*, 9(3), 77-88.
- Ilika, A. L., Okonkwo, P. I., & Adogu, P. (2002). Intimate partner violence among women of childbearing age in a primary health care centre in Nigeria. *African Journal of Reproductive Health*, 6, 53-58.
- Javaid, A. (2015). The role of alcohol in intimate partner violence: Causal behaviour or excusing behaviour? *British Journal of Community Justice*, 13(1), 75-92.
- Jewkes, R. (2002). Intimate partner violence: Causes and prevention. *Lancet*, 359, 1423-1429.
- Johnson, K. B., & Das, M. B. (2009). Spousal violence in Bangladesh as reported by men: Prevalence and risk factors. *Journal of Interpersonal Violence*, 24(6), 977-995.
- Karamagi, C. A., Tumwine, J. K., Tylleskär, T., & Heggenhougen, K. (2006). Intimate partner violence against women in eastern Uganda:

Implications for HIV prevention. *BMC Public Health*. 6(10), 1186-1471.

Karjane, H. M., Fisher, B. S., & Cullen, F. T. (2002). *Campus sexual assault: How American institutions of higher education respond*. Education Development Center, Inc.

Kaukinen, C. (2004). Status compatibility, physical violence, and emotional abuse in intimate relationships. *Journal of Marriage and Family*, 66(2), 452–471.

Kimuna, S., Tenkorang, E. Y., & Djamba, Y. (2018). Ethnicity and intimate partner violence in Kenya. *Journal of Family Issues*, 39(11), 2958-2981.

Kiss, L., Schraiber, L. B., Heise, L., Zimmerman, C., Gouveia, N., & Watts, C. (2012). Gender based violence and socioeconomic inequalities: Does living in more deprived neighbourhoods increase women's risk of intimate partner violence? *Social Science and Medicine*, 74(8), 1172-1179.

Kishor, S., & Bradley, E. K. S. (2012). *Women's and men's experience of spousal violence in two African countries: Does gender matter?* ICF International.

Kline, R. B. (2015). *Principles and practice of structural equation modelling*. Guilford Publications.

Klugman, J. (2017). *Gender based violence and the law: World development report background paper*. World Bank.

Kordom, A., Julie, H., & Arunachallam, S. (2014). Intimate partner violence amongst undergraduate nursing students. *SAJHE*, 28(6), 1842–1860.

- Krantz, G., & Garcia-Moreno, C. (2005). Violence against women. *Journal of Epidemiology and Community Health, 59*(10), 818-821.
- Krug, E. G., Dalhberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World report on violence and health*. World Health Organization.
- Lacey, K. K., West, C. M., Matusko, N., & Jackson, J. S. (2016). Prevalence and factors associated with severe physical intimate partner violence among US Black women: A comparison of African American and Caribbean Blacks. *Violence Against Women, 22*(6), 651-670.
- Lanier, C., & Maume, M. O. (2009). Intimate partner violence and social isolation across the rural/urban divide. *Violence Against Women, 15*(11), 1311-1330.
- Lehrer, J. A., Lehrer, E. L., & Zhao, Z. (2010). Physical dating violence victimization in college women in Chile. *Journal of Women's Health, 19*(5), 893-902.
- Lehrer, J. A., Lehrer, E. L., & Oyarzún, P. B. (2007). Prevalence of and risk factors for sexual victimization in college women in Chile. *International Family Planning Perspectives, 33*(4), 168-175.
- Luke, N., Schuler, S. R., Mai, B. T. T., Thien, P. V., & Minh, T. H. (2007). Exploring couple attributes and attitudes and marital violence in Vietnam. *Violence Against Women, 13*, 5-27.
- Luo, X. (2018). Gender and dating violence perpetration and victimization: A comparison of American and Chinese College students. *Journal of Interpersonal Violence, 36*, 1-27.
- Makepeace, J. M. (1986). Gender differences in courtship violence victimization. *Family Relations, 35*(3), 383-388.

- Maxwell, C. D., Robinson, A. L., & Post, L. A. (2003). The nature and predictors of sexual victimization and offending among adolescents. *Journal of Youth and Adolescence*, 32(6), 465-477.
- Mbassa, M. D. (2001). *Violence against children within the family and in schools*. Presented at the Committee on the Rights of the Child Day of General Discussion. www.ohchr.org.
- Mburia-Mwalili, A., Clements-Nolle, K., Lee, W., Shadley, M., & Yang, W. (2010). Intimate partner violence and depression in a population-based sample of women: Can social support help? *Journal of Interpersonal Violence*, 25(12), 2258-2278.
- McCloskey, L. A., Boonzaier, F., Steinbrenner, S. Y., & Hunter, T. (2016). Determinants of intimate partner violence in Sub-Saharan Africa: A review of prevention and intervention programs. *Partner Abuse*, 7, 277-315.
- McCloskey, L. A., Williams, C., & Larsen, U. (2005). Gender inequality and intimate partner violence among women in Moshi, Tanzania. *International Family Planning Perspectives*, 31(3), 124-130.
- McLeroy, K., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15, 351-377.
- McMahon, M. & Pence, E. (1996). Replying to Dan O'Leary. *Journal of Interpersonal Violence*, 11(3), 452-455.
- McMillan, J. H., & Schumacher, S. (2001). *Research in Education: A conceptual introduction*. Longman.

- Meyers, J. L., Brown, Q., Grant, F. B., & Hasin, D. (2017). Religiosity, race/ethnicity, and alcohol use behaviors in the United States. *Psychological Medicine, 47*(1), 103-114.
- Mihalic, W. S., & Elliott, S., D. (2005). A social learning theory model of marital violence. *Journal of Family Violence, 12*, 21-47.
- Mirsky, J. (2003). *Beyond victims and villains: Addressing sexual violence in the education sector*. Panos Institute.
- Mitchell, L. (2011). *Service users' perceptions of the domestic violence and victims' support unit, Ghana Police Service*. Voluntary Service Overseas (VSO) and Domestic Violence Secretariat.
- Morrell, R., Jewkes, R., & Lindegger, G. (2012). Hegemonic masculinity/masculinities in South Africa. *Men and Masculinities, 15*(1), 11–30.
- Mulawa, M., Kajula, L. J., Yamanis, T. J., Balvanz, P., Kilonzo, M. N., & Maman, S. (2018). Perpetration and victimization of intimate partner violence among young men and women in Dares Salaam, Tanzania. *Journal of Interpersonal Violence, 33*(16), 2486-2511.
- Muñoz-Rivas, M. J., Graña, J. L., O'Leary, K. D., & González, M. P. (2007). Aggression in adolescent dating relationships: Prevalence, justification, and health consequences. *Journal of Adolescent Health, 40*(4), 298-304.
- Namy, S., Carlson, C., O'Hara, K., Nakuti, J., Bukuluki, P., Lwanyaaga, J., & Michau, L. (2017). Towards a feminist understanding of intersecting violence against women and children in the family. *Social Science & Medicine, 184*, 40-48.

- Nabors, E. L., & Jasinski, J. L. (2009). Intimate partner violence perpetration among college students: The role of gender role and gendered violence attitudes. *Feminist Criminology*, 4(1), 57–82.
- Naved, R. T., & Persson, L. Å. (2005). Factors associated with spousal physical violence against women in Bangladesh. *Studies in Family Planning*, 36(4), 289-300.
- Neuman, W. L. (2014). *Social research methods: Qualitative and quantitative approaches* (7th ed.). Pearson Education Limited.
- Nukunya G. K. (2003). *Tradition and change in Ghana: An introduction to sociology* (2nd ed.). Ghana Universities Press.
- O’Leary, A., Jemmott, L. S., & Jemmott, J. B. (2008). Mediation analysis of an effective sexual risk-reduction intervention for women: The importance of self-efficacy. *Health Psychology*, 27(2S), S180-S184.
- O’Moore, M. (2006). *Defining violence: Towards a pupil-based definition*. Trinity College.
- Obi, S. N., & Ozumba, B. C. (2007). Factors associated with domestic violence in south-east Nigeria. *Journal of Obstetrics and Gynaecology*, 27(1), 75-78.
- Oduro, A. D., Deere, C. D., & Catanzarite, Z. B. (2015). Women’s wealth and intimate partner violence: Insights from Ecuador and Ghana. *Feminist Economics*, 21(2), 1-29.
- Ofei-Aboagye, R. (1994). Domestic violence in Ghana: An initial step. *Columbia Journal of Gender and Law*, 4(1), 1-25.

- Okenwa-Emegwa, L., Lawoko, S., & Jansson, B. (2016). Attitudes toward physical intimate partner violence against women in Nigeria. *Sage Open, 6*(4), 1-10.
- Ondicho, T. G. (2000). Battered women: A socio-legal perspective of their experiences in Nairobi. *African Study Monographs, 21*(1), 35-44.
- Onigbogi, M. O., Odeyemi, K. A., & Onigbogi, O. O. (2015). Prevalence and factors associated with intimate partner violence among married women in an urban community in Lagos State, Nigeria. *African Journal of Reproductive Health, 19*(1), 91-100.
- Ozaki, R., & Otis, M. D. (2017). Gender equality, patriarchal cultural norms, and perpetration of intimate partner violence: Comparison of male university students in Asian and European cultural contexts. *Violence Against Women, 23*(9), 1076-1099.
- Pallant, J. (2010). *A step by step guide to data analysis using the SPSS program: SPSS survival manual* (4th ed.). Allen & Unwin.
- Panda, P., & Agarwal, B. (2005). Marital violence, human development and women's property status in India. *World Development, 33*(5), 823-850.
- Peralta, R. L., Tuttle, L. A., & Steele, J. L. (2010). At the intersection of interpersonal violence, masculinity, and alcohol use: The experiences of heterosexual male perpetrators of intimate partner violence. *Violence Against Women, 16*(4), 387-409.
- Rani M., Bonu S., & Diop-Sidibe, N. (2004). An empirical investigation of attitudes towards wife-beating among men and women in seven Sub-Saharan African countries. *African Journal of Reproductive Health, 8*, 116-136.

Reed, S. K. (1972). Pattern recognition and categorisation. *Cognitive Psychology*, 3(3), 382-407.

Rennison, M. (2003). *Intimate Partner Violence, 1993-2001*. Statistics BoJ. US Department of Justice.

Rhatigan, D. L., Moore, T. M., & Street, A. E. (2005). Reflections on partner violence: 20 years of research and beyond. *Journal of Interpersonal Violence*, 20(1), 82-88.

Rhodes, K. V., Cerulli, C., Dichter, M. E., Kothari, C. L., & Barg, F. K. (2010). "I didn't want to put them through that": The influence of children on victim decision-making in intimate partner violence cases. *Journal of Family Violence*, 25, 485-493.

Rivera-Rivera, L., Allen-Leigh, B., Rodríguez-Ortega, G., Chávez-Ayala, R., & Lazcano-Ponce, E. (2007). Prevalence and correlates of adolescent dating violence: Baseline study of a cohort of 7960 male and female Mexican public school students. *Preventive Medicine*, 44(6), 477-484.

Sabina, C., & Ho, L. Y. (2014). Campus and college victim responses to sexual assault and dating violence: Disclosure, service utilization, and service provision. *Trauma, Violence, & Abuse*, 10, 1-26

Saltzman, L. E., Fanslow, J. L., McMahon, P. M., & Shelley, G. A. (2002). *Intimate partner violence surveillance: Uniform definitions and recommended data elements*. National Center for Injury Prevention and Control.

Sanders, C. K. (2015). Economic abuse in the lives of women abused by an intimate partner: A qualitative study. *Violence Against Women*, 21(1), 3-29.

Saunders, D. G., & Hamill, R. (2003). *Violence against women: Synthesis of research on offender interventions*. Final Report submitted to the U.S. Department of Justice.

<https://www.ojp.gov/pdffiles1/nij/grants/201222>.

Scarpa, A. (2001). Community violence exposure in a young adult sample:

Lifetime prevalence and socioemotional effects. *Journal of Interpersonal Violence, 16*(1), 36–53.

Scarpa, A., Fikretoglu, D., Bowser, F., Hurley, J. D., Pappert, C. A., & Romero, N. (2002). Community violence exposure in university students: A replication and extension. *Journal of Interpersonal Violence, 17*(3), 253-272.

Scherer, H. L., Snyder, J. A., & Fisher, B. S. (2016). Intimate partner victimization among college students with and without disabilities: Prevalence of and relationship to emotional well-being. *Journal of Interpersonal Violence, 31*(1), 49-80.

Sedziafa, A. P., Tenkorang, E. Y., Owusu, A. Y., & Sano, Y. (2017). Women's experiences of intimate partner economic abuse in the Eastern Region of Ghana. *Journal of Family Issues, 38*(18), 2620-2641.

Semahegn, A., & Mengistie, B. (2015). Domestic violence against women and associated factors in Ethiopia: Systematic review. *Reproductive Health, 12*(1), 1-12.

Shook, N. J., Gerrity, D. A., Jurich, J., & Segrist, A. E. (2000). Courtship violence among college students: A comparison of verbally and physically abusive couples. *Journal of Family Violence, 15*(1), 1-22.

- Smith, B. A., Thompson, S., Tomaka, J., & Buchanan, A. C. (2005). Development of the intimate partner violence attitude scales (IPVAS) with a predominantly Mexican American college sample. *Hispanic Journal of Behavioral Sciences*, 27(4), 442-454.
- Smith, C. A., Ireland, T. O., Park, A., Elwyn, L., & Thornberry, T. P. (2011). Intergenerational continuities and discontinuities in intimate partner violence: A two-generational prospective study. *Journal of Interpersonal Violence*, 26(18), 3720-3752.
- Speizer, I. S. (2010). Intimate partner violence attitudes and experience among women and men in Uganda. *Journal of Interpersonal Violence*, 25(7), 1224-1241.
- Spencer, G. A., & Bryant, S. A. (2000). Dating violence: A comparison of rural, suburban, and urban teens. *Journal of Adolescent Health*, 27(5), 302-305.
- Spencer, K., Haffejee, M., Candy, G., & Kaseke, E. (2016). Intimate partner violence at a tertiary institution. *Sam J Research*, 106(11), 1129-1133.
- Spencer, C., Mallory, A. B., Cafferky, B. M., Kimmes, J. G., Beck, A. R., Sandra, M., & Stith, S. M. (2017). Mental health factors and intimate partner violence perpetration and victimization: A meta-analysis. *Psychology of Violence*, 9(1), 1-17.
- Stöckl, H., Hertlein, L., Himsl, I., Ditsch, N., Blume, C., Hasbargen, U., & Stöckl, D. (2013). Acceptance of routine or case-based inquiry for intimate partner violence: A mixed method study. *BMC Pregnancy and Childbirth*, 13(1), 1-9.

- Straus, M. A. (2004). Prevalence of violence against dating partners by male and female university students worldwide. *Violence Against Women, 10*(7), 790-811.
- Sugarman, D. B., & Frankel, S. L. (1996). Patriarchal ideology and wife-assault: A meta-analytic review. *Journal of Family Violence, 11*(1), 13-40.
- Sylaska, K. M & Edwards, K. M. (2015). Disclosure experiences of sexual minority college student victims of intimate partner violence. *Am J Community Psychol 55*, 326–335.
- Takyi, B. K., & Doodoo, F. N. A. (2005). Gender, lineage, and fertility-related outcomes in Ghana. *Journal of Marriage and the Family, 67*, 251-257.
- Takyi, B., & Lamptey, E. (2016). Faith and marital violence in Sub-Saharan Africa: Exploring the links between religious affiliation and intimate partner violence among women in Ghana. *Journal of Interpersonal Violence, 35*(2), 25-52.
- Takyi, B. K. & Mann, J. (2006). Intimate partner violence in Ghana, Africa: The perspectives of men regarding wife beating. *International Journal of Sociology of the Family, 32* (1), 61-78.
- Teddlie, C. & Tashakkori, A. (2003). *Handbook of mixed methods in social and behavioral research*. SAGE
- Tenkorang, E. Y., & Owusu, A. Y. (2019). Does economic abuse affect the health outcomes of women in Ghana? *Health Education & Behavior, 46*, 340 - 348.
- Tenkorang, E. Y., Owusu, A. Y., Yeboah, E. H., & Bannerman, R. (2013). Factors influencing domestic and marital violence against women in Ghana. *Journal of Family Violence, 28*(8), 771-781.

Tenkorang E. Y., & Owusu A. Y. (2018). A life course understanding of domestic and intimate partner violence in Ghana. *Child Abuse & Neglect*, 79, 384–394.

The Criminal Code. (1960).

<https://www.i1o.org/dyn/natlex/docs/ELECTRONIC/88530/101255/F575989920/GHA88530.pdf>

Thornton, A. D., & Camburn, D. (2011). The influence of the family on premarital sexual attitudes and behavior. *Demography*, 24, 323-340.

Tjaden, P., & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to-male intimate partner violence as measured by the national violence against women survey. *Violence Against Women*, 6(2), 142-161.

U.S. Department of Health and Human Services. (2005). *Theory at a glance: A guide for health promotion practice* (2nd ed.). National Cancer Institute, National Institutes of Health, U.S. Department of Health and Human Services.

Umana, J. E., Fawole, O. I., & Adeoye, I. A. (2014). Prevalence and correlates of intimate partner violence towards female students of the University of Ibadan, Nigeria. *BMC Women's Health*, 14(131), 1-8.

Umubyeyi, A., Mogren, I., Ntaganira, J., & Krantz, G. (2014). Intimate partner violence and its contribution to mental disorders in men and women in the post genocide Rwanda: Findings from a population based study. *BMC Psychiatry*, 14(99), 1-12.

UNICEF. (2012.). *Child maltreatment prevalence, incidence and consequences: A systematic review of research on child maltreatment in East Asia and Pacific*. Bangkok.

United Nations. (2006). *Ending violence against women: From words to action*.

United Nations.

United Nations. (2012). *Taking violence against women in Africa seriously*.

<http://www.un.org/africarenewal/magazine/special-edition-women-2012>.

United Nations Children's Fund. (2012). *State of the world's children: Children in an urban world*. United Nations Department of Economic and Social Affairs.

Uthman, O. A, Lawoko, S., & Moradi, T. (2010). Sex disparities in attitudes towards intimate partner violence against women in sub-Saharan Africa: A socio-ecological analysis. *BMC Public Health*, 10(1), 1-23.

Uthman, O. A., Lawoko, S., & Moradi, T. (2009). Factors associated with attitudes towards intimate partner violence against women: A comparative analysis of 17 Sub-Saharan countries. *BMC International Health and Human Rights*, 9(1), 1-15.

Vakili, M., Nadrian, H., Fathipour, M., Boniadi, F., & Morowatisharifabad, M. A. (2010). Prevalence and determinants of intimate partner violence against women in Kazeroon, Islamic Republic of Iran. *Violence and Victims*, 25(1), 116-127.

VanderEnde, K., Mercy, J., Shawa, M., Kalanda, M., Hamela, J., Maksud, N., & Hillis, S. (2016). Violent experiences in childhood are associated with men's perpetration of intimate partner violence as a young adult: A

multistage cluster survey in Malawi. *Annals of Epidemiology*, 26(10), 723-728.

Vung, N. D., & Krantz, G. (2009). Childhood experiences of inter-parental violence as a risk factor for intimate partner violence: A population-based study from northern Vietnam. *Journal of Epidemiology and Community Health*, 63(9), 708-714.

Wagman, J. A., King, E. J., Namatovu, F., Kiwanuka, D., Kairania, R., Semanda, J. B., & Brahmhatt, H. (2016). Combined intimate partner violence and HIV/AIDS prevention in rural Uganda: Design of the SHARE intervention strategy. *Health Care for Women International*, 37(3), 364-387.

Wang, L. (2016). Factors influencing attitude toward intimate partner violence. *Aggression and Violent Behaviour*, 29, 72-79.

Wareham, J., Boots, D. P., & Chavez, J. M. (2009). Social learning theory and intimate violence among men participating in a family violence intervention program. *Journal of Crime and Justice*, 32(1), 93-124.

Wasserman, C. (2003). *Dating violence on campus: A fact of life*. National Centre for Victims of Crime.

Weitzman, A. (2014). Women's and men's relative status and intimate partner violence in India. *Population and Development Review*, 40(1), 55-75.

Wesley College of Education. (2019). College history. <https://www.wesco.edu.gh/about-us/college-history/>.

Wilson, I. M., Graham, K., & Taft, A. (2017). Living the cycle of drinking and violence: A qualitative study of women's experience of alcohol-related intimate partner violence. *Drug and Alcohol Review*, 36(1), 115-124.

Winstok, Z. (2007). Toward an interactional perspective on intimate partner violence. *Aggression and Violent Behaviour, 12*(3), 348-363.

World Health Organization. (2017). *World health statistics 2017: Monitoring health for the SDGs, sustainable development goals*. World Health Organization

World Health Organization. (2002). *World Report on Violence and Health*. World Health Organization.

World Health Organization. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. WHO.

World Health Organization, (1996). *World Health Assembly. Prevention of violence: Public health priority*. World Health Organization

Yaynshet, G. (2008). *Prevalence and factors related to gender-based violence among female students of higher learning institutions in Mekelle town, Tigray, northern Ethiopia*. [Unpublished master's thesis School of Graduate Studies, Addis Ababa University].
<http://hdl.handle.net/123456789/612>.

Yount, K. M., Miedema, S. S., Haardörfer, R., & Girard, W. A. (2014). Women's empowerment in East Africa: Development of a cross-country comparable measure. *World Development, 110*, 453-464.

Zapor, H., Wolford-Clevenger, C., & Johnson, D. M. (2018). The association between social support and stages of change in survivors of intimate partner violence. *Journal of Interpersonal Violence, 33*(7), 1051–1070.

Zembe, Y. Z., Townsend, L., Thorson, A., Silberschmidt, M., & Ekstrom, A. M. (2015). Intimate partner violence, relationship power inequity and

the role of sexual and social risk factors in the production of violence among young women who have multiple sexual partners in a peri-urban setting in South Africa. *PLOS ONE*, 10(11), 1-18.

Zikmund, W. G. (2010). *Business research methods* (8th ed.). South-Western Cengage Learning.





APPENDICES

APPENDIX A

UNIVERSITY OF CAPE COAST

COLLEGE OF EDUCATION STUDIES

FACULTY OF EDUCATIONAL FOUNDATIONS

DEPARTMENT OF GUIDANCE AND COUNSELLING

QUESTIONNAIRE ON INTIMATE PARTNER VIOLENCE

Dear Respondent,

This survey is intended to gather data for a study on intimate partner violence that is currently being conducted. The respondents have chosen you as one of them. The survey is entirely optional, but your cooperation and thoughts are crucial to the study's success and will be treated in the strictest confidence. Please respond to the questionnaire by providing as much accurate and factual information as you can. The recommendations made by this questionnaire may be helpful to your school and our country as a whole, however the information provided is just for academic purposes. I welcome your involvement and value your assistance in this crucial endeavor. Do not write your name on the questionnaire, thank you.

Consent to Participate in the Research:

I am aware that any information I submit will be kept private and that no information revealing my identify will be shared when the study's findings are published or presented at symposiums. I am 18 years of age or older and I am currently in or have been in an intimate relationship (dating/married). By agreeing to continue with the survey I am giving consent to my participation in this study, thus:

I consent to participate in this survey: Yes (); No ()

INSTRUCTION:

For each of items 1-6, kindly supply the correct information by putting a tick [**✓**] against the option that best describe you (1-4) and (5-8) your partner

A. Demographic Variables (Your Personal Information)

1. Gender: Male (); Female ()
2. Age: 15-19 (); 20-24 (); 25-29 (); 30 and above ()
3. Relationship Status: Single (); Married (); Co-habiting ()
Dating ()

B. Information about Your Partner

4. Your Partner's Age: 15-19 (); 20-24 (); 25-29 (); 30 and above ()
5. Employment Status: Unemployed (); Self-employed ();
Employed (); Student ()
6. Your Partner's Highest Educational Level: No Formal Education ();
Primary Level (); JHS Level (); SHS Level ()
Tertiary Level ()

C. Social Violence

Instruction: In item 9, indicate with a tick (√) how often each of the following incidents is true with any of your current or past intimate partner relationships

7. In my current or previous relationship with my intimate partner, he/she:	Very often	Often	Rarely	Not at all
❖ Kept me from going to see my family members				
❖ Kept me from going to see my friends				
❖ Stopped me from leaving the house for other reasons				
❖ Asked me to report my daily activities including my call logs and text messages				
❖ Stalked me with calling, texting and following me to a point of discomfort				
❖ Spread rumors about me				
❖ Spread photos/videos of me without my permission				
❖ Prevented my friends from meeting me				

D. Physical Violence

Instruction: In item 10, indicate with a tick (✓) how often each of the following incidents happened to you in your current or previous intimate partner relationships

8. In my current or previous relationship with my intimate partner, he/she::	Very Often	Often	Rarely	Not at all
❖ Slapped me				
❖ Threw things at me that could hurt me				
❖ Pushed or shoved me violently				
❖ Hit me with his/her fist or something else that could hurt one				
❖ Kicked me				
❖ Dragged me				
❖ Beat me up				
❖ Choked or strangled me on purpose				
❖ Burnt me on purpose				
❖ Used a gun, knife or other weapon against me				
❖ Poured hazardous chemicals or substances (e.g. acid, warm water) on me				

E. Sexual Violence

Instruction: In item 11, kindly indicate with a tick (✓) how often each of the following incidents happened to you in your current or previous intimate partner relationships

9. In my current or previous relationship with my intimate partner, he/she:	Very Often	Often	Rarely	Not at all
❖ Made inappropriate sexual comments about my body that made me feel uncomfortable				
❖ Touched me in an inappropriate and sexual way that made me feel uncomfortable				
❖ Physically forced me to have sexual intercourse or perform a sexual act when I did not want to				
❖ Had sex with me without protection from any STI				
❖ Forcefully had anal sex with me				
❖ Forcefully had oral sex with me				
❖ Did not use protection during sexual intercourse even after I asked for it (protection)				
❖ Did not reveal to me that he/she had HIV (though he/she knew about it)				
❖ Penetrated my sexual organ with an object against my will				
❖ Denied me sex without any logical reason				
❖ Forced us to abort the baby we were expecting				

F. Psychological Violence

Instruction: In item 12, kindly indicate with a tick (✓) how often each of the following incidents happened to you in your current or previous intimate partner relationships

10. In my current or previous relationship with my intimate partner, he/she:	Very Often	Often	Rarely	Not at all
❖ Insulted me publicly or privately				
❖ Humiliated or belittled me publicly or privately				
❖ Verbally threatened to abandon me				
❖ Ignored me or treated me indifferently				
❖ Did things to scare or intimidate me on purpose				
❖ Threatened to use a gun, knife or other weapon against me				
❖ Threatened to hurt me with something other than a weapon				
❖ Threatened to hurt someone I care about				

G. Economic Violence

Instruction: In item 13, kindly indicate with a tick (✓) how often each of the following incidents happened to you in your current or previous intimate partner relationships

11. In my current or previous relationship with my intimate partner, he/she:	Very Often	Often	Rarely	Not at all
❖ Refused to give me enough chop money even though I knew he/she had enough money to spend on other things				
❖ Took cash or withdrew money from my bank account or other savings without my permission				
❖ Controlled my own belongings				
❖ Controlled my spending decisions				
❖ Destroyed or damaged property that I have material interest in				
❖ Prevented me from working or forced me to quit my work				
❖ Forced me to work against my will				
❖ Refused to give me or denied me food or other basic needs				

H. Prevalence of IPV

12. Have you ever experienced any of the types of IPV mentioned above

since your first relationship? Yes () No ()

13. If *Yes*, which of the types of IPV have you experienced? (Please tick as

many as you have experienced) Social violence (); Physical

Violence (); Sexual Violence (); Psychological Violence ();

Economic Violence ()

14. In the last 12 months, have you experienced any type of the IPV above?

Yes () No ()

15. If *Yes*, which of the types of IPV have you experienced? (Please tick as

many as you have experienced) Social violence (); Physical

Violence (); Sexual Violence (); Psychological Violence ();

Economic Violence ()

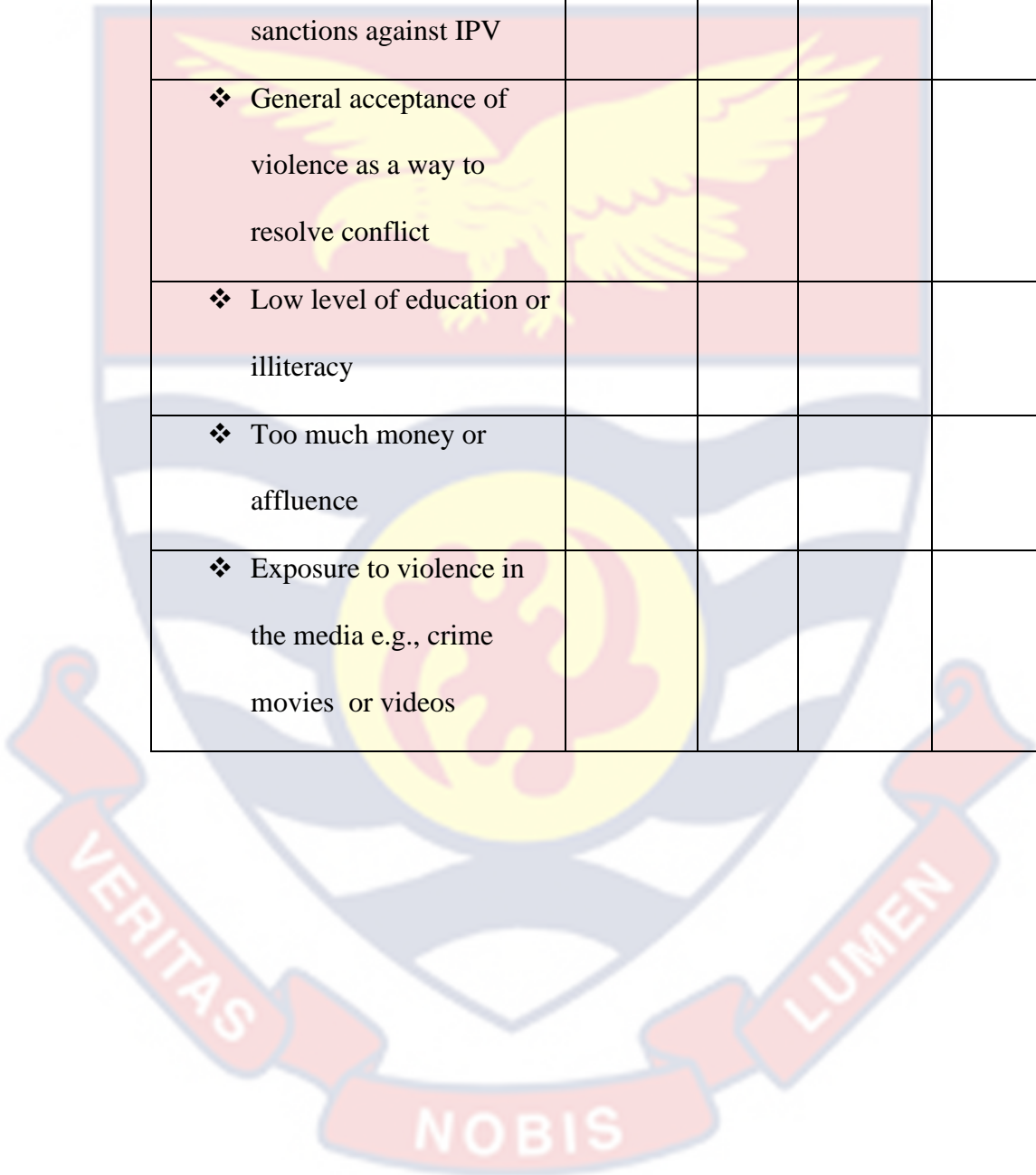
I. Factors Leading to IPV

16. Kindly indicate with a tick (✓) how much you agree with each of the following statements on factors that cause IPV

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
❖ Young age/ Immaturity/Youthful age				
❖ Low level of education				
❖ Having witnessed violence as a child				

❖ Wrong use (abuse) of alcohol and drugs				
❖ Acceptance of violence (e.g. feeling it is acceptable for a person to beat his/her partner)				
❖ Past history of having abused partners.				
❖ Exposure to violence between parents				
❖ Having experienced physical or sexual abuse during childhood				
❖ Conflict or dissatisfaction in the relationship				
❖ Culture of male dominance in family relationships				
❖ Economic stress				
❖ Man/woman having multiple partners				
❖ Poverty				
❖ Low social and economic status of women				

❖ Weak legal sanctions against IPV within marriage				
❖ Weak community sanctions against IPV				
❖ General acceptance of violence as a way to resolve conflict				
❖ Low level of education or illiteracy				
❖ Too much money or affluence				
❖ Exposure to violence in the media e.g., crime movies or videos				



J. Why People Continue to Stay in Abusive Relationship

17. Kindly indicate with a tick (✓) how much you agree with each of the following statements on why some people stay with abusive partners.

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
❖ Fear of retaliation				
❖ Lack of alternative means of economic support				
❖ Concern for their children				
❖ Lack of support from family and friends				
❖ Fear of losing custody of children if separation/divorce happens				
❖ Hope that the partner will change.				
❖ Fear of being lonely				
❖ Deep love for the partner in spite of violence suffered				
❖ Sexual enjoyment derived from				

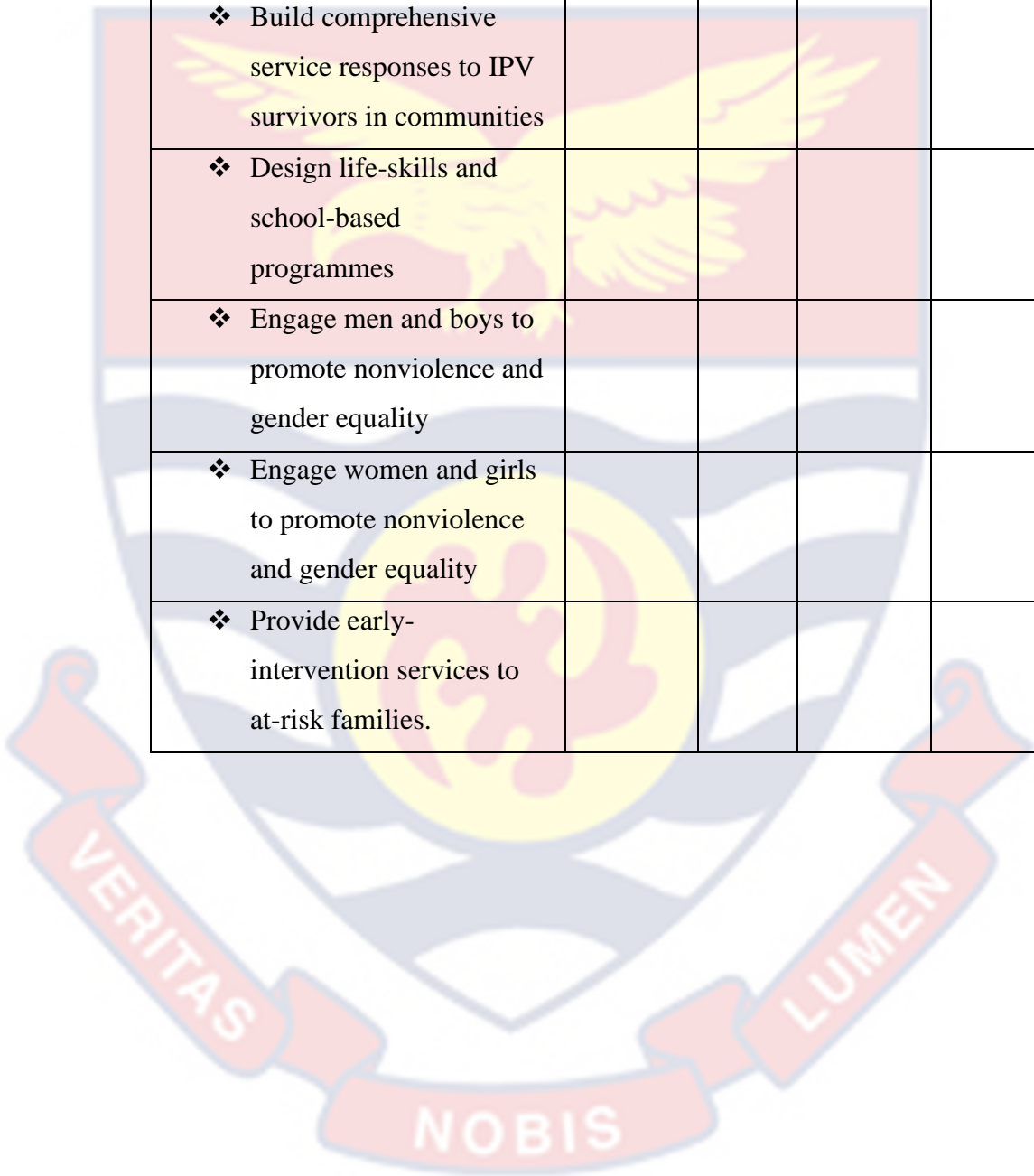
experiencing violence (sadism)				
❖ Low mental health of the offender in intimate partner violence				
❖ Low mental health of the sufferer in intimate partner violence				
❖ My religious faith prohibits separation or divorce				
❖ Stigma that goes with not being able to stay in such relationship				
❖ Fear of what my parents/family may think if I don't stay				

K. How to Prevent and Respond to IPV

18. Kindly indicate with a tick (✓) how much you agree with each of the following statements on how IPV can be prevented among CoE students in Ghana.

Statement	Strongly Agree	Agree	Disagree	Strongly Agree
❖ College counsellors should include relationship issues in students' orientation programmes				
❖ Create awareness programmes on healthy relationships in the various SRC programmes				
❖ Reform civil and criminal legal frameworks against perpetrators				
❖ Organize media and advocacy campaigns to raise awareness about existing legislation				
❖ Strengthen women's civil rights related to divorce, property, child support and custody				
❖ Teach safe and healthy relationship skills in schools and colleges				
❖ Organize media and advocacy campaigns to				

raise awareness on the negative impact of IPV				
❖ Educate communities on healthy and safe relationship				
❖ Build comprehensive service responses to IPV survivors in communities				
❖ Design life-skills and school-based programmes				
❖ Engage men and boys to promote nonviolence and gender equality				
❖ Engage women and girls to promote nonviolence and gender equality				
❖ Provide early-intervention services to at-risk families.				



APPENDIX B

UNIVERSITY OF CAPE COAST

COLLEGE OF EDUCATION STUDIES

FACULTY OF EDUCATIONAL FOUNDATIONS

DEPARTMENT OF GUIDANCE AND COUNSELLING

INTERVIEW GUIDE ON INTIMATE PARTNER VIOLENCE

This interview guide is designed to find out about the abuse/violence people go through in their intimate partner relationship. You are fully assured that all the responses you provide will be handled with absolute confidentiality and your identity will not be revealed.

1. Kindly share your experiences on how you were sexually abused by your partner Example: if you were denied sex; or

If you were forced to have sexual activity with your partner; or

Did not use protection during sexual intercourse after I asked for it

Please explain further

2. Please share your experience on how you were socially abused by your partner? Example: how you couldn't talk to the opposite sex in his/her presence;

How you have to explain your every movement to him/her;

How you were prevented from meeting friends

Please explain further

3. Kindly share how you experienced physical violence from your partner?

Example: how you were pushed,

Beaten or

Slapped.

Kindly explain further

4. Please share your experience on how you were emotionally abused by your partner?

Example: if you were humiliated in public;

or if little/useless he/she made/makes you feel.

Please kindly explain further

5. Kindly share your experience on how your partner financially/economically abused/abuses you?

Example: if he/she stole from you;

If he/she prevented you from working;

If he/she destroyed something of value to you.

Kindly explain further

6. In your view, what really or actually causes intimate partner violence? Kindly elaborate on that?

7. In your opinion, and from your experiences, why do people continue in a relationship with someone who abuses them in one way or the other?

Does your response apply to you?

8. In your opinion, how can intimate partner violence be addressed in our colleges and communities?

APPENDIX C

EXPLORATORY AND CONFIRMATORY FACTOR ANALYSES

The study examined the factor structure of Intimate Partner Violence (IPV) scale. The scale had 46 items on a 4-point scale range from '1' (not at all) to '4' (very often). Exploratory and confirmatory factor analyses were performed to extract and confirm the factors identified.

Exploratory factor analysis (EFA)

Exploratory factor analysis with principal axis factoring was used in the extraction of the factors with the help of JAMOVI software (version 0.9). The sample size of 1228 for the factor analysis was adequate based on the 300 cases recommended by Tabachnick and Fidell (2019). In addition, the KMO value of .96 was greater than the recommended .60 (Tabachnick & Fidell, 2019; Kaiser, 1974). Also, the Bartlett's test of sphericity was statistically significant, $\chi^2(1035) = 49929, p < .001$, indicating the correctness of this analysis. For the fit indices, RMSEA = .07 was less than .08; TLI = .86, which is close to .90 (Schumacker & Lomax, 2015). In all, with all assumptions not violated principal axis factoring was carried out to determine which factors are identified (see Table 1).

Table 1: Summary of Eigenvalues and Factor Variance

Factor	Eigenvalue	SS Loadings	% of Variance	Cumulative %
1	18.50525	7.461	16.22	16.2
2	4.96394	6.628	14.41	30.6
3	1.97228	6.022	13.09	43.7
4	1.16888	5.011	10.89	54.6
5	1.03725	3.841	8.35	63.0
6	0.56552	0.893	1.94	64.9
7	0.24118			
8	0.21125			
9	0.18004			
10	0.07988			

As shown in Table 1, five factors had eigenvalues greater than 1. These five factors collectively contributed about 63% of the variability in the construct IPV. This result was confirmed by the parallel as shown in the scree plot (see Figure 2).

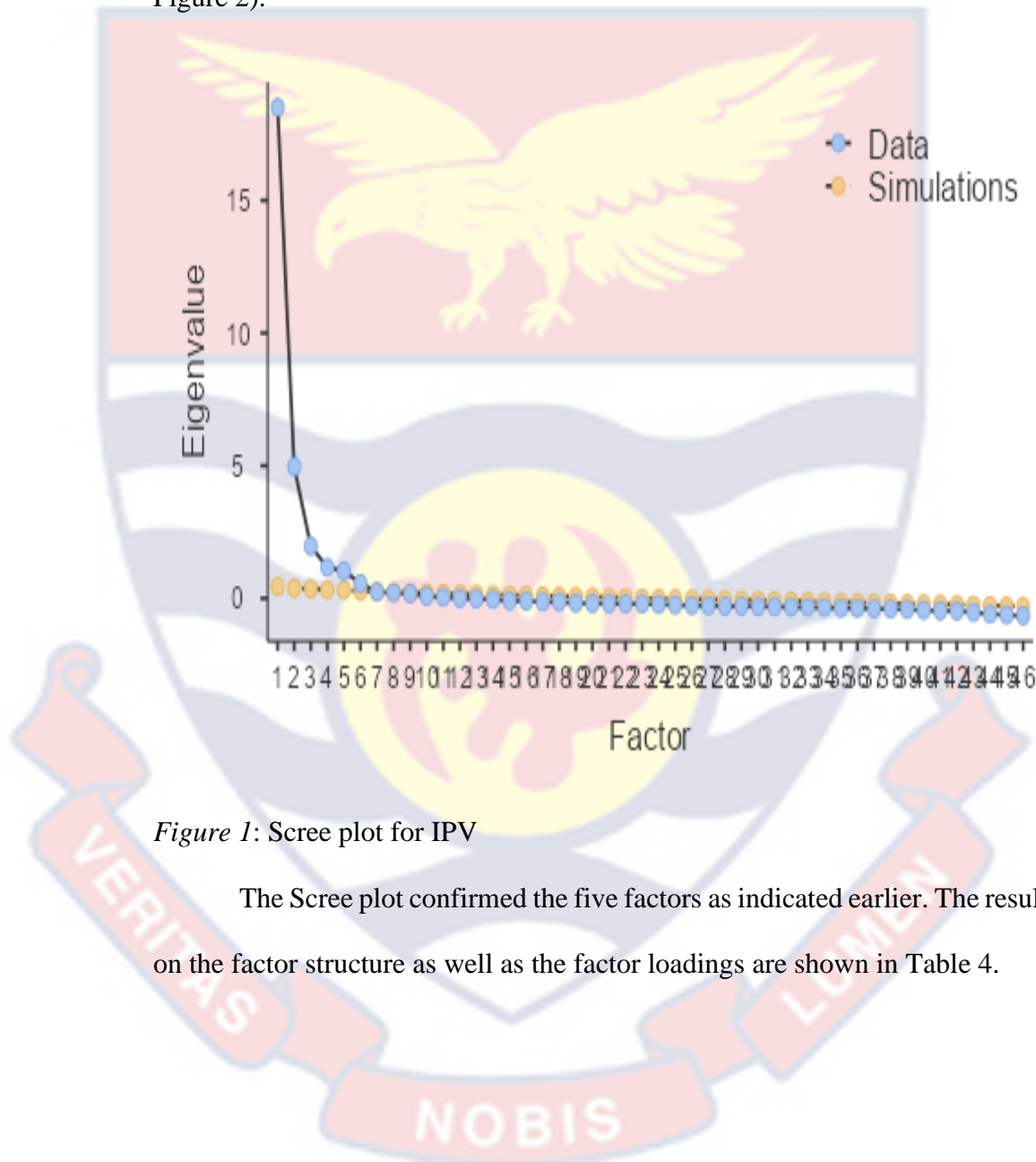


Figure 1: Scree plot for IPV

The Scree plot confirmed the five factors as indicated earlier. The results on the factor structure as well as the factor loadings are shown in Table 4.

Table 2- Factor Structure and Uniqueness

Items	1	2	3	4	5	Uniqueness
C1	0.3291	0.03160	0.06241	0.1218	0.51144	0.531
C2	0.2572	0.02702	0.03538	0.1099	0.61977	0.424
C3	0.1045	0.03114	0.01160	0.0632	0.66566	0.524
C4	0.1685	0.00730	0.01619	0.0494	0.72519	0.443
C5	0.1777	0.05486	-0.03601	0.0496	0.70021	0.425
C6	0.2190	0.01117	0.05509	0.0189	0.63399	0.396
C7	0.2784	0.05569	0.00493	0.0627	0.57847	0.521
C8	0.2615	0.11407	0.02228	0.1366	0.61332	0.514
D1	0.7222	0.26081	0.15384	0.1443	0.19436	0.314
D2	0.7207	0.26182	0.17562	0.1455	0.20985	0.300
D3	0.7046	0.12540	0.07616	0.2220	0.26595	0.349
D4	0.7188	0.23772	0.19722	0.0655	0.15729	0.343
D5	0.7617	0.18837	0.16862	0.0755	0.18509	0.310
D6	0.8014	0.27002	0.13200	0.0712	0.18137	0.228
D7	0.7865	0.23053	0.20618	0.0713	0.18479	0.246
D8	0.7444	0.13100	0.09483	0.1378	0.21961	0.344
D9	0.7234	0.12936	0.10552	0.1646	0.19781	0.354
D10	0.7074	0.18620	0.14441	0.0833	0.16062	0.357
D11	0.7142	0.12923	0.11084	0.1792	0.21303	0.342
E1	0.2581	0.62104	0.36778	0.2436	0.05269	0.345
E2	0.2357	0.64095	0.24136	0.2700	0.16528	0.364
E3	0.2645	0.72632	0.27751	0.1795	0.07671	0.285
E4	0.1985	0.53578	0.12118	0.3578	0.15094	0.508
E5	0.2429	0.68577	0.28782	0.2575	0.03773	0.308
E6	0.1891	0.76132	0.29264	0.1568	0.02339	0.270
E7	0.1959	0.75117	0.26310	0.1706	0.03062	0.296
E8	0.2409	0.63155	0.40300	0.1926	-0.07401	0.328
E9	0.2696	0.61250	0.38919	0.2712	-0.01410	0.323
E10	0.1751	0.61269	0.24601	0.2468	0.08618	0.465
E11	0.2567	0.51166	0.32028	0.3101	0.07067	0.467
F1	0.2002	0.25534	0.25980	0.7029	0.11497	0.318
F2	0.1152	0.25546	0.23430	0.7534	0.12871	0.281
F3	0.1453	0.24890	0.28040	0.7477	0.14954	0.253
F4	0.0794	0.19994	0.21527	0.7097	0.10815	0.388
F5	0.1460	0.26655	0.29155	0.7174	0.11241	0.295
F6	0.1951	0.27449	0.31275	0.5989	0.02832	0.389
F7	0.2241	0.37219	0.36888	0.5516	0.02313	0.350
F8	0.1452	0.34412	0.40665	0.4423	0.07517	0.494
G1	0.1427	0.38845	0.60616	0.2416	0.04637	0.389
G2	0.1646	0.33361	0.71592	0.3475	0.01773	0.226
G3	0.1663	0.26319	0.74539	0.2864	0.05362	0.255
G4	0.1596	0.33512	0.69044	0.2070	0.03337	0.333
G5	0.1887	0.41313	0.71972	0.2423	-0.05552	0.214
G6	0.1882	0.30571	0.75323	0.3281	-0.02845	0.191
G7	0.1983	0.24694	0.70659	0.1994	0.11356	0.291
G8	0.1556	0.33056	0.73615	0.2607	-0.00534	0.256

Note. 'Principal axis factoring' extraction method was used in combination with a 'varimax' rotation

Through the varimax rotation method, all the 46 items were retained, since their factor loadings were more than 0.32 as recommended (Tabachnick & Fidell, 2019) (see Table 4). Items from C1 to C8 loaded on factor five with the highest factor loading of 0.725 and the lowest factor loading of 0.511. Also, items from D1 to D11 loaded on factor one with 0.801 being the highest factor loading and 0.704 being the lowest factor loading. Factor two had items E1 to E11 with the leading factor loading of 0.761 and the least of 0.512, and items from F1 to F8 loaded on factor four having a highest factor loading of 0.753 and lowest factor of 0.442. Finally, items G1 to G8 loaded on factor three with factors loading of 0.753 and 0.606 as high and low factors respectively. Factor 1, 2, 3, 4, and 5 were named after physical violence, sexual violence, economic violence, psychological violence and social violence respectively. Items from D1 to D11 were listed under physical violence, E1 to E11 were listed under sexual violence, and items from G1 to G8 were listed under economic violence. Also, items F1 to F8 were listed under psychological violence while, items from C1 to C8 were listened under social violence. Majority of the error variances (uniqueness) were less than .50, suggesting minimal variance in the items were unexplained by the factors.

Confirmatory factor analysis (CFA)

Having obtained a 5-factor structure with 46 items, the 5-factor structure scale was subjected to CFA using structural equation modeling with Analysis of Moment Structures (AMOS) software (version 21). The fit indices are summarised in Table 3.

Table 3- Fit Indices for IPV Scale

Fit criteria	Recommended criteria	Index
CMIN		8770.75
Df		979
P-value		<.001
CMIN/df	<4.0	8.96
IFI	>.90	0.84
RFI	>.90	0.82
NFI	>.90	0.83
TLI	>.90	0.83
CFI	>.90	0.84
RMSEA	≤.80	0.08

From Table 3, results of the model fit indices indicated that normed fit index (NFI) = 0.83, Tucker-Lewis index (TLI) = 0.83, and comparative fit index (CFI) = 0.83, relative fit index (RFI) = .82, and incremental fit index (IFI) = .84 did not reach .90, however, they are very close, therefore, acceptable values of the good fit indices. However, root mean square error of approximation (RMSEA) = 0.08 was within the accepted criterial of good fit indices. Additionally, the chi-square, χ^2 (979) = 8770.75, $p < .001$, was statistically significant. This was, however, not a concern due to its susceptibility to large sample size (Schumacker & Lomax, 2015; Awang, 2012; Hu & Bentler, 1999; Kline, 2015). In all, the model was deemed marginally fit. Further, the factor loadings are displayed in Table 4.

Table 4- Factor Loadings, and AVEs

			Loading	95%CI		p	AVE
				Lower	Upper		
Social violence							
C8	<---	Social	.688	.634	.733	.001	.50
C7	<---	Social	.648	.588	.703	.000	
C6	<---	Social	.651	.599	.702	.000	
C5	<---	Social	.712	.670	.753	.000	
C4	<---	Social	.730	.684	.770	.000	
C3	<---	Social	.655	.603	.702	.000	
C2	<---	Social	.666	.603	.721	.001	
C1	<---	Social	.609	.540	.668	.001	
Sexual violence							
EE1	<---	Sexual	.806	.768	.839	.000	.60
EE2	<---	Sexual	.773	.737	.805	.000	
EE3	<---	Sexual	.828	.799	.855	.000	
EE4	<---	Sexual	.656	.601	.707	.000	
EE5	<---	Sexual	.827	.793	.854	.001	
EE6	<---	Sexual	.832	.803	.858	.000	
EE7	<---	Sexual	.812	.780	.842	.000	
EE8	<---	Sexual	.805	.766	.840	.000	
EE9	<---	Sexual	.826	.792	.854	.001	
EE10	<---	Sexual	.726	.683	.765	.000	
EE11	<---	Sexual	.726	.685	.762	.001	
Physical violence							
D11	<---	Physical	.756	.691	.809	.000	.70
D10	<---	Physical	.749	.679	.809	.000	
D9	<---	Physical	.759	.687	.816	.000	
D8	<---	Physical	.793	.734	.842	.000	
D7	<---	Physical	.868	.829	.897	.001	
D6	<---	Physical	.883	.847	.910	.001	
D5	<---	Physical	.839	.790	.878	.001	
D4	<---	Physical	.804	.745	.849	.000	
D3	<---	Physical	.783	.732	.826	.000	
D2	<---	Physical	.830	.785	.870	.000	
D1	<---	Physical	.818	.772	.858	.000	
Economic violence							
G8	<---	Economic	.861	.832	.886	.000	.70
G7	<---	Economic	.784	.748	.815	.001	
G6	<---	Economic	.893	.868	.914	.001	
G5	<---	Economic	.884	.857	.909	.000	
G4	<---	Economic	.811	.773	.844	.000	
G3	<---	Economic	.850	.820	.877	.000	
G2	<---	Economic	.878	.853	.900	.000	

G1	<---	Economic	.770	.735	.804	.000	
Psychological violence							
F1	<---	Psychological	.821	.784	.851	.001	.60
F2	<---	Psychological	.837	.802	.867	.000	
F3	<---	Psychological	.852	.821	.878	.001	
F4	<---	Psychological	.766	.721	.808	.000	
F5	<---	Psychological	.832	.802	.859	.000	
F6	<---	Psychological	.748	.701	.787	.001	
F7	<---	Psychological	.775	.734	.811	.000	
F8	<---	Psychological	.687	.633	.737	.000	

AVE – Average Variance Extracted; C1 – G8 = Items on the IPV scale

Results from Table 4 indicate that, 8 items successfully loaded on social violence with loadings from .609 to .730, 11 items loaded on sexual violence with loadings from .656 to .832, 8 items for economic violence with loadings from .770 to .893, 11 items on physical violence with loadings from .749 to .883, and 8 items loaded on psychological violence with loadings from .687 to .852. The AVEs ranged from .50 to .70 for all the five dimensions. These show evidence of high convergence validity (Fornell & Larcker, 1981; Hair et al., 2010). Discriminant validity evidence are shown in Table 5.

Table 5- Discriminant Validity Evidence for IPV

	Dimension	1	2	3	4	5
1	Social violence	.707				
2	Physical violence	.557	.837			
3	Sexual violence	.244	.596	.775		
4	Psychological violence	.307	.475	.722	.775	
5	Economic violence	.159	.480	.792	.742	.837

Square roots of AVEs in bold

The results in Table 5 suggest a high discriminant validity among the dimensions of IPV. This was because the correlations among the dimensions were less than the square roots of the AVEs, except for relationship between

economic violence and sexual violence (Fornell & Larcker, 1981). Further, the reliability coefficients of the newly identified and confirmed five-factor structure IPV scale are summarised in Table 6.

Table 6- Reliability of IPV Scale

Sub-scale	No. of items	Alpha (α)	Omega (ω)
Social violence	8	.866	.867
Physical violence	11	.953	.954
Sexual violence	11	.945	.946
Psychological violence	8	.929	.930
Economic violence	8	.949	.951
Overall (IPV)	46	.964	.967

In Table 6, the reliability coefficients for each of the five dimensions of IPV using both Cronbach's alpha and McDonald's omega are greater than .70. Also, the overall reliability is above .70 (Pallant, 2010). These suggest reduced error variances. Figure 3 shows the final measurement model for IPV scale.

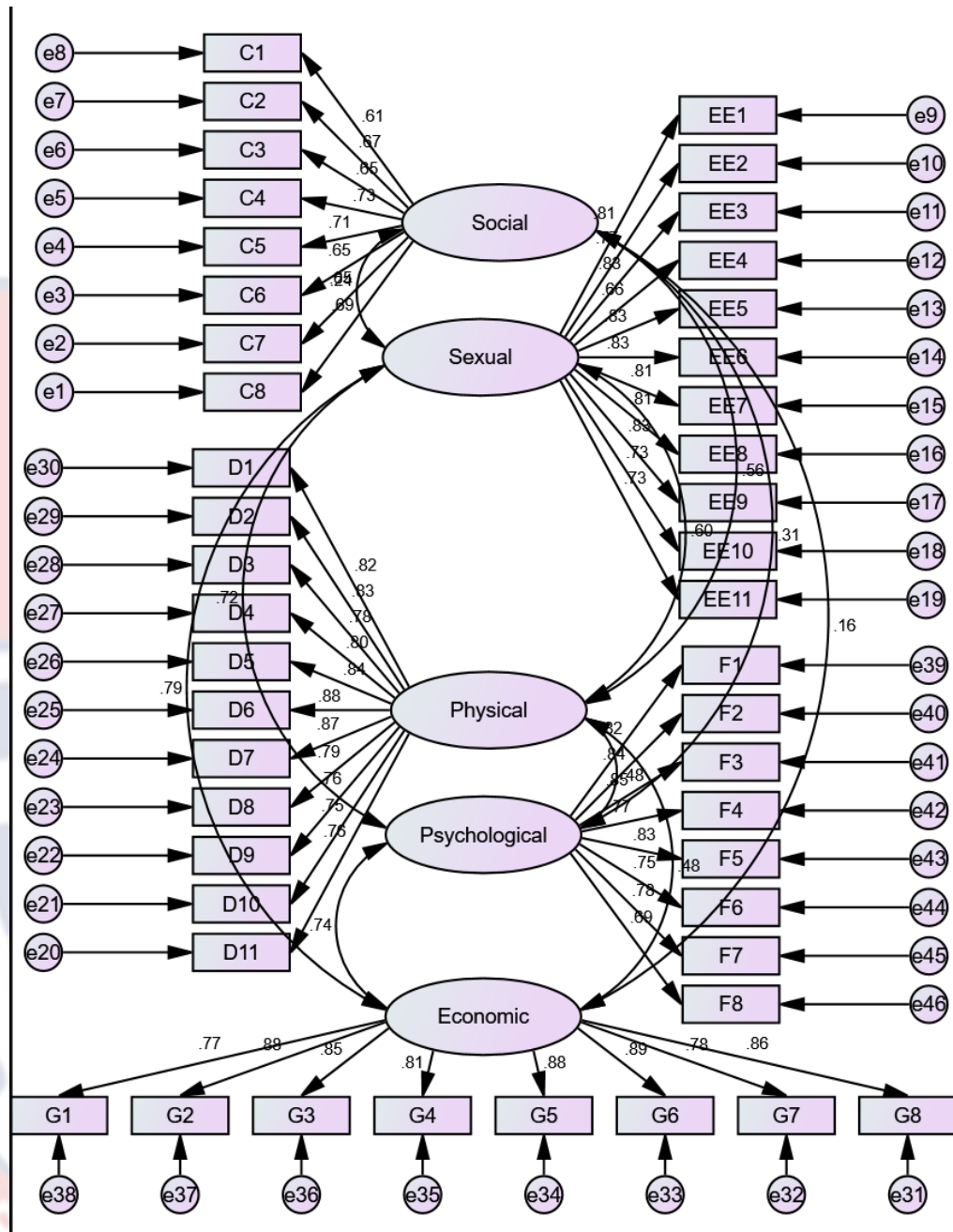


Figure 2: Final measurement model for IPV scale


In all, the 46-item IPV scale revealed a 5-factor solution with high evidence on validity and reliability. This instrument was therefore used in further statistical analysis for the research questions and hypotheses.

APPENDIX D

ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
ETHICAL REVIEW BOARD

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

REF: ERB/UCC-EDU/V6/22-51  Date: 08th June, 2022

Dear Sir/Madam,

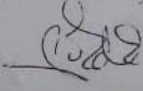
ETHICAL REQUIREMENTS CLEARANCE FOR RESEARCH STUDY

The bearer, Adu-Gyamfi Senoay, Reg. No. EE/GCC/18/0023 is
M.Phil. / Ph.D. student in the Department of Guidance
and Counselling in the College of Education Studie
University of Cape Coast, Cape Coast, Ghana. ~~He~~/ She wishes to
undertake a research study on the topic:

Prevalence, nature and determinants of
intimate partner violence among Colleges
of Education students in Ghana.

The Ethical Review Board (ERB) of the College of Education Studies
(CES) has assessed ~~his~~/her proposal and confirm that the proposal
satisfies the College's ethical requirements for the conduct of the
study.

In view of the above, the researcher has been cleared and given approval
to commence ~~his~~/her study. The ERB would be grateful if you would
give ~~him~~/her the necessary assistance to facilitate the conduct of the said
research.

Thank you
Yours faithfully,


Prof. Linda Dzama Forde
(Secretary, CES-ERB)

Chairman, CES-ERB
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APPENDIX E

INTRODUCTORY LETTER

UNIVERSITY OF CAPE COAST

COLLEGE OF EDUCATION STUDIES
FACULTY OF EDUCATIONAL FOUNDATIONS

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DEPARTMENT OF GUIDANCE AND COUNSELLING



UNIVERSITY POST OFFICE
CAPE COAST, GHANA

Our Ref:

Your Ref:

DGC/L.2/VOL.1/171

3rd February, 2021

TO WHOM IT MAY CONCERN

LETTER OF INTRODUCTION

We introduce to you, Serwaa Adu-Gyamfi, a student pursuing a Ph.D programme in Guidance and Counselling at the Department of Guidance and Counselling of the University of Cape Coast. As a requirement, she is to submit a thesis on the topic: **“Prevalence Nature and Determinants of Intimate Partner Violence among College of Education Students in Ghana”**. We are by this letter affirming that, the information she will obtain from your Institution will be solely used for academic purposes.

We would be most grateful if you could provide her the necessary assistance.

Thank you.

Dr. Stephen Doh Fia
HEAD OF DEPARTMENT