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ORIGINAL ARTICLE

Help-Seeking Behavior of Female Victims of Intimate Partner Violence in Ghana: The Role of Trust and Perceived Risk of Injury

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Abstract
Although several studies have investigated the socio-cultural underpinnings of intimate partner violence (IPV) in Ghana, few explore the help-seeking behavior of the victims. This study examined the help-seeking behavior of female victims of IPV in Ghana. Specifically, it explored the role of perceived risk of injury and trust in determining whether and where victims seek help and their likelihood of seeking help in the event of future abuse. The study used nationally representative cross-sectional data ($N = 1689$) and logit regression techniques to address these research objectives. The majority of respondents who had suffered IPV had not sought help after experiencing violence. However, of these, a substantial proportion said they would do so in the future. Respondents with high perceived risk of injury from physical and emotional violence were significantly more likely to seek help from both formal and informal support networks than those who saw themselves at no risk. Those with high levels of trust in formal and informal institutions were more likely to seek help from these networks. Compared to those who did not, respondents who thought IPV should be kept private were less likely to seek help, especially in future abuse. Finding suggest policy makers should educate women about IPV, especially their risk of violence.

Keywords Ghana · Help-seeking · Trust · Risk perception · Intimate partner violence

Introduction

Intimate partner violence (IPV) is a global phenomenon that cuts across culture, class, ethnicity, religion and age (Oyeridan and Isiugo-Abanihe 2005; Kishor and Johnson 2006; Panda and Agarwal 2005; Dienye and Gbeneol 2009). Globally, an estimated 35% of women have experienced physical and/or sexual intimate-partner or non-partner violence (WHO 2013). In Ghana, one in three women has been beaten, slapped, or physically abused by a current or recent partner (Bowman 2003). Previous research has examined the socio-economic and cultural underpinnings of IPV in Ghana and other sub-Saharan African countries (see Tenkorang et al. 2013; Sedziafa and Tenkorang 2015; Nwabunike and Tenkorang 2017; Amoakohene 2004; Ofei-Aboagye 1994; Oyeridan and Isiugo-Abanihe 2005). However, this literature is limited to unravelling factors that perpetuate IPV, with little empirical assessment of the help-seeking behavior of victims of IPV in Ghana specifically or the rest of sub-Saharan Africa more generally.

This gap in the literature is unfortunate, given Ghana's high level of IPV and the known value of help-seeking. The extant literature, mostly from western industrialized countries, notes that women who seek help are more likely to leave abusive relationships; their chances of re-victimization are also reduced. Help-seeking introduces women to counseling services, equips them with important information and provides them with networks that help them make choices that reflect their best interests (Ofstehage et al. 2011; Coker et al. 2002, b; Thompson et al. 2000; Tenkorang et al. 2016). But victims of IPV rarely look for help in developing countries; such services may be limited or non-existent or victims may fear that seeking help will increase their risk of re-victimization or expose their immediate family to danger (Cho and Kim 2012).

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There are no comprehensive studies on the help-seeking behavior of female victims of IPV in Ghana; we do not know what facilitates or militates against looking for help. The study described here took a first step in this direction by investigating the role that victims' trust in formal and informal institutions and their perceptions of the risk of injury from violence play in their help-seeking behavior. Findings should help service providers and policy makers address the challenges confronting victims in accessing domestic violence services and support in Ghana.

Help-Seeking Behaviors of Female Victims of IPV

Help-seeking is an important part of the process of finding solutions to domestic and intimate partner abuse. The literature discusses several avenues available to female victims of IPV, categorizing them as belonging in one of two groups: *formal* or *informal avenues*. Formal support networks or avenues consist of institutions or individuals trained to provide professional help; these include the police and other law enforcement agencies, social service organizations (such as DOVVSU in Ghana), physicians, religious institutions and members of the clergy, domestic violence advocates etc. Informal support for domestic violence victims often derives from networks that are closer to the victim and are easily accessible; these include family members, friends, children and acquaintances within the community (Djikanović et al. 2012; Tenkorang et al. 2016).

Anecdotal evidence indicates that in the majority of sub-Saharan African countries, including Ghana, informal networks mostly serve as the initial support mechanism, providing tremendous help for victims who decide to seek help. This partially explains why informal support networks are popular among help-seekers, but it does not explain why formal support networks remain unpopular. In a study of the various influences on victims' help-seeking behaviors, Liang et al. (2005) draw on theoretical models emphasizing victims' internal cognitive processes and their placement within larger socio-economic and cultural contexts. They identify three sequential cognitive steps taken by victims of violence before they seek help: defining and problematizing violence, deciding whether to seek help and choosing where to go.

The first stage—the problem recognition stage—is crucial; it determines whether the victim will continue or cut short the whole process. While numerous factors contribute to how victims define and problematize IPV, we argue that the victim's perception of her possible injury from violence is important to problem recognition and, consequently, to help-seeking behavior. In this paper, we conceptualize perception of risk of injury as a woman's assessment of a negative outcome or danger associated with intimate partner violence. Although it is a subjective judgement/measurement, the concept may reflect real risks, especially as such perceptions are based on the victim's own experiences of violence.

No studies have empirically assessed the contribution of victims' perceived risk of injury to their help-seeking behavior, although several studies have examined severity of violence—the basis of such perceptions— on help-seeking behavior (Leone et al. 2007; Tenkorang et al. 2016; Parvin et al. 2012). These studies find severity of violence is significantly associated with victims' decisions to seek help and even their choice of help provider (see Cho and Kim 2012; Coker et al. 2002, b; Goodman et al. 2003; Parvin et al. 2012; Hollenshead et al. 2006; Tenkorang et al. 2016). For instance, using the Nigerian Demographic and Health Survey, Tenkorang and colleagues found that Nigerian women who experienced severe forms of physical and emotional violence were significantly more likely to seek help from both formal and informal support networks than those experiencing less severe violence. By the same token, Leone et al. (2007) say the severity of violence is strongly associated with contacting the police and/or a medical agency in the United States.

Thus, the literature suggests that women who perceive a high level of risk, or put otherwise, who perceive there is a strong likelihood of severe violence, are more likely to disclose their status as IPV victims and seek help. If a woman's motivation to seek help meets with institutional and systemic failures, however, her belief in her ability to get help will be eroded. Simply stated, she will lose her trust in helping institutions.

Although considered important to organizational life, trust is difficult to define (Rousseau et al. 1998). Bauer conceptualizes trust as the 'probability that quantifies the subjective belief that a trustee will behave in a trustworthy manner' (Bauer 2017:4). Domestic violence service providers can be considered trustees who are expected to behave in a trustworthy manner by victims. When the expected behavior does not materialize, trust is withdrawn from these trustees and their respective institutions. The lack of trust in these institutions (both formal and informal) may be amplified if victims' experience of the services provided is negative (Djikanović et al. 2012; Evans and Feder 2014). This is a problem in many sub-Saharan African countries where institutions are inept and corrupt and may compromise the confidentiality of information provided (Steinbrenner 2014).

Few studies examine the effect of trust in formal and informal support networks on victims' help-seeking behaviors in either Ghana specifically or sub-Saharan Africa more generally. The majority of the literature focuses on developed countries, and this work is primarily qualitative. For instance, in their qualitative study of the help-seeking behavior of African women in the United States, Paranjape et al. (2007) discover that a lack of trust in the system and people in positions of authority are major barriers to seeking and obtaining help. In a related study of 31 women seeking help from domestic

violence agencies in the United Kingdom, Evans and Feder (2014) find that lack of trust and fear of the loss of confidentiality hinder women from disclosing abuse to professionals in statutory agencies, including the police and physicians. Although the literature suggests victims' trust in institutions is crucial to their help-seeking behavior, however, no study has used survey data to test the relationship.

Socio-cultural norms that emphasize family privacy may also demotivate victims from disclosing their status and seeking help (Liang et al. 2005; Tenkorang et al. 2016). For example, Ghanaian women are socialized to believe conflicts within the family must be kept private and out of the public space. Ampofo and Prah (2009) say women who violate these cultural proscriptions are socially sanctioned by the family. As a result, if women believe IPV is a private issue, they may be unwilling to seek help.

Finally, the socio-economic and demographic characteristics of female victims of IPV may be important, although previous literature is inconclusive on their relationship with help-seeking behavior. Some researchers find women's background characteristics have limited relevance. For example, in their analysis of the help-seeking behavior of Nigerian women, Tenkorang et al. (2016) show that women's religious background, age and their place of residence have no statistical association with their help-seeking behavior. Others report significant socio-economic and demographic differences between female victims who seek help and those who do not (see Okenwa et al. 2009; Kim and Gray 2008). For example, educated and wealthy women are significantly more likely to seek help after suffering IPV than uneducated and poor women (Okenwa et al. 2009). Given this argument, then, in our examination of the effects of perceived risk of injury and trust, we controlled for the socio-economic and demographic characteristics of the women in our sample.

Data and Methods

To address the objectives of this study, we used a nationally representative cross-sectional survey of about 2289 ever-married Ghanaian women aged 18 years and above. Data were collected as part of a larger project examining the socio-cultural underpinnings of intimate partner violence (IPV). The survey data came from the first phase of data collection in May to August 2017. Future work will include a qualitative inquiry into the experiences of domestic violence and help-seeking behavior of some of the women surveyed for the quantitative component of the project.

The project employed a multi-stage sampling strategy to recruit respondents, similar to other domestic violence surveys conducted in Ghana (see the Demographic and Health Surveys and the Ghana Family Life and Health Survey). First, simple random sampling was used to select two districts from each of the 10 administrative regions in Ghana for a total of 20 districts. Systematic random sampling was then employed to select two communities from each district, while ensuring that the communities were stratified by rural/urban residence. Knowledge of the communities within the districts was obtained from the most recent version of Ghana Statistical Service's Gazetteer. In all, 40 communities were randomly selected. Respondents for the survey were interviewed from randomly selected households. To ensure privacy and confidentiality, one woman was selected for interview in each selected household. For the purposes of this study, we restricted our sample to 1693 women who had ever experienced IPV.

Data Collection and Protocol

For the data collection, 20 research assistants (RA) and data enumerators were recruited and trained at the Institute of Statistical, Social and Economic Research (ISSER), University of Ghana. Each RA was assigned to a district and, by default, two randomly selected communities within the district. Several training sessions were held with the RAs at ISSER before data collection. All RAs could fluently speak English and other major Ghanaian languages specific to their communities. All had participated in several research projects in the past. The RAs' research experience helped them establish rapport with respondents quite easily and expedited the data collection process. Before data collection, questionnaires were pre-tested on about 5% of the sample and modified accordingly. Respondents used in the pre-testing phase did not participate in the main study. Some instruments used in this study were adapted from the 2008 Ghana Demographic and Health Survey and the 2015 Ghana Family Life and Health Survey (see Ghana Statistical Service, Ghana Health Service & ICF Macro 2009; Institute of Development Studies, Ghana Statistical Service & Associates, 2015). Face-to-face interviews (FTFI) were used to solicit information from respondents. Rathod et al. (2011) have demonstrated that FTFI yields higher report rates and greater accuracy in self-reporting of domestic violence. FTFI is also appropriate in contexts where the population is not very literate; importantly, it allows interviewers to cross-check inconsistent answers before data cleaning.

Ethical Considerations

Ethical clearance for this study was received from the Interdisciplinary Committee on Ethics in Human Research (ICEHR) at Memorial University of Newfoundland and the Ethics Committee for the Humanities (ECH) at ISSER, University of Ghana. Having worked on previous projects on domestic violence, we recognized the ethical and methodological challenges confronting researchers who deal with such sensitive topics. We worked in accordance with the

World Health Organization's ethical and safety recommendations on domestic violence (see WHO 2001; Ghana Statistical Service 2009) and took precautions to ensure the safety and confidentiality of respondents and the safety of team members and research assistants. First, as consistent with WHO's guidelines, only one woman was interviewed in each household. This provided some level of assurance to the respondent that no one else would know the type of questions asked. Second, as part of the protocol to minimize risks, research assistants were carefully selected and trained to be responsive to the sensitivities of respondents. Interviews were conducted privately and respondents' consent fully sought. Participation in the research process was voluntary, and participants were allowed to freely choose, reschedule, or relocate the time and place of interview. Participants were informed about the benefits and potential risks of the research. Pseudonyms were used to hide their identity.

Measures

Given our interest in examining the help-seeking behavior of female victims of IPV (physical, sexual, emotional and economic) in Ghana, we employed two main outcome variables. The first was a variable derived from two questions that asked if respondents had ever tried to seek help after experiencing violence and from whom they sought help. While the first question was dichotomous ('yes' or 'no'), the second question gave several options, including family, friends, neighbours, lawyers, doctors, social service organizations etc. The second variable was transformed into *formal* and *informal avenues* as theorized in the introduction. We then created a polytomous outcome with the categories 'did not seek', 'sought help from formal avenues' and 'sought help from informal avenues' using the two dichotomous variables. The other outcome variable was binary and asked respondents how likely they were to seek help in case of future abuse. The response categories for this outcome were 'less likely' and 'likely'.

Our focal predictor variable, 'perception of risk of injury from IPV', was measured by four questions asking respondents for their perceived risk of injury from physical, sexual, psychological/emotional and economic IPV. Response categories for all four predictors included 'no risk = 0', 'small risk = 1', 'moderate risk = 2' and 'high risk = 3'. The other focal variable, 'trust in institutions', was created from a series of questions asking how much respondents would trust the following formal and informal services: 'family', 'husband/partner's family' 'current/last/late husband/partner' 'male friend', 'female friend', 'neighbour', 'police', 'religious leader', 'lawyer', 'doctor' and 'community leader'. Three latent variables were created from these options using Principal Component Analysis (PCA). The first three loaded together on a latent variable called *trust in family members*; the next three loaded on another latent variable called *trust in friends*; and the last five loaded on a latent construct called *trust in formal sources*. Factor loadings for the various items ranged from 0.6 to 0.827, and reliability coefficients (Cronbach's alpha) were 0.653, 0.694 and 0.823. Higher and positive values on these scales meant respondents had higher levels of trust; lower and negative values meant the opposite. Other predictors included in the analysis were first, whether respondents thought IPV should be kept private (no = 0 and yes = 1) and, second, the extent to which they felt safe in their relationships (very unsafe = 0, somewhat unsafe = 1, somewhat safe = 2, and very safe = 3). Socio-economic and demographic predictors were included in the analysis as control variables: education (no education = 0, primary education = 1, junior high school = 2, senior high school = 3, technical/vocational = 4 and higher education = 5); occupation/employment status (not employed = 0 and employed = 1); household income measured in Ghana Cedis; age of respondents measured in complete years; religion (Christians = 0, Islam = 1 and Others = 3); ethnicity (Akan = 0, Ga Adangbe = 1, Ewe = 2, Northern tribes = 3 and Others = 4); and residential status (rural = 0 and urban = 1).

Analytical Strategy

We employed two main outcomes – a polytomous and a binary outcome. The polytomous and unordered nature of the first outcome required that we use multinomial/nominal regression models. A multinomial model generates a K-1 set of parameter estimates and compares different categories/outcomes on the dependent variable to a certain base category/outcome (Tenkorang et al. 2016). In this study, the base outcome was women who did not seek help after experiencing IPV. Thus, we compared respondents who did not seek help (base outcome) to those who sought help from formal or informal sources. We used binary logistic regression for the second outcome, given our interest in comparing women who indicated they were less likely to seek help to those who were likely to seek help in the event of future abuse.

When a multi-stage sampling strategy is used in data collection, the data are likely to be complex. In this case, with respondents nested within communities and districts, there was a strong potential for clustering that might result in bias to standard errors. We dealt with the problem of clustering in the data by building binary and multinomial logit models with random intercepts using the Generalized Linear Latent and Mixed Methods (GLLAMM) available in STATA (see Rabe-Hesketh et al. 2004). This technique allowed us to estimate the magnitude and significance of clustering while adjusting for potential bias to standard errors.

To describe the data, we performed univariate, bivariate and multivariate analyses. While the bivariate analyses estimated the gross effects of the predictors on the outcomes, the multivariate analyses estimated the net effects. We performed

Table 1 Distribution of selected dependent and independent variables

	Total sample N = 1693 (mean or %)	*Help-seekers* N = 640 (mean or %)	*Non-help-seekers* N = 1053 (mean or %)
Dependent variables			
From whom did you seek help?			
Did not seek help	62.2	–	–
Formal sources	11.3	–	–
Informal sources	26.5	–	–
How likely to seek help in the future?			
Less likely to seek help	–	18.1	54.4
Likely to seek help	–	81.9	45.6
Independent variables			
Risk of injury due to physical violence			
No risk	52.8	40.4	59.9
Small risk	29.5	33.2	27.4
Moderate risk	10.8	15.0	8.5
High risk	6.8	11.3	4.2
Risk of injury due to sexual violence			
No risk	54.6	50.9	56.2
Small risk	33.9	36.8	32.5
Moderate risk	8.1	8.8	7.8
High risk	3.4	3.4	3.4
Risk of injury due to emotional violence			
No risk	31.1	19.6	37.6
Small risk	38.1	35.1	40.3
Moderate risk	19.9	28.1	15.1
High risk	10.9	17.2	7.1
Risk of injury due to economic violence			
No risk	42.5	32.4	48.7
Small risk	30.3	31.2	29.4
Moderate risk	14.2	16.6	12.8
High risk	13.0	19.7	9.1
Relationship safe?			
Very unsafe	3.9	7.1	1.9
Somewhat unsafe	6.9	9.8	5.4
Somewhat safe	35.1	42.9	30.7
Very safe	54.1	40.2	62.0
Should IPV be kept private?			
No	65.9	78.1	58.9
Yes	34.1	21.9	41.1
Trust in formal sources (−2.47 to 1.43)	.131	.131	.131
Trust in family members-informal (−3.02 to 1.20)	.186	.186	.215
Trust in friends-informal (−1.74 to 2.09)	.036	.374	−.012
Socio-economic & demographic controls			
Educational background of respondents			
No education	21.3	22.7	20.2
Primary education	20.4	18.4	21.9
Junior high school	24.9	27.7	23.3
Senior high school	14.7	14.4	15.1
Technical/vocational	8.2	8.0	8.1
Higher education	10.5	8.9	11.4

Table 1 (continued)

	Total sample $N = 1693$ (mean or %)	*Help-seekers* N = 640 (mean or %)	*Non-help-seekers* $N = 1053$ (mean or %)
Are you employed?			
Not employed	29.6	31.4	28.5
Employed	70.4	68.6	71.5
Income of respondents (mean)	228	204	239
Residence			
Rural	50	48.6	51.0
Urban	50	51.4	49.0
Ethnicity of respondents			
Akan	35.2	32.2	36.6
Ga Dangbe	12.5	8.6	15.1
Ewe	21.8	23.6	20.8
Northern tribes	21.7	23.9	20.4
Others	8.8	11.7	7.1
Religious denomination			
Christians	72.2	68.3	74.4
Islam	19.5	19.7	19.7
Others	8.3	12.0	6.0
Age of respondents (mean)	37.7	36.0	37.6

three main sets of multivariate analysis. The first used the total sample ($N = 1689$) to examine the effects of perceived risk of injury and trust on respondents' decision to seek help and their chosen help-seeking avenues controlling for socio-economic and demographic characteristics. The sample was then split into *help-seekers* (those who sought help—$N = 640$) and *non-help-seekers* (those who did not seek help—$N = 1049$). The second and third sets of analysis focused on the *help-seekers* and *non-help-seekers*. More specifically, we explored the role of perceived risk of injury and trust on respondents' likelihood to seek help if they experienced future abuse.

Results

Table 1 shows a univariate distribution of selected dependent and independent variables. It is evident that the majority of women in the sample (62.2%) did not seek help after experiencing IPV. Even if they sought help, they were more likely to contact informal support (families, neighbours, friends) than formal support (26.5% vs 11.3%). The majority of women did not perceive they were at risk of injury from physical and sexual violence, but did perceive a risk of emotional and economic violence. Nevertheless, most felt very safe in their relationships (54.1%) and did not think IPV should be kept private (65.9%). It is also evident that respondents had high levels of trust in both formal and informal support systems, although trust in informal avenues, specifically the family, was relatively higher.

When we asked who would seek help if they experienced IPV in the future, we discovered that 18.1% of the *help-seekers* were less likely to seek help in the future. In contrast, among the *non-help-seekers*, many more (45.6%) were now willing to seek help if they encountered IPV in the future. We also observed differences in several predictors between the two samples. For one thing, the majority of non-help-seekers felt their relationships were very safe (62%), but this was not the case for the help-seekers (40.2%). For another, a substantial proportion (41.1%) of non-help-seekers thought IPV should be kept private, compared to 21.9% of the help-seekers. We found the perceived risk of injury from physical, emotional, sexual and economic violence was higher for the help-seekers than the non-help-seekers. Finally, compared to non-help-seekers, the help-seekers had higher levels of trust in their friends.

Bivariate analysis for the selected dependent and independent variables is shown in Table 2. Generally, respondents were more likely to seek help from both formal and informal sources if they perceived their risk of injury from physical, economic and emotional violence was moderate or high than if they had no sense of risk. Trust was a significant predictor of women's decisions to seek help. Women with higher levels of trust in formal support services were 41% more likely to seek help from these networks. Similarly, those with higher levels of trust in friends were 31% more likely to seek help from formal support networks. However, when women had higher levels of trust in their families, they were about 33% less likely to seek help from formal support networks. Finally, women who believed IPV should be kept private were significantly

Table 2 Bivariate analysis of help-seeking behaviors of female victims of IPV in Ghana, 2017

Independent variables	From whom did you seek help?		Likely to seek help in future?	
	Formal	*Informal*	*Help-seekers Likely*	*Non-Help-seekers Likely*
Risk of injury due to physical violence				
No risk	1.00	1.00	1.00	1.00
Small risk	1.67 (.205)***	1.65 (.149)***	1.30 (.301)	.983 (.183)
Moderate risk	1.80 (.284)**	2.67 (.196)***	1.17 (.357)	.651 (.298)
High risk	3.56 (.279)***	2.24 (.233)***	3.42 (.484)***	1.12 (.377)
Risk of injury due to sexual violence				
No risk	1.00	1.00	1.00	1.00
Small risk	1.72 (.184)***	1.23 (.141)	1.72 (.283)**	.949 (.179)
Moderate risk	1.16 (.345)	1.40 (.234)	1.73 (.435)	.733 (.303)
High risk	1.60 (.457)	1.57 (.347)	1.47 (.655)	2.06 (.291)
Risk of injury due to emotional violence				
No risk	1.00	1.00	1.00	1.00
Small risk	1.03 (.225)	1.69 (.166)***	1.72 (.347)	1.37 (.174)
Moderate risk	1.69 (.254)**	3.46 (.187)***	.910 (.343)	1.08 (.249)
High risk	3.46 (.264)***	2.89 (.216)***	1.40 (.379)	.817 (.319)
Risk of injury due to economic violence				
No risk	1.00	1.00	1.00	1.00
Small risk	1.32 (.211)	1.36 (.152)**	.957 (.312)	.745 (.184)
Moderate risk	1.74 (.253)**	1.72 (.191)***	.785 (.354)	.495 (.255)***
High risk	1.95 (.258)***	1.83 (.197)***	.771 (.332)	.799 (.285)
Relationship safe?				
Very unsafe	1.00	1.00	1.00	1.00
Somewhat unsafe	.264 (.409)***	1.41 (.352)	2.43 (.574)	.781 (.602)
Somewhat safe	.230 (.326)***	.998 (.307)	2.00 (.465)	.979 (.536)
Very safe	.177 (.316)***	.464 (.307)***	1.57 (.463)	1.18 (.521)
Should IPV be kept private?				
No	1.00	1.00	1.00	1.00
Yes	.426 (.217)***	.404 (.158)***	.340 (.271)***	.222 (.188)***
Trust in formal sources	1.41 (.115)***	1.01 (.081)	1.79 (.151)***	1.64 (.102)***
Trust in family members-informal	.769 (.089)***	1.04 (.069)	1.57 (.129)***	1.38 (.088)***
Trust in friends-informal	1.31 (.091)***	1.04 (.073)	1.66 (.133)***	1.54 (.088)***
Socio-economic & demographic controls				
Educational background of respondents				
No education	1.00	1.00	1.00	1.00
Primary education	.822 (.284)	.819 (.192)	.872 (.349)	1.25 (.249)
Junior high school	1.15 (.271)	1.24 (.185)	1.98 (.353)	1.92 (.253)***
Senior high school	1.55 (.284)	.811 (.218)	2.03 (.421)	1.68 (.269)
Technical/vocational	1.80 (.335)	.808 (.266)	1.57 (.456)	1.99 (.309)**
Higher education	1.27 (.318)	.732 (.256)	2.43 (.484)	5.93 (.299)***
Are you employed?				
Not employed	1.00	1.00	1.00	1.00
Employed	1.30 (.200)	.764 (.134)	1.16 (.251)	.876 (.166)
Income of respondents (mean)	1.01 (.001)	.998 (.001)	.998 (.001)	1.01 (.001)***
Residence				
Rural	1.00	1.00	1.00	1.00
Urban	1.70 (.305)	1.08 (.337)	.432 (.424)**	1.14 (.777)

Table 2 (continued)

Independent variables	From whom did you seek help?		Likely to seek help in future?	
	Formal	*Informal*	*Help-seekers Likely*	*Non-Help-seekers Likely*
Ethnicity of respondents				
Akan	1.00	1.00	1.00	1.00
Ga Dangbe	.515 (.408)	1.69 (.284)	2.37 (.657)	1.23 (.294)
Ewe	1.45 (.289)	1.21 (.252)	2.52 (.515)	.964 (.248)
Northern tribes	.530 (.338)	1.49 (.274)	1.49 (.516)	.692 (.278)
Others	1.28 (.369)	1.52 (.317)	.273 (.508)***	.779 (.406)
Religious denomination				
Christians	1.00	1.00	1.00	1.00
Islam	.734 (.293)	.965 (.206)	2.97 (.421)**	.402 (.257)***
Others	1.30 (.288)	1.46 (.224)	1.63 (.448)	.949 (.317)
Age of respondents	1.02 (.006)***	.992 (.005)	.975 (.010)***	.996 (.010)

Odds ratios are reported and robust standard errors are in brackets; $^{**}p < 0.05$; $^{***}p < 0.01$

less likely to seek help from formal or informal support networks than those who did not think this way, and compared to those in unsafe relationships, women who thought their relationships were safe had lower odds of seeking help.

Even with the analysis split into help-seekers and non-help-seekers, perceived risk of injury and trust were significant predictors of a woman's decision to seek help in the future. For instance, women who perceived their risk of injury from physical violence to be high had higher odds of saying they were likely to seek help in the future than those who did not. This was also true for respondents with higher levels of trust in both formal and informal networks. For both help-seekers and non-help-seekers, belief in keeping IPV private was a barrier to seeking help in the future.

Although the bivariate results were useful, it was initially unclear if these relationships would remain robust after controlling for socio-economic and demographic factors. Accordingly, we ran our multivariate analysis, with results shown in Table 3. Even after controlling for respondents' demographic and socio-economic characteristics, perceived risk of injury, especially from physical and emotional violence, was significantly associated with women's help-seeking behavior. Women who perceived their risk as moderate to high were significantly more likely to seek help from both formal and informal support networks than those who did not feel at risk. Among help-seekers, respondents with high perceived risk of injury from physical violence were 8.49 times more likely to seek help in the future than those perceiving no risk. Trust in formal and informal support networks was statistically robust in determining women's help-seeking behavior, as women with high levels of trust in formal support networks were 42% more likely to use these sources. However, they were about 32% less likely to use informal networks.

Similarly, women who had higher levels of trust in informal support networks were 35% more likely to use these sources and 20% less likely to seek help from formal sources. Women with higher levels of trust in their friends were 37% more likely to seek help from formal support networks. As Table 3 makes clear, trust was not an important factor in help-seekers' anticipation of future help-seeking. However, for the non-help-seekers, higher levels of trust in formal sources and friends were associated with seeking help in the future. Women who believed IPV should be kept a private issue were significantly less likely to seek help either now or in the future than those who thought otherwise. Although not a focus of our study, we found some control variables were significantly linked to future behavior. For instance, among both help-seekers and non-help-seekers, women with tertiary education were significantly more likely to indicate they would seek help than those with no education.

Discussion

The domestic violence literature identifies help-seeking as crucial to reducing or even eliminating abuse from intimate relationships, but few studies have applied these findings to sub-Saharan Africa. In fact, to the best of our knowledge, this study was the first to use survey methods to examine the help-seeking behaviors of female victims of IPV in Ghana. Specifically, we explored the effects on behavior of women's trust and perceived risk of injury from different types of violence. Our descriptive results demonstrate that the majority of our respondents did not seek help after experiencing IPV. This finding is consistent with studies from Nigeria (see Tenkorang et al. 2016; Adegbite and Ajuwon 2015; Okenwa et al. 2009;

Table 3 Multivariate analysis of help-seeking behavior of female victims of IPV in Ghana, 2017

Independent variables	From whom did you seek help?		Likely to seek help in future?	
	Formal	*Informal*	*Help-seekers Likely*	*Non-Help-seekers Likely*
Risk of injury due to physical violence				
No risk	1.00	1.00	1.00	1.00
Small risk	1.77 (.254)**	1.28 (.181)	1.50 (.392)	1.17 (.249)
Moderate risk	1.42 (.361)	2.06 (.245)***	1.57 (.511)	1.15 (.389)
High risk	2.92 (.401)***	1.54 (.312)	8.49 (.737)***	1.20 (.524)
Risk of injury due to sexual violence				
No risk	1.00	1.00	1.00	1.00
Small risk	1.44 (.225)	.708 (.171)**	1.06 (.379)	.974 (.232)
Moderate risk	.629 (.424)	.640 (.269)	1.01 (.537)	.696 (.242)
High risk	.409 (.569)	.607 (.409)	.330 (.881)	2.59 (.544)
Risk of injury due to emotional violence				
No risk	1.00	1.00	1.00	1.00
Small risk	.748 (.283)	1.36 (.214)	2.14 (.478)	1.66 (.239)**
Moderate risk	1.03 (.345)	2.50 (.259)***	.982 (.501)	1.58 (.350)
High risk	2.22 (.390)**	1.87 (.307)**	1.99 (.584)	.938 (.467)
Risk of injury due to economic violence				
No risk	1.00	1.00	1.00	1.00
Small risk	1.02 (.345)	1.02 (.187)	.687 (.427)	.696 (.242)
Moderate risk	1.19 (.324)	.942 (.237)	1.07 (.489)	.519 (.335)
High risk	1.06 (.349)	1.12 (.249)	.845 (.490)	1.05 (.372)
Relationship safe?				
Very unsafe	1.00	1.00	1.00	1.00
Somewhat unsafe	.270 (.465)***	1.40 (.374)	3.35 (.723)	.715 (.698)
Somewhat safe	.537 (.406)	1.03 (.349)	2.92 (.592)	.867 (.646)
Very safe	.491 (.436)	.581 (.372)	2.68 (.649)	.779 (.656)
Should IPV be kept private?				
No	1.00	1.00	1.00	1.00
Yes	.458 (.231)***	.357 (.172)***	.199 (.347)***	.252 (.192)***
Trust in formal sources	1.42 (.150)**	.796 (.105)**	1.40 (.198)	1.34 (.132)**
Trust in family members-informal	.677 (.125)***	1.35 (.089)***	1.19 (.175)	1.11 (.115)
Trust in friends-informal	1.37 (.126)***	1.06 (.089)	1.23 (.184)	1.34 (.115)***
Socio-economic & demographic controls				
Educational background of respondents				
No education	1.00	1.00	1.00	1.00
Primary education	.795 (.318)	.867 (.210)	.567 (.422)	1.30 (.274)
Junior high school	1.25 (.305)	1.34 (.209)	1.77 (.442)	2.01 (.286)***
Senior high school	1.79 (.376)	.994 (.246)	2.83 (.553)	1.78 (.313)
Technical/vocational	1.70 (.376)	.984 (.290)	1.93 (.603)	1.54 (.353)
Higher education	1.55 (.390)	.979 (.303)	4.01 (.669)**	4.48 (.372)***
Are you employed?				
Not employed	1.00	1.00	1.00	1.00
Employed	1.28 (.229)	.824 (.148)	.855 (.319)	.643 (.202)**
Income of respondents	1.01 (.001)	.998 (.001)	.998 (.002)	.997 (.003)
Residence				
Rural	1.00	1.00	1.00	1.00
Urban	1.11 (.300)	1.07 (.232)	.389 (.434)**	.722 (.426)

Table 3 (continued)

Independent variables	From whom did you seek help?		Likely to seek help in future?	
	Formal	*Informal*	*Help-seekers Likely*	*Non-Help-seekers Likely*
Ethnicity of respondents				
Akan	1.00	1.00	1.00	1.00
Ga Dangbe	.621 (.468)***	1.19 (.320)	3.10 (.763)	.932 (.363)
Ewe	1.59 (.303)	1.08 (.238)	2.39 (.582)	1.18 (.303)
Northern tribes	.621 (.397)	1.60 (.269)	1.07 (.564)	1.30 (.401)
Others	1.22 (.300)	1.47 (.333)	.181 (.620)***	2.07 (.466)
Religious denomination				
Christians	1.00	1.00	1.00	1.00
Islam	1.10 (.330)	.987 (.229)	2.83 (.571)	.511 (.310)**
Others	1.34 (.325)	1.47 (.242)	1.09 (.499)	1.27 (.362)
Age of respondents	1.03 (.008)***	1.01 (.010)	.995 (.012	1.01 (.010)
Variance at Level 2	.014 (.056)	.477 (.228)**	.021 (.123)	1.38 (.485)***
Variance at Level 3	.608 (.301)	.088 (1.02)	.803 (.505)	.243 (1.98)

Odds ratios are reported and robust standard errors are in brackets; $^{**}p < 0.05$; $^{***}p < 0.01$

Linos et al. 2014) and other parts of the developing world (see Parvin et al. 2012). Even though the majority had not reached out for help, however, a substantial proportion said they were likely to do so if they suffered abuse in the future. This finding has implications for policy makers. With a clearer understanding of the barriers and facilitators to help-seeking, changes could be made to encourage women to seek help. Formal networks could be especially targeted for change as they seem much less popular than the informal networks.

At the moment, it is unclear what influences Ghanaian women to seek help after experiencing violence and what prevents them from doing so. Risk perception is certainly a factor. When our respondents perceived their risk of injury from violence as moderate to high, they were more likely to seek help from both formal and informal avenues than those with no risk perceptions. Women with high risk perceptions were equally more likely to say they would look for help if they suffered abuse in the future. This finding is consistent with literature in other areas. Psychosocial theories of help-seeking behaviors identify risk perception as the first step to taking action (Arnault 2009), while the domestic violence literature argues that the severity of violence is an important determinant of women's help-seeking behavior (Tenkorang et al. 2016; Leone et al. 2007). Although it is a subjective measure, perceived risk of injury may be an accurate measure of the real risks of the victim. It is important that victims are able to assess these risks and seek help when they feel threatened, but it is equally essential to examine what influences the sense of risk so women who perceive no risk after experiencing violence can be targeted.

The perception of an institution as helpful largely depends on its trustworthiness (Paranjape et al. 2007). In proposing a framework for understanding access to social support and help-seeking behavior, Barker (2007) says trust is a major determinant of whether an individual will seek help; it is not the need for help per se that matters. Liang et al. (2005) argue that a trusted and credible help provider may even bridge the gap between formal and informal sources of help by serving as a personal mentor. These suppositions have been confirmed by several qualitative studies using samples with limited generalizability (Djikanović et al. 2012; Evans and Feder 2014; Paranjape et al. 2007). We used survey/quantitative methods to explore the issue, looking specifically at the relationship between trust and the help-seeking behavior of female victims of IPV in Ghana. Our findings support the literature, as women who trusted formal or informal sources of support were more likely to seek help from these avenues. More importantly, trust was a significant determinant of future help-seeking, notably for victims who had not looked for help in the past but who said they would do so if they suffered future abuse.

There has been extreme criticism of formal Ghanaian institutions, such as the DOVVSU, and their handling of domestic violence cases. In their qualitative study of knowledge of domestic violence services among Ghanaian women, Anyemedu et al. (2017) found that a number of women expressed mistrust in formal institutions for various reasons, including the need to pay bribes for services, a lack of privacy and anonymity during disclosure, a lack of professionalism by help providers and sometimes a general lack of knowledge of the services provided by these formal support networks.

While these institutional factors create negative perceptions and discourage help-seeking, other factors specific to the norms of marriage and family could be equally salient barriers. In Ghana, many believe conflicts within families should be kept private. Women have a special role to play in preserving these values, as they are socialized as home-makers and gate-keepers of the family (Tenkorang et al. 2016; Anyemedu et al. 2017). These socio-cultural values, while sometimes helpful, have created barriers to women's help-seeking. Therefore, it was not surprising that among our respondents, those female victims who believed IPV should be kept private were less likely to seek help than those who rejected this notion. The finding that such beliefs deter victims from speaking out both now and in the future suggests policy makers need to educate women on how to navigate family and cultural demands so they may report abuse and get help.

Study Implications and Limitations

The findings from this study indicate much more can be done by policy makers to improve the help-seeking behavior of female victims of IPV in Ghana. First, our data confirm that the majority of victims do not seek help partly because they do not perceive there is any risk of future injury. Therefore, it is important for policy makers and other stakeholders to initiate educational programs with messages of vulnerability aimed at increasing the risk perceptions of potential victims. This education should extend to helping female victims open up and disclose violence. Women should be educated to understand that although it is a sensitive topic, IPV threatens their lives, human rights and general well-being. Such violations are too serious to be private. Even with education, victims of IPV may not seek help if they do not trust their help providers. Therefore, policy makers must address the concerns of help-seekers and restore trust in institutions intended to help.

It is important to stress that we are not drawing causal relationships between perceived risk of injury, trust and help-seeking behavior. The relationships are complex. While trust in formal and informal institutions could affect women's help-seeking behavior, it is also possible that contact with these institutions could influence their trust. As our data are cross-sectional, we cannot clearly show the temporal order between the predictor and the outcome. We recommend future studies use longitudinal data with the proper time sequencing to explore this. Furthermore, given the sensitive nature of IPV and the stigma attached to reporting such violence, it is possible that some respondents sought help but said they did not. This points to the possibility of under-reporting, especially as the data are self-reported. Our analysis was also limited to individual-level factors associated with the help-seeking behavior of Ghanaian women. Certain structural and institutional factors may affect help-seeking behavior but are not captured in this study. Future research should incorporate both individual and contextual factors. Qualitative research is needed to explore the barriers to help-seeking in Ghana and to determine why, in spite of their professed willingness to seek help, a substantial proportion of Ghanaians don't do so.

Conclusions

Although relevant for policy formulation, the help-seeking behavior of female victims of IPV has rarely been studied in Ghana. Thus, we fill an important gap in the literature. Our findings are consistent with others showing that the majority of female victims in sub-Saharan Africa do not seek help. Even when our respondents looked for help, they turned to informal rather than formal support networks. Interestingly, those who had not sought help said they would do so in the future. Risk perception was a key factor in the decision to report abuse, both now and in the future, as was trust in formal and informal support networks. As help-seeking is beneficial, even crucial, we recommend that policy makers deal with the barriers that militate against it, including restoring trust in formal domestic violence services. It is equally important to educate women on their risk of injury and empower those who believe IPV should be kept private.

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