

**Motivations and barriers to help-seeking behaviours among female victims
of Intimate Partner Violence in Ghana**

By

© Emmanuel Rohn

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Abstract

Although a global menace, intimate partner violence (IPV), is very high in sub-Saharan Africa, including Ghana. Existing literature shows that the majority of Ghanaian women who experience IPV do not seek help but there is limited understanding of the motivations and barriers to Ghanaian women's help-seeking behaviours from an individual and institutional perspective. This study used qualitative data from 30 women in three of Ghana's 16 administrative regions (Ashanti, Upper East, and Greater Accra) to explore IPV victims' experiences of help-seeking. Fifteen staff at the Domestic Violence and Victim Support Unit (DOVVSU) in the three selected regions were interviewed to explore the barriers to help-seeking from an institutional perspective. Results of the thematic analysis showed low reporting to formal support networks such as DOVVSU or the police, with higher preference for informal sources such as family members, friends, and religious and community leaders. Motivations to seek help included fatigue, severity of abuse, abusive partner's negligence in honouring marital obligations, and trust in family members, friends, and religious leaders. Barriers to help-seeking included: fear of divorce, stigmatization, lack of trust in formal support channels, presence of children, sociocultural norms emphasizing gender role expectations, and family privacy. From an institutional perspective, barriers ranged from inadequate resources, including administrative and logistical support, to inadequately trained personnel, location of DOVVSU offices, lack of privacy at DOVVSU offices, and financial constraints. Findings from this study suggest the need for future interventions to take into account the complexity of factors associated with victims' help-seeking decisions. Developing a multifaceted solution responsive to the needs of IPV victims involves addressing the various barriers identified in this study.

Keywords: intimate partner violence, help-seeking behavior, motivations, barriers, Ghana.

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Table of Contents

Abstract	i
Acknowledgement	ii
Chapter One: Introduction	1
1.1 Research questions	4
1.2 Purpose and relevance of the study	5
Chapter Two: Theoretical Framework and Literature Review	8
2.0 Introduction	8
2.1 Theoretical framework: Process model	9
2.2 Help-seeking behaviour of female victims of IPV	14
2.2.1 Informal help-seeking	15
2.2.2 Formal help-seeking	16
2.3 Factors influencing help-seeking decisions of IPV victims	17
2.3.1 Individual level factors associated with help-seeking decisions	18
2.3.2 Other socio-cultural and psychosocial factors	21
2.4 Institutional barriers	28
2.5 Conclusion	30
Chapter Three: Research Design and Methods	32
3.0 Introduction	32
3.1 Background of the Study Area	33
3.1.1 <i>The Upper East Region</i>	34
3.1.2 <i>The Ashanti Region</i>	36
3.1.3 <i>The Greater Accra Region</i>	37
3.1.4 <i>Conclusions on Background</i>	39
3.2 Study Design	40
3.3 Target Population, Sampling Technique and Sample Size	41
3.4 Data Collection and Management Procedures	43
3.5 Data Analysis	44
3.6 Ethics Consideration	45
3.7 Chapter Summary	46
Chapter Four: Results	47
4.0 Introduction	47
4.1 Participants' background information	47

4.2 Commonly identified sources of help	50
4.2.1 Informal sources	50
4.2.2 Formal sources	55
4.3 Motivations to help-seeking among female victims of IPV	58
4.3.1 Fatigue	58
4.3.2 Severity of abuse	59
4.3.3 Negligence in honouring marital obligation	60
4.3.4 Trust in family members, friends, and religious leaders	61
4.4 Factors that hinder IPV victims from seeking help	62
4.4.1 Fear of divorce	62
4.4.2 Privacy concerns	63
4.4.3 Stigmatization	64
4.4.4 Lack of trust in available formal support channel	64
4.4.5 Presence of children	65
4.4.6 Socio-cultural norms and values	66
4.5 Institutional barriers to help-seeking from the perspective of service providers	67
4.5.1 Inadequate resources	67
4.5.2 Inadequate training	68
4.5.3 Lack of privacy at DOVVSU offices	69
4.5.4 Inadequate funding	70
4.5.5 Location of DOVVSU offices	71
4.6 Conclusion	71
Chapter Five: Discussion	73
5.0 Introduction	73
5.1 What are the commonly identified sources of help?	73
5.2 What motivates help-seeking among female victims of IPV?	75
5.3 What are the factors that hinder IPV victims from seeking help?	77
5.4 What are the barriers to help-seeking from the perspective of service providers?	81
5.5 Conclusion	84
Chapter Six: Summary, Conclusions, and Recommendations	85
6.0 Introduction	85
6.1 Summary of findings	85
6.1.1 Rq1: What are the commonly identified sources of help?	85
6.1.2 Rq2: What motivates help-seeking among female victims of IPV?	86

6.1.3 Rq3: What are the factors that hinder IPV victims from seeking help?_____	86
6.1.4 Rq4: What are the institutional barriers to help-seeking from the perspective of service providers? _____	87
6.2 Conclusion _____	87
6.3 Recommendations and implications of the findings _____	88
6.3.1 <i>Invest in violence prevention</i> _____	88
6.3.2 <i>Strengthen media campaigns and intervention</i> _____	89
6.3.3 <i>Improve service providers' (DOVVSU) capacity to ensure privacy in units</i> _____	90
6.3.4 <i>Increase trust in public institutions that support IPV Victims</i> _____	90
6.3.5 <i>Continuous training and development for service providers</i> _____	91
6.3.6 <i>Provide adequate resources for DOVVSU</i> _____	91
6.4 Proposed future studies _____	92
6.5 Strengths and limitations of the study_____	93

Chapter One: Introduction

Intimate partner violence (IPV) against women exists in all countries, cultures, and societies (Ellsberg et al., 2015). The World Health Organization (2010) defines IPV as “behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours” (p.11). Globally, IPV against women is considered a serious human rights violation (Devries et al., 2013; Fried, 2003; Heise, 2011) transcending ethnic, gender, racial, and socioeconomic boundaries (Tjaden & Thoennes, 2000).

UN Secretary General António Guterres says, “Violence against women and girls is a global pandemic.”¹ In fact, globally, about 30% of women who have ever been in an intimate relationship experience physical or sexual violence over the life course (García-Moreno et al., 2013). Although a global menace, IPV is very high in sub-Saharan Africa (Devries et al., 2013; García-Moreno et al., 2005) and crosses economic, political, social, racial, religious, and geographical boundaries (Ahmet Fidan & Bui, 2016; Ogland et al., 2014). At 36%, the rate of IPV in Sub-Saharan Africa surpasses the global average rate of 30% (García-Moreno et al., 2013). Studies show, for instance, that 30% of women in Rwanda, 42% in Kenya, 47% in Zimbabwe, 50% in Zambia, 54% in Uganda, 60% in Tanzania, and 81% in Nigeria have been exposed to IPV (Ahmet Fidan & Bui, 2016; Karamagi et al., 2006; Mann & Takyi, 2009; Verduin et al., 2013). Like other Sub-Saharan African countries, IPV against women is prevalent and a major problem in Ghana (Coker-Appiah & Cusack, 1999; Ghana Statistical Service (GSS) et al., 2009; Issahaku, 2015). For instance, data from the Ghana Statistical Service show 42.8% and 58% of women have experienced sexual or physical violence, respectively, from a former or current partner (Ghana Statistical Service (GSS) et al., 2009).

¹ <http://www.un.org/en/events/endviolenceday/sgmessage.sht0ml>

Others estimate one in three Ghanaian women has experienced physical abuse from a current or former partner (Bowman, 2003).

IPV has a plethora of negative physical, emotional, and mental health consequences (Golding, 1999; Plichta & Falik, 2001; Tjaden & Thoennes, 2000), such as chronic pain, difficulty walking, dizziness, induced abortion, miscarriage, pregnancy loss, vaginal infection, suicidal thoughts, feelings of worthlessness, memory loss, and lack of concentration (Ali et al., 2013; Durevall & Lindskog, 2015; Ellsberg et al., 2008; García-Moreno et al., 2005; Krishnan, 2005). These outcomes have been documented in sub-Saharan Africa and Ghana (Sedziafa et al., 2017).

Notwithstanding these consequences, large proportions of Ghanaian women exposed to IPV do not seek help. Several factors may account for this. For one thing, traditional norms and values expect women to keep marital conflict private (Anyemedu et al., 2017; Tenkorang et al., 2017). Lack of professionalism among service providers, breaches in confidentiality, mistrust, payment of bribes, and not understanding the nature of formal support are additional barriers (Anyemedu et al., 2017). Other factors, such as economic dependence, low educational status, and unemployment, have been linked with staying with an abusive partner (Barnett, 2000; Plichta & Falik, 2001). Staying with an abusive partner is sometimes facilitated by unhelpful responses, such as blaming the victim (Feder et al., 2006; O'Connor, 2002). Such emotional reactions make it more difficult for a woman to leave a relationship (Fanslow & Robinson, 2010; Katerndahl et al., 2013). Factors such as love for one's partner, guilt, self-blame, and anticipation of a behaviour change can facilitate non-disclosure of abuse as well (Towns & Adams, 2000; Walker, 1979; Yllö & Bograd, 1988). Other factors include fear for children's safety, fear of being stigmatized, and avoidance of negative economic ramifications (Ellsberg et al., 2001; Gondolf & Fisher, 1988; CHAMPION, 2014;

Walker, 1979). Last but not the least, the decision to seek help is complicated by gendered expectations embedded in patriarchal structures (Cunneen & Stubbs, 1997).

Yet help-seeking is important for ending domestic abuse. As noted by Tenkorang et al. (2018), help-seeking is an integral part of finding solutions to partner violence. Help-seeking can help victims leave abusive relationships, thus preventing the risk of being victimized again by the same perpetrator. In addition, seeking help connects IPV victims to a range of resources and services that are important for strengthening their coping skills (Ofstehage et al., 2011). Some studies show seeking help improves victims' physical, emotional, and mental health (Coker et al., 2002).

The help-seeking behaviour of IPV victims takes different forms and changes over time (Cattaneo et al., 2007; Liang et al., 2005). Initially, victims' resort to covert and private strategies such as placating and resisting violent partners. This is followed by overt and public strategies such as seeking informal or formal support (Cattaneo et al., 2007; Liang et al., 2005). Institutions or individuals trained to provide professional help, such as the police and other law enforcement agencies, social service organisations (such as DOVVSU in Ghana), physicians, religious institutions and members of the clergy, domestic violence advocates, make up formal support. Informal support on the other hand consists of family and friends, who can provide instrumental and emotional support (i.e. material support, advice, affirmations (Ansara & Hindin, 2010; Djikanović et al., 2012; Liang et al., 2005; Naved et al., 2006; Tenkorang et al., 2018). Ultimately, more than 75% of IPV victims report abuse via informal or formal networks at some point (Fanslow & Robinson, 2010; Goodkind et al., 2003; Macy et al., 2005). Studies from different countries reveal that women mostly turn to family and friends before looking for formal help (Ansara & Hindin, 2010; Barrett & Pierre, 2011; García-Moreno et al., 2005; Macy et al., 2005). Reasons for seeking help include

having been badly harmed, fearing death, and not having the ability to bear more (Barrett & Pierre, 2011; Fanslow & Robinson, 2010).

In developed countries, the help-seeking behaviour of female IPV victims has attracted considerable research and policy attention, but it is less researched and documented in sub-Saharan Africa, including Ghana (Amoakohene, 2004; Ofei-Aboagye, 1994; Tenkorang et al., 2013). My search of the literature on help-seeking behaviors of female victims of IPV in Ghana turned up four articles on this important subject (Fidan, 2017; Linos et al., 2014; Tenkorang et al., 2017, 2018). Of these, two used survey data. Although useful, survey data are limited in helping us understand the motivations, intentions, and narratives associated with barriers to women's help-seeking behaviors after experiencing IPV. In addition, these studies and others elsewhere have focused on help-seeking at the individual level (Abdulmohsen-Alhalal et al., 2012; Anderson & Saunders, 2003; Enander & Holmberg, 2008; Kim & Gray, 2008; Lerner & Kennedy, 2000). Studies of multilevel influences, such as interpersonal, sociocultural, and institutional factors, remain scant. This gap is unfortunate, given the importance of help-seeking.

Contributing to the small yet increasing body of literature, this study used in-depth qualitative interviews to explore the motivations for and barriers to help-seeking behaviour among female victims of IPV in selected regions representing Ghana's three ecological zones (the coastal, middle, and northern belts). These were the Greater Accra, Ashanti, and the Upper East regions.

1.1 Research questions

1. What are the commonly identified sources of help?
2. What motivates help-seeking among female victims of IPV?
3. What factors hinder IPV victims from seeking help?
4. What are the barriers to help-seeking from the perspective of service providers?

1.2 Purpose and relevance of the study

This study is relevant for the following reasons. First, it fills an important knowledge and research gap in IPV studies and the help-seeking behaviour literature. Although the severity of IPV has been well documented, knowledge of victims' help-seeking behaviour in sub-Saharan Africa, including Ghana, remains scant. To this point, most studies on help-seeking behaviours have been conducted in western industrialized countries (Bui, 2003; Kaukinen, 2004; Leung, 2017; Macy et al., 2005; Moe, 2007; West et al., 1998). Conducting research on help-seeking behaviour in non-Western societies (e.g., Ghana) will help researchers understand help-seeking dynamics within the African context. It will also assist scholars in formulating a conceptually broad theory of help-seeking behaviour.

Second, many are limited to cross-sectional data from retrospective surveys, with no participant follow-up (Barrett & Pierre, 2011; Sylaska & Edwards, 2014). Although useful, they gloss over the barriers to women's help-seeking behaviour from the perspective of service providers. Thus, the study's qualitative findings on motivations for and barriers to help-seeking among female victims of IPV add to and complement the intellectual debate. Additionally, understanding institutional barriers to help-seeking from the perspective of service providers will provide valuable insights for policymakers in formulating and implementing policies and programmes geared at reducing or eliminating these barriers.

Third, most academic research has focused on help-seeking at the individual level (Abdulmohsen-Alhalal et al., 2012; Anderson & Saunders, 2003; Enander & Holmberg, 2008; Kim & Gray, 2008; Lerner & Kennedy, 2000). A handful of researchers have attempted to understand help-seeking beyond the individual (Alaggia et al., 2012; Bliss et al., 2007; Carlson, 1984; Heise, 1998; Liang et al., 2005; Mcleroy et al., 1988). This study adds to the literature by examining individual, interpersonal, sociocultural, and institutional factors that impact help-seeking behaviour.

Fourth, there is little qualitative research on help-seeking and disclosure (Rose & Campbell, 2000; Trotter & Allen, 2009). A qualitative approach can extend our understanding beyond traditional conceptualizations to reflect the diverse experiences of IPV victims in their decision to seek help and the types of sources and services they choose more accurately (Liang et al., 2005). Until recently, traditional conceptualisation of IPV comprised of investigating the personal characteristics of the perpetrator or the victim, viewing IPV as a private matter and defining it as a result of individual pathology rather than the systematic subordination of women in society (see Koss et al., 1994). Although this approach had merit, it obscured the larger sociocultural context in which IPV occurs and implicitly framed violence as arising from individual pathology, ignoring the important ways IPV is rooted in social and cultural contexts.

Fifth, a better understanding of the nature and pattern of the disclosure process related to IPV will guide initiatives and assist stakeholders in planning interventions. It will also assist policymakers in addressing the barriers to accessing domestic violence services and support in Ghana.

1.3 Thesis structure

The study is organized into six chapters. Chapter one provides an introduction to the thesis, including a discussion of the research gaps, the objective and research questions, and the study's relevance. Chapter two presents a hybrid theoretical framework on help-seeking guiding the study and a literature review on motivations and barriers to help-seeking. The literature review includes: (1) commonly identified sources of help; (2) motivations for help-seeking; (3) factors that hinder seeking-help; (4) institutional barriers to help-seeking from the perspective of service providers. Chapter three describes the research methods, including the research design and sampling procedure, sample size, data collection methods, data analysis techniques, and ethical considerations. The findings of the study are presented in Chapter four. Chapter five discusses the results and compares them with the findings of other researchers. Chapter six summarizes the study, gives a conclusion, and offers some recommendations for policymakers and future research.

Chapter Two: Theoretical Framework and Literature Review

2.0 Introduction

Millions of women have experienced intimate partner violence (IPV) (Abramsky et al., 2011; Palermo et al., 2014). However, more women are subjected to life-long partner violence in developing nations than any other place in the world (García-Moreno et al., 2013). Abuse may be physical, sexual, psychological, emotional, or economic (Jewkes, 2002). Given the high rates of IPV, women's help-seeking behaviour is attracting increased attention (Goodman et al., 2005). A multi-country review of IPV reveals that 55-95% of women exposed to IPV do not seek help from formal institutions (García-Moreno et al., 2005). Although three out of four women experiencing IPV disclose the abuse at some stage (Fanslow & Robinson, 2010; Goodkind et al., 2003), disclosure may be minimal and may come after the victim has exhausted all private methods, such as reframing the experience or placating the abuser (McFarlane et al., 2014; Rivas, 2010). The literature indicates that developing nations are resource handicapped, thus exacerbating the challenges of seeking help (Abramsky et al., 2011; García-Moreno et al., 2005; VanderEnde et al., 2012). Studies have identified a number of determinants of male violence to formulate preventive measures, particularly in intimate-partner relationships (Abramsky et al., 2011), but little effort has been made to recognise help-seeking behaviours which may guide programme design.

This chapter outlines the theoretical framework for the study and reviews literature on motivations and barriers to help-seeking behaviour among female victims of IPV.

2.1 Theoretical framework: Process model

Motivations for and barriers to help-seeking behaviours among female victims of IPV are well explained through the process model developed by Liang et al. (2005). Building on the Transtheoretical Model of Behaviour Change (Prochaska et al., 1998; Prochaska & DiClemente, 1982, 1983), Liang and colleagues (2005) developed a process-oriented model of help-seeking specifically for women who experience IPV. The model focuses on the multiple overlapping factors affecting help-seeking decisions. The sensitising concepts of Liang's process model are theoretically relevant to the help-seeking literature. According to Brandtstädter (2007), the model reveals that women's encounters with various informal and formal help-seeking networks demonstrate a non-linear, back and forth movement in their decision-making processes. The model shifts focus and understanding of help-seeking beyond the individual victim of IPV and taps into interpersonal and sociocultural factors (Liang et al., 2005). Like other stage-based models that focus on internal cognitive and change processes, Liang's model involves three non-linear stages: 1) problem recognition and definition; 2) decision to seek help; and 3) selection of a help provider.

The first stage is problem recognition and definition. Individuals respond to challenges in a number of different ways (Fox et al., 2001; Liang et al., 2005; Tsogia et al., 2001), depending on whether they interpret their problems as severe or not (Greenley & Mullen, 1990). As noted by Prochaska et al. (1992), in some instances women may downplay the seriousness of IPV after comparing their experiences to others. Socio-cultural factors are influential in identifying and defining a problem. Many individuals perceive violence within social, cultural, and religious structures defined by patriarchal norms and reinforced by power inequalities. In many societies, social and religious norms and traditions support IPV as a private affair in married couples, rather than a crime for which the offender may be legally liable (Connell, 1987).

Research in Sub-Saharan Africa including Ghana has identified socio-cultural norms that reinforce tolerance of male-perpetrated IPV (Amoakohene, 2004; Doku & Asante, 2015; Owoaje & Olaolorun, 2006). For example, Ghana's patriarchal culture and values of masculinity are ingrained and respected (Ampofo et al., 2009; Ofei-Aboagye, 1994). As Cantalupo et al. (2006) demonstrate, the view of women as subordinate to men in Ghanaian culture affects women's help-seeking behaviours, as partner abuse is often legitimized. In this context, defying gendered role expectations such as being respectful and submissive and performing cooking, cleaning, and sexual roles can provoke disciplinary actions to ensure compliance (Uthman et al., 2010). A study by Dako-Gyeke et al. (2019) in Ghana indicates certain types of IPV are even considered appropriate, and partner violence may continue because of negative socio-cultural norms that increase women's tolerance of abusive relationships. Their research also shows that women use certain gendered expectations to legitimise IPV committed by males. They see IPV as a consequence of neglecting their duties and willingly defer discipline to their male partners. In another Ghanaian study, Adjah and Agbemafle (2016) find more women than men find wife-beating appropriate.

The model's second stage involves the decision to seek support. The decision follows a gradual change driven by victims' rational assessment of the situation and a shift in their external circumstances. Once again, individual, interpersonal, and sociocultural factors play a role. The literature on help-seeking argues two internal factors are central to seeking support: identifying a problem as unacceptable and understanding that the problem cannot be addressed without external intervention (Cauce et al., 2002). Studies show a positive relationship between the severity of violence and victims' help-seeking. When abuse escalates, victims are more likely to seek formal support from the police or domestic violence support units (Goodman et al., 2003; Haggerty & Goodman, 2003).

Support selection is the third stage. This part of the process is neither simple nor linear (Brandtstädter, 2007; Liang et al., 2005). In seeking support, victims may consider the relative cost of losing their privacy versus the cost of keeping quiet and tolerating abuse. In many situations, accessing formal outlets or avenues of support may be expensive. Nonetheless, as violence escalates to severe levels, IPV victims may turn to formal sources of help (Featherstone & Broadhurst, 2003). Interpersonal relationships influence victims' help seeking behaviour as well. For example, women who experienced or witnessed abuse perpetrated by their fathers will not consider them a source of support. In many cases, women see their female friends as emotionally supportive (Rose & Campbell, 2000). The socio-cultural context also plays a crucial role in the selection of a particular source of support (Liang et al., 2005). A US study of help-seeking behaviour among South Asian, Hispanic, and African American victims of IPV by Yoshioka et al. (2003) found most women seek assistance from informal sources. Interestingly, half of the Hispanic respondents and half of the African American respondents contacted formal sources, including the police, for assistance, while only a quarter of the Asian women used formal channels. The differences in cultural expectations, gender roles, and notions of patriarchy may have accounted for variations in help-seeking decisions. This is not surprising, as South Asian cultures are characterized by values of collectivism rather than individualism. Furthermore, women are socialised to value being a good wife and to sacrifice personal freedom and autonomy for the sake of the family. These values shape their willingness to seek assistance from outside sources (Dasgupta & Warrier, 1996). Other research suggests South Asian women depend on their kinship network for support and are reluctant to seek help outside the family (Rao et al., 1990). In other words, cultural norms influence women's disclosure of abuse and their selection of a type of support.

The model proposed by Liang et al. (2005) suggests help-seeking is an adaptive coping process used to obtain external support to address violence against women. Although the model has validity, it renders invisible the larger institutional influences that impact victims' recognition and definition of the problem, the decision to seek help, and their choice of support. Therefore, in this study, I employed a hybrid theoretical framework that adapted Liang et al.'s (2005) process model. My revised theoretical framework includes individual, interpersonal, sociocultural layers and adds a fourth layer, institutional. The adapted model permits the inclusion of the perspective of service providers and offers a more nuanced understanding of the barriers to help-seeking. My adapted framework is presented in figure 1.

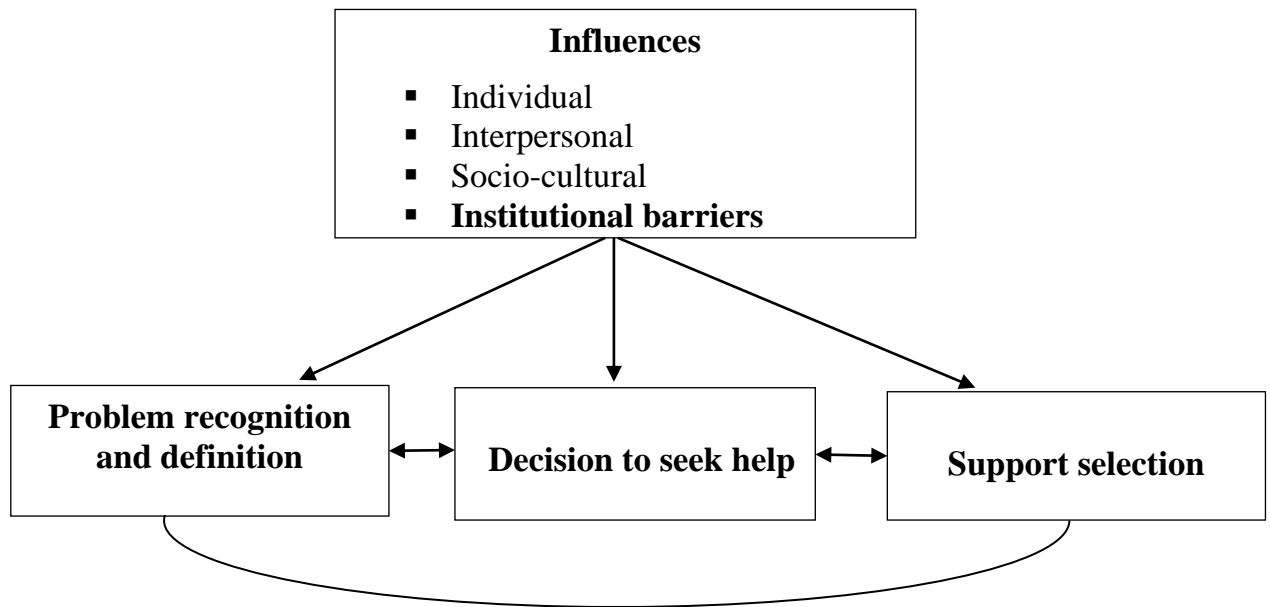
Analysing how victims recognise and define IPV necessitates acknowledging the impact of institutional influences. This is particularly important, as it affects problem definition and appraisal (Fox et al., 2001; Greenley & Mullen, 1990; Tsogia et al., 2001). Victims who report abuse to police may be met with skepticism, and this complicates problem definition. For example, within the African context, victims' views and meanings of violence may be challenged or minimized by officers in the protective services (i.e., police or DOVVSU). Police officers may trivialise abuse or label an abused woman as a "loudmouth". This kind of characterization can affect how victims define and appraise IPV. They may struggle to recognise abuse as a problem that needs to be addressed.

The decision to seek help may be influenced by the availability of service providers; in most rural areas, access to domestic violence support services is problematic (Krishnan et al., 2001). It may also be influenced by prior experience of service providers and law enforcement agencies (Liang et al., 2005). On the one hand, IPV victims reporting abuse may have encountered negative police responses; police may blame the victim, trivialise the situation, fail to arrest the perpetrator, show no empathy, or act in a way that shows a lack of professionalism (Goodman et al., 1999; Wolf et al., 2003). On the other hand, in the

Ghanaian context, victims who witness police brutality against their abusive partners may be hesitant to report again due to guilt and fear. Ultimately, the level of support victims receive from service providers or the police may determine if they continue to engage these institutions. Many IPV victims seeking support from the justice system, for example, must go through a court process. At the very least, they must share their stories multiple times, engage in multiple hearings, face the perpetrator regularly, and expose themselves to public scrutiny. This can affect victims' physical, emotional, and psychological health and determine subsequent support selection.

The help-seeking model identifies individual and socio-cultural and psychosocial influences on victims' help-seeking behaviour (Liang et al., 2005). However, my adapted model includes institutional influences. As such, it can improve our understanding of barriers to help-seeking.

Figure 1: A hybrid theoretical framework on help-seeking behaviour among women experiencing IPV



Source: Adapted from Liang et al.'s (2005) process model of help-seeking behaviour

2.2 Help-seeking behaviour of female victims of IPV

Liang et al. (2005) define help-seeking as the following:

Help-seeking is a multi-layered experience that varies depending on a broad range of individual, interpersonal, and socio-cultural factors, including individual trauma histories, coercion and intimidation by an abusive partner, identification with cultural and religious groups, access to economic resources, perceptions of and exposure to mainstream formal supports, access to informal supports, and general beliefs about help-seeking. (p. 82)

The process begins with women knowing and acknowledging the behaviour of their partners as violent and inappropriate, and it culminates in the decision to seek help (Petersen et al., 2005). Help-seeking helps to reduce or eliminate violence and improves the physical,

emotional, and psychological wellbeing of victims (Coker et al., 2002; Thompson et al., 2000).

Research shows the importance of strategic interventions for IPV victims; interventions can end violence, avert tragic consequences, and allow victims to heal (Hoyle & Sanders, 2000; Mouzos, 1999; Smith et al., 1998; Stanko, 1997). According to some scholars, the severity of abuse is linked to victims' proactive help-seeking responses (Ellsberg et al., 2001; Leone et al., 2007; Sabina & Tindale, 2008). These responses help victims find the support they need (Gondolf & Fisher, 1988; Ruiz-Pérez et al., 2006; Sabina & Tindale, 2008; Walker, 1979, 1991). IPV victims use both informal and formal sources when seeking help. Regardless of the victim's demographic characteristics, studies consistently show informal sources are more commonly used than formal sources (Barrett & Pierre, 2011; Du Mont et al., 2005; Meyer, 2010b).

2.2.1 Informal help-seeking

The family as a social network is important for women's help-seeking behaviour, as it offers both psychological and material support (Kaukinen, 2004a). Researchers consistently point to the value of informal support for victims of IPV (Coker et al., 2000; Fraser et al., 2002; Liang et al., 2005; Moe, 2007; Sabina & Tindale, 2008). Women often have networks of support and take more time to connect with their families than men (Cahill & Sias, 1997).

Seeking informal support is frequently the first step taken by female victims of IPV, and the result can affect subsequent help-seeking decisions (Bui, 2003; Gordon, 1996; Kishor & Johnson, 2004; Meyer, 2010a; Sabina & Tindale, 2008). Social support is linked to reduced depression, anxiety, and levels of post-traumatic stress disorders (Mertin & Mohr, 2001) and improved psychological health among women who have experienced IPV (Coker et al., 2002). Arguably, positive reactions from family and friends promote professional or formal help-seeking choices, including the use of law enforcement and counselling services

(Davis & Srinivasan, 1995; Goodkind et al., 2003; Moe, 2007). Nonetheless, formal support avenues are often the least helpful, as victims report that their disclosures are met with judgement and lack of empathy (McKinney et al., 2009; Moe, 2007).

In her qualitative study of the help-seeking decisions of Vietnamese IPV victims living in the United States, Bui (2003) found that although two thirds eventually contacted the police, the majority talked to family or friends first for initial support and validation of their situation. Bui's observation findings are in line with those of Goodkind et al. (2003), who examined how family and friends reacted to informal help-seeking approaches from victims in a group of mostly non-Hispanic White and African American shelter residents in the United States.

Informal support is critical at the initial stages of help-seeking as it can provide short-term crisis relief, such as emotional support (Davis & Srinivasan, 1995; Goodkind et al., 2003; Krishnan et al., 2001). However, informal social support offers limited long-term support (Brown, 1997; Goodkind et al., 2003; Lempert, 1997). With exposure to increasing violence, women are more likely to seek help from formal outlets and access more varied types of services, including the police and other support networks mandated to deal with IPV (Duterte et al., 2008; Goodkind et al., 2003).

2.2.2 Formal help-seeking

Even though informal help-seeking may be the first step, many IPV victims eventually turn to formal sources (Kaukinen, 2004a; Leone et al., 2007). Formal help-seeking is crucial if violence is to be stopped permanently (Liang et al., 2005). While families and friends can help by listening and providing practical short-term support, such as financial, emotional, and psychological support, their ability to understand the complex nature of the situation may be limited (Liang et al., 2005). IPV victims may first recognise their condition as troubling, assess their options, and obtain informal input and guidance (Brown, 1997;

Liang et al., 2005). Then, for long-term relief, they may turn to formal outlets such as the police or the legal justice system. Formal support channels are key, as they have the potential to end violence in abusive relationships (Brown, 1997; Davis, 2002; Lempert, 1997). Many studies show that positive reactions from informal sources can motivate victims to agree to report violence to formal sources (Goodkind et al., 2003; Krishnan et al., 2001; Morrison et al., 2006). Negative informal responses in the early stages of the help-seeking cycle can leave victims trapped and alienated (Goodkind et al., 2003; Lempert, 1997).

Formal sources are typically less used than informal sources, and their usage varies by type. Past research shows an underuse of the criminal justice system, including police and victim support services (Felson et al., 2002; Fugate et al., 2005; Mouzos & Makkai, 2004). It is somewhat more common to seek medical care, although patients are unlikely to disclose the cause of their injury (Pagelow, 1997; Sully et al., 2005). Factors associated with under-usage of various formal sources by female victims of IPV include the fear of retribution, their desire to protect the offender from legal consequences, their fear of losing custody of children and their lack of awareness of where to receive professional assistance (Akers & Kaukinen, 2009; Fleury et al., 1998; Hart, 1993; Signal & Taylor, 2008).

2.3 Factors influencing help-seeking decisions of IPV victims

Prior studies have explored a range of factors linked to the help-seeking decisions of IPV victims. Over the last three decades, factors associated with the victim's decision to seek formal assistance have been of great academic concern (Akers & Kaukinen, 2009; Dobash & Dobash, 1979; Felson et al., 2002; Fleury et al., 1998). Interventions by criminal justice seem to be the most logical response to violent incidents. Nevertheless, many victims consider IPV a private matter, and this is a leading reason for the under-utilization of formal support agencies (Buzawa & Buzawa, 1992; Dobash & Dobash, 2003; Hart, 1993).

The literature shows privacy issues can constitute a significant barrier to disclosure of IPV to formal outlets in general (Abu-Ras, 2007; Krishnan et al., 2001). Victims' silence is often perceived, especially by family and friends, as an act of love and care (Klein et al., 1997; Pagelow, 1997; Stark, 2007), thus stressing IPV as a private issue. This type of reaction hinders victims' decisions to pursue formal assistance (Krishnan et al., 2001; Lempert, 1997).

2.3.1 Individual level factors associated with help-seeking decisions

Many individual-level socio-economic and demographic characteristics have been linked with the decision to seek help. For example, the victim's level of education, number of children, economic status, marital status, and age have all been associated with the decision of an IPV victim to seek help, especially in developing countries including Ghana (Ergöçmen et al., 2013; Rowan et al., 2018). Other factors associated with help-seeking behaviours include severity and type of abuse, traditional masculine and feminine gender roles and expectations, and attitudes to IPV (Hayes & Franklin, 2017; Liang et al., 2005; Tenkorang et al., 2017). This study uses four demographic categories: marital status, socioeconomic status, age, and education. While these four variables should not be regarded as an exhaustive list of relevant factors, the literature has established them as salient (Akers & Kaukinen, 2009; Beaulaurier et al., 2007; Bui, 2003; Yoshihama, 2002; Yoshioka et al., 2003).

2.3.1.1 Marital status

Studies seeking to understand victims' decisions for or against disclosure to formal sources such as the police or victim support units have examined the role of marital status (Akers & Kaukinen, 2009; Felson et al., 2002; Kaukinen, 2004a). Previous research on the use of the justice system by victims has typically referred to IPV as wife abuse (Pagelow, 1997; Straus & Gelles, 1986; Yllö & Bograd, 1988), but IPV and help-seeking responses are

relevant to dating and co-habiting relationships as well as marital ones (Dobash & Dobash, 2003; Johnson, 1995).

Ruiz-Pérez et al. (2006) found fewer proactive help-seeking decisions among women who were married than among divorced, separated or single women. Similar findings were reported by Akers and Kaukinen (2009) who used data from the General Social Survey in Canada (N=894) to investigate the role of marital status in IPV police reporting. They found married IPV victims were less likely than their unmarried counterparts to contact the police for support. The researchers attributed their findings to the social and financial dependence of married women on their abusive male partners. In addition, the study indicated that married victims may have stronger emotional connections with the abusive partner than single victims, and this could cause them to shield their partner from the legal repercussions of police interventions (Akers & Kaukinen, 2009). However, a study by Meyer (2010) indicated that victims who reported being married to an abusive partner were more likely to seek help, including formal help.

2.3.1.2 Age

Age is acknowledged to be relevant to help-seeking behaviour, but few studies have analysed its association with the decisions of victims to seek help (Akers & Kaukinen, 2009; Beaulaurier et al., 2007; Ellsberg et al., 2001; Yoshioka et al., 2003). A study by Beaulaurier et al. (2007) with a sample of 134 IPV victims aged 45 to 85 years discovered older women did not report abuse because they feared being placed in a nursing home. However, studies by both Ellsberg et al. (2001) and Yoshioka et al. (2003) indicated a positive correlation between age and victims' proactive help-seeking decisions. In a sample of 62 African American, Hispanic, and South Asian victims, Yoshioka et al. (2003) found disclosure of abuse increased with increasing age. Similarly, in their study of the role of age on police reporting, Akers and Kaukinen (2009) found older women were more likely to report to the police.

2.3.1.3 Income/economic resources

A number of help-seeking research studies have looked at the income of victims (Akers & Kaukinen, 2009; Bui, 2003; Coker et al., 2000; Wolf et al., 2003). Women with few or no financial resources fear the economic and social consequences if they report abusive partners to the police. For example, they may lose all financial support if there is a divorce (McCleary-Sills et al., 2013). An abuser's control of economic and social resources is a barrier to help-seeking decisions, as it renders the victim powerless (Beaulaurier et al., 2007). A study by Frías (2013) in Mexico reported women of very low socioeconomic status were less likely to seek support than women of higher socioeconomic status. In Kenya, Ondicho (2013) showed that men in most households managed and controlled household finances and expenses. The study found men's ownership of household-level finances and other family income was a strong predictor of household-level gender inequality. Without a home or a separate income, IPV victims found it extremely difficult to leave their abusers. In short, financial dependence hinders help-seeking.

2.3.1.4 Education

Research on the educational status of IPV victims has been analysed in relation to their use of formal sources such as the police or legal services (Akers & Kaukinen, 2009; Bui, 2003; Kaukinen, 2004b). Past studies indicate a positive association between higher educational status and IPV victims' likelihood of contacting formal sources when seeking help (Duterte et al., 2008; Ford-Gilboe et al., 2015; Macy et al., 2005). This finding has been explained as educational empowerment and a better understanding of their rights and what types of professional support services are available (Coker et al., 2000).

While some studies report victims with a high level of education are more likely to seek help than those with less education (Duterte et al., 2008; Ford-Gilboe et al., 2015; Macy et al., 2005), other studies show the opposite (Barrett & Pierre, 2011; Berk et al., 1984;

Dufort et al., 2013; Meyer, 2010a). To explain these inconsistencies, some scholars argue the impact of the education level depends on the type of help-seeking. A higher level of education tends to be linked with formal help-seeking (Coker et al., 2000; Ergöçmen et al., 2013) while a lower level is associated with informal help-seeking (Barrett & Pierre, 2011; Fanslow & Robinson, 2010). In addition, women with more education seek support from legal services (Brabeck & Guzmán, 2009; Duterte et al., 2008; Macy et al., 2005) as they tend to have a better grasp and understanding of their rights (Spencer et al., 2014).

2.3.2 Other socio-cultural and psychosocial factors

Specific individual-level socio-economic and demographic characteristics influence victims' decisions to seek help, but other socio-cultural and psychosocial factors provide valuable insights into victims' help-seeking behaviour. These include feelings of shame or self-blame, lack of awareness of available support, perceived ineffectiveness of available support, severity of abuse, presence of children, and traditional masculine and feminine gender roles and expectations.

2.3.2.1 Feelings of shame/self-blame

Previous research has established the relationship between shame and self-blame and help-seeking behaviours of IPV victims (Bui, 2003; Hart, 1993; Hoyle & Sanders, 2000; Krishnan et al., 2001; Liang et al., 2005; Walker, 1991). Victims use these emotions as coping mechanisms, thus preventing them from reporting violence (Hart, 1993; Hoyle & Sanders, 2000; Krishnan et al., 2001). Yet there is little empirical evidence of the effects of these factors and how they can affect shifts in decision-making over time (Kearney, 2001; Towns & Adams, 2000). Women who experience abuse are often blamed for the partner's abusive behaviour. They may be perceived as weak, unassertive, vulnerable, powerless, and dependent (Harrison & Esqueda, 1999).

Blaming IPV victims is a type of stigmatization (Jones, 1984). Societal perception often revolves around the idea that male partner violence is provoked. Thus, women who experience IPV are deemed responsible. They are stigmatized for breaking traditional norms of gender stereotypes and get less empathy (Harrison & Esqueda, 1999). This stigma is manifested in a number of ways, including trivializing the needs of IPV victims, negative police attitudes to victims, lack of a comprehensive domestic violence policy to protect women, and negative responses from officialdom, the justice system, families, friends, religious leaders, and the community as a whole (Beaulaurier et al., 2007; Liang et al., 2005).

2.3.2.2 Awareness of available support sources

Victims who seek help are informed by their knowledge of available sources of support (Davis & Srinivasan, 1995; Fugate et al., 2005; Signal & Taylor, 2008) and the effectiveness of these support outlets (Hechter & Kanazawa, 1997). IPV victims' knowledge of available formal support services may be limited, accounting, in part, for their lack of use. Accessing formal sources may be difficult for some victims because of distance. In contrast, the general availability and easy access to informal support such as family and friends may account for their frequent usage (Morrison et al., 2006).

Signal and Taylor (2008) used a community telephone survey in Australia to examine the general public's propensity to report abuse. They found the majority of respondents were unsure whom to contact. Similarly, a study by Ellsberg et al. (2001), in Nicaragua found IPV victims who did not disclose their abuse reported a lack of awareness of available support services. A study by Anyemedu et al. (2017) in Ghana showed women had limited awareness and knowledge of the nature of assistance provided by the Domestic Violence and Victim Support Unit (DOVVSU). This limited knowledge affected women's help-seeking decisions in terms of whether to seek assistance or not. Studies by Odero et al. (2014) in rural Kenya also associated a lack of service awareness with underreported IPV-related abuse.

2.3.2.3 Perceived effectiveness and helpfulness of available support

Victims who are aware of the available support may find it inadequate or unhelpful. This applies to the legal or justice system more than any other type of support (Few, 2005; Gillis et al., 2006; Logan et al., 2006; Wolf et al., 2003). Findings from previous studies show that a perceived lack of efficacy of the justice system substantially demotivates victims from calling the police for help (Few, 2005; Gillis et al., 2006; Hart, 1993). A study by Gillis et al. (2006) found perceptions of victims were influenced by negative outcomes from previous responses to help-seeking. By the same token, Wolf et al. (2003) observed victims who were unsatisfied with previous police actions frequently characterized the police as ineffective and were likely to refrain from contacting them again.

In the US, Fugate et al. (2005) conducted face-to-face interviews with IPV victims identified from the Chicago Women's Health Risk Survey on victims' perceptions of the usefulness of formal support networks. The researchers reported a number of factors that mitigated against help-seeking decisions, including victims' perception that established channels of support would require them to end the relationship while seeking help. Consequently, victims who wanted the abuse to cease but not the relationship viewed formal sources of support as unsuitable.

2.3.2.4 Severity of abuse

Male batterers use different control strategies and manipulating tactics, including physical, emotional, psychological, social, and financial control, to maintain power and discourage the victim from seeking help or ending the relationship (Johnson, 1995; Leone et al., 2007; Stark, 2007). Research has found a positive correlation between severity of violence and women's responses to help-seeking (Gondolf et al., 1990; Walker, 1991). Walker's (1991) theory of learned helplessness argues there is a direct link between unpredictable and escalating severity and frequency of abuse and decreased proactive help-

seeking decisions by IPV victims. However, an earlier study by Gondolf and Fisher (1988) showed that victims' proactive help-seeking decisions increased with increasing severity and frequency of abuse. More recent studies by Hoyle and Sanders (2000) and Sabina and Tindale (2008) had similar findings. For example, Hoyle and Sanders (2000) found IPV victims refrained from pursuing formal and informal help because of increasing alienation caused by severe and prolonged physical abuse. They reported victims had increasing feelings of shame, guilt and denial and felt helpless. A study by Yoshioka et al. (2003) in a Northern American city pointed to reductions in the disclosure of abuse when the intensity and frequency of abuse increased.

Other researchers have found no relationship between severity of violence and help-seeking decisions (Logan et al., 2006; Reidy & Von Korff, 1991). Some argue the magnitude of violence cannot determine the decision of victims to seek help (Logan et al., 2006) or the hesitation often seen in making such a decision (Reidy & Von Korff, 1991). Many scholars have also consistently questioned the idea of passive victims caught in the isolating condition of extreme IPV and identify women who have experienced IPV as active rather than passive victims (Coker et al., 2000; Ellsberg et al., 2001; Ruiz-Pérez et al., 2006; Sabina & Tindale, 2008).

There is empirical evidence of a strong correlation between the frequency and severity of violence and the decision to seek help. While much of this evidence applies to developed countries, new studies have reported similar results in developing countries (Hayes & Franklin, 2017; Naved et al., 2006; Tenkorang et al., 2017). Scholars indicate that IPV victims in developing nations are more likely to seek assistance when the violence escalates to a level where it can no longer be tolerated, severe physical injuries occurs, or there is risk of being killed or an effort is made to end the life of the victim (Ergöçmen et al., 2013; Jayasuriya et al., 2011; Paul, 2016). For example, Tenkorang et al. (2017) examined whether

IPV type and severity affect victims' help-seeking behaviours using data from the 2013 Nigeria Demographic and Health Survey. They found women who encountered severe physical and emotional abuse were more likely to seek help, and this included both formal and informal support services.

Severe physical and emotional abuse seems to trigger what scholars call a “turning point” (Baly, 2010; Chang et al., 2010; Murray et al., 2015). According to Chang et al. (2010), turning points are “dramatic shifts in beliefs and perceptions of themselves, their partners, and/or their situation that alter the women’s willingness to tolerate the situation and motivate them to consider change” (p. 256). Such turning points are key in bringing about lasting transformation in women’s perceptions of IPV as a problem (Khaw & Hardesty, 2007). The motivation to seek help is triggered at specific points when victims can no longer tolerate the abuse, when they fear death or physical harm, or when they want to prevent further escalation of violence. IPV victims seek help from formal sources when private remedies have been exhausted. Turning points are catalysts in the help-seeking process (Baly, 2010; Chang et al., 2010; Murray et al., 2015). They motivate IPV victims to assert autonomy by acknowledging the problem, making a decision to seek help, and selecting a service provider (Baly, 2010; Short et al., 2000). However, as Reisenhofer and Taft (2013) argue, some IPV victims experience multiple turning points before deciding to seek help.

2.3.2.5 The presence of children

The presence of children has been linked to help-seeking decisions (Bui, 2003; Ellsberg et al., 2001; Ruiz-Pérez et al., 2006; Wolf et al., 2003), but studies have had inconsistent results. Some equate the presence of children with increased pragmatic decision-making, mainly because victims want to protect their children from possible emotional or physical harm (Ellsberg et al., 2001; Gondolf et al., 1990). Others say the presence of children can be a barrier to proactive help-seeking decisions (Bui, 2003; Ruiz-Pérez et al.,

2006; Wolf et al., 2003). For example, a study by Ruiz-Pérez et al. (2006) investigating victims' help-seeking decisions using a community-based sample in Spain showed no link between a victim's proactive help-seeking decisions and the presence of children. However, Wolf et al.'s (2003) study of culturally diverse IPV victims living in the United States had different findings. These researchers found the presence of children in intimate relationships was a motivating factor in victims' decisions to seek help. For many IPV victims, concern for children's safety was paramount. Yet Bui (2003), who researched Vietnamese immigrant women's help-seeking decisions in the United States, identified problems with custody arrangements as a major deterrent of help-seeking.

Drawing on a random community survey of more than 6,600 IPV victims living in Australia, Meyer (2010) found the greatest influence on help-seeking decisions was the presence of children. The desire to protect the children from witnessing or experiencing violence motivated victims to contact the police or shelter homes. Meyer's study suggests that even though victims may not always seek to protect themselves, they have a protective attitude towards their children.

2.3.2.6 Sociocultural norms and values

Sociocultural barriers are related to cultural beliefs, behaviours, and expectations. A host of such barriers hinders women experiencing IPV from seeking support (Ayyub, 2000). In patriarchal societies, IPV victims describe abuse as part of the social and cultural context (Liang et al., 2005). Importantly, patriarchal societies have gendered expectations that emphasizes male dominance and female submissiveness (Wilson-Williams et al., 2008), contributing to greater disparities in power (Freedman, 2002; García-Moreno et al., 2005). Some developing nations including Ghana have patriarchal traditions and cultural norms that legitimize IPV (Freedman, 2002). According to Amoakohene (2004), Ghanaian culture expects women to be submissive to their husbands and be obedient, dutiful, and serviceable

to the point where revolting against or resisting abuse is perceived as an effort to subvert the man's authority. Conforming to traditional patriarchal norms exposes women to IPV (Edström et al., 2014; Freedman, 2012), justifies partner violence, and constrains women's help-seeking decisions (Ely, 2004).

Traditional masculine and feminine gender roles and expectations facilitate attitudes supporting gender-based violence against women (Antai & Antai, 2008; O'Neal & Beckman, 2017). Sociocultural norms and attitudes supportive of IPV may affect the victim's perception and understanding of the abusive conduct. For instance, female IPV victims in developing countries are socialized to believe wife-beating is justified if they fail to perform wifely duties, such as taking care of the children, providing meals on time, cleaning the house, and so on (McCleary-Sills et al., 2016; Uthman et al., 2009; Wilson-Williams et al., 2008). The belief in men's inherent superiority over women is profoundly ingrained in Ghanaian society's cultural ethos (Amoakohene, 2004; Ofei-Aboagye, 1994). Hierarchical relationships of gender and power relations promote gendered expectations and reinforce abuse as means of settling conflicts within the family. As a consequence, female IPV victims may believe the abuse is warranted, may indulge in self-blaming behaviour, and may be less likely to seek help when needed (Naved et al., 2006; Tenkorang et al., 2017).

In some societies, wife beating is culturally sanctioned and condoned and generally recognized as a means of discipline. For example, in the Maasai community, husbands are required as heads of family to inflict punitive punishment on their wives, while women are socialized to be passive and submissive in their marriage. They are therefore not allowed to seek help during violent episodes (Kameri-Mbot, 2014). According to Ondicho (2013), there is a strong cultural belief in Kenya that it is acceptable for a woman to tolerate a violent husband. In Ghana, Mann and Takyi (2009) indicate that ideas of masculinity that recognize men as heads of the family and the breadwinners justify the use of violence when needed.

When women have internalized these sociocultural beliefs, they are less likely to seek help from formal outlets (Ely, 2004).

2.4 Institutional barriers

Interestingly, while crisis intervention agencies are the most specialised services to effectively respond to IPV, they are the least contacted by victims (Gordon, 1996). This is often due to stigma in the society, fault shifting from perpetrator to victim, and the fear of being blamed and misunderstood (Dobash & Dobash, 2003; Ituarte, 2007; Sulak et al., 2014). Female victims of IPV may be hesitant to seek help using the judicial system if it means a significant deviation from a sociocultural focus on reconciliation in private (McCleary-Sills et al., 2013). According to Hien and Ruglass (2009), women lack confidence in the justice system and see it as biased when dealing with IPV. A study by Erez and Belknap (1998) found the attitudes and behaviours of criminal law officials towards IPV victims were frequently negative and demoralising. Such attitudes and behaviours contribute to the vulnerability of IPV victims and do not address the aggressive act (Felson & Pare, 2008). In their study, Felson and Pare (2008) found participants who experienced IPV were less likely to trust law enforcement officials because these officials lacked empathy and did not gather insufficient data when handling IPV cases. Guruge and Humhreys (2009) reported that women who had sought assistance from formal outlets said they were not willing to do so again because of perceived poor services and negative attitudes. In Ghana, the police have often been criticized for their stereotypical attitudes, for example, blaming female victims of IPV as the root cause of male violence (Boateng, 2015). Corruption is a related barrier to contacting the police and other formal outlets mandated to intervene in IPV cases.

Long bureaucratic processes and procedures represent a major institutional barrier to help-seeking. Victims often have to wait for long hours before their cases are heard (Dasgupta, 2000). This deters IPV victims from pursuing formal sources of support; they opt

for informal means of support or do not seek help at all (Raj & Silverman, 2007). Many victims cannot pursue criminal inquiries or prosecutorial actions and are frustrated by the failure of the justice system to address the problem (Erez & Belknap, 1998).

From an institutional perspective, restraining orders from the court or police service can be ineffective in stopping future abuse. Such orders require an absolute and total separation of offenders and victims, and this is problematic for women with few or no economic and social resources (Horton et al., 1987). In addition, the police are seen as inconsistent in enforcing such orders (Erez & Belknap, 1998; Rigakos, 1997).

In another area of institutional care, according to Donnelly et al. (1999), administrators and staff in IPV victims' shelters frequently choose which women to help based on those they find more legitimate. Unfortunately, many such decisions are based on long-standing assumptions and stereotypes of middle-class women, poor women, educated or illiterate women, rural women, mentally ill women, elderly women, and so on. Conversely, shelter programs and victim services that are versatile in providing women with assistance tailored to meet individual needs, along with continued social care, achieve higher success rates in terms of satisfaction and long-term autonomy for IPV victims (Campbell et al., 1995; Chang, 1992; Sullivan & Rumpitz, 1994; Websdale & Johnson, 1997).

Studies indicate that institutional approaches to handling violence against women are poor, especially in developing countries, because of inadequate logistical, financial, and human resources (Bashiru, 2012; Boateng, 2015). Institutional bottlenecks make it more difficult for shelter services, support groups, and advocacy centers to respond appropriately to the needs of IPV victims (Agbitor, 2012; Mitchell, 2011). For example, the 2011 Ghana Domestic Violence report revealed that 12,706 cases of domestic abuse were reported in 2010; of these, 954 cases were resolved, and there were only 118 convictions. These low conviction rates reflect the lack of resources in the judicial system. Moreover, in most

African countries, the law does not consider marital rape a criminal offence, making it impossible for women to seek help from formal outlets when they are sexually abused by their male partners (Bott et al., 2004). Problems of logistics are not confined to Africa: in the US, Eastman et al. (2007) analysed the perspectives of IPV service providers in rural North Carolina and Virginia. The service providers identified inadequate logistical support and resources, financial constraints, gaps in knowledge about IPV, and lack of professional development as institutional barriers to help-seeking. In another study, service providers unanimously agreed victims of IPV are unable to access essential care, saying transportation is a key concern. In addition to issues of transportation and challenges locating services, they pointed to cultural norms, religious beliefs, and the nature of support offered by family and friends (Logan et al., 2001).

A study by ActionAid Ghana (2019) showed that 87% and 29% of respondents who used DOVVSU offices mentioned the lack of privacy and uneasiness in the reporting rooms respectively. The study further revealed victims' data were subject to compromise because of poor storage facilities at the offices. Files were mostly stored in open boxes and left under the office desk.

2.5 Conclusion

The first part of this chapter gave an in-depth overview of Liang et al.'s (2005) theoretical framework of help-seeking behaviour. The model emphasizes victims' internal cognitive processes and their placement within larger socio-economic and cultural contexts. It identifies three sequential cognitive steps taken by IPV victims before they seek help: problem recognition and definition, decision to seek help, and support selection. The chapter then draws on the literature to discuss victims' choices of support. The review highlights the value of informal support. However, scholars argue that seeking informal support is not sustainable over time. Moreover, formal support may be the most appropriate choice for

victims if the violence is to be stopped permanently. Finally, the chapter explores the role of individual, sociocultural, psychosocial, and institutional factors in help-seeking decisions and explains how the thesis builds on the theoretical framework developed by Liang et al (2005) by including a range of institutional factors that act as barriers to help-seeking. Understanding these factors may have significant implications for developing intervention programmes to assist women experiencing IPV. The next chapter turns to the methodology developed for the study.

Chapter Three: Research Design and Methods

3.0 Introduction

The study used a qualitative research design based on data from a larger project examining women's IPV experiences and their help-seeking behaviours. The project was funded by the Social Sciences and Humanities Research Council (SSHRC) of Canada; Dr. Eric Tenkorang, Department of Sociology, Memorial University of Newfoundland, was Principal Investigator (PI), and Dr. Adobea Owusu, Institute of Social, Statistical and Economic Research (ISSER), University of Ghana, was a collaborator. The research team included 20 research assistants.

The larger project employed the combined strength of quantitative and qualitative methods. The quantitative phase collected nationally representative data from 2,289 ever-married Ghanaian women aged 18 years and above. Respondents answered questions on their knowledge of IPV, their experiences with different types of violence (physical, sexual, emotional/psychological, and economic) and their help-seeking behaviours. The qualitative phase complemented the quantitative component by probing in detail women's experiences of IPV, including the individual and institutional forces that shape help-seeking behaviours, the choice of support networks, and the socio-cultural factors that influence choice of support networks. Information on help-seeking was also collected from service providers at the Domestic Violence and Victim Support Unit (DOVVSU) in the country's three major ecological zones: the coastal, middle, and northern belts. DOVVSU is a state-funded formal outlet in Ghana where victims of domestic violence report their experiences. Formerly known as the Women and Juvenile Unit (WAJU), it was founded in October 1998 to protect and help victims of domestic violence. DOVVSU is a special unit under the Ghana Police Service. In 2005, WAJU was renamed DOVVSU to demonstrate gender inclusiveness. The creation of the unit was facilitated by both international and domestic legal and policy frameworks aimed

at responding to victims of abuse (Ghana Police Service, 2017). DOVVSU provides a walk-in service where victims and witnesses can report incidences of abuse directly. The Unit also has a dedicated phone line that is linked to police and hospital facilities across the country as part of the Ghana Police Service's crisis response intervention. The unit provides victims with a referral system that includes medical, legal, and counselling services (Ghana Police Service, 2017). DOVVSU's objectives include educating the general population about their rights through sensitization and outreach programmes, reducing the fear of reporting cases of abuse, bringing perpetrators to book, liaising with other sister organisations to detect, prevent and prosecute IPV- related offences (Ghana Police Service, 2017).

The present study used the qualitative data to explore married women's experiences with help-seeking after surviving IPV. In addition, perspectives of staff of DOVVSU were sought to identify the barriers to help-seeking from an institutional perspective. This chapter gives details on the research methods, including the study design, target population, sampling technique and sample size, data collection and management procedures, data analysis strategy, and ethical considerations.

3.1 Background of the Study Area

This study was carried out in three of Ghana's 16 administrative regions: Greater Accra, Ashanti, and Upper East Region. According to the 2010 Census, Ghana's population is around 24 million, with over 50% living in urban areas (Ghana Statistical Service, 2013b). The Ashanti, Eastern, and Greater Accra regions are home to approximately half of the total populace. The least populous area is the Upper East, with 2% of Ghana's total population (Ghana Statistical Service, 2013b). A map of the three regions and pictures of the DOVVSU office can be found in Appendices A and B respectively.

3.1.1 *The Upper East Region*

The Upper East Region lies between 00 and 10W longitude and 100 30' N AND 110N latitude. The region has a population of 1,046,545, 51.5% females and 48.4% males. To the North, East, West, and South it is encircled by Burkina Faso, Togo, the Upper West District of Sissala, and the Northern District of West Mamprusi, respectively. The terrain has a few hills to the east and southeast but is otherwise relatively flat. The estimated land area is around 8,842 sq km, or 2.7% of the country's total land area (Ghana Statistical Service, 2013d). Bolgatanga is the administrative capital. The Grusi, Gurma, Mande-Busanga, and Mole-Dagbon are the largest ethnic groups in the region. Other important subgroups include Nabdam, Kusasi, Nankani, Builsa, Busanga, Bimoba, and Kassena (Ghana Statistical Service, 2013d). The three major religious groups comprise traditional religions (27.9%), Islam (27.1%), and Christianity (41.7%) (Ghana Statistical Service, 2013d). The region is largely rural (79%), with agriculture, hunting, and forestry the primary economic activities. Around 80% of the economically productive population is involved in farming. Less than 50% of the population aged 11 years or older is literate, and most people live in mud huts roofed with straw or zinc. The quality of dwellings and access to facilities are poor. The illiteracy rate for women in the region stands at 59.4% (Ghana Statistical Service, 2013d). The Upper East is the Ghanaian region where poverty is most concentrated (International Monetary Fund, 2003).

Polygamy is prevalent in the Upper East Region, and more men than women are household heads, 72.3% and 27.7% respectively. The head of household is generally responsible for the upkeep and maintenance of the home and has authority over household resources. Females are increasingly taking on household leadership roles, but this does not mean their influence on decision-making has increased, as the patriarchal structure continues to marginalise women in a variety of ways (Ghana Statistical Service, 2013d). More males

than females are currently enrolled in school, 42.3% versus 34.1% (Ghana Statistical Service, 2013d). Nearly 86 percent of households involved in agriculture are in rural communities. The agricultural population is evenly distributed between males and females in the rural communities. In the urban areas, out of the total population of 50,547 persons in agriculture, 54.2% are males and 45.8% are females (Ghana Statistical Service, 2013d).

Traditional norms and values relegate women to secondary positions in the region. Despite providing 80% of the farm labour, women have limited access to and control over resources such as land, according to a 1998 study by the International Fund for Agricultural Development (IFAD) in the Upper East Region. Women who gain access to land are assigned the least profitable and farthest away plots. Male village chiefs and leaders, as well as clan heads, make land decisions. As a result, women's ability to participate in land-related decision-making is limited (Bonye et al., 2012). The highly patriarchal society also increases women's vulnerability to abuse. As traditional caregivers, they have the additional burden of caring for children, the sick, and the elderly. Moreover, certain cultural traditions such as forced early marriages expose women to violence (Amnesty International, 2004).

Uthman et al.'s (2009) study of 17 sub-Saharan African countries found both men and women embrace or justify wife-beating to varying degrees. Not surprisingly, given this finding, data from the Ghana Demographic and Health Survey (GDHS) revealed that 69.3% of the male respondents in the Upper East Region justified at least one reason for wife-beating. Data from the Ghana Family Life and Health Survey in the Upper East Region similarly revealed that 11.2% of women reported being slapped or having things thrown at them, 19.2% were stopped from leaving home, 5.0% were physically forced to have sex, and 12.0% reported being insulted or belittled (IDS, GSS & Associates, 2016). Violence against women in the region has a long-term negative impact on the physical, emotional, and psychological health of victims (Amnesty International, 2004).

3.1.2 *The Ashanti Region*

The Ashanti region is situated in Ghana's southern half and occupies 24,389 sq. km of the country's overall land area. It is the third-largest region and shares boundaries with Brong Ahafo, Central, Eastern, and Western regions. The region's central location in Ghana makes it an important strategic point for the transportation and distribution of goods and services within the country and neighbouring territories (Ghana Statistical Service, 2013c). The climatic conditions facilitate an all-year-round cultivation of crops and rearing of livestock. Lake Bosumtwi and the Offin, Pra, Afram, and Owabi Rivers are important sources of drinking water. In terms of ethnic composition, Akan constitute 73.3%, Mole-Dagbani 11.3%, Ewe 3.8%, and Gurma 2.8% (Ghana Statistical Service, 2013c). The predominant language is Asante Twi. The main economic activities are agriculture, manufacturing, wholesale trading, and retail trading. It has the country's largest mine at Obuasi. Tourist attractions in the region include Manhyia Palace, Lake Bosomtwe, Kumasi Cultural Center, the Bonwire Kente weaving industry, Owabi Arboretum, and Bomgobiri Wildlife Reserve. Akwasidae is the main festival held nine times a year at intervals of six weeks. It is celebrated in memory of past Asante leaders and heroes (Ghana Statistical Service, 2013c). Males account for 62.4% of household heads, and females account for 37.6%. Illiteracy is common: 15.2% of people aged 6 and older have never attended school, with females accounting for 19.2%, and males 10.9% (Ghana Statistical Service, 2013c). There are male-female differences in occupation: 60.2% of males and 51.4% of females work in professional agricultural, forestry, and fishery. In general, females with vocational, technical, and commercial education outnumber males in services and sales, at 51.2% and 17.6%, respectively. More males with a post-middle or post-secondary diploma and higher levels are in management positions than females, 15% and 12.1%, respectively (Ghana Statistical Service, 2013c).

In 2008, the Ashanti Regional division of DOVVSU received 2,059 domestic violence cases, up from a total of 1,911 in 2007. Reported incidents indicated 1,152 cases of child neglect, 258 cases of assault, and 186 cases of defilement. There were 79, 50, and 44 cases of threat of harm, rape, and abduction, respectively. In 2009, 144 of these cases were sent to court, with 46 convictions. An additional 1,223 cases were still under review, 15 of which were referred to the Family Tribunal for a peaceful resolution and 703 resolved by Alternative Dispute Resolution (ADR) (Ghana News Agency, 2009). As confirmed by IDS, GSS, and Associates (2016), IPV prevalence in Ashanti Region continuous to remain high in Ghana.

3.1.3 *The Greater Accra Region*

The Greater Accra Region lies between 5°5'27" to 5°28'22" north latitude and 0°4'58" east longitude to 0°37'2" west longitude along Ghana's Atlantic coast with a landmass of approximately 1585km². The region's topography varies from flat land to gently undulating slopes, with a few isolated hills and rock outcrops, rising to 75m at the foothills. It lies in the dry equatorial coastal climate zone and is characterized by two rainy seasons from March to July and September to November (Amoako & Frimpong-Boamah, 2015). The annual mean temperature is 26.8°C (Dickson et al., 1988), and coastal savannah shrubs cover a great portion of the area (Accra Planning and Development Programme & UNDP, 1991). Between 2000 and 2010, the region's estimated annual population growth rate stood at 3.5%. The Greater Accra Region has one of the largest population densities in Ghana (World Bank, 2017). It was reported as 4.6 million in 2016 and is expected to reach 10.5 million by 2040 (Ghana Statistical Service, 2012). One in every 10 people aged six and older in Greater Accra has never attended school, with females having a higher rate than males. Males outnumber females in all educational categories, with the exception of elementary school (Ghana Statistical Service, 2013a).

Employment comprises 32% and 28% formal and informal urban employment, respectively, and the total Gross Domestic Product (GDP) is 32%. During the 2011 and 2012 fiscal year, the poverty rate in the region was estimated at 5.6%, far lower than the national rate of 24.2% (World Bank, 2017). Moreover, 57.0% of the population is economically active, with a marginally higher proportion of males working than females. While males dominate fishing, forestry, agriculture, manufacturing, and transportation and storage sectors, females dominate wholesale and retail, automobile and motorcycle repair, and hospitality and food service sectors (Ghana Statistical Service, 2013a). Males work in higher proportions in formal and more stable employment sectors, while females work in higher proportions in informal and less secure employment sectors, with eight out of ten employed females working in the private informal sector. Given Greater Accra's predominantly urban characteristics, agricultural activity is small; only 4.4% of urban households are in the agricultural sector. Males lead a greater proportion of agricultural households than females, in both rural and urban households (Ghana Statistical Service, 2013a). However, gender stereotypes and masculine identities may be drastically altered as a result of changes in female work patterns in urban centres (Heath, 2014; Menon & Johnson, 2007; Tauchen et al., 1991). In cities, such changes can occur more rapidly and with greater visibility (Evans, 2014).

As noted by Dahlberg and Krug (2002), IPV is high in urban areas. Women in urban areas have a better opportunity to achieve economic autonomy, education, and are exposed to norms more compatible with gender equality and rejection of violence (Tranchant & Mueller, 2017). Arguably, changes in household dynamics brought about by female employment and educational attainments produce a backlash in the form of IPV. In fact, the Greater Accra Region has one of the highest rates of IPV in Ghana (IDS, GSS & Associates, 2016). According to the Accra Regional Division of DOVVSU, 5,709 IPV cases were

reported in 2009 compared to 4,904 cases in 2008, an increase of 805. The majority of cases (4,689) were males perpetrating abuse against females (Public Agenda, 2009). Data from the Ghana Family Life and Health Survey in Greater Accra Region show 9.3% of women have experienced forced sex, 36.4% have been insulted or humiliated, and 21.1% have been slapped or had things thrown at them. Other forms of abuse were being hit (13.1), being threatened with a weapon (2.3%), being kicked or dragged (5.1%), having sex without protection (3.0%), and having sex because of fear (7.1%) (IDS, GSS & Associates, 2016).

3.1.4 *Conclusions on Background*

Women's labour participation rates in the three selected regions are comparatively high. About 91% of economically active women work in the informal sector and are concentrated in agribusiness and small-scale trading (Ghana Statistical Service, 2005, 2013b). However, women's work is mostly concentrated in activities where wages are low. They have unequal access to jobs and reduced labour-market earning potential. Data from the Ghana Living Standards Survey show women earn less than men in all sectors of Ghana's economy. Studies show that low socioeconomic status in general is linked with high incidence of domestic violence (Aizer, 2011; Bobonis et al., 2013; Tenkorang et al., 2013). More specifically, gender disparities in education, access to economic opportunity, and wealth make women more susceptible to violence (Awumbila, 2006).

Previous research points to a patriarchal mindset in Ghanaian society and culture that has not changed significantly over the years (Amoakohene, 2004; Archampong, 2010; Cantalupo et al., 2006; Coker-Appiah & Cusack, 1999; IDS, GSS & Associates, 2016). Amoakohene (2004) argues that in Ghana, male domination cuts through all aspects of life, regardless of schooling, social status or the level of affluence. Ghanaian patriarchal tradition expects women to be submissive to their husbands and to be obedient, dutiful, and

serviceable to such a degree that challenging patriarchal norms is perceived as subverting male authority.

Research by the Institute of Development Studies (IDS) and Ghana Statistical Service (GSS) & Associates (2016) found the perceived violation of social norms of appropriate behaviour were a sufficient trigger for IPV against women in all regions of Ghana. This was evident in qualitative and quantitative data collected across all regions and cut across respondents' socio-economic backgrounds. For example, the qualitative data showed men were more likely to become abusive when their wives failed to meet normative expectations of being obeyed, when their wives failed to perform domestic tasks, such as ensuring their meals were ready on time, or when they refused to have sex. The expected submissiveness of women in marital relationships, women's position as primary caregivers, and their economic reliance on men were reported by both male and female respondents as acceptable reasons for abuse.

Not surprisingly, there is a high rate of IPV in Ghana: a study conducted in 2008 showed that 38.7% of ever-married Ghanaian women between the ages of 15 and 49 years reported having experienced IPV at some point in their lives (IDS, GSS & Associates, 2016).

3.2 Study Design

Because of its exploratory nature, the study employed a qualitative research design to unpack the motivations for and barriers to help-seeking among IPV victims. While survey data allow researchers to make generalisations about populations, encourage the formulation of hypotheses, and depend on deductive logic, qualitative research is primarily descriptive and interpretive (Choudhuri et al., 2004). Thus, it is predicated on a belief in context-dependency and focuses on the specific rather than the general (Whitley & Crawford, 2005).

Using a qualitative design is also relevant in assessing the meaning individuals give to their specific social situations and experiences (Hesse-Biber, 2013). Therefore, the study used

a qualitative design to gain an in-depth knowledge of the perspectives and opinions of participants, thus helping to illustrate the inter-subjective relationship between the knower and the known in the development of the awareness of social reality in a given socio-cultural context (Creswell, 2002).

A qualitative design facilitates interactions between and the differentiation of the researchers' and participants' voices and their respective silences, thus allowing clear interpretations (Taylor et al., 1997). It adds nuance and depth to understanding by expanding the existing knowledge base (Lincoln & Guba, 1985). It allows participants to tell their stories and have their voices heard, and it reduces or eliminates the power dynamics between researchers and study participants (Creswell & Poth, 2016).

Importantly, the study used qualitative research because this type of research does justice to the responses, experiences, and interpretations of the research participants (Shakouri & Nazari, 2014). Ultimately, it considered the self-awareness and reflection of the researchers, as well as the interpretations, perceptions, and perspective of the respondents.

3.3 Target Population, Sampling Technique and Sample Size

Data for the quantitative phase of the project (i.e., the larger overarching project) were collected using a multi-stage sampling technique. The first stage employed simple random sampling to select two districts from each of the 10 administrative regions² in Ghana. The second stage was a systematic random sampling of two communities from each of the sampled districts giving a total of 40 communities. Communities were extracted based on the Ghana Statistical Service's Gazetter and were stratified by residential dwelling, i.e., rural/urban residence, to ensure a fair representation. In the third and final stage of sampling, 2,289 respondents were selected and interviewed from randomly selected households (Tenkorang et al., 2018).

² Survey data were collected in the summer of 2017; shortly thereafter, Ghana added six more regions, making a total of 16,

Qualitative data were collected between May and July 2019 after the survey data had been analysed and various areas needing in-depth investigation had been identified. First, simple random sampling was used to select three regions from the 16 regions used for the quantitative surveys. These were the Greater Accra, Ashanti, and the Upper East Regions. Ten respondents each from region (30 respondents) who had participated in the quantitative surveys were contacted and asked if they wanted to be part of the second phase of the research by sharing their experiences of intimate partner abuse. Situating the qualitative aspect of the study within the previous project meant researchers had already established a rapport with participants. The three regions yielded a sample of women with diverse socioeconomic and demographic backgrounds. Participants included low-, middle- and high-income earners, and women from different religious and cultural backgrounds.

After receiving clearance from the National, Regional, and District Police headquarters, five staff in the Domestic Violence and Victims' Support Unit (DOVVSU) in each selected region (15 staff) were interviewed to probe the institutional and individual-level barriers to women's help-seeking behaviours. For the DOVVSU in the Greater Accra Region, staff at the Amasaman district police station and the Madina police stations were interviewed. In the Ashanti and Upper East Regions, DOVVSU staff at Mampong and Bongo police stations were interviewed, respectively. Researchers (e.g., Marshall et al., 2013) maintain single case studies should generally include 15 to 30 interviews for qualitative research. Focusing on a limited sample size helps to collect detailed information on the phenomenon of interest (Ponelis, 2015). Evidence of the data saturation point is an essential factor in determining the number of study participants (Lohle & Terrell, 2014). In this study, interviewing 30 IPV victims and 15 DOVVSU staff allowed clear patterns and themes to emerge.

3.4 Data Collection and Management Procedures

Face-to-face in-depth interviews were used for data collection. In accordance with data collection protocols, several measures were taken to preserve the anonymity of the respondents and to minimize the social and psychological risks associated with the interview process. These measures included conducting interviews privately and seeking respondents' full consent before commencing interviews. Participation in the research process was voluntary, and participants were allowed to freely choose, reschedule, or relocate the time and place of interview. The informed consent form, interview guide for IPV victims, and interview guide for DOVVSU staff are attached as Appendices C, D, and E respectively.

The qualitative research complemented the quantitative findings by probing the following: (1) the individual and institutional forces that shaped victims' help-seeking behaviour and choice of support networks; (2) the socio-cultural factors that determined victims' choice of support networks based on the type of violence experienced; (3) the individual, familial, and other normative and institutional forces that deterred victims from seeking support; (4) the point at which IPV victims perceived formal and informal support networks as mutually reinforcing and complementary in addressing their needs; (5) the types of services available to victims from the service provider's perspective; (6) the challenges to effective service delivery; (7) service providers' perspectives of the socio-economic factors affecting access to their services; and (8) service providers' perspectives of the cultural factors affecting access to their services.

Using semi-structured in-depth interviews, the PI and collaborator, with the help of six research assistants (RAs), interviewed 30 victims who had participated in the initial surveys and 15 service providers from DOVVSU in the three identified regions (Greater Accra, Ashanti and the Upper East regions). Two RAs were assigned to each region. Several training sessions were held with the RAs at ISSER before data collection. All RAs could

speak English and other major Ghanaian languages fluently. All had participated in several research projects in the past, including data collection for the survey. The RAs' research experience helped them establish rapport with respondents quite easily and expedited the data collection process. The qualitative data collected through audio-taped recordings were transcribed verbatim by some of the RAs.

3.5 Data Analysis

The transcripts for the 30 IPV victims and 15 DOVVSU staff were reviewed multiple times to gain familiarity with the data. After the review process, the data were subjected to a thematic analysis to allow the researcher the flexibility to organise and code the data into themes and patterns. "Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data." (Braun & Clarke, 2006 p.79). While there are several types of software for analysing qualitative data (e.g., NVivo and Atlas.ti), this study used manual analysis. As noted by Warren and Karner (2015), the manual analysis of data "gives the benefit of staying true to the analysis" (p. 216).

The analysis followed Braun and Clarke's (2006) six-step process for thematic analysis. The first step involved reading through the transcripts multiple times to gain familiarity with the content and to search for meaning and patterns. As Kvale and Brinkmann (2009) note, researchers are likely to benefit if they take time to read and engage interview transcripts. The next step was the coding of interesting data features in a systematic manner across the entire dataset. The data were coded in relation to the research questions using coloured schemes to highlight the textual data for easy identification of each code. Data specific to each code were provided to complete the step. The third step involved transforming the identified codes into potential themes and collecting all data applicable to each theme. In the fourth step, the themes were checked to see if they matched the coded extracts. This produced a thematic map of the research that was subsequently reviewed by the

researcher. In the fifth step, researchers confirmed the opinions of the participants were correctly, comprehensively and genuinely represented, and any discrepancies had been addressed. The final step included the compilation of verbatim quotations, the analysis of the selected quotations, the analysis of the study research questions, and the development of a summary of the analysis, which was reviewed by the researcher.

Empirical investigations, whether quantitative or qualitative, should ensure the validity and reliability of the results (Golafshani, 2003). In the past, establishing the validity and reliability of data was more common in quantitative studies; more recently, however, qualitative researchers have been encouraged to ensure transparency and rigour in the analysis and interpretation of data to ensure their work is credible and trustworthy (Carcary, 2009; Golafshani, 2003; Grosseohme, 2014). As a result, data from different sources with related information on IPV among women, their help-seeking behaviour in relation to the services available to them, and barriers to help-seeking were triangulated for consistency in this study. Data coding was carefully monitored and interpreted to ensure reliability. Quotations from the participants were included to augment the findings.

3.6 Ethics Consideration

Ethical considerations set out what is acceptable and unacceptable in research to ensure human rights are not violated, potential risks in the form of social, psychological, or economic risks are minimized, and no harm is done to participants. Adherence to an institution's ethical review parameters safeguards participants from risk or undue physical, psychological, or social harm arising out of the research (Bhattacharya, 2014). Ethical approval for this study was sought from and given by the Interdisciplinary Committee on Ethics in Humanities Research (ICEHR) at Memorial University, St. John's, Canada, and the Ethics Committee for the Humanities (ISSER), University of Ghana. The PI and Co-Investigator of the SSHRC funded project gave permission for use of the data for this thesis.

3.7 Chapter Summary

This chapter described the geographical area where the study was performed and outlined the study's methodological approach. It detailed the choice of study design, target population, sampling technique and sample size, and data collection and management procedures. Finally, it explained the analytical approach and ethical considerations. Chapter 4 discusses the results.

Chapter Four: Results

4.0 Introduction

This study examined the motivations for and barriers to help-seeking from the perspective of both IPV victims and service providers. The main research questions were the following. What are the commonly identified sources of help? What motivates help-seeking among female IPV victims? What factors hinder IPV victims from seeking help? And what are the barriers to help-seeking from an institutional perspective? Data were collected through semi-structured qualitative in-depth interviews. The interviews were audio-tapped and transcribed for thematic analysis; the results are presented in this chapter. The chapter is divided into four major sections based on the research questions as stated above. In each section, participants' responses are used to support the findings. For purposes of anonymity and privacy, respondents are identified by a pseudonym in each quotation. Quotations are italicised for easy interpretation and comprehension. A summary of identification name is presented in table 1 below.

Table 1. Identification Name

Region	Person	Identification Number
AR- Ashanti Region GAR- Greater Accra Region UER- Upper East Region	VTM – IPV Victim Officer – DOVVSU Staff	One (1) through Ten (10)

4.1 Participants' background information

This qualitative study was part of a bigger research project that recruited a sample of 30 IPV victims and 15 DOVVSU staff in three selected regions (Greater Accra, Ashanti, and Upper East Regions) of Ghana representing the country's three major ecological zones. Participants' demographic characteristics are displayed in Tables 2 and 3. The average age of was 34 years with a range of 20 to 60 years. Twenty-four participants had attained some level of formal education, and six had no formal education. Some women with tertiary level

education had teaching jobs, but three such women were unemployed. The majority of the women had vocational jobs and engaged in such activities as sales and petty trading. The average monthly income of the women who indicated earning a monthly income was GHC 511, with a range of GHC 60 to GHC 5000 (\$14 to \$1,229). Twenty-nine participants were Christian; one was Muslim. On average, participants had two children with a range from zero to four. Eighteen were married, seven were cohabiting, and five were divorced.

All 18 women who indicated being married had their customary marriage rights fully performed. Those cohabiting had no customary rights performed. Two out of the five divorced women had their marriage customary rights performed; three had not.

Table 2. Demographic characteristics of IPV victims

VTM ID	Age	Educational attainment	Occupation	Income	Religion	Number of Children	Marital status	Marriage rites performed
VTM 1-GAR	38	JHS	Trader	600	Christian	3	Divorced	No
VTM 2-GAR	33	Tertiary	Teacher	400	Christian	0	Married	Yes
VTM 3-GAR	33	Primary	Trader	300	Christian	3	Married	Yes
VTM 4-GAR	28	None	Trader	300	Christian	1	Divorced	No
VTM 5-GAR	40	Primary	Hairdresser	300	Christian	3	Married	Yes
VTM 6-GAR	28	JHS	Trader	200	Christian	4	Married	Yes
VTM 7-GAR	32	JHS	Trader	200	Christian	2	Divorced	No
VTM 8-GAR	42	SHS	Teacher	500	Christian	4	Married	Yes
VTM 9-GAR	31	Tertiary	Teacher	400	Christian	0	Married	Yes
VTM 10-GAR	44	JHS	Trader	500	Christian	3	Cohabiting	No
VTM 1-AR	33	JHS	Trader	600	Christian	3	Divorced	Yes
VTM 2-AR	27	Tertiary	Teacher	900	Christian	0	Cohabiting	No
VTM 3-AR	37	Tertiary	Teacher	350	Christian	2	Married	Yes
VTM 4-AR	38	Tertiary	Office worker	700	Christian	3	Married	Yes
VTM 5-AR	30	Secondary	Unemployed	-	Christian	1	Cohabiting	No
VTM 6-AR	37	JHS	Trader	200	Muslim	1	Divorced	Yes
VTM 7-AR	35	Secondary	Trader	250	Christian	2	Married	Yes
VTM 8-AR	33	Secondary	Seamstress	150	Christian	0	Cohabiting	No
VTM 9-AR	29	Secondary	Hairdresser	300	Christian	0	Cohabiting	No
VTM 10-AR	43	None	Trader	5000	Christian	2	Married	Yes
VTM 1-UER	32	None	Trader	100	Christian	3	Married	Yes
VTM 2-UER	30	None	Trader	300	Christian	4	Married	Yes
VTM 3-UER	27	Secondary	Trader	200	Christian	2	Married	Yes
VTM 4-UER	26	Tertiary	Teacher	-	Christian	1	Married	Yes
VTM 5-UER	60	None	Food vendor	200	Christian	4	Cohabiting	No
VTM 6-UER	25	Primary	Hairdresser	60	Christian	2	Married	Yes
VTM 7-UER	42	None	Unemployed	-	Christian	4	Married	Yes
VTM 8-UER	32	JHS	Artisan	80	Christian	0	Married	Yes

VTM 9-UER	30	Secondary	Unemployed	-	Christian	3	Married	Yes
VTM 10-UER	20	Secondary	Store attendant	200	Christian	0	Cohabiting	No

The average age of DOVVSU staff was 39 years, with a range from 30 to 57 years. About 80% of the staff had tertiary/post secondary education, and 20% had secondary education. The number of years of employment spanned a minimum of six months to a maximum of 19 years. All the staff were police officers who occupied ranks ranging from Corporal to Superintendent. Fourteen out of the 15 staff were married. One participant was Muslim, and 14 were Christian (Table 4.2).

Table 3. Demographic characteristics of DOVVSU staff

OFFICER ID	Age (yrs)	Education	Years of work with DOVVSU	Rank	Marital status	Religion
Officer 1-GAR	47	Tertiary	8	Superintendent	Married	Christian
Officer 2-GAR	38	Tertiary	8	Corporal	Married	Christian
Officer 3-GAR	45	Tertiary	8	Inspector	Divorced	Christian
Officer 4-GAR	37	Tertiary	14	Sergeant	Married	Christian
Officer 5-GAR	30	Tertiary	2	Lance Corporal	Married	Christian
Officer 1-AR	42	Tertiary	13	Inspector	Married	Christian
Officer 2-AR	57	Secondary	6 months	Chief Inspector	Married	Christian
Officer 3-AR	34	Tertiary	10	Sergeant	Married	Christian
Officer 4-AR	31	Tertiary	8	Corporal	Married	Christian
Officer 5-AR	54	Tertiary	19	DSP	Married	Christian
Officer 1-UER	35	Tertiary	4	Corporal	Married	Muslim
Officer 2-UER	32	Secondary	3 months	Corporal	Married	Christian
Officer 3-UER	35	Tertiary	4	Sergeant	Married	Christian
Officer 4-UER	31	Secondary	2	Corporal	Married	Christian
Officer 5-UER	40	Tertiary	14	Sergeant	Married	Muslim

Results of the study indicated that majority (40%) of the respondents preferred seeking help from family members after experiencing abuse. Those who sought help from friends and religious/community leaders accounted for 17% and 12% respectively. 20% of the participants reported to the police/DOVVSU. These findings are summarized in Table 4 below.

Table 4. Respondents' help-seeking behaviour

Where help was sought	Frequency	Percentage (%)
Family members	12	40
Friends	5	17
Religious/community leaders	3	10
Police/DOVVSU	6	20
Did not seek help	4	13
Total	30	100.0

4.2 Commonly identified sources of help

The majority of the participants relied on informal support networks as their primary support. However, a few turned to formal sources because of persistent and escalating violence (See table 4). Although formal support offered a wide variety of services, including access to the criminal justice system, it was the least utilised.

4.2.1 Informal sources

Informal support included family members, close friends, relatives, neighbours, community and faith leaders who provided instrumental and emotional support to IPV victims.

4.2.1.1 Family

The primary source of help was family. This could be expected given the family's role in conflict resolution in the domestic affairs of its members, especially in African settings. For most study participants, the family was the first point of contact and provided a buffer against the effects of abuse. Participants described helpful responses, such as provision of safe housing and financial, emotional, and psychological support:

I told my mum, and she advised me to take it easy on him, and I listened. Sometimes I don't mind him. I leave the house for a while and return when the anger is gone.
(VTM 3-GAR)

His father is a chief, and so I reported him to his family. They asked me to leave him. Just four days ago, his father told me to look for money. He was also willing to help me with some money to rent a place to stay. (VTM 10-GAR)

I went to his parents. There was a time he stopped talking to me. Whenever I tried to talk to him, he would ignore me. I decided to tell his parents to ask him if I had done something wrong so I would apologize, but he said nothing when they asked him.
(VTM 4-UER)

Yes, my mother-in-law. She told me to take care of the child. This is because his son is irresponsible and will not offer any better support. He doesn't give me any money for the child. After spending all his money on prostitutes, he doesn't have any money. This man could not even give me GHS 100.00 to use to buy clothes for my unborn baby. I pray I get the opportunity to take care of my children. I am suffering, but God has been gracious unto me. He has never given this child any present at the end of the year. When the child is sick and asks for money to pay his medical bills, he will tell me to call my family or go for a loan. (VTM 1-GAR)

The above comments show how family members can play a vital role in helping victims deal with violence. Instrumental support such as allowing them to talk about the abuse and giving advice was essential in the help-seeking process of participants. In addition, positive, appropriate responses from informal networks had a variety of benefits, including improved mental and physical well-being.

However, while IPV victims turned to family members for solutions, a number of participants indicated seeking help from family members exacerbated the situation. Judgmental and blaming attitudes, ill advice, and a lack of interest increased participants' sense of shame and guilt. This was expressed in the following:

Some time ago, I was pregnant and kept my GH¢1.00 in the room, and he took it. When I asked him, he took a sharp metal that looks like a pin and hit my stomach. (Really!) I had to run out and call his sister and elder brother to come. I was surprised at what his elder brother said. He said he thought it was because of an important issue I called him and that if my husband does not take my money, whose money will he take? Meanwhile, that was his third time doing that. I thought since he was the older sibling, he is more like a father. I did not know he was worse. Yes, his family. I complained to his father, but no real change occurred. He stays away from alcohol for about a month or two and then returns to it despite his parents' advice. (VTM 4)

Ooh yeah, I told his elder brother, and I didn't see anything good come out of it. Also, I informed his friend, and recently, I told his parents. (VTM 2-AR)

One participant said the intervention of family members resulted in more disputes.

When I told my parents, they told the man's family, and we met to resolve the issue, but there was chaos whenever we met to resolve the issue. We couldn't solve the issue. (VTM 3-AR)

4.2.1.2 Friends

For some participants, reporting abuse to friends seemed to be the best way to respond to IPV. The emotional understanding that friends offer could reduce the burden. Friends could also provide instrumental and empathic support. Privacy, confidentiality, and trust were further reasons to seek support from friends. One participant mentioned specific practical support from a friend:

I lived with him for about three years, and I got pregnant. He threw me out of the house and went in for another woman. Excuse my language, and he went in for a prostitute. I didn't know about this, but a friend of mine told me what was going on. After some time, I was not feeling well, and I didn't know what was wrong with me. I went to visit my family, and when they saw me, they were shocked that I had grown so lean. My family gave me some money to go for a check-up at the hospital. It was at the hospital that the doctor told me that I was pregnant. All I said was, "okay!". Before then, I had always wanted to be pregnant and have a child. I informed the man I was living with who got me pregnant. He made it clear that he knew I was pregnant even before I went to the hospital and kept it away from me. The house in which we stayed was sold. He was given his share of the money. He rented a new house and moved in with his girlfriend, the prostitute. I was left with no option other than to relocate to a friend's house at Mallam for a while through the pregnancy period. I didn't receive any money from the man. My friend had a husband whose job sent him away from the house regularly. So, I slept in my friend's room whenever her husband was away. (VTM 1- GAR)

Informational support was given in the form of advice. As two participants put it:

She's my friend, and I know she won't tell anyone about it, that's why I told her. She told me that if I can't continue and can't bear it anymore, I should forget him and

move on with my life. I also thought about it and realized I love him, so I can't just leave him and move on. I decided to stay with him. That's how come I ignored her advice. (VTM 8 - AR)

Oh, it has happened before, but my partner dislikes a third party knowing about what happens in our relationship. At times I tell his close friends to advise him on some issues, and after his friends are done, he would call me to complain and condemn me for telling his friends about our problem. (VTM 5-AR)

Building on the above, another participant explained that:

There are issues that you don't have to take to your mother. There are particular matters that you have to seek the opinion of your friends to know their take. So my issue was not a big problem that to tell my mother but my friend. But if the need arises, like physical violence, then I will inform my mother. (VTM 9 - AR)

4.2.1.3 Religious and community leaders

Some participants said they turned to their religious leaders (pastors) to ease the pain and trauma caused by the abuse. Their religious leaders gave spiritual and moral support and provided couples' counselling to members of their congregation dealing with family issues such as domestic abuse:

Yes, I have. I informed my pastor concerning what he has been putting me through. Both of us attend the same church, so the pastor called him and addressed the situation. (VTM 1-AR)

Ooh yeah, I went to my pastor to speak to him about it because he blessed our marriage. As a Christian, I need to go to my pastor if I need help. (VTM 4-AR)

One of the participants noted that the intervention by her pastor was helpful in bringing about transformation in her husband. She said:

I reported my husband to his Godfather, and after speaking to him, he wept. I noted some changes afterward. (VTM 8-UER)

Other participants said they reported the abuse to leaders within their community. These leaders ranged from local kings to figureheads like the elderly and respected individuals in the community:

No. If a man hurts the wife, he will be summoned to the palace. (VTM 9-GAR)

Oh, as I said earlier, I realized he is very respectful when it comes to elders.

I went to them because I knew he respects them, and he listens to whatever they tell him. (VTM 2- GAR)

I reported him to some friends and elderly people in my community. (VTM 9-UER)

Local officials, such as chiefs and community elders, were able to serve as arbitrators in conflict resolution. Traditionally, chiefs have the power to summon and convene a small community meeting comprised of village elders to mediate between affected persons.

4.2.2 Formal sources

Formal support networks or avenues comprise organisations or individuals qualified to offer professional assistance; these include police and other law enforcement agencies, domestic violence support units (such as DOVVSU in Ghana), medical experts, etc. Formal social support is an important avenue for help-seekers known to improve victims' physical, emotional, and psychological well-being.

4.2.2.1 Police

Some participants said they had sought help from the police. They tended to turn to the police when violence became severe or there was a threat of harm. Many said the police officers inflicted physical abuse on the abusers. The rationale for this behaviour might have been to instil fear in perpetrators so they would stop abusing the women:

Yes, so many times. He went to see his girlfriend for about a week, and his brother told me they sold some family jewelry, and half of the money had been given to a woman, and the other half is in our room. I was cleaning the room one day, and I saw lots of money. I said there is money here, and this man didn't give me money for food. So, I took all the money. When he came back from his girlfriend's house, he checked the place, and there was no money. He asked me about the money, I told him I was hungry, and I needed money, so I have spent it. He took a knife, and I had to run and seek help somewhere. I went to the police station to report him. When he saw me going to the police station, he followed me and was arrested when we got there. He was put behind bars, and a police officer slapped him about two or three times. He begged me to tell the police to release him, but I told him he should stay there. (VTM 1- GAR)

However, this could backfire, with devastating consequences for the woman:

Recently, my husband slapped me, and I reported him to the police. The police said we should solve the matter at home, but they also slapped him and cautioned him not to assault a woman again. When we got home, he divorced me. And that's why I am divorced. So, when a man abuses his partner, she cannot decide whether to get him arrested for the law to deal with him or not because the moment you get him arrested, he might come back to divorce you. (VTM 1 – AR)

Yes. That is why I took my husband to the police station. He gets angry quickly. Some time ago, he hit me with the rubber buckets in an argument, and I got him arrested at the Amasaman police station. He was later released. (VTM 10-GAR)

4.2.2.2 DOVVSU (WAJU)

Some participants sought help from DOVVSU, formerly known as Women and Juvenile Unit (WAJU). In most cases, the police served as the first point of contact and referred cases to DOVVSU to handle. Some of the participant narrated their experience as follows:

Some time ago, when he came back from Bolga, one of our children disrespected the landlady, and she reported it to my husband. When he was trying to find out what happened, the child disrespected him. When he held the child, the child started shouting for help, and when I saw the child crying for help, I got angry at my husband, threw a stone at his car, and destroyed his windscreen. [why?] Because I had pleaded with him to let go of the child, and he refused. What happened brought a lot of controversies at the police station, and DOVVSU is now handling the case. (VTM 3 - AR)

Yes, I know if a man maltreats a woman, he can be punished. If he doesn't take care of the children, you can report him at WAJU. I took my case there some time ago. The man promised to take care of the child. He only gave us money once and never brought it again. (VTM 1- GAR)

I was listening to a program on the radio [Nhyira FM], and the host said that they resolve problems in marriages. When a case isn't resolved after her program, she hands the case over to DOVVSU. So that was when I heard about DOVVSU. I wasn't even the one who took the case to DOVVSU. The case went to the police station, and they told us since it was a marital affair, they would transfer us to DOVVSU to resolve it. (VTM 3 – AR)

Seeking formal support was seen by participants as a protective factor against further abuse and an attempt to bring about lasting change.

4.3 Motivations to help-seeking among female victims of IPV

The study results show that IPV victims who seek help recognise particular factors and incidents that serve as turning points or catalysts for change in their situation. These pivotal moments are marked by a significant change in victims' attitudes and expectations and a desire to seek help. Despite the various individual, interpersonal, socio-cultural, and institutional barriers to help-seeking, the study participants identified the following reasons for seeking help.

4.3.1 Fatigue

One of the factors that contributed to a decision to seek help was a sense of fatigue. Participants described this fatigue as an accumulation of maltreatment and abuse. They were fed up and wanted change. The recognition that the cost of remaining in the relationship was too great to bear any longer was expressed by two participants in the following way:

He stays away from the house, is so much into his friends, is an alcoholic, and sometimes beats me. Sometimes, when I call him to ask why he's late from work and isn't home, he insults me. When I am nice, loving, and romantic to him, he does not respond the same way. It makes me feel sad. Sometimes he comes home as late as 11 pm. When he comes, and I'm asleep and could not hear him knocking on the door that day, the house will be on fire. He will shout, "Foolish woman, you are asleep. I've been knocking, open the door." He would rain insults on me the whole night. After careful observation, I realized that it wouldn't help me, and that is why I took a step back. (VTM 4 - GAR)

I did not like what my husband was taking me through, so I had to seek his (Pastor's) counsel. (VTM 1- AR)

Another participant noted:

Ooh, I couldn't bear it anymore. I needed to talk to someone. (VTM 8-AR)

The above narrations express a sense of physical and emotional burnout as a result of continuous exposure to violence. This fatigue led many victims to seek external intervention.

4.3.2 Severity of abuse

A major reason for reassessing the IPV situation and deciding to seek help was an escalation in the severity of abuse. This was especially the case when women were subjected to violence to the point that their lives were in danger. Perceiving that they could be severely harmed forced them to re-examine the threat and seek help:

I was once married, and the man used to beat me. He is deceased now. I reported him to the police station, but he died after a few years. We had a child, and the child was one year and six months old. The police arrested him and took the matter to court because he beat me severely that my head got swollen. They told him he doesn't have the right to beat me because of marriage. He used to slap me every single day, and that made me even lose interest in marriage. It took over 13 years for me to marry again because I lost interest in marriage. (VTM 6 - GAR)

He gets angry quickly. Some time ago, he hit me with the rubber bucket during an argument. I got him arrested at the Amasaman police station. He was later released. (VTM 10- GAR)

Another participant noted:

Women have the right to report their cases to DOVVSU when they think the violence is unbearable and need help. (VTM 3 - AR)

The above comments show how exposure to severe physical, emotional, or psychological abuse for many IPV victims increases proactive help-seeking responses. This is especially so when it seems to be a matter of life or death. The following quotations are good examples:

For instance, if a man hits me, I could lose one of my eyes. Or I could even die. I could even hit my head on a stone and get an injury in my head. Abuse in marriage is terrible. (VTM 3 GAR)

If a man is maltreating or killing me, I cannot keep quiet and watch. I will speak out. If you suppress my thoughts every day, I will report you to an institution. (VTM 9 - GAR)

For many of these victims, anticipating the risk of severe injury or death triggers the need to seek outside intervention particularly from a formal source.

4.3.3 Negligence in honouring marital obligation

Another turning point that motivated some participants to seek help was their partners' failure to honour important marital or family obligations:

It got to a time he did not listen to me. Staying in the house to help take care of the children is a problem. All he knew was partying with friends, and when I complained, he never listened to me. I decided to report to help his sister. Even sitting with the children or attending PTA meetings was a problem, which was hurting me. I had no help, so that was why I went to his sister. (VTM 6 - UER)

Not WAJU, but I took my husband to court. He wasn't taking care of the baby and me. Whenever the baby was sick, he never gave me any money to take care of the baby. I was suffering, and that's why I took him to court. I wasn't working by then. (VTM 7 – GAR)

For many of the participants, their partner's dereliction of his marital obligations had severe implications for the children and themselves. They complained they were left to shoulder the burden of caring for the children and managing other responsibilities. For many of the participants, the welfare of the children was paramount. Their partner's irresponsible behaviour was problematic and unacceptable.

4.3.4 Trust in family members, friends, and religious leaders

Another salient reason for seeking help was a sense of trust. Most participants had a positive, trusting relationship with their family members, and this fostered a sense of being heard and understood. Keeping information confidential was particularly important for the majority of the study participants, and they trusted their families, as the following quotations make clear:

I won't take him to the police station. I will take him to my family to sit and discuss the issue and ask him why he beats me. If he has nothing good to say to my family, my parents will give him a stern warning that if he doesn't stop doing that, the marriage will collapse. This will put the man on his toes. The Police station is not the only place to report. When you take him to the police station, he would return home and do the same thing he did to you. But when you report to where the marriage was constituted, he would not misbehave because he will lose the marriage. (VTM 5 - GAR)

Err... Because she is my mum and I trust her that she won't tell anyone about it. (VTM 3 – AR)

Trust in friends was a similarly crucial factor:

I went there because it was troubling me. I expected him to stop, but he didn't, so I had to inform those I informed. Ooh yeah, concerning his brother, I didn't see much of it, but with his friend, I liked how he went about the issues and realised I had someone I can confide in and help me with my problems. (VTM 2 - AR)

Yeah, I discussed it with a friend. She's my friend, and I know she won't tell anyone about it. That's why I told her. (VTM 3 - AR)

For other participants, trust in their religious leaders and their ability to resolve any marital problem was expressly vocalized as the rationale for seeking help:

I went to the pastor because he stands in front of us every day and preaches the word of God. I taught the pastor could preach to him for him to repent. (VTM 1 - AR)

Ooh yeah, I went to my pastor to speak to him about it because he blessed our marriage. As a Christian, I need to go to my pastor if I need help. (VTM 4 - AR)

One participant described her pastor's supernatural ability to identify the cause of her husband's financial predicament and abusive conduct:

I told one of my pastors about the issue, and he took it into the spiritual realm. He told me how my husband's family members are attacking him spiritually. I believed what the pastor said because my partner's mother is rich living abroad, yet my partner faces these financial problems. He told me to pray. (VTM 5 - AR)

These comments show the importance of trust to IPV disclosure. Many participants thought placing trust in family members, friends, and religious leaders helped them save their marital relationship while maintaining privacy.

4.4 Factors that hinder IPV victims from seeking help

4.4.1 Fear of divorce

Most participants thought seeking help could lead to a divorce. They feared divorce would bring hardship not just for themselves but more importantly, for the children. Accordingly, some accepted the situation and did not seek help. The following comments are illustrative of this:

Some women fear they might be divorced. Furthermore, they fear he might be fined. Because you live with him in the same house and he's fined, he will torment you more than before. If you don't report him, you can at least have your peace of mind. (VTM 1-AR)

As I said earlier, women know what they are experiencing in their marriage, and they can explain it better. But I think most women or me, for instance, fear the marriage

will collapse or break down. That's why we don't take report our problems. (VTM2-AR)

Erm, I also have three children with him, and if I report him, they might break my home, which will affect my children. (VTM 4 -AR)

Fear of the potential consequence was a central issue in not reporting:

Hmm, I think it is because of fear. Yeah, fear. They fear what might come after she reports her case to the police or DOVVSU. (VTM 4-AR)

Most women think it will bring about divorce when they report their case to DOVVSU. (VTM 8-AR)

The above quotes show the unique concerns, considerations about the potential impact of reporting abuse. The ramifications of divorce led to hesitation in seeking help.

4.4.2 Privacy concerns

Another issue raised by participants was privacy concerns. They expressed feelings of embarrassment and humiliation if the abuse was made public. In some cases, victims did not seek help to protect the family name:

Mmm, marriage is something that is between a man and a woman. Some families respect their family name and dignity. So, if you report, it's like you are tarnishing the family's name. Your in-laws can say you could have brought it to them to find a solution rather than taking the matter up to DOVVSU or a third party. (VTM 2-AR)

If it weren't for the police, my case wouldn't have gotten to DOVVSU. It was a family issue. Some people don't report their cases to DOVVSU because they don't like publicizing their private matters. (VTM 3-AR)

I think it's not every person who would like to let his/her problems go public. Some matters spread bad rumours, which the person concerned involved might not like (VTM 5 - AR)

Like many women dealing with IPV, participants preferred to keep their experiences confidential. This was particularly important for these particular women, as their traditional norms defined marital conflicts as a private matter.

4.4.3 Stigmatization

Participants feared being stigmatized or blamed. They noted this impeded their ability to seek help:

Yes, that could also be a part of it because you open up your marriage to family members' opinions once you talk about it. So, I will not tell anybody. I will work on it myself. (VTM 2-GAR)

If you report, people will say all sorts of things to you. Family members will say you don't regard them. Those family members do not care about you, yet they would talk.

Also, it is because of the children, that is why we don't report. (VTM 5-UER)

If he is arrested, his family will say, "So you reported your husband on this little issue?" Even the community you live in will speak ill of you. (VTM 1-AR)

As these comments suggest, participants were sensitive to possible negative reactions, particularly from family members. Reporting abuse was viewed as dishonouring the family name. Silenced by stigma, participants had to endure the abuser's actions to save the marriage.

4.4.4 Lack of trust in available formal support channel

One of the participants expressed a lack of trust in the police service. This distrust was linked to negative perceptions about the police institution:

I lost trust in the police station. Even when I am slapped and report it to the police station, nothing will happen. So, I will not take any matter to the police station. (VTM 6-GAR)

Another participant who was hesitant to seek help in formal institutions due to distrust said the following:

Yes, I don't have any hope in such institutions. One of my customers works over there and has persuaded me to bring my child to the office, but I didn't pay any attention to him. (VTM 4-GAR)

In short, participants who had experienced indifferent and unsupportive responses from the police or DOVVSU did not want to go back to these sources of support for help. Negative perceptions about the police also affected participants' help-seeking decisions.

4.4.5 Presence of children

For some participants, protecting children informed their decision not to seek help. The following quotations express their worry for children's safety and welfare if they report abuse:

Erm, I also have three children with him, and if I report him, they might break my home, which will affect my children. (VTM 4-AR)

Domestic violence is bad, but men of today do it anyway. For instance, the man I am living with like chasing other ladies. He doesn't take care of my child and me. When I decide to leave him, people beg me to stay because of the children, and that's why I'm still staying with him. If we had no children together, I would have left him long ago. (VTM 10-GAR)

As I said, it is because of the children. If not, no woman would stay with an abuser. He will tell you he bought you, and that impedes your decision to leave him. You only leave it to God. (VTM 5-UER)

The presence of children complicates the help-seeking decision of many IPV victims. The financial implications of divorce and its potential impact on the children remained paramount for most study participants. In other words, some of the participants' non-help-seeking

decisions were based on the subjective risk appraisal of how best to ensure the welfare and safety of their children.

4.4.6 Socio-cultural norms and values

Two participants indicated that their community's cultural norms encouraged the perpetration of violence against women. Traditional norms and values that reinforce male superiority over women remain a powerful factor in impeding victims' help-seeking decisions. In most cases, offenders hid behind cultural norms to perpetuate abuse. Any resistance from their wives was perceived as a threat to their control and culturally bestowed authority. Two participants said the following:

Yes, it is in our Frafra culture, the dowry payment. If they pay the dowry that ends it, you now belong to them, and they can do whatever they wish. This is a part of the culture where the man's family would bring a big cock to the woman's extended family, not her immediate nuclear family. This gives him authority over the woman.
(VTM 2-UER)

Hmmm, yes. In the southern sector, when a man abuses his wife, he is reported to the police to be cautioned. In some cases, if he is working, part of his salary is given to you to carter for the family. Here it is not possible. If your husband is maltreating you and report him to the police, people will blame you, so we are helpless. (VTM 1-UER)

IPV cannot be understood without understanding the social and gender norms that determine women's vulnerability to violence within specific cultural orientations. These women's comments suggest women in this culture are seen as subservient to men. As the participants told us, men often take advantage of the community's patriarchal beliefs to control and abuse women. In turn, women's sense of powerlessness within this cultural setting discourages them from pursuing formal support.

4.5 Institutional barriers to help-seeking from the perspective of service providers

Institutional barriers to help-seeking identified in the study included inadequate resources, inadequate training, lack of privacy at DOVVSU offices, inadequate funding, and location of DOVVSU offices.

4.5.1 Inadequate resources

A primary concern expressed by most DOVVSU staff was the lack of resources. Staff lamented the non-availability or inadequacy of office accommodation, furniture, computers, vehicles, and other material resources:

Highly under-resourced. I have been writing about it for some time. I even have a column in the Spectator newspaper. For every case reported, we need resources to act on it. (Officer 1-GAR)

As I am speaking to you now, we lack many resources. We have only one computer and printer in our office. It was recently that Vodafone Company bought us a desk and a witting table. We don't even have a car. We use our money during an investigation. We need a vehicle to help our work. We do not even have funds available to help victims. Our structure isn't good enough as a help-seeking unit. We need NGOs to help renovate the building. (Officer 3-AR)

One of the staff noted the need to provide temporary shelters for victims. He maintained:

We need accommodation, temporary shelter to keep victims when investigations are ongoing. You do not want to expose victims to the perpetrators of the violence. (Officer 1-GAR)

Most of the staff expressed concern about the lack of vehicles for official duties. They claimed this was a major impediment to service delivery:

Oooh! DOVVSU is out of resources. There used to be a car, but it broke down. The car is even older than me. Sometimes when cases are reported, we relax or get

tricycles (Mahama camboo). Even if you go to the quartermaster to report, he will tell you no fuel. The perpetrators turn to run if they see us in the tricycles. Using a car will be much faster. We will appreciate it if you can do something about it. (Officer 5- UER)

We need vehicles to move about freely because, with every case, we need to make an arrest, take victims to the hospital, rescue victims, and a whole lot. You take a seriously abused victim to the hospital, and they ask for money. There are situations where you see that the person is suffering. How can you help such a person? There are no resources. (Officer 1-GAR)

Our major challenge is that we lack the means of transportation. As I speak now, we don't even have service vehicles at our disposal. When an incident happens within our jurisdiction, we do not have the means to rush to the location. DOVVSU personnel sometimes have to use their own money to move about. This makes the work difficult for us. (Officer 5-GAR)

A major issue facing DOVVSU, as these comments suggest, is a lack of support from the central government through the police administration. Most staff view the agency as highly under-resourced. This thwarts the unit's efforts to carry out its core mandate. Funds to assist highly traumatized but financially distressed IPV victims remain woefully inadequate.

4.5.2 Inadequate training

For most staff, the calibre and adequacy of the personnel is another issue that affects the day-to-day operations of DOVVSU. The agency not only lacks trained and skilled personnel, but its overall staff strength is insufficient:

Not at all. Every year we have new people being posted to DOVVSU. At least there should be refresher courses or training for us to be up to date. Somebody will be posted to DOVVSU for two or three years, and he or she will not go for any training

or workshop. At the end of the day, the person may not perform as expected. (Officer 1-AR)

We lack personnel, and the personnel we have also lack training. We need to train them on how to receive victims and what we should say to them when they come here.

We have nothing to work with. (Officer 5-AR)

As pointed out by the staff, such scenarios can result in officers becoming insensitive to victims' needs. This, in turn, is a barrier to ensuring justice for IPV victims.

4.5.3 Lack of privacy at DOVVSU offices

In the same vein, officers said privacy for victims was minimal at DOVVSU offices. Furthermore, small open offices made victims uncomfortable disclosing their experiences:

We need some privacy to work. Victims don't feel secure when they come here. They can't feel free when other people are listening to their conversation. We need to have a one-on-one office. They will open up and talk to us. (Officer 1-GAR)

Fine, there could be institutional reasons. For instance, look at my office, people come here and do not want any other person to hear their case except the investigator. As you can see, there is no privacy due to office congestion. Sometimes you will be writing someone's statement, and another person on the side will be peaking and listening to what the victim is telling the investigator due to the office structure. (Officer 1-AR)

Another staff member described the deplorable nature of the office structure and how it affects victims. He noted:

Look at the structure we are in now, do you think it is good for the victims to come here and report their cases after hearing the noise we are making outside? Don't you see the building itself is not attractive? The place looks like a hen coup. Will they feel confident telling their story? They even start thinking if we can help. (Officer 5-AR)

As noted by most staff, it is problematic if a victim of violence does not get privacy when reporting abuse. This could be re-traumatising, causing the victim to re-think disclosure or to not follow up.

4.5.4 Inadequate funding

The majority of the staff identified budgetary constraints as a major institutional barrier to help-seeking. They said if DOVVSU had sufficient funds for its operations, this would mitigate some of the challenges faced by victims (i.e., payment of medical bills, transportation, and other expenses). This sense was expressed in the following comments:

Many people know about DOVVSU, so the expectation is big, but due to financial constraints, we cannot meet the expectation. We're supposed to liaise with other sister organizations to provide services, but they also do not have the means. The victims get frustrated as a result. (Officer 3-GAR)

The major challenge is financial support. As I said, we use our money to support some of them. (Officer 4-GAR)

Another staff member pointed to the need for funds to ease the burden on victims in terms of travelling cost and feeding:

DOVVSU faces so many challenges, the victim would come to report a case to your unit, and the money to go back is a problem. Sometimes they come with children, and you have to volunteer and give them money to feed the children and pay for their transportation. You give them a day to come back, and they find it difficult because it means they have to pay for transportation. (Officer 4-UER)

Majority of the staff bemoaned the failure of government to adequately fund DOVVSU to execute its mandate of helping victims of IPV. In most instances, personnel of the unit have to use their own funds to assist victims. This has made it difficult for victims to report and

pursue cases of domestic abuse, thereby hindering efforts at reducing or ending the phenomenon.

4.5.5 Location of DOVVSU offices

Two of the staff raised concerns about not having enough DOVVSU offices at the community level to handle cases:

Yes, indeed, DOVVSU is not everywhere. It's only at the divisional level. When you go to a police station to report a case, you will be directed to DOVVSU. You have to transport yourself there. Sometimes it does not help. It causes people to relax. (Officer 1-GAR)

One thing about the long-distance is that it affects reporting. If we had a DOVVSU office in each Police station, it would be easy to handle the cases. (Officer 3-GAR)

As described by the staff, DOVVSU operates its offices in some district and regional centres. However, the unit covers a large geographical area, putting it out of reach for many victims who may not afford transportation costs. In addition, victims must be aware that the DOVVSU offices exist to gain access to them. Given the limited number of offices, victims may not be sure where these offices are, thus affecting IPV disclosure.

4.6 Conclusion

This chapter presented the results of a study aiming to understand the motivations for and barriers to help-seeking among female victims of IPV in Ghana. The first section gave the background and demographic information of the participants. The second section discussed the commonly identified sources of help. The third section explained motivations for seeking help and the fourth outlined barriers. The final section examined the institutional barriers to help-seeking from the perspective of service providers. The findings show that both individual and larger socio-cultural and institutional factors influence victims' help-

seeking behaviour. The next chapter will discuss these findings in relation to the literature on motivations for and barriers to help-seeking among female victims of IPV.

Chapter Five: Discussion

5.0 Introduction

Despite a plethora of literature in developed countries on women's help-seeking behaviour, research in Ghana and sub-Saharan Africa remains scant. Given Ghana's high IPV level and the well-known and documented importance of help-seeking, this study aimed to contribute to the literature by using a hybrid theoretical framework adapted from Liang et al.'s (2005) process model of help-seeking behaviour. A hybrid framework permits the inclusion of the perspective of service providers on the barriers to help-seeking behaviour, thus yielding a more nuanced and comprehensive understanding of help-seeking. It also lays the foundation for future scholars to advance a more robust and integrated theoretical perspective in the help-seeking literature. This chapter discusses the study's findings in relation to the research questions given previously.

5.1 What are the commonly identified sources of help?

As in other studies (Barrett & Pierre, 2011; Du Mont et al., 2005; Liang et al., 2005; Sabina & Tindale, 2008), the majority of the study participants reported seeking help mostly from informal sources. Seeking informal support is often the first step victims take, and the outcome influences subsequent help-seeking decisions (Bui, 2003; Meyer, 2010b; Sabina & Tindale, 2008). Participants turned primarily to family members, friends, and religious and community leaders. According to Mertin and Mohr (2001), family support is often linked to a substantial reduction in levels of depression, anxiety, and post-traumatic stress disorders. It also improves the psychological well-being of victims (Coker et al., 2002). Seeking help from community and religious leaders stood out as salient in this study. This may not be the case in non-Western societies where victims readily seek help from formal sources. Within the African and more specifically the Ghanaian context, both community and religious leaders carry the responsibility to protect and nurture the spiritual wellbeing of the community and its

individual members. Religious leaders are often sources of hope for many. Victims of IPV may turn to faith leaders for spiritual guidance and support before or instead of formal support services.

Following the disclosure of abuse to their informal contacts, victims, including the ones in our study, often get tangible support, such as a place to stay, help with child care, help running errands, advice, and encouragement to contact law enforcement or seek legal support (Goodkind et al., 2003; Rose & Campbell, 2000). The emotional support victims receive after experiencing abuse is another important reason for seeking help from family and friends (Bosch & Bergen, 2006; Mitchell & Hodson, 1983). Victims' prior experiences with both formal and informal support services, as explained in the help-seeking model, can influence their desire to seek help (Liang et al., 2005).

While responses from informal contacts can be positive (Davis & Srinivasan, 1995; Goodkind et al., 2003; Moe, 2007), they can also be negative, as they may blame the victim for the abuse or encourage silence (McKinney et al., 2009). In fact, this was mentioned by our participants. Moreover, the capacity for informal contacts to help victims extricate themselves permanently from abuse is limited (Brown, 1997; Goodkind et al., 2003; Lempert, 1997). As emerging literature from African countries demonstrates, although family and friends are often the first line of defence for victims, this channel does not always resolve IPV (Abeid et al., 2014).

Although informal assistance is beneficial in providing physical, emotional, psychological and financial support to IPV victims, formal assistance from public and law enforcement agencies can end abuse permanently and help bring IPV perpetrators to justice (Fugate et al., 2005). Yet addressing IPV through formal and legal processes seemed to be difficult for participants for a variety of reasons, including the inability to pay for transportation to the police station or family expectations to resolve the abuse privately

(Sedziafa et al., 2018). In a qualitative study of IPV against women in Nigeria, Balogun and John-Akinola (2015) found IPV victims are compelled to seek assistance from immediate family and community elders because of the high cost, distance, and lack of access to police stations.

In line with previous research (Felson et al., 2002; Fugate et al., 2005; Mouzos & Makkai, 2004), this study revealed that only a few participants used formal channels of support. The fear of retribution, the desire to protect the offender from legal consequences, the need to protect children, the fear of stigmatization, and the lack of awareness of available support services were commonly expressed barriers to help-seeking. A study by Anyemedu et al. (2017) shows women distrust formal institutions for a variety of reasons, including the need to pay bribes for services, a lack of privacy and anonymity during disclosure, service providers' lack of professionalism, and sometimes a general lack of knowledge of domestic violence services. Other studies elsewhere report similar findings (Akers & Kaukinen, 2009; Fleury et al., 1998; Hart, 1993; Signal & Taylor, 2008).

5.2 What motivates help-seeking among female victims of IPV?

This study highlights the importance of understanding victims' motivation for seeking help. As theorised, a participant's recognition and understanding of abuse as a problem generally triggered her decision to seek help (Liang et al., 2005). This is what some scholars call the "turning point" (Baly, 2010; Chang et al., 2010; Murray et al., 2015). As Chang et al. (2010) explain, turning points represent a major shift in victims' willingness to tolerate abuse. Most of the study participants who had sought help acknowledged IPV was a problem and took steps, primarily engaging with their informal networks.

In her study of abused African American women, Laughon (2007) found her participants decided to seek support because they were "tired" of being abused. Indeed, our participants often mentioned a sense of fatigue linked to multiple episodes of abuse. In fact,

the severity of the abuse was a major factor in help-seeking. When the abuse was more serious, the desire for protection was greater. As in previous research (Gondolf & Fisher, 1988; Hoyle & Sanders, 2000; Sabina & Tindale, 2008; Tenkorang et al., 2017), participants said that when abuse became severe, they sought help by engaging relatives, friends, religious and community leaders, and the police. According to Tenkorang et al. (2017), as abuse escalates over time, IPV victims begin to seek informal interventions. They seek help if the degree of abuse escalates to a level that can no longer be accepted, major bodily injury occurs, or there is a potential risk of death (Ergöçmen et al., 2013; Jayasuriya et al., 2011; Paul, 2016). Having been harmed and fearing death are common explanations for seeking help among female victims of IPV (Barrett & Pierre, 2011; Fanslow & Robinson, 2010). The incentive for calling the police varied among our participants, depending on the seriousness of the assault and the degree of threat (Gottfredson, 1976).

Trust was another major factor in help-seeking. The study participants reported seeking help from informal networks because they trusted their friends and family. As noted by Barker (2007), trust is a key factor in whether a person will seek help. According to Liang et al. (2005), a reliable and trustworthy helper can serve as a facilitator of formal and informal sources of support. Tenkorang et al. (2018) found women who trusted formal or informal sources of support were motivated to seek assistance from these sources. More importantly, trust was a major factor in potential future help-seeking decisions. Other qualitative studies using samples with minimal generalizability have confirmed these observations (Djikanović et al., 2012; Evans & Feder, 2016; Paranjape et al., 2007). Similarly, perceived usefulness of an organisation is related to its trustworthiness (Paranjape et al., 2007). This observation was supported by the study's findings on formal help-seeking.

Another salient motivation for seeking help was the abuser's negligence and failure to provide for his children's basic physical, emotional, educational, and medical needs. Children who have been neglected can suffer from short- and long-term consequences such as undernourishment, problems with brain development, drug and alcohol addiction, and a higher risk of mental health issues, including depression (National Society for the Prevention of Cruelty to Children (NSPCC), n.d.). With the children's welfare at risk, some participants sought formal intervention. This is particularly important as seeking formal support can compel the offender to pay child support. Failure to meet these obligations can have legal repercussions.

5.3 What are the factors that hinder IPV victims from seeking help?

The help-seeking model identifies various individual and socio-cultural and psychosocial factors in IPV victims' help-seeking behaviour (Liang et al., 2005). Our participants' comments supported findings of previous research (Bui, 2003; Hart, 1993; Hoyle & Sanders, 2000; Krishnan et al., 2001; Liang et al., 2005).

As identified in other studies (Akers & Kaukinen, 2009; Mcleary-Sills et al., 2013), participants said the financial implications of divorce can cause hesitation in seeking help. Most participants were low-income earners engaged in petty trading. Low socioeconomic status can make IPV victims susceptible to greater levels of coercive control, including financial control (DuMonthier & Dusenbery, 2016). Beaulaurier et al. (2007) argue that controlling the victim's economic and social rights renders her unable to seek help. In Kenya, Ondicho (2013) found men mostly control household finances and expenses. As Akers and Kaukinen (2009) point out, IPV victims make fewer proactive help-seeking decisions because they fear divorce and its aftermath. The study participants mentioned divorce and a loss of financial support from the husband as barriers to help-seeking. In other words, because they

were financially dependent on their male partners, these women delayed help-seeking when their partners threatened them with divorce.

Stigmatization and the fear of dishonouring the family name were other barriers to help-seeking. As noted by Harrison and Esqueda (1999), cultural beliefs about IPV stigmatise women subjected to violence. According to Beaulaurier et al. (2007) and Liang et al. (2005), unhealthy attitudes and responses, such as shaming and blaming, by both informal and formal sources are common manifestations of stigma. Participants feared the social repercussions of being blamed for their partner's violent behaviour. As Jones (1984) explains, blaming IPV victims is a frequent expression of stigma.

As in previous studies of formal help services (Anyemedu et al., 2017; Ellsberg et al., 2001; Otero et al., 2014), most study participants said they had little or no knowledge about the DOVVSU services. Although anecdotal evidence from media outlets shows DOVVSU has received substantial publicity, some participants had not even heard of it. This finding is supported by studies elsewhere (Anyemedu et al., 2017; IDS, GSS & Associates, 2016). This general lack of awareness among participants affected the level of disclosure.

Past research (Davis & Srinivasan, 1995; Fugate et al., 2005; Signal & Taylor, 2008) has found the knowledge of available formal support leads to increased use of formal support channels. In this case, however, although some of the participants indicated their general awareness of DOVVSU, they did not seek the agency's support. Thus, awareness of available support alone did not equate to usage. As argued by Hechter and Kanazawa (1997), the utilisation of domestic support services is a function of their efficiency. Few participants sought help from the police either. Tenkorang et al. (2018) attributes this to mistrust in formal institutions in Ghana. Domestic violence service providers, together with the police, may be seen as trustees, with IPV victims expecting them to act in a trustworthy way. When trust is breached, confidence in these trustees and their respective institutions is undermined. The

lack of trust in these organisations can be exacerbated if victims have a negative experience of the services rendered (Djikanović et al., 2012; Evans & Feder, 2016). Wolf et al. (2003) argue IPV victims refrain from contacting the police again if their previous engagement was not helpful. Similarly, Liang et al. (2005) note that victims' prior experiences with formal support services may determine their subsequent help-seeking decision.

In addition, Fugate et al. (2005) report victims are hesitant to contact formal support channels because they fear service providers will require them to end their relationship with the abuser. Anticipating the risk of divorce and the perception that service providers will facilitate this process keep many victims of abuse from seeking help. A reported lack of professionalism, breaches in confidentiality, payment of bribes, and not understanding the nature of formal support also serve as barriers to seeking formal help (Anyemedu et al., 2017). Unhelpful responses, perceived ineffectiveness, and misinformation culminate in a lack of trust in formal support systems in Ghana.

Some previous studies (Ellsberg et al., 2001; Gondolf et al., 1990) associate the presence of children with proactive decision-making, mainly because of the victims' desire to protect their children from the risk of violence; other studies disagree (Bui, 2003; Gondolf et al., 1990; Ruiz-Pérez et al., 2006). In this study, participants said the decision not to seek help was because of the children and the impact if they did. In a qualitative study of women in northern Tanzania, Sigalla et al. (2018) discovered children belong to the male partner based on the patrilineal kinship system, but the care of children is mostly left to the female. They observed that a woman's right to care for her children can be exercised only if she stays with her male partner. Children are left with the man in the event of a separation, and the woman's responsibility for caring for the children is put on hold or terminated. Similarly, a study by Gharaibeh and Oweis (2009) in Turkey found children are seen as the man's property, making it impossible for women to be granted custody in a divorce. In Tanzania, Hollos and

Larsen (2008) found women in the Moshi community believed marriage was solely for procreation and raising children; even if women were abused, they had to endure the abuse to protect the children. The authors further noted that children encapsulate moral and future economic ideals for most IPV victims, and they want to provide the best for them. This finding is supported by studies elsewhere (Fanslow & Robinson, 2010; Kelly, 2009; Parvin et al., 2016). These studies report that childcare is an essential element of marriage, and the duty of care is generally placed on the female partner. By the same token, pregnant victims may prefer to remain in a violent relationship to provide for the child (Finnbogadóttir et al., 2014). IPV victims prioritise the mothering role over their own safety (Kelly, 2009). In this study, some participants did not seek help because they wanted to protect their children. The family's stability could be jeopardised by reduced income and the absence of the father. Women also expressed guilt over taking their children away from their father or severing family relations by divorcing. Within the Ghanaian context, children are an important source of economic value and status for women. Therefore, their protection supersedes other considerations. Understanding the dynamics and complexities of children's presence is critical to address IPV in Ghana.

Lending strong support to the findings of previous research (Ayyub, 2000; Edström et al., 2014; Ely, 2004; J. Freedman, 2012; Liang et al., 2005; Tenkorang et al., 2017), participants revealed that sociocultural norms and values in Ghanaian society were driving factors in their decision on whether to seek help for IPV or not. Some of these cultural norms relate to gendered roles and disclosure of marital conflict. As Edström et al. (2014) and Freedman (2012) argue, male and female gender stereotypes reinforce attitudes to gender-based violence against women. The help-seeking model posits that gender role socialization and expectations in marriage influence victims' understanding of IPV (Liang et al., 2005). In Ghana, sociocultural values and norms on disclosure of marital issues are particularly salient.

Women play a unique role in upholding these traditions, as they are socialised as homemakers and family gatekeepers (Anyemedu et al., 2017; Tenkorang et al., 2017). Although these sociocultural norms are sometimes beneficial, they hinder victims from seeking help. Unsurprisingly, most study participants believed IPV should be kept private, and their family and friends reinforced these norms of silence (Anyemedu et al., 2017; Tenkorang et al., 2017). The participants also pointed to links between IPV and Ghanaian norms of masculinity, emphasizing male dominance and control. Past research (Antai & Antai, 2008; O'Neal & Beckman, 2017) has similarly concluded that adherence to traditional male and female roles can foster male perpetuated violence. Normalisation of partner abuse is a common phenomenon in sub-Saharan African countries including Ghana and is supported by expectations of gender roles (Ampofo, 1993; Ofei-Aboagye, 1994; Sedziafa et al., 2018). Participants described expectations from family members to tolerate the violence. While these observations should not suggest that Ghanaian women accept violence, they underline the ways sociocultural norms create obstacles to women's agency in seeking formal support.

5.4 What are the barriers to help-seeking from the perspective of service providers?

Institutional barriers to help-seeking such as those outlined in this study included: inadequate resources, inadequate personnel training, inadequate funding, inaccessible services, lack of privacy at DOVVSU offices, lack of temporary shelter, and lack of quality care, particularly with respect to the availability of psycho-social support. These findings are supported by previous research (Boateng, 2015; Guruge & Humphreys, 2009; Mitchell, 2011). As identified in the help-seeking model, institutional bottlenecks pose a major barrier to victims' help-seeking decisions and their sense of empowerment to act on those decisions.

As in other research (Agbitor, 2012; Bashiru, 2012; Boateng, 2015; Mitchell, 2011), all the DOVVSU staff said inadequate resources hindered effective service delivery. According to Mitchell (2011), inadequate resources make it very difficult for service

providers to respond to the needs of IPV victims. The 2011 Ghana Domestic Violence report showed that 12,706 cases of partner abuse were registered in 2010; 954 lawsuits were settled, resulting in only 118 prosecutions. These low rates can be at least partly attributed to resource and logistical challenges. The officers interviewed for this study said a lack of vehicles make it extremely difficult to quickly intervene and arrest offenders. Others reported instances when they could not effect an arrest because they did not have enough money to fuel the only patrol vehicle at their disposal. The net effect of this is a delay in criminal prosecutions, leaving many victims to resort to informal remedies. Officers also noted a lack of temporary and long-term shelters to accommodate victims while investigations are ongoing. In short, the lack of resources for protective services in Ghana poses a great risk to effective service delivery.

As identified in other studies (Erez & Belknap, 1998; Felson & Pare, 2008; Rigakos, 1997), a lack of continuous professional development for service providers affected IPV disclosure. DOVVSU staff reported issues related to inadequate service personnel training. They said many officers who had worked at DOVVSU for years had no access to ongoing professional training. The lack of training opportunities resulted in stereotypical attitudes discriminating against victims. Raj and Silverman (2007) note that IPV victims are deterred from seeking help from formal support outlets if they perceive a lack of expertise and professional conduct among those who are supposed to be helping them. As observed by Erez and Belknap (1998), personnel at protective services often show negative behaviour towards IPV victims. This leads to a lack of confidence in the justice system (Hien & Ruglass, 2009). A study by Eastman et al. (2007) revealed gaps in knowledge about IPV and a lack of professional development as major institutional barriers to help-seeking behaviour.

DOVVSU officers said IPV victims have to tell their stories in cramped office spaces, compromising confidentiality. Moreover, victims are seen and heard by everyone in the office, which is intimidating. Privacy at DOVVSU offices is minimal, and this affects disclosure. According to Liang et al. (2005), when deciding whether to seek formal support, victims may consider the relative costs of loss of privacy and stigmatization. A study by ActionAid Ghana (2019) showed 87% of the 52 respondents who used DOVVSU offices said they had no privacy when narrating their story to the case officer. The study further revealed data of IPV victims were compromised due to poor storage. The lack of proper storage can lead to evidence tampering, and this can affect the fairness of the adjudication process. Criticism has been leveled against DOVVSU and its handling of IPV cases. In their qualitative analysis of women's awareness and knowledge of domestic violence support services in Ghana, Anyemedu et al. (2017) found a number of IPV victims reported distrust in seeking support from DOVVSU, mentioning loss of privacy and lack of anonymity. Disclosure of abuse is contingent on privacy and anonymity. Information and relevant evidence for investigation should be stored in a safe and secure environment.

In support of previous research (ActionAid, 2019; Mitchell, 2011), the study revealed that financial challenges hindered the operations of DOVVSU. In most cases, officers said they had to use their own money to help victims pay for immediate needs such as food, transportation, and medical tests. These financial demands act as a disincentive to the work of DOVVSU and encourage victims to turn to individual coping strategies or informal mediation. Others also report (Bashiru, 2012; Boateng, 2015) that the financial burden involved in the day to day operations of protective services makes it practically impossible to manage caseloads. The lack of funds to procure vehicles, computers, and office desks is demotivating for service personnel. With limited funds and other resources, DOVVSU officials are compelled to cut back on their services.

Finally, DOVVSU staff thought the geographical location of some of the offices make it difficult for IPV victims to access the facilities. Research by the Institute of Development Studies (IDS), in collaboration with Ghana Statistical Service (2016), found only 36% of respondents knew the nearest police station had a DOVVSU unit. DOVVSU staff raised concerns about inadequate DOVVSU offices at the community level. The need to travel long distances can deter IPV victims from seeking help. Victims often weigh the cost of transportation and distance before deciding to seek help. Thus, their decision to access DOVVSU offices is contingent on the availability and proximity of support services (ActionAid, 2019).

According to the help-seeking model, understanding why IPV victims do not choose to seek help from formal institutions (in this study DOVVSU) requires we consider the availability, quality, and cultural competence of these services (Liang et al., 2005).

5.5 Conclusion

This chapter applied the findings reported in Chapter 4 to the study's research questions. This study has filled an important knowledge and research gap in IPV studies and the help-seeking behaviour literature in sub-Saharan Africa, including Ghana by examining individual, interpersonal, sociocultural, and institutional factor that impact help-seeking. It has extended our understanding beyond traditional conceptualizations to reflect a multi-layer approach to understanding help-seeking behaviour and the diverse experiences of IPV victims and service providers. The next chapter summarizes the findings, notes the strengths and limitations of the study, and makes recommendations for future research.

Chapter Six: Summary, Conclusions, and Recommendations

6.0 Introduction

This study examined the motivations for and barriers to help-seeking behaviour among female victims of IPV in selected regions representing Ghana's three ecological zones (the coastal, middle and northern belts). These were the Greater Accra, Ashanti, and the Northern Regions. The study utilised in-depth qualitative interviews of 30 women who had experienced IPV. In addition, 15 staff at the Domestic Violence and Victim's Support Unit (DOVVSU) in the three selected regions were interviewed to explore the barriers to help-seeking from an institutional perspective.

The study employed a hybrid theoretical framework adapted from Liang et al.'s (2005) process model which emphasises victims' internal cognitive processes and their placement within larger socio-economic and cultural contexts. The model stipulates three important steps in help-seeking: (1) recognition of IPV as a problem by the victim; (2) the decision to seek help; (3) selection of a service provider. This study built on the model by examining institutional barriers to help-seeking from the perspective of the service provider.

6.1 Summary of findings

6.1.1 Rq1: What are the commonly identified sources of help?

This most commonly mentioned source of help was informal support networks, such as family, friends, community, and religious leaders. Participants' comments revealed that support from immediate family members gave them emotional, psychological, and material support. Support from family members often provided a safety net. Family members can play a vital role in helping IPV victims extricate themselves before violence becomes entrenched, but the study also revealed unhelpful responses, such as blaming victims or encouraging them to stay in the abusive relationship.

Informal sources of support can provide short-term support but may not be effective, sufficient, or healthy for IPV victims as a long-term remedy. Providing victims with legal aid, counselling support, and safe housing is particularly critical as a long-term remedy. Yet formal assistance was less often sought. For many IPV victims in Ghana, the decision to seek informal or formal intervention is complex.

6.1.2 Rq2: What motivates help-seeking among female victims of IPV?

The main reason for seeking help was the severity of abuse, including victims' perception of the severity and the possibility of change over time. Women who were exposed to severe violence sought help to protect themselves from future attacks. Another factor was the ongoing nature of the abuse; many participants mentioned a sense of fatigue. Some participants said their partners were negligent in honouring their marital obligations, and this drove them to seek help. A final factor in help-seeking was trust in family members, friends, and religious leaders.

6.1.3 Rq3: What are the factors that hinder IPV victims from seeking help?

The fear of reprisal was one of the barriers to seeking help among the study participants, particularly when the abuser had an ongoing relationship with the victim. Many also mentioned privacy concerns as a reason for not seeking formal support. The desire for privacy was central in the decision to remain silent. This was reinforced by sociocultural norms and values of marriage, as well as gender expectations. In Ghana, patriarchal values and beliefs emphasize male dominance and female submissiveness. Thus, disclosure of abuse can be met with stigma and social retribution, and judgemental responses from family members, friends, and the community discouraged disclosure. Participants reported fear of being ridiculed or criticized for dishonouring the family name if they reported the abuse to formal channels of support.

The presence of children was another main barrier to help-seeking for the majority of the participants. The decision to stay was often influenced by concern for the children's safety and welfare. Participants worried about the material, financial, emotional, and physical risks to their children if they left.

6.1.4 Rq4: What are the institutional barriers to help-seeking from the perspective of service providers?

The main institutional barriers mentioned by DOVVSU staff were inadequate resources, inadequate training of personnel, lack of privacy at DOVVSU offices, inadequate funding, and location of DOVVSU offices. These challenges result in service deficiencies, leading to failure by service providers to provide early intervention. The institutional barriers identified in the study suggest the need for an overhaul of domestic violence support services in Ghana. Ideally, a shift towards adequate resourcing, funding, and training would not only reduce barriers to help-seeking but would also generate a culture that values proactive help-seeking behaviour. This could serve as a foundation for institutions responsive to the needs of victims. An important component of this shift would be the reconfiguration of formal institutions via structural adjustments to foster help-seeking. Ultimately, the reduction or elimination of barriers to formal help-seeking would require adequate funds and an investment in human resources.

6.2 Conclusion

The study gave a voice to 30 IPV victims and 15 DOVVSU staff in three selected regions. The help-seeking behaviours of women who experience IPV are partially explained by individual, interpersonal, and sociocultural factors. But beyond these constraints, institutional barriers directly impede victims' ability to seek formal assistance. As pointed out earlier, IPV violates the human rights of women. Barriers to help-seeking, such as those found in this study, further limit women's agency. These barriers impede victims' access to

support and, therefore, reinforce non-disclosure and lead to inaccurate assessments of IPV prevalence. Developing a multifaceted solution responsive to the needs of victims involves addressing the various barriers identified in this study. Enhancing proactive help-seeking behaviour will foster women's awareness and empowerment. But the quality of formal support also requires the development of effective interventions. Such interventions should focus on removing individual, interpersonal, sociocultural, and institutional barriers to help-seeking. Removing these barriers will empower IPV victims to disclose abuse and ultimately stem the tide of violence against women in Ghana.

6.3 Recommendations and implications of the findings

The study's findings indicate the growing need for stakeholders, such as policy makers, government, local authorities, media, and non-governmental organizations, to develop and implement policies and programs aimed at IPV prevention. All IPV related interventions should focus on eliminating help-seeking barriers at all levels. The recommendations include the following.

6.3.1 Invest in violence prevention

Through its agencies at the national and local levels, the Government of Ghana should invest in violence prevention by funding IPV related programs. Prevention is less expensive to implement than taking remedial action after the violence has occurred. There is a need to integrate IPV prevention strategies into national and local policies and scale up efforts to prevent its surge. This can be done by incorporating IPV prevention approaches into education, health, social protection, and other sectors. Some prevention frameworks include criminalizing IPV against women, punitive measure for IPV offenders, strengthening protective services with the necessary human and capital resources, and empowering women through the legal framework. Achieving this requires enshrining women's rights in marriage,

property ownership, child support, inheritance, and divorce. These measures are not meant to minimize legislating laws to punish offenders and provide justice for victims.

6.3.2 Strengthen media campaigns and intervention

The little I want to add is, please help us because we have no intercessor. We do not know about this unit. Help us disseminate news about DOVVSU to all the smaller towns around us so that someone can hear of it and report if they are maltreated. That is my plea. (VTM 1-AR)

Policy makers and practitioners should make extensive use of media outlets, such as radio, television, newspapers, Internet, and social media platforms, to access a wide variety of people in all 16 regions in Ghana. Media campaigns and interventions would be particularly useful in educating women on IPV related matters and thus improving their help-seeking decisions. If IPV is highlighted as a social canker, more people will be aware of the problem. IPV victims will be confident and forthcoming in reporting cases to formal institutions. Media campaigns should specifically address patriarchal norms and values tied to violence against women. This is essential to reduce or eliminate gender-based violence in Ghana. In addition, media campaigns should intensify advocacy intervention programmes. Advocacy should be geared towards providing information and raising awareness about IPV and appropriate sources of help-seeking. As noted by Rivas et al. (2015), “the aims of advocacy programmes are multifaceted and may include helping abused women to access services, guiding them through the process of safety planning, and improving abused women’s physical or psychological health” (p. 10). A successful advocacy campaign will enable IPV victims to identify and problematize IPV and to respond through help-seeking.

6.3.3 Improve service providers' (DOVVSU) capacity to ensure privacy in units

We need some privacy to work. Victims don't feel secure when they come here. They do not feel comfortable when other people are listening to their conversation. We need to have a one-on-one office. They will open up and talk to us. (Officer 1-GAR)

Dilapidated DOVVSU structures and lack of privacy at DOVVSU offices demotivate help-seeking. IPV victims who perceive that their privacy cannot be assured refrain from going to DOVVSU to report. There should be adequate investment in building new structures and remodelling existing ones to meet privacy standards. DOVVSU structures must demarcate special spaces for short- and long-term psychosocial support and legal aid. It is important to reiterate that IPV victims have immediate needs for assistance beyond medical care. The timely provision of therapeutic services, temporary shelters, and financial assistance is essential for a victim's well-being.

6.3.4 Increase trust in public institutions that support IPV Victims

Distrust poses an even greater barrier to the use of formal support services. Over the years, there have been efforts to resource DOVVSU, but the efforts have been inadequate. Usage of DOVVSU services is low because IPV victims do not trust it. The lack of trust is often linked to negative perceptions about Ghana's public institutions more generally, such as a lack of professionalism or empathy, as well as corruption. IPV victims are frequently met with stereotypical beliefs, including victim-blaming attitudes. To build public trust in formal institutions, service providers must continuously engage all stakeholders. Building trust between communities and formal services is needed to ensure that IPV victims are given the support they need.

6.3.5 Continuous training and development for service providers

Every year, we have new people being posted to DOVVSU. At least there should be refresher courses or training for us to be up to date. Someone will be posted to DOVVSU, and in two to three years, he or she will not go for any training or workshop. At the end of the day, the person may not perform as expected. (Officer 1, AR)

Continuous training and development of service personnel at DOVVSU is vital to ensure quality service delivery. Service providers must be trained to understand the experiences of IPV victims and respond appropriately. Information on IPV related matters should be updated consistently. Annual refresher courses must be organised to ensure that all service providers have sufficient knowledge and skills to support victims. As part of a short- and long-term strategy, there is a need for a comprehensive program that mandates all staff at DOVVSU to undergo periodic professional training to sharpen their skills and knowledge. Training modules should include current research findings, recommendations, and specific IPV research areas that deserve attention. Such training modules need to be evidence-based and must draw on knowledge derived from evaluations of best practices across different jurisdictions and tailored to meet victims' needs in Ghana. The design of appropriate tools for combating IPV at the national, regional, community, household, and individual level should be incorporated into training modules.

6.3.6 Provide adequate resources for DOVVSU

The state is not serious about domestic violence issues due to lack of resources. For me, 80 percent of crime in Ghana is domestic violence related. The police administration should give special attention to domestic violence. We used to have donor support, but I think they are tired and not providing funding support again. If

there should be resources, a lot of violence will come down. People will get confidence in us when they get justice. (Officer 1-GAR)

The government should allocate funds to provide sufficient resources for DOVVSU and other key support services to discharge their duties effectively. Provision of adequate logistical and financial support can help develop initiatives and programs to positively impact the social and emotion well-being of IPV victims and their children. This will increase victims' sense of agency. In addition, a well-resourced DOVVSU can address the costs of seeking medical care, another substantial barrier to disclosure.

6.4 Proposed future studies

This study makes important contributions to the research on women's help-seeking behaviour for IPV in sub-Saharan Africa, including Ghana. At the same time, it suggests several avenues for future work on women's help-seeking behaviour in Ghana. First, future qualitative studies should focus on evaluating IPV interventions and the long-term effects of care and support on victims' physical, emotional, and psychological well-being. Second, future work should include a comparative study of IPV victims' help-seeking behaviours within the two lineage groups in Ghana (patrilineal and matrilineal). Values and norms, perceptions, and IPV experiences may be shaped differently in each group, hence impacting their help-seeking decisions. Third, future studies should conduct research on the institutional norms and practices that facilitates or hinder help-seeking behaviour. The utility of the inclusion of viewing things from an institutional perspective will help illuminates our understanding of help-seeking beyond individual, interpersonal, and sociocultural levels. This is salient because it will help scholars and policymakers develop interventions that address challenges to help-seeking at all levels.

6.5 Strengths and limitations of the study

This is one of the few studies to examine women's help-seeking behaviour, building on the help-seeking model developed by Liang et al. (2005). The successful application of the hybrid model contributes new insights into the complex factors associated with the help-seeking of IPV victims in Ghana, notably by examining institutional barriers to help-seeking from the perspective of service providers. The compelling narratives shared by IPV victims and DOVVSU staff provide useful information to modify policies and adopt best practices to mitigate or end violence against women in Ghana. The study also adds to the literature on help-seeking behaviour and complements ongoing intellectual debates and discussions on this important topic. Finally, the study provides important insights for policy and practice in two core areas: (1) it suggests the need for training and development in IPV-related matters for formal support agencies; (2) it indicates the need to increase knowledge and awareness among IPV victims and their informal networks. Knowledge of the common barriers to help-seeking can be used to create evidence-based interventions to promote women's help-seeking.

Despite its strengths, the study has some limitations. First, this is a qualitative study using purposive sampling. Qualitative studies are not designed to be generalizable but, rather, to identify important themes (Giacomini et al., 2000; Patton, 2014; Sofaer, 1999). Therefore, the results of the study cannot be statistically representative. Moreover, responses from the study participants do not have replicability elsewhere, making broad categorizations difficult. Another limitation of this study is reliability. According to Arias and Beach (1987), reliability based on self-reports raises concerns when it comes to sensitive topics like domestic abuse. For example, marital rape may be under-reported, particularly among women in Ghana, because of the stigma involved and other consequences of reporting. Last but not least, interviews were conducted in participants' local dialect and transcribed in English.

Errors in the transcription of recorded data into text, particularly from the local dialect into English, may have affected the data generated.

Despite these drawbacks, the participants' narrations offered a rich source of data, and the study's findings have advanced our theoretical understanding of help-seeking behaviour from the perspective of IPV victims and service providers in Ghana.

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Appendix A: Maps showing the Ashanti, Greater Accra and Upper East Region

Fig 2

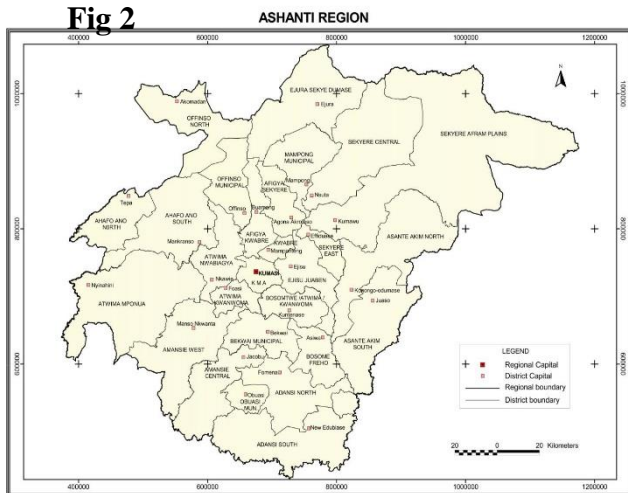


Fig 3

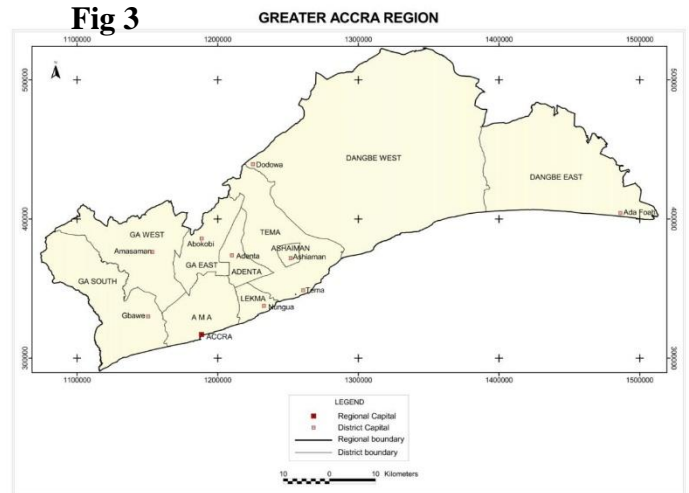
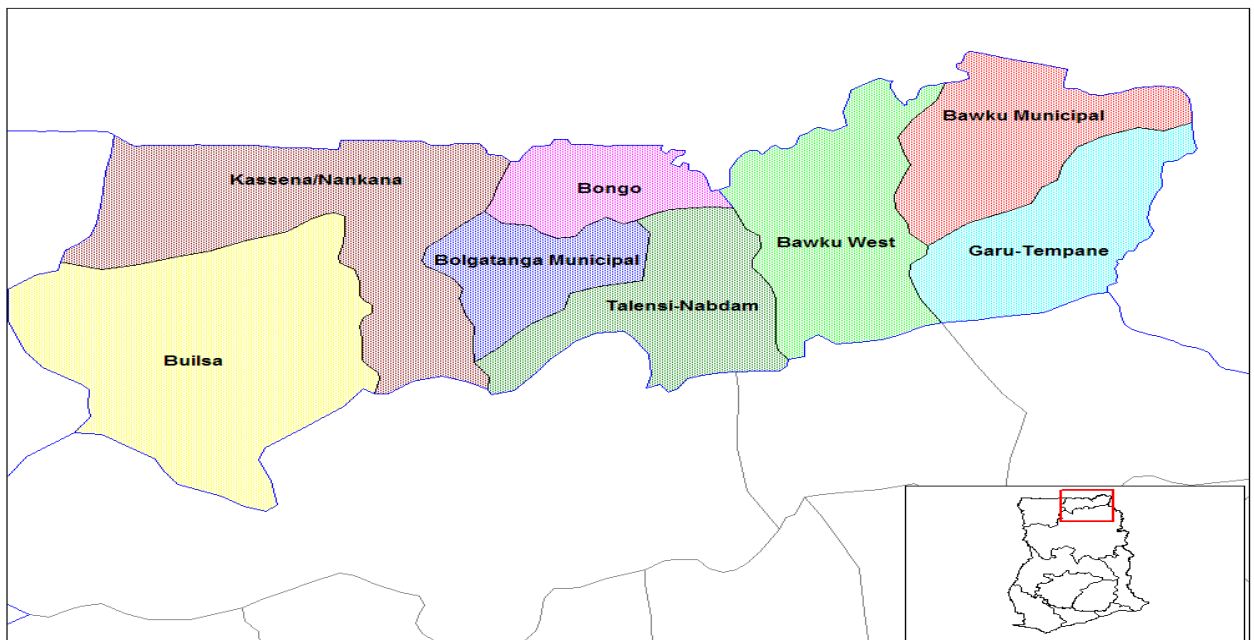


Fig 4 Upper East Region



Appendix B: Pictures of DOVVSU offices

Fig 5 DOVVSU OFFICE IN NORTHERN REGION



SOURCE: (Tenkorang et al. 2019 – Field Work)

Fig 6



SOURCE: (Tenkorang et al. 2019 – Field Work)

Appendix C

INFORMED CONSENT FORM

Respondent's Random Digits: xxxx

Study title: Examining the help-seeking behaviors of female victims of intimate partner violence in Ghana

Principal Investigator: Dr. Eric Y. Tenkorang at the Department of Sociology, Memorial University of Newfoundland, Canada, 230 Elizabeth Avenue, St. John's, NL, A1C 5S7 Tel. 709-864-2503 Email eytenkorang@mun.ca

General Information about Research

Good morning/evening. I am [**Name of Research Assistant**], assisting Dr Eric Y. Tenkorang, Department of Sociology, Memorial University and Dr. Yaa A Owusu, a Senior Research Fellow at the Institute of Statistical Social and Economic Research (ISSER). We invite you to take part in a research project titled: *Examining the help-seeking behaviors of female victims of intimate partner violence in Ghana*. We will however, want to get your consent for participating in the study, so what you are about to hear is part of the process of informed consent.

This research/study will last for 4 months (May-September 2017). This process will give you a basic idea of what the research is about and what your participation will involve. We will also describe your right to withdraw from the study at any time. The research seeks to broadly examine intimate partner violence (IPV) in Ghana, and specifically, the help-seeking behaviors of women who have ever experienced such violence. We hope to explore in detail your knowledge and perceptions about IPV, whether you are aware of avenues for reporting experiences of IPV, and the socio-cultural barriers that prevent reporting these experiences. We believe knowing your answers to these questions will fully activate DV ACT 732, which enjoins both government and other non-governmental organizations to provide help for Ghana's IPV victims.

Possible Risks and Discomforts

We will ask questions about your knowledge, perceptions, and help-seeking behaviors after experience intimate partner violence. While nothing you tell us will be shared with anyone other than the research team, some questions may make you uncomfortable or you may not know the answer to a particular question. You are free to skip any question that you are not comfortable answering. To mitigate, possible risks and discomforts, we have trained research assistants with the help of DOVVSU on how to communicate questions with less harm and to be extremely responsive to your needs. We also have counseling services before and after the interview, in case you require these services. We'll have four DOVVSU counselors on the team, three will be assigned to one of the ecological areas identified as research clusters. Research Assistants in their respective ecological areas will have the phone contact of the assigned counselors. Counselors will be reached onsite when needed. Off-site counseling will also be provided in our offices located at the University of Ghana.

Possible Benefits

There is no direct benefit to the participants of this study. However, the data to be generated from this project will be beneficial in raising victims' awareness of the avenues that exist to seek help after experiencing IPV. It will empower both governmental and non-governmental organizations to provide help to IPV victims.

Confidentiality

We will protect information about you to the best of our ability. You will not be named in any reports. Our research team may sometimes look at your records for additional information. However, no one other than authorized study personnel will be able to access your information. The data to be harvested from your records will be recorded in a manner that is not traceable to you.

Some measures will be taken to preserve anonymity and confidentiality of the data collected from you. These include using identification numbers instead of your real names, not disclosing your response to questions to members outside of the research team, reporting results of the study in a way not to disclose your identities. In addition, all research assistants will sign confidentiality agreements binding on them to keep your information confidential. Your participation or non-participation will not be communicated to government and/or local

officials. In fact, we highly value your participation in the study and will avoid behaviors that will compromise your anonymity. Interviews will be retained and stored by Dr. Tenkorang in Canada, and it is only members of the research team including graduate students who may have access to them. For e.g. Graduate students may use the data to produce dissertations, and these documents will be made publicly available upon publication. We do not intend to retain the interviews for an indefinite period of time. We intend to shred or burn the questionnaires and scramble any electronic data 5 years after data collection. Although findings for the project will be disseminated through conference presentations and publications in peer-reviewed journals, we will also share the findings with you by granting interviews, preparing media releases and policy briefs on the topic for the various media houses. We will present our findings to various government outfits including the Ministry of Gender and Social Protection.

Compensation

No compensation is provided for participation in this survey interview. However, we appreciate your time to help us learn about your knowledge, perceptions and help-seeking behaviors all with the aim of improving services available for victims.

Voluntary Participation and Right to Leave the Research

Your participation in this research is completely voluntary. Also, you can choose to end your participation at any time during the interview. You may also withdraw from the study until December 2017 when data analysis begins. To exercise this right, please talk to any member of the research team for a withdrawal form. In filling this form, please ensure you state your four digit number on the withdrawal form so we can identify and deal with your data appropriately. As the four digit number is contained in your consent form, we encourage you to store this document in a safe place or store the number in a place that is easily accessible, possibly on your cell phones. The numbers have been generated and assigned to you randomly and will be used for the purposes of this study only.

Contacts for Additional Information

Principal Investigator: Dr Eric Y. Tenkorang at the Department of Sociology, Memorial University of Newfoundland, Canada, 230 Elizabeth Avenue, St. John's, NL, A1C 5S7 Tel. 709-864-2503 (Canada) or 0244599753 (Ghana). Email eytenkorang@mun.ca

Collaborator: Dr. Adobea Y. Owusu at the Institute of Statistical, Social & Economic Research (ISSER), University of Ghana, P.O. Box 74, LG-Accra, Botanical Gardens Road, Accra, Ghana. Tel: 0234167783; Email: yaa_owusu@hotmail.com

Your rights as a Participant

The proposal for this research has also been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy and the Ethics Committee for the Humanities (ECH) at ISSER, University of Ghana. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at 709-864-2861. Alternatively, you can contact ECH at ech@isser.edu.gh or by telephone at +233- 303933866.

VOLUNTEER AGREEMENT

Your signature confirms:

☐ I have read what this study is about and understood the risks and benefits. I have had adequate time to think about this and had the opportunity to ask questions and my questions have been answered.

☐ I agree to participate in the research project understanding the risks and contributions of my participation, that my participation is voluntary, and that I may end my participation.

☐ A copy of this Informed Consent Form has been given to me for my records.

Signature of participant

Date

Oral Consent:

I read and explained this consent form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

Identification code of participant

Date

Researcher's Signature:

I have explained this study to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

Signature of Principal Investigator

Date

Appendix D

INTERVIEW GUIDE (IPV VICTIMS)

SECTION A: Background of Respondents' Romantic Relationship(s)

Are you currently married or living with a man as if you are married?

If you are married, what type of marriage do you currently have? (Customary/Muslim/Ordinance)

If you are not currently married or in a co-habiting relationship, do you have a (regular) boyfriend?

If currently not in a union, have you been in any relationship(s) in the past?

How old were you when you entered this relationship?

Was bride wealth negotiated in your current/last union?

SECTION B: Survivors' perception of domestic/marital violence

What are your views about domestic/marital violence in general?

Some people think that if a man beats a woman, the man is right or has the authority to beat the woman because she is (PROBE: Please, let me know what you think about each of these):

- Married to him?
- He paid the dowry?
- A man is more superior/more important than a woman
- A man should have the final say in the marriage
- It is the man who married the woman
- He usually brings home more income
- It is the woman's fault if he molests her

Do you think there is something in the Ghanaian culture that allows men to maltreat their wives? If so, tell me? Why is it so? Anymore?

Do you think there is something in your culture that allows men to maltreat their wives? If so, tell me? Why is it so? Anymore?

SECTION C: Experiences with different types of domestic/marital violence

Physical violence

Has your husband/previous husband/partner ever *slapped you?, twisted your arm or pulled your hair?, pushed you, shook you, or thrown something at you?, booted you, punched you with his fist or something that could hurt you?, kicked you, dragged you, or beaten you up?, tried to choke you, or burned you on purpose?, threatened or attacked you with a knife, gun, or any other weapon?*,

Why do you think he does that?

In which way has that affected you? Has it affected your health in any way? How? Why?
PROBE: Please tell me more?

Sexual violence

Has your husband/previous husband/partner ever forced you to have sex with him against your will? If yes, what did he do to you for you to oblige?

Has he ever had sex with you in a way you disagree with? PROBE: Please, tell me more, what did he do? Why did he do that, what do you think about it? How did you respond to that?

Are you able/allowed to initiate sexual relations with your husband? Why, why not?

Can you insist that your husband wears a condom before having sex with you?

If he disagrees to do that, can you deny him sex? Why, why not?

Would you say the sexual abuse from your husband/partner affected you in some way? If yes, in which way? How else? PROBE: about effect on her health (mental, physical).

Emotional/psychological violence

Do you feel that your husband/partner does acts/has he ever done things that makes you disturbed psychologically? E.g. insulted, humiliated, threatened, yelled at you etc.

What do you think makes him do that?

In which way has that affected you? Has it affected your health in any way? How? Why?
PROBE: Please tell me more?

Economic violence

Can you tell me if your husband/previous husband/partner ever did the following and why he did it?

- Took cash or withdrawn money from your bank account or other savings without permission?
- Refused to give you enough housekeeping money even though he had enough money to spend on other things?
- Controlled your own belongings and/or your spending decisions? Destroyed or damaged property that you have material interest in?
- Prohibited you from working or forced you to quit your work? Prevented you from working in a paid job
- Refused to give you or denied you food or other basic needs?

SECTION D: Respondents' Awareness of the Domestic Violence Act (DVACT) and DOVVSU

Have you ever heard about the Domestic Violence Act (DVACT)? If you have heard about it, can you briefly tell me what it says?

Have you ever heard of the Domestic Violence and Victims Support Unit (DOVVSU)? If yes, how did you hear about DOVVSU? Who told you about DOVVSU?

Why did the person tell you about DOVVSU?/Why did you seek information about DOVVSU?

PLEASE SKIP SECTION E IF WOMAN DID NOT SEEK HELP

SECTION E: Help Seeking Behaviours

Help Seeking from Informal and Formal Sources

Some women who are abused in intimate relationship seek help from individuals and organisations created for such purposes. Now I am going to ask you some questions on whether you have ever utilised these formal and informal services.

Thinking about what you had experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?

If yes, what made you approach someone?

Individuals: Please, mention the individuals you may have sought help from (name, their profession, their role in the community, your relationship with them (for instance, uncle, mother, pastor, etc.), if applicable.

Anyone else?

Institutions/organizations: Please, mention the organizations/institutions you may have sought help from (name, type of organization—for instance religious, NGO/CSO, governmental, school counselling programme, etc.) if applicable.

Anyone else?

When did you seek help? Why?

How satisfied were you with the way they dealt with your case?

Please, explain to me why you contacted this/these individual(s)/Organizations for help with the IPV.

At which point do you think both the formal and informal support networks are mutually reinforcing and complementary in addressing the needs of other female IPV survivors?

Help seeking for IPV from DOVVSU

Please, remind me, did you say you know about DOVVSU?

If you know about DOVVSU, have you ever reported your IPV experience to them?
If yes, why?

If yes, what did they do about your case?

If yes, were you happy/unhappy with your contact with DOVVSU to report your IPV? Why?
Why not?

If you know about DOVVSU, but you have never reported your IPV experience to them, why not? Please, tell me more (**INTERVIEWER, probe:** access difficulties: distance, cost, transportation, time, etc.).

SECTION F: Barriers to Help Seeking for IPV

Why some women don't seek care for IPV and others do

Most women are unable to report intimate partner violence. Now I am going to ask you some general questions on why women are unable to report abuse perpetuated by their intimate partners.

What in your opinion prevented you from reporting your experience with intimate partner violence (**INTERVIEWER, probe:** shame, fear of future abuse, procedures involved in reporting, financial constraint/cost, religious faith, any other?)

Is there some reason, in your mind, for which people must not report IPV?

In your personal experience and background, is there some reason for which you are not supposed to report IPV, or get help for it? What is that? Who said so? How? Why?

Again, I still want to know, if there is/are some other reason(s)/explanations for which you did not contact other persons and institutions but those mentioned: **PROBE FOR THE FOLLOWING:**

- Not wanting to wash your household/marital/family issues ('dirty linen') in public
- Religious reasons for which you only needed to contact certain person(s)/group(s)—for example your pastor, Session/Elders/Church authorities, etc.
- Fear of divorce/breaking down marriage if you contacted others
- Fear that you alone cannot take care of children, if your reporting would bring a separation/divorce, etc.
- Fear of anger/reprisal by family of your boyfriend/partner/husband
- Fear of further abuse
- Fear that if he is punished he may stop looking after your children/there will be no one to look after your children/you cannot look after your children all by yourself
- Fear that if he is punished/imprisoned, etc. you will lose having a lover
- Fear that individuals/agencies other than these would reveal your secrets
- Not wanting 'your man' to be in the grips of the police/law
- Not having money to pursue the case, including money for travel
- Your extended family, lineage elders, community opinion leaders barred you from taking other actions.
- Long distance from their locations to locations of formal IPV institutions
- Etc. (Any other reason?)

Have you had previous experiences with DOVVSU or any formal organization that informed this decision to not seek help?

If so, what are these experiences?

SECTION I: Background information of respondent (INTERVIEWER NOTE: THIS SECTION IS FOR ALL RESPONDENTS)

How old are you?

What is the highest level of school you completed?

Do you work for income? If yes, what type of work do you do?

What is your monthly income?

What is your current marital status?

What is your occupation?

How many biological children do you have?

What is your religious denomination, please, specify? (Catholic, Anglican, Methodist, Presbyterian, Charismatic/Pentecostal, other Christian, Traditional/spiritualist, Islam, no religion, other).

What's your ethnic background?

Appendix E: INTERVIEW GUIDE (DOVVSU STAFF)

SECTION A: Service provider's knowledge and trends of domestic and IPV in Ghana

Can you briefly explain to us your understanding of domestic violence?

Can you explain to us DOVSSU's role and responsibilities as a service provider?

Are Ghanaians aware and knowledgeable about DOVSSU and their roles and responsibilities? If no, why not?

Are Ghanaians aware and knowledgeable about the domestic violence law (DV ACT 237)? If no, why not?

SECTION B: State's protection against survivors of violence

Are state protection and legal recourse available and accessible to women who are survivors of domestic violence in Ghana? If yes, how effective is state protection?

Are survivors of domestic violence aware of their legal right to protection orders? If so, are they being used and are they effective? Do you have statistics regarding protection orders?

What types of support services are available to survivors of domestic violence?

SECTION C: Abused women's help seeking for IPV-- whether, where, how, and why women report their experiences

In your view and based on your practical/personal/professional experience, do abused women seek help for IPV?

If yes, why do they seek help? Any other reason why they seek help for IPV?

If yes, how often do they seek help? Why?

If they seek help, at what point in time in the IPV experience do they seek help (i.e., is it soon as it starts, later, much later, etc.). Why that time?

Where do they often seek help from (probe for individuals, groups, Institutions/organizations—

make them specify as many of these as possible, mentioning specific names, and giving more descriptions about these individual/groups/organizations—e.g., 'it is an NGO', 'my pastor', etc.)?

If they seek help, from a combination of individuals/groups/organizations, which one do they often seek help from? Why?

If they use a combination of institutions, which ones are they most likely to use (PROBE for specific individuals, groups, organizations)? Why?

PROBE about socio-cultural pressures and influence.

What is unique about the women survivors who finally report the IPV/or seek help for it? Anything else? (**Interviewer, probe: socio-demographic background of the woman (poor/rich; less/no education/highly educated; ethnicity; age; has had earlier/no romantic relationships; has had earlier/no abusive romantic relationships; religious background; type of employment; has no children with the man/has children with him, & number of children with him; has been a survivor of/not been a survivor of other forms of violence before; etc./any other reasons?)**)

At which point in time in your professional experience do you think women consider it necessary to *report IPV*? Why?

At which point in time in your professional experience do you think women survivors **must/is it** necessary to *seek help for IPV*? Why?

SECTION D: the point at which IPV survivors perceive both formal and informal support networks as mutually reinforcing and complementary in addressing their needs

Do you think survivorized women are disadvantaged in using both formal and informal support networks? Why? (**Interviewer: refer to Section B to probe more specifically regarding the sources from which she got help).**

In your view, are there any advantages in using both formal and informal support networks? Why? (**Interviewer: refer to Section B to probe more specifically regarding the sources from which she got help).**

If you think survivorized women have an advantage in seeking support from both formal and informal support networks, do you think the formal and informal support networks are mutually reinforcing and complementary in addressing their needs? Why?

If you think they are mutually reinforcing and complementary in addressing their needs, *how* are they mutually reinforcing and complementary in addressing their needs?

If applicable, at *which point* in the IPV do you think both the formal and informal support networks become mutually reinforcing and complementary in addressing the needs of female IPV survivors? Why?

SECTION E: whether, and why women do not report their IPV experiences

What in your opinion prevents (most) women from reporting intimate partner violence?

What in your view, and based on your practical/personal/professional experiences, are some of the reason(s)/explanations for which women do not contact other persons and institutions for help with IPV?

PROBE FOR THE FOLLOWING after a while:

- Not wanting to wash your household/marital/family issues ('dirty linen [cloth]') in public
- Religious reasons for you only must only contact certain persons/groups—for example your Pastor, Session/Elders/Church authorities
- Religious reasons for which you are not supposed to do anything that has the potential of breaking down your marriage, such as reporting IPV to persons who live outside the home
- Fear of divorce/breaking down the marriage if you contacted others
- Fear that you alone cannot take care of the/your children, if your reporting would bring a separation/divorce, etc.
- Fear of anger/reprisal by family of your boyfriend/partner/husband
- Fear of anger/reprisal by your own family
- Fear of further/intensified abuse
- Fear that individuals/agencies other than these would reveal your secrets
- Fear of bringing shame upon yourself/your family/your husband/his family, etc.
- Not wanting 'your man' to be in the grips of the police/law
- Not having money to pursue the case, including money for travel/transportation, if you need to report the IPV at a specific venue/office which will require traveling
- Your extended family, lineage elders, community opinion leaders barred you from taking other actions.
- Long distance from their locations to locations of formal IPV institutions
- Etc. (Any other reason?)

SECTION F: Institutional Barriers

Do you think DOVVSU is adequately resourced to deal with the challenges of survivors of violence?

Are there institutional reasons you think prevents survivors from reporting their experiences? What are these?

What are the major challenges you face as an institution that delivers domestic violence services in Ghana?

How do you think these challenges can be improved?

SECTION G: Demographic characteristics of interviewees.

How old were you at your last birthday?

What is the highest level of school you completed?

For how long have you been employed in agencies that work with helping abused women?

How long have you been working for DOVVSU?

Are you a paid employee or a volunteer working for DOVVSU?

If you are paid to work here, how much is your monthly income?

What is your monthly household income?

Did you receive professional training to work here?

If you received professional training to work here, please, tell me the specific professional training/title you received

If you received professional training to work here, how long were you trained professionally to work here?

What is your religion, please, specify? (Catholic, Anglican, Methodist, Presbyterian, Charismatic/Pentecostal, other Christian, Traditional/spiritualist, Islam, no religion, other)

What is your current marital status?

Have you yourself been a survivor of IPV currently or any time in your life?

If yes, how long ago was that (years)?

SECTION H: Wrap up. We have come to the end of this interview. Is there something else connected with this topic I did not mention that you want to tell me?

Do you have a question for me?

Thank you very much for talking with me.