

Effects and Interventions Related to Intimate Partner Violence in Ghana

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Intimate partner violence (IPV) in Ghana, Africa is a relevant social issue that deserves both recognition and exploration. Female victims experience mental, emotional, and physical turmoil following violence. In Ghana, there is a lack of adequate services available for alleviating the effects of abuse. The purpose of this paper is to analyze the rates of IPV in Ghana, as well as recommended interventions for this population.

In Ghana, there is a total population of roughly 33 million, of which women make up 50.1% (The World Bank, 2021). Nearly one-third of the total population is young women between 10 to 24 years old (United Nations Population Fund, 2017). Compared to norms of the early 1990s, child marriage rates in Ghana have decreased to 1 in 5 young women being married before the age of 18 (National Strategic Framework on Ending Child Marriage in Ghana 2017-2026, 2016). Educational attainment, literacy, and consequently, economic opportunities, are negatively impacted by child marriage. In Ghana, it is reported that 41.6% of women married before the age of 18 had no education, while an estimated 70% of these women were illiterate (Heim et al., 2019).

Ghanaian culture centers around the patriarchy, which focuses on the power dynamics between Ghanaian men and women. The patriarchy works to construct an idea of traditional masculinity that is enforced throughout Ghanaian social structures but is especially present within customary marriages (Sikweyia et al., 2020; Aryee, 2013). When a man pays “bridewealth” for his bride, the transaction transfers ownership of the bride’s reproductive and domestic rights from her family and is given to the man she marries (Aryee, 2013). Although some bridewealth customs have changed due to western world influences and adoption, Ghanaian women remain subordinate to men (Chae et al., 2020). Factors that constitute

traditional masculinity include decision-making, the sexual ownership of women such as the right for men to have sexual relations with women whenever they want, and the idea that wife beating is an appropriate discipline. In attempts to enforce traditional masculinity and maintain distinct gender roles, Ghanaian men often use various methods of violence against their female partners (Sikweyia et al., 2020).

In Ghana, common tactics within intimate partner violence (IPV) include slapping, pushing, throwing objects at someone, strangling, threatening, or attacking someone with a weapon (Dickson et al., 2020). It was reported that physical abuse would often result following the rejection of sexual advances (Apinga et al., 2021). Emotional abuse as it relates to IPV includes instances of yelling, name-calling, and men publicly embarrassing their wives. Victims of emotional abuse report that it negatively impacts their social relationships and well-being (Apinga et al., 2021). IPV may lead to physical injury; however, there is also the consequence of emotional distress and trauma. Following the violence, victims may experience difficulties with intimacy and intrusive flashbacks of assaults (Apinga et al., 2021). IPV victims may express symptoms associated with post-traumatic stress disorder (PTSD), low self-esteem, shame, depression, anxiety, panic disorders, phobias, eating problems, and sleeping problems. It is also commonly reported that these victims frequently have thoughts of self-harm and suicide (Aryee, 2013; Issahaku, 2018).

In many cases of IPV, women are victims of sexual assault. The inability to negotiate condom use, as well as husbands not disclosing their HIV statuses, may result in the increased spread and contraction of sexually transmitted infections (STIs) such as HIV (Apinga et al., 2021; UNFPA Ghana and Population Council, 2016). There are common fears related to the disclosure of HIV/AIDS status because of the conflict and intimate partner violence that it may

bring, despite some of the women getting it from their husbands (Ofosu, 2021). There exists a culture of secrecy and silence around rape in Ghana. Rape and defilement are linked with stigma regarding “promiscuity, unfaithfulness, and personal weakness;” therefore, such crimes often go unreported (Aryee, 2013). IPV and sexual assault impact a woman’s ability to be self-sufficient and manage routine responsibilities (Aryee, 2013). Due to the potential inability to work given physical injury or mental instability, women often lose financial autonomy. This causes them to become more dependent on their husbands for support, thus making it unlikely for them to escape the cycles of abuse (Apatinga et al., 2021).

Another cultural consideration of Ghanaian society is the stigmatization of mental health. Mental illnesses may be looked at as “curses” or signs of weakness. Those who struggle with mental health tend to be forced into isolation as they are deemed “undeserving” of social involvement and their conditions may be seen as contagious (Mfoafo-M’Carthy and Sossou, 2017). Given the prevalence of Christianity throughout Ghana, one’s mental state may be blamed on not serving God well enough. To rid the individual of mental illness, one may be sent to spiritual camps or fetish shrines (Mfoafo-M’Carthy and Sossou, 2017).

Poverty and the lack of education contribute to limited mental health resources. Compared to alternate disciplines, psychiatry is underfunded by the Ghanaian government. Funding is required to train mental health professionals such as psychiatrists, psychologists, nurses, social workers, and occupational therapists to work with this population. These professionals may also provide social education about mental health and complete community outreach (Aryee, 2013). Improving mental health care access is an important factor to consider given that counseling can supply victims with effective coping strategies for them to become more self-sufficient. However, it must be recognized that the experiences of IPV victims cannot

be generalized; reactions to IPV and sexual assault may vary depending on personality, personal history, and the support that is received following violence (Aryee, 2013).

Support groups are an open and safe space for individuals to discuss common issues and share personal experiences and information (Worrall et al., 2018). Support groups aim to make each group member feel seen and accepted (Ofosu, 2021). The use of these groups assists individuals with learning new and healthy coping strategies, combating loneliness, building connections, learning from others, feeling empowered and hopeful, overcoming common stigmas, and learning about the services available to them (Worrall et al., 2018). Support groups can involve activities such as art therapy. Group art therapy sessions aim to address various psychological needs through creative self-expression like drawing (Luzzatto et al., 2021).

Given cultural norms and customs, women in Ghana are often silenced. They are excluded from political decision-making and the ability to self-advocate (Sikweyia et al., 2020). In a support group setting, participants may discuss what they think should be done to alleviate the challenges associated with IPV. According to Issahaku (2018), women should feel empowered to form associations with the intention of confronting IPV on a social and political level. Participants may request education regarding what to do if they or someone they know is experiencing IPV (Issahaku, 2018). Support groups provide a confidential environment in which individuals can voice concerns and learn about the resources available to them (Mfoafo-M'Carthy and Sossou, 2017).

How a group is formed is critical to its operation. The selection of group members should be based on similar issues (Luzzatto et al., 2021; Ofosu, 2021). It is recommended that the ages of group members be relatively alike, as well as their educational statuses because it enables group cohesiveness (Ezhumalai et al., 2018). Group members realize they are not alone in their

problems and that there are others going through them too (Ezhumalai et al., 2018). This allows for a safe space to have an open dialogue about their issues and relate to one another. A small group size, between eight to twelve members, is recommended due to sensitive topics such as IPV and HIV/AIDS (Ezhumalai et al., 2018). Participants may not feel comfortable disclosing their HIV statuses, or discussing stigma, financial concerns, isolation, and psychiatric issues (Ofosu, 2021). Small group sizes help to promote trust and intimacy between group members. Group members should be encouraged to share or comment; however, they are not to be pressured or called on individually (Luzzatto et al., 2021).

Treatment goals may consist of culminating support and encouraging female empowerment (Issahaku, 2018). Art therapy can be useful for trauma survivors to confront and explore their emotions, relationships, and past experiences (Luzzatto et al., 2021). With reference to a study completed by Luzzatto et al. (2021), it was reported that group art therapy participants experienced improvements in controlling their emotions, showing appreciation of positive memories, sharing negative memories with others, recognizing and accepting that trauma occurred in their lives, as well as making goals for the future.

There is limited research on IPV intervention in Ghana; however, the research available does well exploring the impact of IPV on victims in the larger African region. Most literature regarding IPV intervention strategies has been researched and published by scholars interested in the topic, but have not experienced it personally. It has yet to be explored what survivors of IPV want to do and can do to combat IPV-related challenges in Ghana. It is a right for those directly impacted by IPV to be included in the problem-solving process (Issahaku, 2018).

In terms of group intervention, one limitation is that it is not applicable or appropriate for everyone. Some individuals may not feel comfortable participating in group activities, while

others may dominate group conversations. In addition to this, some disorders are addressed more efficiently within individual sessions, rather than in a group environment; hence, why individual counseling may be recommended for specific populations (Ezhumalai et al., 2018). In groups, confidentiality is a top priority. If these women have HIV/AIDS and they have not disclosed their health statuses to their partners and/or community, placing them into a support group that reveals their health statuses to others could put them at risk of experiencing IPV if their partners and/or community finds out (Ofosu, 2021). There is also a risk of negative responses from other group members. These negative responses can cause individuals to not want to share or feel unsafe if they do share (Ezhumalai et al., 2018). Another risk pertaining specifically to the IPV victim population is the potential for one group member's trauma to trigger or retraumatize another group member.

Many research studies that have been conducted related to trauma within the African region, tend to have inconsistent sample sizes and are typically small in numbers. This is problematic as the samples being studied may not apply to the general population. In addition to this, minimal attention is given to Ghana specifically; therefore, there are cultural considerations unique to Ghana that may not have been noted in intervention research. Beyond the additional research needed for IPV intervention in Ghana, the use of art therapy and its effectiveness on trauma survivors must be further explored (Luzzatto et al., 2021).

There are improvements in anti-discrimination laws that need to be addressed to combat the stereotypes and stigma related to HIV/AIDS in Ghana (Ofosu, 2021). Further education needs to focus on preventing the spread of the disease rather than on fear. Leaders in society, including clergy, should play a role in decreasing the stigma that HIV/AIDS has, as well as addressing the double standards held by men and women in order to bring the Ghanaian

community closer together (Ofosu, 2021). In terms of IPV, it is suggested that public education enforce conversations about the consequences of IPV. Gender and family relations should be discussed either at organized events within the community, in schools, or in homes (Issahaku, 2018). It was also suggested that religious leaders preach against IPV (Issahaku, 2018).

Empowerment theory dates back to Marxist sociology. The term “empowerment” goes back to the 1980s in articles written by psychologist Julian Rappaport. In 2000, Marc Zimmerman established a distinction between empowerment as a value and theory. He determined that empowerment theory provides a framework organized around empowerment and social change (*Empowerment*, n.d.). The empowerment theory strives to empower people and communities to gain power to better their lives. It seeks to challenge the systems that contain barriers, such as power blocks, that prevent individuals from reaching their goals and needs (United Way of the National Capital Arena, 2022).

To implement empowerment theory in practice, there is a multi-step process that needs to be followed. First, the problems that these individuals are facing need to be identified. Then, the strengths that these individuals have should be explored. Goals need to be put into place, implement interventions, and then evaluate success (United Way of the National Capital Arena, 2022). There are three critical areas that empowerment theory focuses on: self-efficacy, critical consciousness, and tool development. Self-efficacy emphasizes the belief that positive changes can occur within individual lives. Critical consciousness involves becoming aware that challenges are not an individual’s fault, rather they are a result of the systematic barriers set against them. Achieving a critical consciousness facilitates problem-solving. Tool development states that for growth to occur, there must be access to resources (United Way of the National Capital Arena, 2022). Although many women demonstrate self-blame and consider violence as a

reasonable form of punishment, it is important to recognize that IPV is an issue that stems from the larger patriarchal structure of Ghanaian society (Sikweyiya et al., 2020). Through the empowerment theory, group members work towards developing coping mechanisms and identifying the support resources available to them.

IPV is a social justice issue in Ghana, in which social workers must consider the values of integrity, confidentiality, and cultural competency (NASW, 2021). The use of support groups can prove to be useful when helping those with traumatic experiences. Social workers and facilitators must create a trustworthy environment for participants. They must uphold confidentiality as topics surrounding IPV are difficult to discuss. Social workers must be aware of cultural implications, including patriarchal systems and social stigmas as they relate to Ghana. Support group intervention enables women that do not often have the power to use their voice, a space for them to be heard.

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