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An International Journal of Evidence-based Research, Policy, and Practice

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/uvao20

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To cite this article: Frank Darkwa Baffour, Emmanuel Brenyah Adomako, Portia Darkwa Baffour & Margaret Henni (2022) Coping Strategies Adopted by Migrant Female Head-load Carriers Who Experienced IPV, Victims & Offenders, 17:1, 139-159, DOI: 10.1080/15564886.2021.1923601

To link to this article: https://doi.org/10.1080/15564886.2021.1923601

VICTIMS & OFFENDERS
2022, VOL. 17, NO. 1, 139–159
https://doi.org/10.1080/15564886.2021.1923601

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Coping Strategies Adopted by Migrant Female Head-load Carriers Who Experienced IPV

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ABSTRACT

The physical, sexual and reproductive, and mental health complications posed by Intimate Partner Violence (IPV) raise problems that must be addressed by victims. This study presents qualitative data on the coping strategies employed by 20 head-load carriers (females who carry loads in a saucepan on the head for a fee) who were survivors of IPV. The findings indicate that the head-load carriers adopted strategies such as apologizing or fighting back (interpersonal coping); remaining silent (intrapersonal coping); seeking support from family, friends, or institutions (socio-personal coping); engaging in prayer and hope; and leaving the relationship. Future research and policy implications are also discussed.

KEYWORDS

Coping; victimization; violence against women; family/domestic violence

Introduction

Intimate Partner Violence (IPV) is a public health problem that has no ethnic, country, continental, developed or developing world boundary. Across the globe and within cultures women are abused in diverse ways by their intimate partners. This is evident in global statistics: Devries et al. (2013) reported that 27.8% to 32.2% of women aged 15 or above experience a specific form of IPV in their lifetime. West Africa, where Ghana is situated, is the region with the second highest prevalence of IPV at 41.75% (behind Central Africa at 65.64%) (Devries et al., 2013). In Ghana it is estimated that one in three women experience at least one form of IPV in their lifetime (Alangea et al., 2018). While the statistics demonstrate that IPV is a global crisis, its causes, and how victims respond to it, differ from country to country (Catalano, 2008).

IPV and associated consequences present strains for victims to address. Most often, victims use help-seeking or coping adaptations to address the strains that result from physical, sexual, and emotional abuse (Puente-Martinez et al., 2019). Coping strategies are the behaviors adopted by victims to deal with the strains associated with the experiences of IPV (Folkman & Lazarus, 1980). All individuals who experience IPV will adopt a particular strategy to resolve the problem or deal with the emotions associated with it (Zakar et al., 2012). However, the coping strategy that will be adopted by a victim living in a country where formal support is available and readily accessible (Pels et al., 2015) will be different from the strategy adopted in countries with poor

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accessibility to formal support (Alangea et al., 2018). Further, the strategies that will be adopted to cope with IPV in communities where it is accepted (Dickson et al., 2020) may be different from communities where it is frowned upon. Consequently, different groups may respond to IPV differently based on their culture and the resources available at a particular point in time.

The extant literature suggests that migrant women are more susceptible to becoming victims of IPV compared to their non-migrant counterparts (Gupta et al., 2010; Rai & Choi, 2018). Rodriguez-Martinez and Cuenca-Piqueras (2019) argued that the consequences of violence among migrant women outweigh those of non-migrant women. However, answers to questions regarding how migrant women cope with incidents of abuse by their partners are more common in studies conducted outside sub-Saharan Africa. For example, Gupta et al. (2010) reported in their study that migrant battered wives resort to dealing with their situation by themselves due to language barriers that may hinder their ability to seek external support. Additionally, lack of knowledge about services available, and how to access them (Sabri et al., 2019), socioeconomic factors such as overdependence on the husband's income, and stigmatization associated with making public one's IPV status (Rai & Choi, 2018) have influenced victims' decisions. Meanwhile, in most settings, immediate family members have been recognized as the most sought-after help-seeking source for victims of IPV (Choi et al., 2012; Wright & Benson, 2010). This makes it necessary for researchers to find answers to how economic migrant women without enough contact with their immediate family (Sabri et al., 2019) cope with IPV.

In an effort to provide answers to the question asked above about how migrants deal with IPV in the context of Ghana, this study focused on exploring the coping strategies adopted by local economic migrants (locally referred to as Kayayei) living in Accra and Kumasi, Ghana. Kayayei or female head-load carrier "is a term that describes a female who transports goods on the head from one point to another for a fee" (Adomako & Baffour, 2019, p. 3). The head-load carriers predominantly migrated from the northern part of Ghana to the most industrialized cities (Greater Accra and Greater Kumasi) in southern Ghana in search of better economic fortunes. The few studies that have been conducted about this population have reported incidents of IPV by husbands and boyfriends in the host cities where they live and work (see Adomako & Baffour, 2019; Ghana Statistical Service [GSS], 2014). Despite the reports of abuse perpetrated by men against the female head-load carriers they continue to go about their business, which entails carrying loads that weigh 15 kg or more (Adomako & Baffour, 2019). Adomako and Baffour (2019) reported that the head-load carriers rely mostly on their physically demanding job for survival for themselves and their children. Therefore, regardless of their experiences of abuse, head-load carriers must go about their businesses as usual.

To date, despite the increasing number of females in the head-load carrying business in Greater Accra and Greater Kumasi [estimated at more than 40,000 (Baah-Ennumh et al., 2012)], and given that prevailing studies on this population (Adomako & Baffour, 2019; GSS, 2014; Ziblim, 2013) have reported incidents of IPV, information on how head-load carriers cope with their experiences is scarce. This study adds to the IPV coping strategy literature and provides an insight into novel coping strategies adopted by 20 head-load carriers who experienced IPV. The implications of these coping strategies (to their job and their health) are discussed and used to inform suggestions for policy.

Challenges faced by head-load carriers

In Ghana, the high unemployment rate in rural areas, particularly Northern Ghana (Agyei et al., 2016), has resulted in internal migration of young girls and women to the cities of Accra and Kumasi for alternative livelihoods (Boasiakoh et al., 2014). In the host cities, most of the female migrants, due to their lack of or low employable skills, engage in a business locally referred to as Kaya. The Kaya business, or head-load carrying (which entails carrying the loads of clients from the markets to transport terminals for a fee) is physically draining; workers carry loads of 15 kg or more in a saucepan on their head for a distance of 300 meters to a kilometer. The estimated daily working hours for the average head-load carrier is 14 hours (start work at 5am and finish at 7pm) (Nyarko & Tahiru, 2018).

Head-load carrying is an economic activity in southern Ghana dominated by young female migrants from Northern Ghana. The crowded nature of the country's shopping centers and markets which restricts the movement of vehicles, makes head-load carrying activities invaluable and necessary, especially to traders and customers. Head-load carrying also provides employment and increases income for the carriers and their families (Agyei et al., 2016) although the physical nature of the job and poor living conditions of these females raise health and psychosocial concerns (Nyarko & Tahiru, 2018).

In Ghana, head-load carriers are confronted with an array of challenges caused by their living and working conditions (Adomako & Baffour, 2019). Nyarko and Tahiru (2018) explained that head-load carriers are confronted with financial hardship which affects their health and living conditions. For example, a majority of them live and work in the markets which expose them to mosquito bites and malaria (Nyarko & Tahiru, 2018). Ahlvin (2012) suggests that head-load carriers spend most of their time working in unhygienic conditions while they are unable to access healthcare due to limited finances. Nyarko and Tahiru (2018) argued that a majority of the head-load carriers access healthcare by purchasing over-the-counter medicines which mostly do not address their health needs. Other health issues such as unwanted pregnancy and self-induced abortion are predominant among head-load carriers (Ahlvin, 2012).

Head-load carriers and IPV

The crime rate in the areas where head-load carriers live and work is higher compared to other suburbs in Ghana (Lattof et al., 2018). Ahlvin (2012) explained that "[t]heft occurs regularly during the night while the head-load carriers are sleeping, and occasionally arsonists set houses on fire to pillage the goods in the ensuing chaos. As with many slums, drugs are also a problem . . . " (p. 13). Ahlvin (2012) further suggested that head-load carriers "face the problem of sexual harassment and abuse, as men regularly take advantage of and sexually abuse young girls while they sleep in their shanties" (p. 13). Adomako and Baffour (2019) suggested that due to the financial hardships and accommodation problems, head-load carriers engage in transactional sex for accommodation and monitory gain which further increases their risks of being abused by their male partners. The lack of access to resources is one of the leading causes of intimate partner violence among women in sub-Saharan Africa (Ahinkorah et al., 2018). In Ghana, the extant literature suggest that females with limited resources such as head-load carriers are susceptible to abuse in their intimate relationships (Adomako & Baffour, 2019; Issahaku, 2017)

and that such women are likely to stay in abusive relationships (Ahinkorah et al., 2018). In Ghana, like most sub-Saharan African Countries (as well as other regions) IPV against females is predominant (Lancha et al., 2019; Mulawa et al., 2018). A Ugandan study by Tsai et al. (2017) suggested that the act of men abusing their partners is an acceptable norm. This is supported in a Ghanaian study by Issahaku (2017). Another study conducted in Tanzania by Mulawa et al. (2018) suggested that gender roles and traditions influenced males to abuse their wives and girlfriends. With gender roles influencing IPV, a scoping review in sub-Saharan Africa (Young et al., 2019) suggested that females are blamed for abuse that occurs in the relationship – this influences reporting and help-seeking behaviors among IPV victims.

IPV perpetrated against females in sub-Saharan Africa is predominant: Ghana included (Ahinkorah et al., 2018; Issahaku, 2017). However, the case of head-load carriers needs special attention given that a majority of them are below 18 years, they are more susceptible to abuse from intimate partners and strangers alike, and hold migrant status (Lattof et al., 2018). Adomako and Baffour (2019) suggested that migrants rely on the head-load carrying business as their main (or only) source of income. Other studies have reported that the earnings of head-load carriers are limited, making them adopt help-seeking behaviors that affect their wellbeing, and some end up in abusive intimate relationships (Adomako & Baffour, 2019; Nyarko & Tahiru, 2018). Even though the population of head-load carriers is estimated at around 40,000 females, which constitutes less than one percent of women in Ghana, their contribution to the economic development of a low resourced country such as Ghana is invaluable and requires researchers' and other stakeholders' attention. To improve the wellbeing of IPV survivors, Young et al. (2019) suggested that a " . . . robust research agenda is needed to provide effective intimate partner violence interventions for women" (p. 1335). This study qualitatively explores the coping strategies adopted by survivors of intimate partner violence among a population of head-load carriers in Accra and Kumasi, Ghana.

IPV and coping strategies

Globally, women who experience IPV report poor mental and physical health compared to their counterparts who do not experience it (Kamimura et al., 2014). Individuals adopt coping strategies to address the physical and mental health consequences associated with IPV (Puente-Martinez et al., 2019). Coping behaviors help individuals to psychologically manage stressful situations (Folkman & Lazarus, 1985). What is already known in the literature is that women adopt coping strategies to minimize the stresses (emotional-focused) associated with IPV and/or bring an end to what is causing (problem-focused) their stresses (e.g., leaving an abusive relationship) (Lazarus & Folkman, 1984). To that end, for individuals who experience IPV the decision to stay or leave an abusive relationship is influenced by how well they can manage their situation in or out of the relationship (Kim & Gray, 2008; Lerner & Kennedy, 2000).

Jones and Vetere (2017) conducted a narrative analysis on eight mothers who had left their respective abusive relationships. Findings from the analysis suggested that these mothers adopted coping strategies such as changing their pattern of thinking about the abuse, temporarily leaving their partners, confrontation, and keeping silent. When the mothers realized the emotional-focused coping they had adopted had little or no outcome

on their partners' behaviors and was further impacting on their parenting, they left the relationship. The above findings are supported by a study conducted among African American battered women (Bauman et al., 2008). Bauman et al. (2008) suggest that, in addition to developing a positive mind-set, women used denial and resolved tension and distress with exercise. Another study on African immigrants suggests that women who experienced IPV adopted "spirituality and divine retribution", as well as "acceptance/ endurance of abuse, which they believe was 'normal' in male/female relationships . . . and avoidant behaviors and thoughts . . . " (Ting, 2010, p. 345).

The extant literature suggests that external support from family and community, as well as formal support from government and other stakeholders, are effective in supporting women who experienced IPV (Jones & Vetere, 2017; Song, 2012). However, individuals from migrant backgrounds face barriers accessing these vital services. Mahapatra and Rai (2019) suggest that, most often, migrants lack awareness of formal abuse help-seeking services in their new communities and/or feel reluctant to seek help or report their abusive partners. This could be a result of a language barrier on the part of the individuals who have been abused (Finfgeld-Connett & Johnson, 2013) and/or safety related issues (Mahapatra & Rai, 2019). The current study explores how 20 female economic migrants coped with their experiences of IPV.

Method

Qualitative data for the study was collected from a sample of 20 participants who were working as head-load carriers in the two major cities (Greater Kumasi and Greater Accra) of Ghana, West Africa (for a detailed profile of Ghana see Adomako & Baffour, 2019, pp. 6–7). These two cities were purposively selected because they are the hub for over 40,000 head-load carriers. We did not use any intermediary (gatekeeper) to aid us with the recruitment of participants, but we sought permission from the leaders of the Kayayei Youth Association [KYA] (a trade-based organization that seeks to protect the wellbeing of Kayayei) in the respective cities. We intentionally did this because looking at the sensitive nature of the study we wanted to keep the identities of the participants private. After securing permission from the KYA, we engaged with participants individually and approached them in the same way customers would so as to avoid attention. We then introduced ourselves to them before we discussed the purpose of the study. At Greater Accra we approached 24 head-load carriers out of which 14 agreed to be part of the study. Twenty-one head-load carriers were engaged with at Greater Kumasi, out of which 16 agreed to be part of the study. After interviewing 16 participants the next four interviews appeared not to be different from the information provided in the earlier interviews indicating saturation point. The remaining nine women were then informed that their responses would not be needed due to reaching saturation and we thanked them. One person in the sample left the interview halfway through. Her reason was that she was not comfortable giving out that information because she felt she had vowed not to talk about the past experience that "almost got her losing her mind". The reason given by the participant who left the interview was similar to the others who were approached but declined to participate.

In-depth data was collected from the study participants using semi-structured interviews. Example of questions asked were: (1) describe the nature of the abuse in your past or current relationship, (2) explain to me what the feeling was (is) like in that abusive

relationship, (3) have you thought (or did you think) of finding a solution, and how do you (or did you) handle the situation. These and other questions were asked and probed further based on participants' responses. Eighteen of the interviews were conducted in Asante Twi (a dominant local language) and the other two were conducted in English, this was because the 18 participants opted to be interviewed in Asante Twi and the remaining two were more comfortable with the English language. All the participants consented for their interviews to be audiotaped. Interviews lasted between 50 and 60 minutes and were conducted in the participant's preferred place. As a result, eight of the interviews were held in the markets where participants work and three were held in the homes of the participants. The remaining nine were held in a place other than the market or home. All three of the participants who preferred the interviews to be conducted in their homes were separated or divorced at the time of data collection. Those who allowed the interviews to take place in the market where they work thought that was the best and safest place to have the interviews. The nine participants who decided the interview should be done in a quiet and isolated place were all in relationships and thought such places were safer compared to the market or home. The 20 head-load carriers who were interviewed, in addition to the nine who agreed to participate in the study but were not interviewed due to saturation were compensated with money for their time.

The confidentiality, as well as privacy, of all participants was considered during data collection and the presentation of the study report. To ensured that the participants were more comfortable to share their lived experiences, after recruitment was done, we took time to visit the individual participants more than once to build rapport and ensure that any inherent power difference between the researchers and participants was minimized prior to the interviews. During this time, we established a professional, but cordial relationship with the recruited participants, as we had a general discussion about their work. This strategy arguably enriched trust and the participants appeared to feel comfortable and confident to share their experiences and how they were coping (or coped) in their respective abusive relationships.

It is essential to emphasize that prior to this study we have had encounters with head-load carriers in the past as researchers. This and the pre-interview visits and interactions got us closer to the head-load carriers; helped us understand and appreciated their work; and more important increased our compassion for the participants. Nevertheless, we were reflexive during data collection and reporting. We acknowledged our biases as qualitative researchers and remained conscious about our prior experience and the compassion toward the participants throughout the study. The participants were constantly reminded of their role in addressing the purpose and creating knowledge that reflected their experiences and policy outcome.

Data analysis

Thematic analysis has been identified as an appropriate qualitative analysis tool for researchers working as a team (Nowell et al., 2017). We analyzed data manually by following the six steps of thematic analysis proposed by Braun and Clarke (2006). Authors transcribed data separately and this started the thematic phase of familiarization. We further immersed ourselves by individually reading the transcribed data on several counts and highlighting key issues in the data as well as potential themes. Afterward, initial themes were generated.

We searched for themes by combining the relevant initial codes that were common and doing away with those that were odd and irrelevant to the study. We reviewed themes together in the fourth phase. At this point we revisited the data to be sure if the themes generated by the individual authors were those from the data. Each author had at least 10 themes. After long hours and days of meeting we agreed on the themes and named them for the final write up. This thematic process was important to the validity of this study as it ensured researcher triangulation, prolonged engagement with data, and an audit trail by individual authors.

Results

Participants

Participants' demographic information has been described in Table 1. The results presented in this study were from interviews conducted with 20 head-load carriers who were living and working in two major cities of Ghana (Grater Accra and Greater Kumasi). All participants had experienced at least one form of IPV from a current or previous husband or partner. The age of the participants ranged from 14 to 23 (with the mean age being 17.4), with 13 of them aged below 18 years (in Ghana a child is a person below the age of 18). A majority of the participants were children who had migrated from the northern part of Ghana, were unaccompanied, and were engaging in head-load carrying which is a highly physically demanding job. Apparently, the other seven who were above 18 started the head-load carrying job when they were under 18 years old, with three among the 20 participants

Table 1. Demographic characteristics of participants.

Total = 20 Females (n = 20)	
Age range	14–23
Age below 18	13
Age 18 or above	07
Age at first head-load carrying job	10–16
Educational level	
Basic School dropout	20
Marital status	
Living with a partner	13
Living with a friend	03
Living alone	04
Years in the abusive relationship	
One to two years	12
Three to five years	08
Number of children	
At least a child	17
No child	03
Frequency of abuse	
Twice a week	07
At least thrice a week	13
Ties with extended family	
At least phone call once a week	04
At least phone call twice a month	05
Hardly hear from extended family	11
Disclosure of abuse	
To an institution	02
To a family member or friend	05
Never disclosed	11
Ever tried to find a way to deal with IPV	20

stating they had started at age 10. All participants were school dropouts at the basic school level. During the interviews 13 of the participants were living with their husband or partner, three were living with their friends, and the remaining four were living alone. Seventeen of the participants at the time of interview had at least one child and three had no children. Seven of the participants recounted that they were abused by their husband or partner twice a week, with the remaining 14 experiencing it more frequently with an estimation of at least three times a week. It is essential to emphasize that a majority of the participants were not keeping ties with their extended family back home in the northern part of Ghana. Eleven of them could not remember the last time they spoke to a family member, while four and five of the participants were hearing from a family member at least once every week or two weeks respectively. Two of the participants had sought institutional support from a state institution (the Domestic Violence and Victim Support Unite of the Ghana Police Service [DOVVSU]). Seven had disclosed their abuse to a family member or friend at some point in their abusive relationship. A majority of the participants (11 out of the 20) had never disclosed their experiences of IPV to a third person prior to data collection. All the participants had tried to find a way to deal with their experiences of IPV.

Exploring head-load carriers experiences of IPV and coping strategies

All the 20 head-load carriers had experienced IPV at some point in their respective relationships. However, 18 out of the 20 participants did not perceive the first few incidents of IPV as an abuse that needed to be addressed. Some, even though they were beaten by their male partners during the early days of their relationships perceived it to be a "usual relationship fight". One of the participants recalled: "In fact there was some kind of fights few days in our relationship, but to be honest I did not count it as an abuse" (Participant 1). Others were of the view that the fights with their partners during the first few months of their relationship were caused by simple misunderstandings and considered them to be a learning phase in their relationship. Participant 2 in particular explained:

> At first, I thought I was not understood by my husband and things was going to change … hmmm! It never changed, as I tried to explain myself the beating and insults became worse. This continued when we had our first child so I felt something should be done.

The participants experienced all forms of IPV. A majority of the participants had been beaten by their partners to the point of sustaining injuries and bruises (some showed the marks they had sustained as a result of physical abuse). The use of derogatory words by their partners was the most common. All of the 20 participants revealed that insults and name calling were common language in their respective relationships. Sexual intercourse with a partner was non-negotiable, as male partners had threatened to beat them should they deny them sex at any time they want it. Seven out of the 20 participants had voluntarily aborted at least one unwanted pregnancy without the knowledge of their male partners. According to 11 out of the 20 participants, the money they made out of their physically demanding jobs (head-load carrying) were confiscated by their partners at some point in their relationship and efforts to resist or get repayment led to them being beaten.

After the abuse continued, the participants acknowledged how abuse had claimed the center stage of their respective relationships, and the danger it posed to their relationship and their general wellbeing, and they started to find a way to deal with it. Five overarching themes and

seven sub-themes emerged from the interviews: (1) resolving violence with self-explanation or fighting back (interpersonal coping approach) (2) preventing violence from happening with silence (intrapersonal coping approach), (3) disclosing to a friend or family member (socio-personal coping approach), (4) relying on prayers and hope, and (5) leaving the relationship.

Resolving experiences of violence with self-explanation or fighting back (interpersonal coping approach)

Fighting back

This coping strategy took the form of either fighting back against the abuser or taking time to explain themself during the early days of IPV to prevent future abuse: "I used to insult him back when he verbally abuses me – I faced him verbally and he knows I can do it better than him" (Participant 6). Trading of insults always led to a point where the strongest would apply other forms of violence: specifically slapping or hitting the weakest. In the case of most of the participants the strongest was the man and they were the weakest. One of the participants shared her experience:

> So, at first, when he started insulting me for no reason, I will also insult him back and it will be turned to a very heated argument . . . it ends by him beating me mercilessly. I am a lady, and I will always overpower him when it comes to insulting one another . . . that made him angrier and he will jump on me to beat me (Participant 4).

Some of the participants used to fight back by throwing objects at their male partners. Four of the participants adopted this approach with the aim of deterring their partners from continuously beating them. The participants recalled:

> When I used to be strong, I was not allowing him to beat me and go scot-free; I will throw anything my hands touched at him. I remember one time there was this wood we used to provide extra protection at the back of our door in the nights to prevent thieves from entering the room easily and when he let go of me during a fight I picked it and knocked him hard with it, he lied on the ground for more than 30 minutes before getting up again (Participant 10).

Another participant narrated her experience:

> It got to a time where everybody in the neighbourhood got to know us for one thing – my ex-husband will be beating me, and I will be insulting him on top of my voice and smashing his radio and phone on the ground (Participant 8).

The physical nature of this coping style (*fighting back*), adopted by some of the participants, sought to instill pain in their male partners as a means of deterrent, but only compounded issues as it increased the intensity of the abuse.

Apologizing, self-explanation and negotiation

Some of the participants, after realizing that their decision to fight back was intensifying the abuse, did not go along this tangent. Rather, they accepted that they were wrong (even though they had actually done nothing to warrant abuse) and tried to settle issues by rendering an apology to their male partners.

> . . . there was nothing I could do because it is like that in our place, men get what they want . . . sometimes I see it as my fault, and I apologize . . . I give in for sex whenever he demands (Participant 3).

A majority of the study participants opted to have a verbal discussion with their male partners to try and settle their differences. According to the participants this coping strategy was preferred because they thought it would help them explain themselves to their partners and enhance understanding between them: "At first I tried to explain myself so that he would understand me better, so after he insults or hit me I waited for him to be calm and try to have a talk with him" (Participant 18). For some, having a talk with their male partners toward desisting from beating them worked, but for a very short time. The participants lamented:

> I realized that he was hot tempered, so I would wait for him to come back to normal and let him know we could settle matters in a nicer way – he does agreed sometimes with me but after days he will do it again and throw blows at me like he is fighting a fellow guy (Participant 11).

Another participant used similar coping to resolve IPV perpetrated against her, but even though her partner would go on to apologize, his abusive nature never stopped. She explained:

> My ex-husband thought the only way to address issues between us was to threaten or beat me up, I thought otherwise and because I wanted our marriage to stand the test of time, I tried to help him change that behaviour by letting him know why he should exercise patience . . . sometimes he sided with me but nothing changed until I decided to leave (Participant 13).

Silent (intrapersonal coping approach)

Many of the participants sought to adopt a coping strategy that would not ruin their marriage and opted to stay silent about issues that always incurred the wrath of their partners. The intrapersonal coping approach explains the participants decision to bring an end to their experiences of IPV by themselves through keeping silent. It is essential to emphasize that the decision to keep silent as a coping mechanism was adopted after a majority of the participants had used the interpersonal coping approach of confrontation or apologizing to their partners: "I tried to be aggressive toward my partner anytime he tried to beat me, but I came to the realization that it was rather making him more aggressive and I was at the losing side, so I just opted to be silent about a lot of issues" (Participant 14).

Keeping silent was a coping strategy that sought to reduce violence and prolong their relationships. One of the participants explained:

> I remained silent and prayed that he would change. I did not bother about the abuse because I did not want to move out, since there was no better place to go. I could not do anything, first because of the child, tradition and what other relatives will say in case I take any action against him (Participant, 20)

The majority of the participants felt that the best way to prevent IPV in their relationships was to not fight back. Such participants felt they were part of the problem and were of the view that one "person cannot fight – it takes two people", so they should be nonreactive to their male partners or better still remain silent about issues that always cause violence in their relationships. One of the participants explained: "At some point I realized talking too

much or insulting him back was not solving the problem, so I decided to stop talking back when he was angry … I will just watch him ranting without uttering a word" (Participant 17).

Three additional themes of silence as coping strategy emerged from the participants narrations: (1) walking out of the house in silence, (2) silence and crying as emotional management, and (3) silence as culturally motivated.

Walking out of the house in silence

Others kept their silence and in addition walked out from the house. This was necessary because sometimes staying silent alone would not prevent the male partner from touching, slapping or hitting them. Below are some excerpts from the interviews:

> I would not entertain him when he starts it or when I realized he was becoming angry during conversations … sometimes, even when I was not fighting back he will still be walking towards me in anger wanting to hit me, when it gets to this point I walk out of the room to prevent him from beating me up (Participant 5).

Another participant revealed that:

> I came to know that when he was not intoxicated, he was a nice and loving person, but things turns out different when he drunk alcohol; he was a different person and got angry at me for no reason … during those time I tried to stay away from him and wouldn't talk back when he starts to insult me, but go to my friend's house (Participant 8).

Walking out of the house in silence proved to be an effective preventive and emotional coping strategy for the participants. Participant 19 shared her strategy:

> I always walk out of the house whenever he gets angry and starts insulting me because I know that if I talk back, he will beat me. I run from the house and by the time I return, he would have cooled down, so I quickly sneak in and sleep. The next morning, I wake up early and go to work before he wakes up, and at the workplace nothing will show that I fought with my husband because I work happily.

Silence and crying as emotional management

It is essential to emphasize that the silent strategy did not always prevent the participants from being abused by their male partners. Silence was employed as a preventive measure and at the same time emotional management. Some of the participants revealed that keeping silent about their experiences of IPV and crying was a way to get over their strains: "I could go three days without talking to him and will only be crying when I am in the house – when it happens like that he will come to me and apologize" (Participant 1). Other participants felt that crying relieved the negative emotions. Participants 15, in particular, said this: " … for me when I am sad, I cry and move on, I have come to accept it and I do not want to let people know so I deal with it by crying". This merges with a statement by one of the participants who was been abused during pregnancy and did not want to leave her abusive husband. She recounted:

> I was pregnant with him, so I wanted to deliver my baby since I had nowhere to go at the time. I am patient by nature so I could tolerate everything he did to me without worsening my situation. I was going through a lot, but I pretended like nothing was happening.

Silence as culturally motivated

Eleven out of the 20 participants' decisions to keep their experiences of violence to themselves were culturally motivated. To those participants finding a way to deal with their experiences of abuse by themselves was less emotionally draining than seeking external support. Participants cited traditional reasons for keeping their experiences to themselves. Some of the participants remained silent and would not talk about their experiences of abuse with a third person due to their traditional beliefs:

> I chose to stay with him because of the children . . . in our tradition you cannot always complain about your husband's abusive behaviours to your relatives or parents because such an act is seen as a disgrace – I did not report to any institution either because we believe it is not good for a wife to report her husband . . . you can do that if you want to leave the marriage, but if otherwise, you will spend the rest of your life not enjoy your marriage (Participant 15).

From the passage above, the participant perceived that being in an abusive relationship is a disgrace to the women. This is because according to their culture a woman will be abused by the husband if she does not perform her marital duties with perfection:

> If you do not deal with it by yourself, you end up making the problem worse by letting others know . . . they will then think that you are a bad wife – you know, they will think that you are the problem and you are not making the man happy that is why he is always beating you (Participant 16).

To that end, a majority of the head-load carriers who participated in our study refused to disclose their experiences to their friends, and the idea of reporting to an institution was barely considered. At the point when it became obvious that they had been abused, they preferred to cover it up. Participant 1, in particular said this:

> . . . I refused to tell anyone about the abuse I suffered at the hands of my husband – one day I had a black eye and I lied to my friends that I was cutting firewood and one hit my eye.

According to one of the participants covering up was a way to avoid the strains associated with the stigmatization associated with disclosing the experiences of IPV:

> If you are not having your peace of mind in the home you should have it outside . . . if `I tell my friends they will not respect me and will use it against me should I ever have issues with them – the best way is to keep to yourself; after all if you tell them what can they do about it (Participant 10).

Disclosing to a friend or family member (socio-personal coping)

Seeking external advice and support

In this study, nine out of the 20 participants had sought external advice or support from either a friend, family member or the police. We therefore interpret socio-personal coping to include participants' efforts made to prevent or deal with strains associated with IPV by

consulting a friend or family member for advice or reporting to the police (DOVVSU). In this study two out of the 20 participants had reported an incident of violence to the DOVVSU division of the Ghana Police. It is important to emphasize that these two participants did so upon advice from a friend or family member. The two participants had either divorced or separated during the interviews. For example, Participant 7 shared her experience:

> My ex-partner threatened to kill me and will always say if you do not leave, I will make you leave for ever . . . at the beginning I did not take it serious, but it got to a point that he was treating me like an animal – he could hit me with anything his hands can lift. It was difficult, but I gathered the courage to tell my brother when he pushed me to break my arm and wouldn't give me money to go to the hospital . . . my brother advised we report him to the police, which we did, and he was arrested.

Another participant who had reported the husband to the police and was no longer living with him shared her experience:

> I am currently living with a friend because I was afraid to live in the same room with him after I reported him to DOVVSU (participant 5).

Participant 5 further continued with a word of appreciation to her friend, revealing how she had been helpful during her time in the abusive relationship:

> For my friend, I do not know how to thank her; she has been there all the difficult times – her advice and words of encouragement has kept me to this time . . . there were times I planned to do something very bad but she made sure that did not happen.

Keeping ties with family and friends

The passage above describes the stories of seven participants who revealed their sources of strength were their friends and family members. Keeping ties with friends and family helped them cope with the strains associated with IPV. Participant 12 acknowledged:

> Our house was closer to my friend's and when my husband beats me and sometimes throws me out of the home, I go to her . . . there were times I got to her house very late in the night, disturb her sleep, but she wouldn't be bothered – her advice has been my source of inspiration.

Another participant narrated how her twin sister had been supportive:

> My twin sister knows everything because we share a lot of secrets . . . she calls to check up on me and encourages me – when I am feeling sad, I call her and we talk, she is always there to answer my calls (Participant 9).

Conflicting with these accounts were other participants who tried to seek help but ended up complicating their situation. Participant 8 shared the experience she had with her ex-husband's family members:

> My ex-husband had some family members in the area where we were living but when I informed them about how he was treating me they admonished me to stop insulting their brother – I felt very bad because I was not that kind of wife for them to be treating me that way.

According to one of the participants the effort she made to get her husband to change his abusive ways ended up in a death threat. She recalled:

> There was a time I spoke to a very respected man in the community who my husband used to work for about the situation . . . was thinking the advice of the man could change him but he came from the man feeling angry and told me that he will one day- kill me and commit suicide if I ever report him to any person again (Participant 4).

Some of the participants only talked about their experiences of IPV with friends on the basis that the friend opened up on their abusive experiences. Participant 10 in particular explained:

> I talked about my marital issues with my friends because they are in the same situation and we take comfort from each other . . . they know when my husband does something bad and I know theirs – we advise each other.

Prayers and hope

In this study, 15 out of the 20 participants at some point believed their problems would be solved through prayers. After adopting various strategies with the aim of dealing with their experiences of IPV (which had yielded limited positive outcomes) God was their only hope: "it is only God who can change the heart of my husband, I have come to believe that the only way out is to cry to God" (Participant 2). The cultural and religious belief systems of such participants discourage divorce and separation. This presented them with one option and that was staying in their respective marriages with hope for change. Participant 20, in particular lamented:

> I have tried to leave the relationship for more than four times . . . no member in my family would support the idea and you know in our tradition you cannot just wake up one day and say you have divorced; you go through almost the same process for the marriage . . . now I have seen that leaving is not an option, so I always pray to God to help me go through this.

Another participant who resorted to prayers did so because she thought that was the only option since she had nowhere to go with her three children should she leave the abusive relationship. She emotionally said this:

> Brother, I have children with him, if I leave the marriage where am I going . . . I cannot think of how I will do it with my children. I believe in God and I know one day he will change (Participant 16).

Another participant was of the view that the husband was under a spell and only God can change him:

> I know him and he was not like that, all these started when he started seeing other women – I believe one of these women has used Juju (black magic) on him so I need to pray hard . . . it is now that he needs me to intercede on his behalf (Participant 17).

Another participant, 14, said this with hope in prayer:

> I believe that everything happens by the will of God, He makes peace between us whenever we fight, so I just have to rely on Him.

Leaving the relationship

Five of the participants had either divorced or separated due to their experiences of IPV. To these women leaving the relationship was the last option. This was after they had tried engaging with their ex-partners to discuss why they should use approaches other than abuse to address their differences; keeping silent about the situation; and seeking external support and prayers. They arrived at the hardest decision, that was to leave the relationship. Participant 8, in particular shared her experience:

> I had done all a woman should do to keep her marriage, none of them got to his head . . . he would never change even if I had stayed with him till present – after some advice from friends I brought an end to it, it was difficult at the time, but I am alive because of that decision.

Another participant whose partner threatened to kill her strongly believed that the decision to leave the relationship was a good one:

> Imagine the person you live with always threatening to kill you and showing signs . . . what would you do – I was convinced after I reported him to the police that was the end, because if I had not listened to my brother and went ahead to live with him I would have been a dead person by now (Participant 7).

Participant 4 shared the same sentiment as participant 7 and 8. She starkly said:

> A man beats you for no reason and goes ahead to say you have reported him to somebody so he will kill you when that is repeated. For me, I did that with the hope that it would put fear in him – it ended up escalating issues, so I said enough is enough.

Discussion

IPV produces physical injuries, sexual and reproductive health complications and psychosocial problems. It is unequivocal that the above listed outcomes of IPV threatens the general wellbeing of individuals who experienced violence. In the coping literature, past and present scholars have reasoned that, most often, a situation such as IPV that threatens the general wellbeing of victims enhances the creation of response strategies that may seek to prevent it or deal with the emotions associated with it (Folkman & Lazarus, 1980; Lazarus, 1991; Puente-Martinez et al., 2019; Yoshihama, 2002; Zakar et al., 2012). In this study, 20 female head-load carriers who had experienced IPV in their current or previous relationships have narrated the strategies they adopted to try to deal with it.

It is essential to note that the coping strategies reported in this study such as silence; confrontation; prayers; and seeking friends, family, and institutional supports have featured in prevailing IPV coping literature (see Katiti et al., 2016; Puente-Martinez et al., 2019; Zakar et al., 2012). Nevertheless, the analysis performed on our findings seems to suggest a lineage of coping strategies, which is consistent with Jones and Vetere (2017) study. After becoming aware of the threat of abuse by their male partners and acknowledging the effect this had on their general wellbeing, 12 out of the 20 participants adopted a step-by-step way to deal with it. For example, the participants adopted silent (intrapersonal) coping after they were convinced that the initial interpersonal approach of confronting (apologizing or fighting back) their partners achieved limited or no results. They adopted a socio-personal approach of seeking help or advice from family, friends, or an institution when

they realized their problems could not be solved by just keeping silent. Further, the participants resorted to prayers and later a few made the decision to leave their respective relationships when it was the last option left for them to save their lives.

Data presented in this study suggest that the sequence of measures that were taken by the participants were directed toward finding solutions to their abusive experiences. Folkman and Lazarus (1980) reasoned that "coping efforts serve two main functions: the management or alteration of the person-environment relationship that is the source of stress (problem-focused coping) and the regulation of stressful emotions (emotion-focused coping)" (p. 223). We must add that the coping adopted by the participants in this study went beyond emotional-focused and problem-focused – there was also child(ren)-focused coping. Some of the participants endured the stresses posed by IPV due to their children. This has implications for policy and research.

In the IPV coping literature, reports on individuals who experienced IPV seeking formal or informal support did not give detailed accounts on how and when they arrived at such decisions (see Pels et al., 2015). We must emphasize that, in the current study, traditional and religious beliefs shaped participants' coping decisions. In fact, this is not the first study conducted in the sub-Saharan Africa region to point to the influence of culture and religion on the decisions of individuals who experienced IPV (Akinsulure-Smith et al., 2013; Katiti et al., 2016). In addition to culture, participants' help-seeking decisions were influenced by their children (Sigalla et al., 2018). As explained in Sigalla et al.'s (2018) study, in most sub-Saharan Africa cultures, marriage is a union between families. Therefore, divorce and separation are supposed to be backed by the extended families of both parties. As reported in the current study, the participants were culturally wrong to be reporting incidents in their respective marriages to a third person. Given the above points, coupled with the inherent limited access to formal support services for victims of IPV and their children (Ogundipe et al., 2018), it is understandable that the head-load carriers adopted varying coping measures that strived to prioritize intrinsic strategies (interpersonal and intrapersonal coping) over extrinsic supports (socio-personal coping).

Interpretation of data to a larger extent illuminates the cultural and resource space within which the head-load carriers tried to deal with their situation. At the same time, it helps to explain the participants' quests to deal with the emotions associated with IPV, and when possible prevent it from continuing. The study suggests that some of the participants felt comfortable disclosing their experiences to family members, while others were silent about it. According to Okenwa et al. (2009) a majority of sub-Saharan African women do not disclose intimate partner related abuses, and the few who do prefer disclosing to family members rather than institutions. Culturally, disclosing marital issues is perceived in most sub-Saharan Africa countries as inappropriate (Katiti et al., 2016). However, in the current study a majority of the head-load carriers who gathered the courage to disclose to their family members attested to the fact that they were supported emotionally, while some left their respective relationships to put an end to their experiences of IPV.

In the coping literature, assessment and evaluation of situations prior to a decision on how to deal with a particular problem are well documented (Lazarus & Folkman, 1984; Puente-Martinez et al., 2019; Zakar et al., 2012). As reported in the current analysis, individuals in abusive relationships adopt a particular coping strategy depending on how it conforms to their respective culture and the resources at their disposal (Abraham, 2005; Zakar et al., 2012). To that end, there is no one tailored-to-fit form of coping strategy to be

adopted by victims of IPV. This is evident from the current study and the few studies conducted in the sub-Saharan Africa region; the most common reported coping strategies adopted by individuals who experienced IPV are silence, prayers, self-blaming, and seeking help from family and friends (Itimi et al., 2014; Ndie et al., 2018). The role of culture, as far as these coping decisions are concerned, is evident in studies conducted with African immigrants living in highly industrialized countries such as the United States of America. Those studies suggested that a majority of women from an African background resorted to prayers and hope for change as their coping strategies to deal with IPV strains (Akinsulure-Smith et al., 2013; Ting, 2010). This has implications for policy and future research.

Limitation of the study

In this study, the number of head-load carriers who were contacted but refused to be part of the study was a limitation. Our observations revealed that a majority of head-load carriers looked older (and might have been in their respective relationships for longer) and could have been in the position to add depth to the data. While we still managed to recruit some head-load carriers, and reached saturation during data collection, the majority of our participants had been in the intimate relationship for one to two years and were below the age of 18. This might have affected the depth of data because during the interviews we observed that the participants who had been (or still were) in the intimate relationship for more than three years had explored an array of coping strategies. Their narrations consisted of an amalgam of coping compared to a majority of those who had been (or still were) in an abusive intimate relationship for two years or less. Another limitation was conducting some of the interviews in the marketplaces. Aside from this interrupting the flow of the interviews, there was noise in the audiotape that made us spend more time during transcription.

Future research should investigate the factors that influence disclosure of IPV experiences among survivors. Such studies could provide valuable data to agencies such as Domestic Violence and Victim Support Unit [DOVVSU] and Ghana Ministry of Gender, Children and Social Protection [MGCSP] that will inform policies and practice. Another qualitative study is needed to understand which coping strategy works, as well as how survivors of IPV will be assisted to cope with their experiences. We also recommend a clinical and therapeutic study that will contribute to the understanding on how the coping strategies adopted by the head-load carriers helped them manage the stresses associated with IPV.

Policy and practice implications

The data underline the experimentations of coping adopted by head-load carriers as they tried to deal with their experiences of IPV and explain the need for policy consideration. The KYA, as the mouthpiece of head-load carriers, can seek support from the MGCSP to embark on advocacy that focuses on changing policies and traditions that indirectly or directly discourage reporting issues relating to IPV. The National Commission for Civic Education [NCCE], Ghana (the organization tasked with the responsibility for public education and sensitization) should educate the public on the prevalence and consequences of IPV, particularly among economic migrants such as head-load carriers. This is essential because the current analysis

suggests that individuals who experienced IPV are stigmatized and blamed for being victimized by their partners. We suggest that, given that Ghana is a religious community with almost 90% of the population belonging to the Christian or Islamic religion (71% Christians and 18% Muslims), the NCCE can use the platforms of these religious groups to educate the public on matters relating to IPV. Additionally, counseling services are needed to support the head-load carriers with their coping decisions. Access to counseling by this population is important given the experimental (trial and error) nature of their coping decisions. The KYA can collaborate with stakeholders, such as the Department of Social Welfare to make counseling services available and easily accessible for the head-load carriers. We believe that, when this is done, the head-load carriers will be helped to make decisions that best address their current and future needs at a time when they are trying to avoid stigma and public reproach, considering the economic consequences of divorce (separation), and dealing with the strains associated with IPV.

The above recommendations are more feasible if the state and other stakeholders are able to empower head-load carriers. Information and financial empowerment are essential to this course of action. The KYA should create an education department that will raise awareness in all head-load carriers about the nature of IPV, how it starts, the need for early help-seeking and where to seek help. The Government of Ghana through its MGCSP and DOVVSU should create an IPV support scheme. The scheme should ensure that victims and their children alike are supported financially and are provided with a safe space.

Conclusion

The study has explored the coping strategies adopted by 20 head-load carriers who have experienced IPV. IPV takes the form of physical, sexual, psychological, and financial abuse etc. and its consequences (physical injuries, reproductive health complications and mental health problems) threaten victims' lives and general wellbeing. As it was argued by Lazarus (1991) human beings by nature will develop coping responses that focus on discontinuing a stressful situation and enhance adjustment to managing the strains associated with it. Nonetheless, the data presented in our study shows that coping responses do not always mitigate problems as intended by the individual who adopted the coping strategy. The participants in this study hopped from one coping strategy to another, and yet struggled to address the consequences associated with their experiences of IPV. IPV is perpetrated against individuals and directly affects the general wellbeing of the person, but the findings from our study have shown that, while it may start as an individual problem, the solution to addressing it and the associated consequences requires collective effort and state level intervention.

This paper has made a significant contribution by giving a voice to a population (head-load carriers) whose experiences of IPV and coping strategies are seldom reported in national and international literature. To this end, the findings will be an important reference and guide to policy makers and practitioners, as well as researchers in their effort to address IPV and related consequences. Based on the data we have conceptualized that coping strategies adopted by the head-load carriers were primarily sequential in the order of interpersonal coping, intrapersonal coping, socio-personal coping, prayers and hope, and leaving the relationship.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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