Motivations and Barriers to Help-Seeking Among Female Victims of Intimate Partner Violence in Ghana

Emmanuel Rohn[1] ⓘD
and **Eric Y. Tenkorang**[2] ⓘD

Abstract

This study used qualitative data from 30 women in three of Ghana's 16 administrative regions to explore motivations and barriers to help-seeking among victims of intimate partner violence. Results of the thematic analysis showed low reporting to formal support networks, such as the Domestic Violence and Victim Support Unit or the police, with higher preference for informal sources, such as family members and friends. Motivations to seek help included fatigue, severity of abuse, abusive partner's negligence in honoring marital obligations, and trust in family members. Barriers to help-seeking included: fear of divorce, stigmatization, lack of trust in formal support channels, sociocultural norms emphasizing gender role expectations, and family privacy.

Keywords

Introduction

Intimate partner violence (IPV) against women exists in all countries, cultures, and societies (Ellsberg et al., 2015). Globally, IPV against women is considered a serious human rights violation (Devries et al., 2013; Heise, 2011) transcending ethnic, gender, racial, and socioeconomic boundaries. In fact, globally, about 30%

[1]Department of Sociology and Anthropology, University of Guelph, Guelph, Ontario, Canada
[2]Department of Sociology, Memorial University, St. John's, Canada

Corresponding Author:
Emmanuel Rohn, Department of Sociology and Anthropology, University of Guelph, Guelph, Ontario, Canada.
Email: emarohnny@gmail.com

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) and crosses economic, political, social, racial, religious, and geographical boundaries (Fidan et al., 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). Like other sub-Saharan African countries, IPV against women is prevalent and a major problem in Ghana. For instance, data from the Ghana Statistical Service (GSS et al., 2009) show 42.8% and 58% of women have experienced sexual or physical violence, respectively, from a former or current partner.

IPV has a plethora of negative physical, emotional, and mental health consequences (Sedziafa et al., 2018), 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). These outcomes have been documented in sub-Saharan Africa and Ghana (Tenkorang 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, 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 (Tenkorang et al., 2013). Staying with an abusive partner is sometimes facilitated by unhelpful responses, such as blaming the victim (Sylaska & Edwards, 2014). Such emotional reactions make it more difficult for a woman to leave a relationship (Katerndahl et al., 2013). Love for one's partner, guilt, self-blame, and anticipation of behavior change can facilitate non-disclosure of abuse also, as can the nature of abuse, coupled with fear for children's safety or fear of being stigmatized and avoidance of negative economic ramifications (CHAMPION Project, 2014). Last but by no means least, the decision to seek help is complicated by gendered expectations embedded in patriarchal structures.

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 (Ogbe et al., 2020). In western industrialized countries the help-seeking behavior of female IPV victims has attracted considerable research and policy attention, but it is less researched and documented in sub-Saharan Africa, including Ghana (Goodson & Hayes, 2021; Tenkorang et al., 2018). Our search of the literature on help-seeking behaviors of female victims of IPV in Ghana turned up three articles on this important subject (Anyemedu et al.,

2017; Tenkorang et al., 2017, 2018). Of these, two used survey data. Although useful, survey data are limited in helping us understand the narratives associated with the motivations and barriers to women's help-seeking behaviors after experiencing IPV. This study is relevant for the following reasons. First, it fills an important knowledge and research gap in IPV studies and the help-seeking behavior literature. Although the severity of IPV has been well documented, knowledge of victims' help-seeking behavior in sub-Saharan Africa, including Ghana, remains scant. Second, there is little qualitative research on help-seeking and disclosure (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). Third, most documented works only focus on barriers to help-seeking (Beaulaurier et al., 2007; Robinson et al., 2020) with limited emphasis on motivations. Ours provide a holistic understanding of the nature and pattern of the disclosure process related to IPV and will guide initiatives and assist stakeholders in planning interventions. We use qualitative in-depth interviews from female victims of IPV in selected regions representing Ghana's three ecological zones (the coastal, middle, and northern belts) to fill these gaps.

Understanding Female Victims' Help-Seeking Behaviors

Help-seeking behaviors among female victims of IPV are well explained through the process model developed by Liang et al. (2005). Building on the Transtheoretical Model of Behavior Change (Prochaska et al., 1998), Liang et al. (2005) developed a process-oriented model of help-seeking specifically for women who encounter IPV. The model focuses on the multiple over-lapping factors affecting help-seeking decisions. The sensitizing concepts of Liang's process model are theoretically relevant to the help-seeking literature. According to Brandtsädter (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. Like other stage-based models that focus on internal cognitive and change processes, Liang's model involves three nonlinear stages: (a) problem recognition and definition; (b) decision to seek help; and (c) selection of a help provider.

The first stage is problem identification and recognition. Individuals respond to challenges in a number of different ways (Liang et al., 2005), depending on whether they interpret their problems as severe or not. As noted by Prochaska et al. (1998), 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 (Tenkorang et al., 2018). Research in sub-Saharan Africa including Ghana has identified socio-cultural norms that reinforce tolerance of male-perpetrated IPV as

barriers to help-seeking (Doku & Asante, 2015). For example, Ghana's patriarchal culture and values of masculinity are ingrained and respected (Ampofo & Prah, 2009). As Ampofo and Prah (2009) demonstrate, the view of women as subordinate to men in Ghanaian culture affects women's help-seeking behaviors, as partner abuse is often legitimized.

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 socio-cultural 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 (Rowan et al., 2018). 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 (Leone et al., 2014). However, victims fail to seek help sometimes due to gender and power relations that promote gendered expectations and reinforce abuse as a means of settling conflicts within the family. As a consequence, female IPV victims may believe the abuse is warranted, may indulge in self-blaming behavior, and may be less likely to seek help when needed (Tenkorang et al., 2017). 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 (Folami, 2013).

Support selection is the third stage. This part of the process is neither simple nor linear (Brandtsädter, 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 (Parvin et al., 2016). Interpersonal relationships influence victims' help seeking behavior 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 consider their female friends as emotionally supportive (Sylaska & Edwards, 2014). The socio-cultural context also plays a crucial role in the selection of a particular source of support (Liang et al., 2005). For instance, in patriarchal cultures including Ghana, women are socialized 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 disclose abuse and seek assistance from outside sources.

Meanwhile, the help-seeking behavior of IPV victims takes different forms and changes over time (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 (Liang et al.). Seeking informal support is frequently the first step taken by female victims of IPV, and the result can affect subsequent help-seeking decisions (Edwards et al., 2012; Edwards & Dardis, 2020; Sylaska & Edwards, 2014). Seeking informal support involves contacting family, friends, and acquaintances in a victim's close networks.

The family as a social network is important for women's help-seeking behavior, as it offers both psychological and material support (Mahapatro & Singh, 2020). However, informal social support offers limited long-term solutions to violence (Abeid et al., 2014). 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 (Tenkorang et al., 2017). Formal help-seeking is crucial if violence is to be stopped permanently (Liang et al., 2005). In Ghana, the Domestic Violence and Victim Support Unit (DOVVSU)—a special unit of the Ghana Police Service is mandated to provide formal support for help-seekers. DOVVSU is empowered by the Domestic Violence Act (DV ACT 732) to provide assistance and protection for victims of violence, while punishing the perpetrators of abuse (Government of Ghana, 2007). DOVVSU's assistance to victims of violence includes receiving complaints from the victims, investigating domestic violence cases and referring victims to the appropriate legal, medical, and counseling services (Action AID, 2019). A study by Tenkorang (2021) showed only 26% out of 565 female victims of violence sought help from DOVVSU pointing to significant barriers to accessing their services. Studies from different countries reveal that women mostly turn to family and friends before looking for formal help (Edwards & Dardis, 2020; Sylaska & Edwards, 2014). Reasons for seeking help include having been badly harmed, fearing death, and not having the ability to bear more (Barrett & Pierre, 2011).

In this study, we use Liang and colleagues' model and data from 30 female victims from the Greater Accra, Ashanti, and Upper East regions to document their motivations and barriers to help-seeking.

Data and Methods

Study Context

This study used data from a larger project that examined Ghanaian women's IPV experiences and their help-seeking behaviors led by the second author. 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 behaviors. 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 behaviors, the choice of support networks, and the socio-cultural factors that influence the choice of support networks.

The present study used qualitative data from the larget project to explore married women's experiences with help-seeking after surviving IPV. 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 31

million, with over 50% living in urban areas (GSS, 2021). 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 (GSS, 2013b). Women's labor 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 (GSS, 2013a). However, women's work is mostly concentrated in activities where wages are low. They have unequal access to high-paying jobs and reduced labor-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 (Bobonis et al., 2013). More specifically, gender disparities in education, access to economic opportunity, and wealth make women more susceptible to violence and unmalleable to disclosing their experiences.

Sample Recruitment

Qualitative data were collected between May and July 2019 after the survey data had been analyzed 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 from each 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. Evidence of the data saturation is an essential factor in determining the number of study participants (Lohle & Terrell, 2014). In this study, interviewing 30 IPV victims allowed clear patterns and themes to emerge.

Data Collection

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. 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. Using semi-structured in-depth interviews, the second author and collaborator, with the help of six research assistants (RAs), interviewed 30 victims who had participated in the initial surveys 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.

Data Analysis

After data were extracted for the present study, the selected transcripts of the 30 IPV victims were reviewed multiple times so that researchers became familiar with the data. After the review process, the data were subjected to a thematic analysis so that researchers could organize and code the data into well-defined criteria and patterns. While there are several types of software for analyzing 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).

We used Bruan 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. 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 study objectives using colored schemes to highlight the textual data for easy iden-tification 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 collect-ing 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 researchers. In the fifth step, the researchers confirmed the opinions of the participants were correctly, comprehensively, and genuinely repre-sented, 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 first author. Data coding was carefully monitored and interpreted to ensure reliabil-ity. Quotations from the participants were included to augment the findings.

Findings

Background Information of Participants

At the time of data collection, the average age of participants 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.

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. Although formal support offered a wide variety of services, including access to the criminal justice system, it was the least utilized.

Informal Sources

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

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 the 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)

Although IPV victims turned to family members for solutions, a number of participants indicated seeking help from family members did not help them or even 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:

> 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)

Friends

For some participants, reporting abuse to friends was the best way to respond to IPV. The emotional understanding that friends offer could reduce the burden. One participant mentioned specific practical support from a friend:

> 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)

Another participant commented:

> 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)

Formal Sources

Formal support networks or avenues comprise organizations 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.

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. Others said the police officers inflicted physical abuse on the abusers. The rationale for this behavior might have been to instill 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)

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)

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. One participant said the following:

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)

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

Motivations to Help-Seeking Among Female Victims of IPV

The study results show that IPV victims who seek help recognize 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. The study participants identified the following reasons for seeking help.

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.

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:

> 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)

Trust in Others

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)

Factors That Hinder IPV Victims From Seeking Help

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. (VTM 2 - AR)

> Ermmm, 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)

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:

> Mmmm, 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)

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.

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 dishonoring the family name. Silenced by stigma, participants had to endure the abuser's actions to save the marriage.

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 one case, a lack of trust in DOVVSU was attributed to a lack of follow-up:

Yes, no follow-ups. (VTM 10 - 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.

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:

Ermmm, 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.

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)

Discussion

Despite a plethora of literature in western countries on women's help-seeking behavior, research in Ghana and sub-Saharan Africa remains scant. Given Ghana's high IPV rate, this study aimed to contribute to the literature by using Liang et al.'s (2005) process model to examine the commonly identified sources of help and the motivators and barriers to help-seeking in Ghana.

What Are the Commonly Identified Sources of Help?

As in other studies (Barrett & Pierre, 2011; Liang et al., 2005), 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 (Meyer, 2010). Participants turned primarily to family members, friends, and community leaders. According to Goodman and Smyth (2011), 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.

Following the disclosure of abuse to their informal contacts, victims, often get tangible support, such as a place to stay, help with childcare, help running errands, advice, and encouragement to contact law enforcement or seek legal support (Sylaska & Edwards, 2014). The emotional support victims receive after experiencing abuse is another important reason for seeking help from family and friends (Machisa et al., 2018). 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 (Ogbe et al., 2020; Sylaska & Edwards, 2014), 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 corroborated by our participants. Moreover, the capacity for informal contacts to help victims extricate themselves permanently from abuse is limited (Sylaska & Edwards, 2014). As emerging literature from Ghana and other African countries demonstrate, although family and friends are often the first line of defense for victims, this channel does not always resolve IPV (Abeid et al., 2014; Tenkorang et al., 2018).

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 (Vasiliauskaite, 2015). 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 were 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 (Tenkorang et al., 2018), 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).

What Motivates Help-Seeking Among Female Victims of IPV?

This study highlights the importance of understanding victims' motivation for seeking help. As theorized, 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" (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 (Tenkorang et al., 2017), participants said that when abuse became severe, they sought help by engaging relatives, friends, and the police. According to Tenkorang et al. (2017), as abuse escalates over time, IPV victims begin to seek informal and formal 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; Paul, 2016). Having been harmed and fearing death are common explanations for seeking help among female victims of IPV (Barrett & Pierre, 2011). The incentive for calling the police varied among our participants, depending on the seriousness of the assault and the degree of threat.

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). Similarly, perceived usefulness of an organization 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.

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 behavior (Liang et al., 2005). Our participants' comments supported findings of previous research.

As identified in other studies (Akers & Kaukinen, 2009; Mccleary-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 dishonoring the family name were other barriers to help-seeking. 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 behavior. Overstreet and Quinn (2013) explain that blaming IPV victims is a frequent expression of stigma.

As in previous studies of formal help services (Anyemedu et al., 2017), 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; Institute of Development Studies [IDS]; Ghana Statistical Service [GSS] & Associates, 2016). This general lack of awareness among participants affected the level of disclosure. Past research (Anyemedu et al., 2017) 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. Few participants sought help from the police either. Tenkorang et al. (2018) attribute 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 organizations can be exacerbated if victims have a negative experience of the services rendered (Djikanović et al., 2012; Evans & Feder, 2016).

Tenkorang et al. (2018) 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, Robinson et al. (2020) 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., 2008) 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 (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.

Lending strong support to the findings of previous research (Edström et al., 2014; 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 socialized as homemakers and family gatekeepers (Anyemedu et al., 2017; Tenkorang et al., 2017). These sociocultural norms may sometimes 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). 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.

Policy Implications

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. Some prevention strategies include criminalizing IPV against women, strengthening protective services with the necessary human and capital resources, and empowering women through the law. 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. In addition, media campaigns should intensify advocacy intervention programs. Advocacy should be geared towards providing information and raising awareness about IPV and appropriate sources of help-seeking. 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. Building trust between communities and formal services is needed to ensure that IPV victims are given the support they need.

Limitations of the Study

First, this is a qualitative study using purposive sampling. Qualitative studies are not designed to be generalizable but, rather, to identify important themes (Patton, 2014). 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. 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 behavior from the perspective of IPV victims and service providers in Ghana.

Conclusion

This study examined the motivations for and barriers to help-seeking behavior 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 utilized in-depth qualitative interviews of 30 women who had experienced IPV in the three selected regions. The study found that the most commonly mentioned source of help was informal support networks, such as family and friends. Participants' comments revealed that support from immediate

family members gave them emotional, psychological, and material support. 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 and counselling support 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.

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 honoring their marital obligations, and this drove them to seek help. A final factor in help-seeking was trust in the informal or formal source of 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 socio-cultural norms and values of marriage, as well as gender expectations. The presence of children was another main barrier to help-seeking for the majority of the participants. Future studies on help-seeking may consider examining institutional/structural barriers to accessing help especially from DOVVSU. In particular, future researchers should consider examining the nature of trust or distrust with DOVVSU.

Declaration of Conflicting Interests

Funding

ORCID iDs

Emmanuel Rohn 🆔 https://orcid.org/0000-0001-6594-8247
Eric Y. Tenkorang 🆔 https://orcid.org/0000-0001-6127-3799

References

Abeid, M., Muganyizi, P., Olsson, P., Darj, E., & Axemo, P. (2014). Community perceptions of rape and child sexual abuse: A qualitative study in rural Tanzania. *BMC International Health and Human Rghts*, *14*(1), 1–13. https://doi.org/10.1186/1472-698X-14-23

Action AID. (2019). *Fighting domestic violence in Ghana: How DOVVSU set-ups provide safe spaces for survivors*. Retrieved June 22, 2020, from https://ghana.actionaid.org/sites/ghana/files/publications/DOVVSU%20AAG%20book%20Print%20-%20Final%20Approved.pdf

Akers, C., & Kaukinen, C. (2009). The police reporting behavior of intimate partner violence victims. *Journal of Family Violence*, 24(3), 159–171. https://doi.org/10.1007/s10896-008-9213-4

Ali, T. S., Mogren, I., & Krantz, G. (2013). Intimate partner violence and mental health effects: A population-based study among married women in Karachi, Pakistan. *International Journal of Behavioral Medicine*, 20(1), 131–139. https://doi.org/10.1007/s12529-011-9201-6

Ampofo, A.A., & Prah, M. (2009). You may beat your wife, but not too much: The cultural context of violence against women in Ghana. In K. Cusack & T. Manuh (Eds.), *The architecture of violence against women in Ghana* (pp. 93–128). The Gender Studies and Human Rights Documentation Centre.

Anyemedu, A., Tenkorang, E. Y., & Dold, P. (2017). Ghanaian women's knowledge and perceptions of services available to victims of intimate partner violence. *Journal of Interpersonal Violence*, 35(3–4), 682–706. https://doi.org/10.1177/0886260517689886

Balogun, M. O., & John-Akinola, Y. O. (2015). A qualitative study of intimate partner violence among women in Nigeria. *Journal of Interpersonal Violence*, 30(14), 2410–2427. https://doi.org/10.1177/0886260514553112

Barker, G. (2007). *Adolescents, social support and help-seeking behaviour: An international literature review and programme consultation with recommendations for action/Gary Barker*. World Health Organization. ISBN:9789241595711. https://apps.who.int/iris/handle/10665/43778

Barrett, B. J., & Pierre, M. S. (2011). Variations in women's help seeking in response to intimate partner violence: Findings from a Canadian population-based study. *Violence Against Women*, 17(1), 47–70. https://doi.org/10.1177/1077801210394273

Beaulaurier, R. L., Seff, L. R., Newman, F. L., & Dunlop, B. (2007). External barriers to help seeking for older women who experience intimate partner violence. *Journal of Family Violence*, 22(8), 747–755. https://doi.org/10.1007/s10896-007-9122-y

Bobonis, G. J., González-Brenes, M., & Castro, R. (2013). Public transfers and domestic violence: The roles of private information and spousal control. *American Economic Journal: Economic Policy*, 5(1), 179–205. https://doi.org/10.1257/POL.5.1.179

Brandtsädter, J. (2007). Action perspectives on human development. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology* (pp. 807–833). Wiley.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

CHAMPION Project. (2014). *Breaking barriers, creating pathways: Understanding help-seeking among survivors of gender-based violence in Tanzania* (CHAMPION Brief No. 16). EngenderHealth.

Chang, J. C., Dado, D., Hawker, L., Cluss, P. A., Buranosky, R., Slagel, L., McNeil, M., & Scholle, S. H. (2010). Understanding turning points in intimate partner violence: Factors and circumstances leading women victims toward change. *Journal of Women's Health*, 19(2), 251–259. https://doi.org/10.1089/jwh.2009.1568

Devries, K. M., Mak, J. Y. T., Garcia-Moreno, C., Petzold, M., Child, J. C., Falder, G., Lim, S., Bacchus, L. J., Engell, R. E., Rosenfeld Pallitto, C., Vos, T., Abrahams, N., & Watts, C.H. (2013). The global prevalence of intimate partner violence against women. *Science (New York, N.Y.)*, 340(6140), 1527–1528. https://doi.org/10.1126/science.1240937

Djikanović, B., Lo Fo Wong, S., Jansen, H. A. F. M., Koso, S., Simić, S., Otašević, S., & Lagro-Janssen, A. (2012). Help-seeking behaviour of Serbian women who experienced intimate partner violence. *Family Practice*, 29(2), 189–195. https://doi.org/10.1093/fampra/cmr061

Doku, D. T., & Asante, K. O. (2015). Women's approval of domestic physical violence against wives: Analysis of the Ghana demographic and health survey. *BMC Women's Health*, *15*(1), 120. https://doi.org/10.1186/s12905-015-0276-0

DuMonthier, A., & Dusenbery, M. (2016). Intersections of domestic violence and economic security. institute for women's policy research, IWPR #B362, Washington DC, USA. Retrieved Febrauary 11, 2022, from https://iwpr.org/wp-content/uploads/2020/11/B362-Domestic-Violence-and-Economic-Security.pdf

Durevall, D., & Lindskog, A. (2015). Intimate partner violence and HIV in ten sub-Saharan African countries: What do the demographic and health surveys tell us? *The Lancet Global Health*, *3*(1), e34–e43. https://doi.org/10.1016/S2214-109X(14)70343-2

Edström, J., Das, A., & Dolan, C. (2014). Introduction: Undressing patriarchy and masculinities to re-politicise gender. *IDS Bulletin*, *45*(1), 1–10. https://doi.org/10.1111/1759-5436.12062

Edwards, K. M., & Dardis, C. M. (2020). Disclosure recipients' social reactions to victims' disclosures of intimate partner violence. *Journal of Interpersonal Violence*, *35*(1–2), 53–76. https://doi.org/10.1177/0886260516681155

Edwards, K. M., Dardis, C. M., & Gidycz, C. A. (2012). Women's disclosure of dating violence: A mixed methodological study. *Feminism & Psychology*, *22*(4), 507–517. https://doi.org/10.1177/0959353511422280

Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015). Prevention of violence against women and girls: What does the evidence say? *The Lancet*, *385*(9977), 1555–1566. https://doi.org/10.1016/S0140-6736(14)61703-7

Ellsberg, M., Jansen, H. A. F. M., Heise, L., Watts, C. H., & Garcia-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: An observational study. *The Lancet*, *371*(9619), 1165–1172. https://doi.org/10.1016/S0140-6736(08)60522-X

Ergöçmen, B. A., Yüksel-Kaptanoğlu, İ., & Jansen, H. A. F. M. (2013). Intimate partner violence and the relation between help-seeking behavior and the severity and frequency of physical violence among women in Turkey. *Violence Against Women*, *19*(9), 1151–1174. https://doi.org/10.1177/1077801213498474

Evans, M. A., & Feder, G. S. (2016). Help-seeking amongst women survivors of domestic violence: A qualitative study of pathways towards formal and informal support. *Health Expectations*, *19*(1), 62–73. https://doi.org/10.1111/hex.12330

Fidan, A., & Bui, H. N. (2016). Intimate partner violence against women in Zimbabwe. *Violence Against Women*, *22*(9), 1075–1096. https://doi.org/10.1177/1077801215617551

Folami, O. M. (2013). Survey of unreported cases of domestic violence in two heterogeneous communities in Nigeria. *International Review of Law*, *4*(1), 1–12. https://doi.org/10.5339/IRL.2013.DV.4

Freedman, J. (2012). *Engaging men in the fight against gender violence: Case studies from Africa*. Springer.

García-Moreno, C., Pallitto, C., Devries, K., Stöckl, H., Watts, C., & Abrahams, N. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. World Health Organization.

Ghana Statistical Service (GSS). (2013a). *2010 population & housing census national analytical report*. http://www.statsghana.gov.gh/gssmain/fileUpload/pressrelease/2010_PHC_National_Analytical_Report.pdf%0Ahttp://statsghana.gov.gh/docfiles/2010phc/National_Analytical_Report.pdf

Ghana Statistical Service (GSS). (2013b). *2010 population and housing census: Regional analytical report Upper East Region*. 2010_PHC_Regional_Analytical_Reports_Upper_East Region.pdf (statsghana.gov.gh).

Ghana Statistical Service (GSS) (2021). *Ghana 2021 population and housing census volume 1: Preliminary report*. Retrieved November 3, 2022, from https://census2021.statsghana.gov.gh/gssmain/fileUpload/reportthemelist/PRINT_COPY_VERSION_FOUR%2022ND_SEPT_AT_8_30AM.pdf

Ghana Statistical Service (GSS), Ghana Health Service (GHS), & ICF Macro. (2009). *Ghana demographic and health survey 2008*.

Gharaibeh, M., & Oweis, A. (2009). Why do Jordanian women stay in an abusive relationship: Implications for health and social well-being. *Journal of Nursing Scholarship*, *41*(4), 376–384. https://doi.org/10.1111/j.1547-5069.2009.01305.x

Goodman, L. A., & Smyth, K. F. (2011). A call for a social network-oriented approach to services for survivors of intimate partner violence. *Psychology of Violence*, *1*(2), 79. https://doi.org/10.1037/A0022977

Goodson, A., & Hayes, B. E. (2021). Help-seeking behaviors of intimate partner violence victims: A cross-national analysis in developing nations. *Journal of Interpersonal Violence*, *36*(9–10), NP4705–NP4727. https://doi.org/10.1177/0886260518794508

Government of Ghana. (2007). *Domestic violence act, 2007 (Act 732)*. https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/88525/101248/F503368907/GHA88525.pdf

Heise, L. (2011). *What works to prevent partner violence? An evidence overview*. STRIVE Research Consortium, London School of Hygiene and Tropical Medicine. Working paper version (2.0).

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

Katerndahl, D., Burge, S., Ferrer, R., Becho, J., & Wood, R. (2013). Differences in social network structure and support among women in violent relationships. *Journal of Interpersonal Violence*, *28*(9), 1948–1964. https://doi.org/10.1177/0886260512469103

Laughon, K. (2007). Abused African American women's processes of staying healthy. *Western Journal of Nursing Research*, *29*(3), 365–384. https://doi.org/10.1177/0193945906296558

Leone, J. M., Lape, M. E., & Xu, Y. (2014). Women's decisions to not seek formal help for partner violence: A comparison of intimate terrorism and situational couple violence. *Journal of Interpersonal Violence*, *29*(10), 1850–1876. https://doi.org/10.1177/0886260513511701

Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology*, *36*(1–2), 71–84. https://doi.org/10.1007/S10464-005-6233-6

Lohle, M. F., & Terrell, S. R. (2014). Real projects, virtual worlds: Coworkers, their avatars, and the trust conundrum. *The Qualitative Report*, *19*(8), 1. https://doi.org/10.46743/2160-3715/2014.1268

Machisa, M. T., Christofides, N., & Jewkes, R. (2018). Social support factors associated with psychological resilience among women survivors of intimate partner violence in Gauteng, South Africa. *Global Health Action*, *11*(Supp 3), Article 1491114. https://doi.org/10.1080/16549716.2018.1491114

Mahapatro, M., & Singh, S. P. (2020). Coping strategies of women survivors of domestic violence residing with an abusive partner after registered complaint with the family counseling center at Alwar, India. *Journal of Community Psychology*, *48*(3), 818–833. https://doi.org/10.1002/jcop.22297

Mann, J. R., & Takyi, B. K. (2009). Autonomy, dependence or culture: Examining the impact of resources and socio-cultural processes on attitudes towards intimate partner violence in Ghana, Africa. *Journal of Family Violence*, *24*(5), 323–335. https://doi.org/10.1007/s10896-009-9232-9

Mccleary-Sills, J., Namy, S., Nyoni, J., Rweyemamu, D., Salvatory, A., & Steven, E. (2013). *Help-seeking pathways and barriers for survivors of gender-based violence in Tanzania: Results from a study in Dar es Salaam, Mbeya, and Iringa Regions*. EngenderHealth/CHAMPION.

McKinney, C. M., Caetano, R., Ramisetty-Mikler, S., & Nelson, S. (2009). Childhood family violence and perpetration and victimization of intimate partner violence: Findings from a national population-based study of couples. *Annals of Epidemiology*, *19*(1), 25–32. https://doi.org/10.1016/j.annepidem.2008.08.008

Meyer, S. (2010). Seeking help to protect the children?: The influence of children on women's decisions to seek help when experiencing intimate partner violence. *Journal of Family Violence*, *25*(8), 713–725. https://doi.org/10.1007/s10896-010-9329-1

Murray, C. E., Crowe, A., & Flasch, P. (2015). Turning points: Critical incidents prompting survivors to begin the process of terminating abusive relationships. *The Family Journal*, *23*(3), 228–238. https://doi.org/10.1177/1066480715573705

National Society for the Prevention of Cruelty to Children (NSPCC). (n.d.). *Neglect is also child abuse: Know all about it NSPCC*. Retrieved May 2, 2021, from https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect/

Ofstehage, A., Gandhi, A., Sholk, J., Radday, A., & Stanzler, C. (2011). *Empowering victims of domestic violence (social issue report)*. RootCASUE.

Ogbe, E., Harmon, S., den Bergh, R., & Degomme, O. (2020). A systematic review of intimate partner violence interventions focused on improving social support and/or mental health outcomes of survivors. *PLoS One*, *15*(6), Article e0235177. https://doi.org/10.1371/journal.pone.0235177

Ogland, E. G., Xu, X., Bartkowski, J. P., & Ogland, C. P. (2014). Intimate partner violence against married women in Uganda. *Journal of Family Violence*, *29*(8), 869–879. https://doi.org/10.1007/s10896-014-9640-3

Ondicho, T. G. (2013). Domestic violence in Kenya: Why battered women stay. *International Journal of Social and Behavioural Sciences*, *1*(4), 105–111.

Overstreet, N. M., & Quinn, D. M. (2013). The intimate partner violence stigmatization model and barriers to help seeking. *Basic and Applied Social Psychology*, *35*(1), 109–122. https://doi.org/10.1080/01973533.2012.746599

Paranjape, A., Tucker, A., Mckenzie-Mack, L., Thompson, N., & Kaslow, N. (2007). Family violence and associated help-seeking behavior among older African American women. *Patient Education and Counseling*, *68*(2), 167–172. https://doi.org/10.1016/J.PEC.2007.05.019

Parvin, K., Sultana, N., & Naved, R. T. (2016). Disclosure and help seeking behavior of women exposed to physical spousal violence in Dhaka slums. *BMC Public Health*, *16*(1), 1–8. https://doi.org/10.1186/s12889-016-3060-7

Patton, M. Q. (2014). *Qualitative research & evaluation methods: Integrating theory and practice*. Sage Publications Sage CA.

Paul, S. (2016). Intimate partner violence and women's help-seeking behaviour: Evidence from India. *Journal of Interdisciplinary Economics*, *28*(1), 53–82. https://doi.org/10.1177/0260107915609818

Prochaska, J. O., Johnson, S., & Lee, P. (1998). The transtheoretical model of behavior change. In S. A. Shumaker, E. B. Schron, J. K. Ockene, & W. L. McBee (Eds.), *The handbook for health behaviour change* (pp. 59–83). Springer.

Robinson, S. R., Ravi, K., & Voth Schrag, R. J. (2020). A systematic review of barriers to formal help seeking for adult survivors of IPV in the United States, 2005–2019. *Trauma, Violence, & Abuse*. https://doi.org/1524838020916254

Rowan, K., Mumford, E., & Clark, C. J. (2018). Is women's empowerment associated with help-seeking for spousal violence in India? *Journal of Interpersonal Violence*, *33*(9), 1519–1548. https://doi.org/10.1177/0886260515618945

Ruiz-Pérez, I., Mata-Pariente, N., & Plazaola-Castaño, J. (2006). Women's response to intimate partner violence. *Journal of Interpersonal Violence*, *21*(9), 1156–1168. https://doi.org/10.1177/0886260506290421

Sedziafa, A. P., Tenkorang, E. Y., & Owusu, A. Y. (2018). Kinship and intimate partner violence against married women in Ghana: A qualitative exploration. *Journal of Interpersonal Violence*, *33*(14), 2197–2224. https://doi.org/10.1177/0886260515624213

Sigalla, G. N., Mushi, D., & Gammeltoft, T. (2018). "Staying for the children": The role of natal relatives in supporting women experiencing intimate partner violence during pregnancy in northern Tanzania—A qualitative study. *PLoS One*, *13*(6), Article e0198098. https://doi.org/10.1371/journal.pone.0198098

Sylaska, K. M., & Edwards, K. M. (2014). Disclosure of intimate partner violence to informal social support network members: A review of the literature. *Trauma, Violence and Abuse*, *15*(1), 3–21. https://doi.org/10.1177/1524838013496335

Tenkorang, E. Y. (2021). A survey analysis of barriers to help-seeking at the Ghana domestic violence and victim support unit (DOVVSU). *Journal of Family Violence*, *37*(601–611), 1–11. https://doi.org/10.1007/s10896-021-00324-y

Tenkorang, E. Y., Owusu, A. Y., & Kundhi, G. (2018). Help-seeking behavior of female victims of intimate partner violence in Ghana: The role of trust and perceived risk of injury. *Journal of Family Violence*, *33*(5), 341–353. https://doi.org/10.1007/s10896-018-9959-2

Tenkorang, E. Y., Owusu, A. Y., Yeboah, E. H., & Bannerman, R. (2013). Factors influencing domestic and marital violence against women in Ghana. *Journal of Family Violence*, *28*(8), 771–781. https://doi.org/10.1007/s10896-013-9543-8

Tenkorang, E. Y., Sedziafa, A. P., & Owusu, A. Y. (2017). Does type and severity of violence affect the help-seeking behaviors of victims of intimate partner violence in Nigeria? *Journal of Family Issues*, *38*(14), 2026–2046. https://doi.org/10.1177/0192513X16657128

Trotter, J. L., & Allen, N. E. (2009). The good, the bad, and the ugly: Domestic violence survivors' experiences with their informal social networks. *American Journal of Community Psychology*, *43*(3–4), 221–231. https://doi.org/10.1007/s10464-009-9232-1

Vasiliauskaite, Z. (2015). Help-seeking and perceived helpfulness of formal help sources for victims of domestic violence: An exploratory study. *European Scientific Journal*, *11*(26), 32–55.

Warren, C. A. B., & Karner, T. X. (2015). *Discovering qualitative methods: Ethnography, interviews, documents, and images*. Oxford University Press.

Author Biographies

Emmanuel Rohn is a PhD student in the Department of Sociology and Anthropology, University of Guelph. His research interests are in the areas of intimate partner violence, intimate partner femicide, social justice, women's empowerment, and social and institutional responses to violence.

Eric Y. Tenkorang is Professor of Sociology at Memorial University, St. John's, Newfoundland. His research interests over the past few years have broadly examined the

social and cultural determinants of health among at-risk and vulnerable populations in low-income settings. Specifically, he has been interested in the sexual reproductive health of youth and women in HIV endemic areas of the world, mostly sub-Saharan Africa. These interests have expanded to examining the sociocultural underpinnings of intimate partner violence in sub-Saharan Africa.