INTIMATE PARTNER VIOLENCE AND PSYCHOLOGICAL DISTRESS AMONG STUDENTS IN UNITED STATES INTERNATIONAL UNIVERSITY – AFRICA, KENYA

BY

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UNITED STATES INTERNATIONAL UNIVERSITY - AFRICA

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UNITED STATES INTERNATIONAL UNIVERSITY- AFRICA

FALL 2018
STUDENT’S DECLARATION

I, the undersigned, declare that this work is my original work and has not been submitted to any other college, institution or university other than the United States International University-Africa in Nairobi, Kenya for Academic Credit.

Signed __________________________________________ Date: ______________

Sophia Kemunto Sengera (ID NO: 651097)

This Thesis has been presented for examination with my approval as the appointed Supervisor.

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Amb.Prof. Ruthie C. Rono: Deputy Vice Chancellor, Academic & Student Affairs
ABSTRACT

The general objective of the study was to determine the relationship between intimate partner violence and levels of psychological distress among the undergraduate students at USIU-Africa, Kenya namely; anxiety, depression and post-traumatic stress disorder. Descriptive and correlation research designs were used. The study targeted a population of 120 undergraduate male and female students; with an equal sample of 30 students from each gender and the four years of study; who had an age range of 18-25 years. Combined-Strategy sampling which included both simple and stratified random sampling was used to obtain the Population sample.

The data was collected using Questionnaires and analyzed using Statistical Package for Social Sciences (SPSS) Version 25. Descriptive Statistics such as mean, standard deviation, frequencies as well as inferential statistics such as correlation analysis were generated.

The findings of the study revealed that majority of the respondents who had experienced or observed intimate partner violence had a very strong positive correlation with depression(r=0.291, p=0.05), a strong positive correlation with anxiety(r=0.238, p=0.027) but a weak positive correlation with Post Traumatic stress disorder(r=0.196, p=0.60).

The study therefore, recommended that the USIU-Africa University should liaise with the students in order to come up with measures that can be put in place to address them. Finally the study also recommended that a similar research should be conducted in the other universities in Kenya so as to confirm or disagree with the findings; in order to design measures that can be put in place to address the challenges that might arise from the findings.

Key Words: IPV, Anxiety, Depression, PTSD.
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Finally I would like to thank Aaron, T. Beck and colleagues; National center for PTSD for designing and making available the beck depression, inventory, beck anxiety inventory and PCL-5 measure which were significant tools in conducting this study.

May God bless you all.
DEDICATION

This research is dedicated to The Almighty God for His utmost strength throughout the pursuit of my Degree, to my dad John Sengera Karani; for his inspiration, encouragement and support throughout this journey.
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<th>Acronym</th>
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<td>ANOVA</td>
<td>Analysis Of Variance</td>
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<td>BAI</td>
<td>Beck Anxiety Inventory</td>
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<td>BDI-II</td>
<td>Beck Depression Inventory-II</td>
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<td>CAPS</td>
<td>Clinician Administered PTSD Scale</td>
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<td>CAS</td>
<td>Composite Abuse Scale</td>
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<td>CDC</td>
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<td>DSM-5</td>
<td>Diagnostic and Statistical Manual of Mental Disorders Fifth Edition</td>
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<td>FIDA</td>
<td>Federal of Women Lawyers Kenya</td>
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<td>ICPSR</td>
<td>Inter-university Consortium for Political and Social Research</td>
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<td>Iranian data from the International Dating Violence Study</td>
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<td>LEC-5</td>
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<td>MH</td>
<td>Mental Health Problems</td>
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<td>NACOSTI</td>
<td>National Commission for Science Technology and Innovation</td>
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<td>P.T.S.D</td>
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<td>PCL-C</td>
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<td>Receiver Operating Characteristic</td>
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<td>SDQ</td>
<td>Social Demographic Questionnaire</td>
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<td>SPSS</td>
<td>Statistical Package for the Social Sciences</td>
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<td>USIU-A</td>
<td>United States International University -Africa</td>
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<td>VA</td>
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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to the study

Intimate partner violence (IPV) occurs in all settings and among all socio-economic, religious and cultural groups; (World Health Organization, 2012). According to (Center for Disease Control and Prevention 2017) intimate partner violence is defined as any harm caused by current or former intimate partner spouse which is either sexual, physical or psychological. CDC further indicates that the physical, sexual or psychological harm may occur within same-sex or heterosexual couples. As defined by World Health Organization (WHO, 2012), Intimate Partner violence is termed as any behavior which results from physical, psychological or sexual harm to those within intimate relationships.

WHO (2012) gives examples of acts of physical violence such as slapping, hitting, kicking and beating, and sexual violence, including forced sexual intercourse and other forms of sexual coercion. Insults, belittling, constant humiliation, intimidation for instance destroying things, threats of harm as well as threats to take away children; are WHO examples of Psychological or emotional abuse. For controlling behaviors, WHO gives two examples and that is; isolating a person from family and friends as well as monitoring their movements. Finally, to restrict an intimate partner from accessing employment, financial resources, education or medical care are WHO’s examples of economic abuse.

According to (The National Intimate Partner and Sexual Violence Survey, 2010), intimate partner violence (IPV) occurs among young adults (ages 18–24) at a comparable rate of 25% -33% of both men and women respectively; with the general population. This rate is similar to studies estimating the prevalence of physical violence among college students to be between 20% and 30% as reported by (Fass, Benson, & Leggett, 2008; Shook, Gerrity, Jurich,
& Segrist, 2000; Spencer & Bryant, 2000). Krug and Dahlberg (2010) indicated that most reported IPV is perpetrated by men towards women. In contrast to Krug and Dahlberg, (Zwi, and Lozano, 2002) reported that researchers had increasingly recognized that, the experience of IPV is not limited to women only for men could also be victims of abuse.

Amaia, Carmen, Anna-Karin and Isabel, (2017); in their qualitative study conducted with the aim of exploring professionals’ perceptions regarding intimate partner violence among young people, their findings informed that 13% of women who dated someone during the last few months of their relationship were exposed to physical dating violence and 14.4% were exposed to sexual dating violence in the USA. Based on the information sourced from The Youth Risk Behavior Surveillance System of the Centers for Disease Control and Prevention; Amaia’s study revealed that among college-students aged 19 to 25 years old, IPV rates ranged from 13% to 30%.

In Spain, according to the 2015 Survey on Violence against Women conducted by the Spanish Ministry of Health, Social Services and Equity; almost 20% of women between 16 and 24 years old reported exposure to psychological control violence during their lifetime, 10.3% to physical violence and 5.7% to sexual violence (Zlotnick, Johnson, & Kohn, 2006). In addition to identifying elevated depression in survivors of IPV, the study informed that, lower self-esteem yet reported satisfaction in life was what women, who had experienced IPV more likely to suffer. The study further indicated that these negative mental health outcomes that is depression and lower self-esteem although reporting satisfaction in their life, persisted regardless of whether or not women remained in or left their violent relationships thus suggesting that partner violence can result in serious long-term negative mental health outcomes.

Center for Disease Control and Prevention (2017); acknowledged that, in order to prevent intimate partner violence, designing strategies that promote healthy behaviors in
relationships are important. As a result, CDC suggested the strategy for designing programs that could teach young people skills for dating. CDC believed that designing such programs may stop violence in the sense that, they could prevent dating violence in relationships before it occurred.

Claudia, Alessandra, and Wendy (2012), recommended several measures that if put in place could address Intimate Partner Violence. As detailed in their paper, which focused on understanding and addressing IPV. These measures entailed designing various programs. The suggested programs as a result were; Life-skills and school-based, and early intervention services at-risk families. Also were programs that will aim at increasing access to comprehensive service response to survivors and their children. Finally, were programs that will focus on behavior change communication, reforming the legal framework as well as those that will empower women socially and economically.

Caldwell, Brown and Woodbrown (2012), proposed a conceptual model for gender differences in outcomes of intimate partner violence (IPV) victimization; broadly conceived as including physical, sexual, emotional, and coercive control forms of abuse, as well as stalking, and found out that in their literature reviewed from PsycInfo and PubMed databases, Studies revealed that injuries, fear, and posttraumatic stress were what was experienced by women who had disproportionately suffered IPV. As a result (Caldwell et al., 2012) suggested these negative effects that is the injuries, fear and the post-traumatic stress that women who had experienced IPV disproportionately suffered was not equally distributed by gender.

According to (Angela and Fredrick, 2005) the term dating violence referred to the Intimate Partner Violence experienced by an adolescent or college student. Angela and Susan (2005) stated that, although dating represents a carefree period of romantic experimentation, for many; dating becomes harmful owing to the experience of violence. Prevalence of dating violence ranges from about 30% for physical violence, 8% for stalking, 90% for emotional
violence, and 20% for sexual violence (Fisher, Cullen, & Turner, 2000; Johnson & Sigler, 2000; Riggs & O’Leary, 1996; Tjaden & Thoennes, 1998b).

Pico-Alfonso et al., (2006) in their study which sought to research the severity of depression, post-traumatic stress disorder (PTSD), state anxiety (short-term anxiety) and thoughts of suicide in abused women; produced the stated findings. To start with, 45.3% of the physically and psychologically abused women and 36.4% of psychologically abused women had only depressive symptoms. PTSD on the other hand, was rarely found as the only effect as its prevalence was 2.7% of the physically and psychologically abused and 3.6% of the psychologically abused.

In her study that sought to determine Factors Contributing to Intimate Partner Violence and the Effectiveness of Services Available to Help Victims in Kisumu, Kenya, (Uwayo, 2014) found out that, of the 48 women who had experienced intimate partner violence 31 (64.6%) had experienced emotional and/or economic abuse while 38 women (79.2%) had experienced physical and/or sexual abuse. These findings were consistent with information provided by the FIDA representative who noted that physical IPV in particular was more commonly reported (and perhaps more commonly experienced) by women than emotional or economic abuse.

Owayo’s findings also revealed that of the 77 women in the study a majority, 81.8% (n=63), reported knowing at least one community member who had been abused by an intimate partner. 61.0% (n=47) of women reported that they knew of at least one community member who had been emotionally and/or economically abused, while an even larger number of women, 66.2% (n=51) reported that they knew of at least one community member who had been physically and/or sexually abused. These findings suggested that, IPV is rather common in Kisumu as over 80% of women knew of at least one IPV victim in the community.
The extent of IPV in Kisumu was also measured by examining the number of women in the stratified random sample who had experienced IPV. Of the 77 total female respondents, 62.3% (n=48) had experienced at least one form of IPV. These findings also suggested that IPV is rather common in Kisumu as over half of the sample of women reported to have experienced abuse from an intimate partner.

Exposure to IPV can have serious consequences on the victim’s physical and mental health (Díez et al., 2009). IPV is associated with various mental health problems in female victims for example, prevalence rates of posttraumatic stress disorder (PTSD) in female victims of IPV. Posttraumatic stress disorder (PTSD) has been linked to intimate partner abuse, physiological reactivity, and social support (Jacob, Julia & Charles, 2008). In their study which looked at PTSD Symptomatology as a result of Intimate Partner Abuse whose aim was to examine Mediators and Moderators of the Abuse–Trauma Link ;( Jacob et al., 2008) used structural equation modeling to test social support as a moderator and psychophysiological reactivity and anger as mediators of the relation between abuse and traumatic symptoms. Among a sample of women reporting psychological abuse, including women reporting both physical violence and no physical violence they found out the following:

Both physical and psychological abuse was related to PTSD symptoms. Whereas physical and psychological abuse was highly correlated, psychological abuse did not predict PTSD symptomatology over and above the effect due to physical assault. Psychophysiological reactivity and anger and fear displayed during an argument with the partner did not mediate the abuse–trauma link. Social support moderated the relation between psychological abuse and PTSD symptomatology.

As a way of intervening with IPV, Some studies have investigated mainly individual therapy consisting of elements such as empowerment (Johnson & Zlotnick, 2006; Johnson,
Zlotnick, & Perez, 2011; Perez, Johnson, & Wright, 2012), self-advocacy (Ford-Gilboe, Wuest, Varcoe, & Merrit-Gray, 2006; Tawari et al., 2010) and cognitive behavioral therapy (CBT; Kubany, Hill, & Owens, 2003; Kubany et al., 2004). Other studies have assessed therapeutic methods such as interpersonal therapy (Zlotnick, Capezza, & Parker, 2010) and eye movement desensitization and reprocessing (EMDR; Colosetti & Thyer, 2000).

1.2 Statement of the problem

Intimate partner violence (IPV) is considered a human rights violation and public health issue throughout the world (Campbell, 2002; Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006; Tjaden & Thoennes, 2000). IPV among university students appears to occur at excessive rates for instance, A meta-analytic review by Straus (2004) of students at thirty-one universities in sixteen countries (n = 86) found that 29% of the students had physically assaulted a dating partner in the previous year, and 7% had physically injured a partner, with similar rates between women and men. Also, Harned (2001) investigated IPV among university students in the US and found relative similarity between the genders: women and men (n = 874) reported comparable.

IPV is on the increase globally and Kenya is not spared either. Several studies have confirmed the same with a recent one by (Deborah, 2012) at the University of Nairobi, Kenya. Deborah’s study however, sought to determine the forms of IPV; investigate factors influencing it and to establish its consequences on these students although these consequences were not specific to psychological distress.

As it stands, there is scarcity of data on factors influencing IPV and the psychological distress. This study seeks to bridge this gap by investigating the relationship between intimate partner violence and levels of psychological distress among the students of United States International University –Africa, Kenya (USIU-A. The university is urban, private,
international, multi-ethnic and multi-cultural; which will give diverse sample population. The study will attempt to determine the types of abusive intimate partner relationships that exist among the USIU-A Students, the relationship between them and the levels of psychological distress that is; anxiety, depression and Post-Traumatic Stress Disorder on the undergraduate students.

1.3 General Objective

The general objective of this study was to find out the relationship between intimate partner violence and levels of psychological distress among United State International University - Africa Students.

1.4 Specific objectives

The specific objectives as defined by the general objective of this study were:

1. To determine the types of intimate partner violence that exist among United States International University Africa Students.

2. To examine the relationship between intimate partner violence and levels of anxiety that exists among United States International University Students – Africa Students.

3. To establish the relationship between intimate partner violence and levels of depression that exists among United States International University – Africa Students.

4. To investigate the relationship between intimate partner violence and levels of Post-Traumatic stress disorder that exists among United States International University - Africa Students.
1.5 Research Questions

1. What are the types of intimate partner violence that exists among United States International University-Africa students?
2. What is the relationship between intimate partner violence and levels of anxiety among United States International University –Africa students?
3. What is the relationship between intimate partner violence and levels of depression among United States International University –Africa Students?
4. What is the relationship between intimate partner violence and levels of Post-Traumatic Stress Disorder (P.T.S.D) among United States International University – Africa?

1.6 Significance of the Study

The findings of this research are to be of use to various stakeholders including students, university policy makers, government, researchers and academicians, clinical psychologists and counselors as well as other universities.

1.6.1 Students

The findings of this study will provide awareness on the types of intimate partner violence that exist among USIU-A students and their relationship with the levels of anxiety, depression and post-traumatic stress disorder. This was to enable them suggest mechanisms that they think can be put in place to address these challenges which if implemented can produce positive results for instance; quality healthy, tolerable social and safe co-existence among University students; leading to excellent academic achievement.
1.6.2 University Policy Makers

This study hoped to benefit the USIU-A policy makers in making them aware of the types of intimate partner violence that exist among USIU-A students and their relationship with the levels of anxiety, depression and Post-Traumatic Stress Disorder. This was also meant to enable them design programs that will address these challenges by integrating some of the recommended measures that these students think can be put in place to address these challenges.

1.6.3 Government

This study was also meant to provide information to the Kenya Government on the state of Intimate Partner Violence and its relationship with the levels of anxiety, depression and Post-Traumatic Stress disorder among USIU-A Students which was meant to assist them come up with ideas that can be put in place to address this distress.

1.6.4 Researchers and Academicians.

This study’s findings will be used by researchers and academicians as a source of information and reference to develop on more research areas. In addition, the study was meant to inform a baseline survey to them for subsequent studies on similar research problems.

1.6.5 Clinical Psychologists and Counselors

This study sought to inform the Counselors and Clinical psychologists on the types of intimate partner violence and their relationship on the levels of anxiety, depression and post-traumatic stress disorder, which was to enable them employ appropriate therapeutic intervention when handling students or other clients who may present this issue in a counseling setting.

1.6.6 Other Universities

Students from other universities were also to benefit from this study in being aware of the existence of this abusive intimate relationship. This was to compel the attention of researchers
in their institutions to conduct a similar research in order to employ appropriate interventions based on their findings.

1.7 Scope of the study

This research project will be conducted at the United States International University-Africa, an urban, private, multicultural and multiethnic university; located in Kasarani, Nairobi. The university is an independent tertiary institution serving students representing different nationalities. It offers different degree programs from undergraduate to doctoral level; all of which are accredited by the Commission for Higher Education (Kenya) and the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges (USA). Being an international multiethnic and a multicultural university, the students will offer a diverse sample population.

The focus of the study will be to investigate the relationship between intimate partner violence and levels of psychological distress that exists among the male and female undergraduate students whose age ranges from 18-25 in USIU-A. The population under this study will be the total number of the undergraduate students in USIU-A 2018. USIU-A is located in the Kasarani area, off Thika Road in the suburb of Kenya’s capital city of Nairobi.
1.8 Definition of terms

1.8.1 Operational definitions

1.8.1.1 Intimate partner
It refers to any male or female undergraduate USIU-A university student in a romantic relationship who can cause any type of violence in that relationship.

1.8.1.2 Intimate Partner Violence
It refers to any type of violence committed by any male or female undergraduate USIU-A university student to his or her intimate partner.

1.8.1.3 Students
Any person whose age ranges from 18 to 25 years involved with learning in USIU-A university in an undergraduate program.

1.8.1.4 Survivors
Any undergraduate student in USIU-A student who has undergone any type of intimate partner violence.

1.8.1.5 Psychological Distress
This is the level of anxiety, depression and the Posttraumatic Stress disorder which can be attributable to any type of abuse.

1.8.1.6 Anxiety
It is a psychological distress characterized by feelings of tension, worried thoughts and physical changes that is the criteria symptoms outlined in the DSM-5; attributable to any type of intimate partner violence.

1.8.1.7 Depression
It is a psychological distress of the mood that causes a persistent feeling of sadness and loss of interest. It affects how one feels, thinks and behaves and can lead to a variety of emotional
and physical problems that is, the criteria symptoms outlined in the DSM-5 and can be attributable to any type of intimate partner violence.

1.8.1.8 Post-traumatic Stress Disorder

It is a psychological distress that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, or any type of intimate partner violence experiencing the criteria symptoms outlined in the DSM-5 as per this study.

1.8.1.9 Challenges

They refer to any type of abusive intimate relationships and the levels of anxiety, depression and the Post-Traumatic Stress disorder that can be attributable to them.

1.8.1.10 Relationship Status

It refers to the state of being an undergraduate student in USIU-A University, who either has or knows an undergraduate student with an intimate undergraduate partner in USIU-A or who does not have or know an undergraduate student with an undergraduate intimate partner in USIU-A University.

1.9 Chapter summary

This chapter covered the background of the study, statement of the problem, the general and the specific objectives that will guide this study, research questions, hypotheses of the study, significance of the study, scope and limitation of the study and finally definition of terms.

This paves way to Chapter Two that will discuss the Literature Review of various researchers in the topic of Intimate Partner violence and its relationship on levels of psychological distress among university students guided by the objectives mentioned in Chapter One.
CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter presents, the theoretical framework, the conceptual framework, the literature review according to the objectives adopted by this study as well as the chapter summary.

2.2 Theoretical Framework

This study adopted Heider’s attribution theory. Attribution theory deals with how the social perceiver uses information to arrive at causal explanations for events. Fiske and Taylor (1991) states that attribution theory examines what information is gathered and how it is combined to form a causal judgment. Fiske and Taylor further indicated that Attribution theory concerns all the explanations made by people in attempts to explain their actions and events that occur and that it deals with explanation of a person’s behavior, whether others’ or their own.

2.2.1 Heider’s attribution theory

Heider (1958) believed that people are naive psychologists trying to make sense of the Social World. People tend to see cause and affect relationships, even where there is none. Heider came up with two forms of attribution which arose from two main ideas that is; internal attribution which entails the process of assigning the cause of behavior to some internal characteristic, rather than to outside forces as well as external attribution which is the process of assigning the cause of behavior to some situation or event outside a person's control rather than to some internal characteristic.
In explaining further, Heider asserted that when we try to explain our own behavior we tend to make external attributions, such as situational or environment features however, when we explain the behavior of others, we look for internal attributions such as personality traits.

This theory was practical in this study in explaining the relationship between intimate partner violence and levels of psychological distress that is depression, anxiety and Post-Traumatic Stress disorder among the USIU-Africa Students. This is to say that the levels of anxiety, depression and Post-Traumatic stress disorder were externally attributed to the types of intimate partner violence that the USIU-Africa students were experiencing. In other words the researcher perceived them to be the causers of anxiety, depression and post-traumatic stress disorder among these students.

2.2.1.1 Past Studies Supporting Heider’s Attribution theory

Intimate partner violence is not restricted to married couples or committed couples, for dating violence; including sexual and physical assaults has been reported to affect 10% of high school students (Silverman, Raj, Mucci, & Hathaway, 2001), and up to 39% of college students (White and Koss, 1991). Fisher, Cullen and Turner (2000), informed that, recent data from US Department of Justice data, between 1 in 4 and 1 in 5 college women could be raped during college.

Anna, Cynthia and Graham (2011), in their review on the effects of intimate partner violence on men, which involved examining the empirical evidence on the effects of intimate partner violence (IPV) in men, found out that men can experience significant psychological symptoms as a consequence. In their study, which entailed examining post-traumatic stress (PTS) symptoms, depression, and suicidal ideation, Nina, Cynthia and Graham shared of a documented association of IPV and PTS, depression and suicide as an outcome in men who had experienced IPV. A study conducted by (Mertin and Mohr, 2001), revealed that 40 to 60% of female victims of IPV suffered from PTSD.
National Institute of Justice (NIJ, 2017), acknowledged that Violence by an intimate partner was linked to both immediate and long-term health, social, and economic consequences. Equally, the 16th World Congress on Psychiatry and Psychological Syndromes held in Las Vegas- USA in 2017 indicated that, Intimate partner violence (IPV) has been linked to the development of mental disorders such as anxiety and depression although the link between IPV and mental illnesses such as anxiety and depression has not been well-studied in university students.

Krug et al., (2017) shared that, according to (WHO World Report on Violence and Health, 2002), Intimate Partner Violence (IPV) resulted in exorbitant physical, emotional, economic costs, and that death was not an uncommon result. According to a literature review by (Campbell, 2002), injurious physical and mental health sequel of Intimate Partner Violence (IPV) include injury or death, chronic pain, gastrointestinal and gynecological problems, depression, and post-traumatic stress disorder (PTSD).

Kilpatrick (2004) noted that the development of Post-Traumatic Stress disorder was particularly likely for victims of sexual assault. Equally, Kilpatrick shared that some victims of violence have a number of Post-Traumatic Stress Disorder symptoms although they did not meet full diagnostic criteria for a formal diagnosis of Post-Traumatic Stress Disorder. On the other hand, (Follette, Polunsky, Bechtle and Naugle, 1996) acknowledged that the extent to which female victims develop PTSD or other anxiety disorders depended on the extent and severity of the exposure to abuse. Golding (1999) stated that a meta-analysis reviewing the literature on the impact of IPV on mental health found that between 30% and 85% of survivors develop PTSD.

Bushra et al., (2013), in their study on intimate partner violence, PTSD and use of mental health resources among ethnically diverse black women; whose sample comprised of 431 women from the US (n=128) and the US Virgin Islands (n=303) showed that most
women in the sample had PTSD and/or depression problems (58.2%, n=251). Eighteen percent of women (n=78) reported co-occurring PTSD and depression problems; 34.1% (n=147) reported depression-only problems; and 6% (n=26) reported PTSD-only problems. A one-way ANOVA Bushra et al.’s results indicated significant differences in mean scores on PTSD and depression symptoms across types of MH problems (p<.05).

Equally the results of the bivariate analysis found a significant differences in the mean scores on severity of IPV across types of MH problems (p<.05). Women with co-occurring PTSD and depression problems had higher mean scores on severity of physical abuse than did women with depression-only or PTSD-only problem (p<.05). In addition, the co-occurring problems group had significantly higher scores on psychological abuse compared to women with depression-only problems (p<.05).

The results of this study also showed that there was a significant relationship found between risk of lethality and MH problems with more than half of the women within the co-occurring PTSD and depression group (85%) at increased, severe, or extreme danger of lethality. Also, women with co-occurring PTSD and depression problems had significantly higher mean scores on the danger assessment than did women in the depression-only or the neither PTSD nor depression problems group (p<.05).

Exposure to IPV can have serious consequences on the victim’s physical and mental health (Díez et al., 2009). IPV is associated with various mental health problems in female victims for example, prevalence rates of post-traumatic stress disorder (PTSD) in female victims of IPV. Intimate partner violence according to (Wietse et al., 2017) comprises of physical, sexual, psychological, and/or controlling behaviors, most commonly against women by their current or former male partners. Wietse et al., also acknowledged that in a recent synthesis of data from 141 studies in 81 countries found globally; 30.0% of women aged 15 years and older reported lifetime
physical and/or sexual intimate partner violence. The authors further indicated that there was strong evidence for links between intimate partner violence and a range of negative outcomes for health and wellbeing in women, including mental health.

2.3 Conceptual Framework

Conceptual framework is a combination of different unproven ideas which can only be interpreted through observable ideas or activities to help solve a problem. In this study the independent variable was the physical violence, sexual violence, psychological or emotional abuse, economic abuse, controlling behaviors and stalking termed as intimate partner violence. The dependent variables were the levels of psychological distress that is anxiety, depression and PTSD. These variables were being moderated by Personality, Interpersonal therapy and Social support as by the diagram shown below.
Figure 2.1: Conceptual Framework

Independent variable

INTIMATE PARTNER VIOLENCE:
- Controlling behaviors
- Physical violence
- Sexual abuse
- Psychological abuse/Emotional abuse
- Economic abuse
- Stalking

Intervening Variable

Personality
Religion
Culture

Dependent variable

PSYCHOLOGICAL DISTRESS
- Anxiety
- Depression
- PTSD

Source (Researcher, 2018)
2.4 The Review of Intimate partner Violence

Intimate Partner Violence (IPV) is considered a Human Rights Violation and Public Health issue throughout the world (Campbell, 2002; Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006; Tjaden & Thoennes, 2000). Vera (2000), in her paper on Abuse in Intimate Relationships: Defining the Multiple Dimensions and Terms, called the term "intimate relationships" to be a term used in referring to maximally inclusive of any romantic and/or sexual relationship between two non-biologically-related people. Vera pointed out that, ideally such relationships are loving and supportive, protective of and safe for each member of the couple but unfortunately, some people, while fulfilling these nurturing, positive needs of their partners, at least some of the time and at least early in their relationship's development, also behave abusively; causing their partners and often others as well, substantial emotional and/or physical pain and injury.

Further, Vera indicated that, in extreme cases, abusive behavior ended in the death of one or both partners, and, sometimes, other people as well. She equally pointed out that Non-lethal abuse relationship ended in as much as frequently abuse continues or worsened; once a relationship was over and that this could happen whether the relationship was ended by just one of the partners or, seemingly, by mutual consent.

Persons with whom one had a close personal relationship that is, or former spouses, boyfriends or girlfriends, dating partners, or sexual partners without necessarily involving sexual intimacy, that can be characterized by emotional connectedness, regular contact ongoing, physical contact and/or sexual behavior, Identity as a couple, familiarity and knowledge about each other’s lives; is what (CDC, 2017) defines as an intimate partner although (Tanya and Angelo 2017), indicate that the intimate relationship does not need to include all the CDC 2017’s stated dimensions.
According to (Angela and Fredrick, 2005) in their paper titled “dating Violence among College Women”, they share that Dating violence is a term which is often used to describe adolescent and college student intimate partner violence. Angela and Susan (2005) noted that, although dating represents a carefree period of romantic experimentation, for many; dating becomes harmful owing to the experience of violence. Prevalence of dating violence ranges from about 30% for physical violence, 8% for stalking, 90% for emotional violence, and 20 % for sexual violence (Fisher, Cullen, & Turner, 2000; Johnson & Sigler, 2000; Riggs & O’Leary, 1996; Tjaden & Thoennes, 1998b).

Intimate partner violence is not restricted to married couples or committed couples; for dating violence including sexual and physical assaults has been reported to affect 10% of high school students (Silverman, Raj, Mucci, and Hathaway, 2001), and up to 39% of college students (White and Koss, 1991). Fisher, Cullen and Turner (2000) inform that recent data from, US Department of Justice data, between 1 in 4 and 1 in 5 college women could be raped during college according to most research.

Several past studies have estimated the prevalence of IPV among samples of college students (Amar & Gennaro, 2005; Gover et al., 2004; Krebs, Lindquist, Warner, Fisher, & Martin, 2009; Sabina & Straus, 2008). These studies shed light on the extent of IPV among this population and have consistently found that college students are at significant risk of experiencing violence perpetrated by an intimate partner. Their research also demonstrates that, the type of violence experienced by college students in multifaceted, ranges from psychological victimization, and physical violence. Psychological victimization has examples such as insults and threats. Physical Violence on the other hand has examples such as to push, shove, and punch whereas sexual violence entails, sexual touching without consent and rape.

Break the Cycle, Inc., (2005) informs that nearly one third of college students report having physically assaulted a dating partner in the previous 12 months. In addition, Break the
Cycle, Inc. shared that many as one quarter of female students experience sexual assault over the course of their college career and approximately 90 of victims of sexual assault on college campuses knew their attacker.

In their paper on intimate partner victimization among college students with and without disabilities (Heidi, Jamie and Bonnie, 2014) indicated that, experiencing violence in a romantic relationship is a reality. They further revealed that, for a substantial number of the approximately 20 million students enrolled in post-secondary institutions in the United States, scores of studies report that almost one third of college students have experienced physical or sexual violence in a dating relationship. This is evident in (Amar & Gennaro, 2005; Gover, Kaukinen, & Fox, 2008; Sabina & Straus, 2008). Coupling these findings with research establishing that current or former romantic partners are among the most likely rapists is a reminder of the continuing salience of the issue of intimate partner victimization (IPV) in college students’ lives (Fisher, Daigle, & Cullen, 2010; Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007).

The National Coalition against Domestic Violence (2007) informed that 21% of college students reported having experienced dating violence by a current partner. Also, 32% of college students reported to have experienced dating violence by a previous partner whereas 13% of college women reported that they were forced to have sex by a dating partner. Among college students who were sexually assaulted as revealed by Center of the University of Michigan, which focuses on sexual assault and prevention awareness. In 2018, 35% of attempted rapes occurred on dates whereas 22% of threatened sexual assault in the center occurred in the same situation.

The center further informed that completed rapes which occurred on dates bore 12% whereas acquaintance rapes on college campuses that occurred in casual or steady dating relationships bore a 60%. The final information derived from the center informed that, in
terms of stalking; over 13% of college women reported to have experienced 42% of those being by their boyfriend or their ex-boyfriend.

As currently indexed, violent crimes against intimate partners, current or former spouses, boyfriends, and girlfriends are committed more frequently against women. These include lethal forms such as homicide and non-lethal forms such as rape and assault (Catalano, 2000), as informed by (Coker et al., 2002; Coker et al., 2003; Kaura and Lohman, 2007; & Taylor, 2003). Violence can result in severe psychological complications, including depression, anxiety and also problems with interpersonal relationships: post-traumatic stress disorder (PTSD), and shame. In addition, (Coker et al., 2003) states that higher rates of IPV is related to poorer health outcome.

Uwayo (2014) in her study that sought to determine Factors Contributing to Intimate Partner Violence and the Effectiveness of Services Available to Help Victims in Kisumu, Kenya, found out that, of the 48 women who had experienced intimate partner violence 31 (64.6%) had experienced emotional and/or economic abuse while 38 women (79.2%) had experienced physical and/or sexual abuse. These findings were consistent with information provided by the FIDA representative who noted that physical IPV in particular was more commonly reported (and perhaps more commonly experienced) by women than emotional or economic abuse.

According to (Goodkind, Gillum, Bybee, and Sullivan, 2003) the most common mental health outcome for victims is depression. As reported by (Carlson, McNutt, and Choi, 2003), those who experience partner violence are nearly four times more likely to endorse depression than those who do not experience partner violence. Mercillene, Nicola, Rachel and Alexander (2017) shared that Depression, post-traumatic stress disorder (PTSD), and binge drinking are among mental health effects of intimate partner violence (IPV) experienced among women.
As a way of intervening with IPV, some studies have investigated mainly individual therapy consisting of elements such as empowerment (Johnson & Zlotnick, 2006; Johnson, Zlotnick, & Perez, 2011; Perez, Johnson, & Wright, 2012); self-advocacy (Ford-Gilboe, Wuest, Varcoe, & Merrit-Gray, 2006; Tawari et al., 2010); and cognitive behavioral therapy (CBT; Kubany, Hill, & Owens, 2003; Kubany et al., 2004).

Other studies have assessed therapeutic methods such as interpersonal therapy (Zlotnick, Capezza, and Parker, 2010) and eye movement desensitization and reprocessing EMDR; (Colosetti & Thyer, 2000). Masho and Anderson (2009) informs that Compared with men with no history of sexual assault, men who had been sexually assaulted were three times more likely to be depressed and two times more likely to report suicidal ideation.

Nina et al., (2014) in their study that looked at the Effects of an intervention program for female victims of intimate partner violence on psychological symptoms and perceived social support, showed these results: The results of this study showed significant effects of a specific three-phased intervention program in reducing psychological symptoms and in increasing levels of perceived social support among women formerly exposed to IPV.
2.4.1 Types of intimate partner violence.

World Health Organization (WHO, 2012) gives examples of acts of physical violence such as; slapping, hitting, kicking and beating, sexual violence to including forced sexual intercourse and other forms of sexual coercion. For emotional abuse, also known as psychological abuse, WHO gives examples of those behaviors such as insults, belittling, and constant humiliation and intimidation for instance destroying things, threats of harm as well as threats to take away children. Isolating a person from family and friends, monitoring their movements are WHO’s examples of IPV’s controlling behaviors. Finally is WHO’s examples of economic abuse, which includes restricting access to financial resources, employment, education or medical care.

According to The Center for Disease Control and Preventions National Center for Injury Prevention and Control in 2016, WHO spotlighted injury and violence prevention topics, identified the major types of intimate partner violence. That is Physical violence, Sexual violence, threats of physical or sexual violence and Psychological/emotional violence.

College students are at significant risk of experiencing violence perpetrated by an intimate partner (Amar & Gennaro, 2005; Gover et al., 2004; Krebs, Lindquist, Warner, Fisher, & Martin, 2009; Sabina & Straus, 2008). These studies shed light on the extent of IPV among this population and have consistently found that, the type of violence experienced by college students is multifaceted ranging from psychological victimization (e.g., insults and threats), to physical (e.g., push, shove, and punch) and sexual violence (e.g., sexual touching without consent and rape).

Christine et al., (2017) anonymously surveyed 910 undergraduates age 17 to 22. Fifty Seven percent (57.1 %) female were randomly chosen from college classes. The students answered demographic questions about sex, age, race and length of time in school and reported whether and when they had experienced physical, emotional or sexual violence in a
relationship. The researchers found out that 407 that is 44.7% of participants experienced relationship violence either before or during college, including 383 which equated to 42.1% who were victims of such violence and 156 equated to 17.1% of participants who reported perpetrating violence.

Rates of both perpetrating and being a victim of relationship violence were higher before college than during college - 53 percent of women and 27.2 percent of men reported victimization during that period. The findings also showed that more than half (130 of 227 reports) of the violence experienced during college was related to a partner rather than a friend or acquaintance. The results further indicated that Emotional violence was most common before college (21.1 percent), while both sexual and emotional violence were equally common during college. Twelve percent (12%) women and eleven point eight percent (11.8%) Men were more likely to perpetrate sexual violence, while women were more likely to perpetrate physical violence.

In a study conducted by the multicenter survey "International Study of Violence in Dating - IDVS" conducted in 2002 - 2003, using its standardized instrument; a total of 362 students, from two universities in the state of São Paulo, one public and one private, answered the self-reported questionnaire. Thirty Seven percent (37%) of those examined were male whereas 63% were female. They had a mean age of 20 years old, and had suffered and perpetrated intimate partner violence during their life.

The findings showed that there was a high prevalence 76% who suffered and/or perpetrated violence, was observed especially; psychological violence, followed by sexual violence, regardless of any superposition or combination. However, after the stratification of the types of suffered and perpetrated violence and considering exclusive and combined types, the most prevalent one among the suffered types of violence was not the psychological one,
but it’s combined forms - 41.5% - 150 cases, as well as in perpetrated violence 40.1% - 145 cases.

They equally showed that there were no statistically significant differences as to the types of violence between men and women and after analyzing any type of suffered and perpetrated violence according to the duration of the relationship, an increasing tendency of the episodes of violence both suffered and perpetrated was observed with the longer duration of relationships, in both genders p < 0.001. It was also observed that 84% of the college students reported suffering and perpetrating violence against his or her partner, regardless of gender.

Stalking as elaborated by (WHO,2017) includes the following acts of an intimate partner to his or her intimate partner; Making of Unwanted phone calls, Sending of letters, flowers, emails, texts and, Leaving cards of an intimate partner when they no longer want them, Acts of an intimate partner to his or her intimate partner such as; Watching or following from a distance, spying and approaching or showing up of an individual in places when you or them do not want to see them, Sneaking of an intimate partner into the victim’s car, Damaging of the intimate partner’s personal property, harming or threatening of an intimate partner’s pet, and making threats to physically harm an intimate partner.

Fisher, et al., (2000) shared that the latest estimates are that, between 1 in 4 and 1 in 5 college women will be raped at least once during their college career and only 4% of the completed rapes and 8% of the attempted rapes involved an offender who was a stranger to the victim. The largest numbers were classmates (35.5% of completed rapes), friends (34.2%) and boyfriends or ex-boyfriends (23.7%). Another nationwide study of college students sponsored by the US Centers for Disease Control and Prevention reported that the rate of completed rape since the 15th birthday is 15% (Brener et al., 1999).
Most physical and sexual assault occurs during the relationship only 69.1% and 77.6%, respectively however, a substantial group of women experienced it both during and after the relationship had ended 24.7%, for rape and 18.2% for physical assault (Tjaden & Thoennes, 2000). Violence appearing only in the time period after the relationship has ended is rare for rape (6.3%) and physical assault (4.2%), but is common for stalking (42.8%)

In a study done by (Deborah, 2012) on intimate partner violence among students of the university of Nairobi that is in Kenya which sought to determine the forms of IPV, investigate factors influencing it and to establish its consequences on these students; Deborah in one of the findings informed that physical; sexual, verbal/emotional violence was prevalent among the students. Physical violence indicated the highest prevalence form of IPV.

2.4.2 The relationship between intimate partner violence and levels of anxiety.

Research repeatedly evidences that Victims of IPV experience elevated levels of anxiety (Kaura & Lohman, 2007), with studies showing that between 10% (Cascardi et al., 1995) and 25% (Carlson, McNutt, Choi, & Rose, 2002) of female IPV victims report higher anxiety. They also share that Victims of partner violence can also develop PTSD.

Mary, Constantinos, Rafael, Mark and Jeremy (2016) in their study which sought to investigate whether aside from there being an association of anxiety and intimate partner violence, the association could explained there being by coexisting psychiatric conditions or Borderline personality traits, using a combined data-set of two National Household Surveys \( (n = 15,973) \). They found out the following:

Women were more likely to report perpetrating IPV than men, and that Anxiety disorders were associated with IPV. When coexisting psychiatric conditions together with a categorical diagnosis of Borderline Personality Disorder (BPD) were investigated as explanatory variables, 19.2% of the association between Anxiety disorders and IPV was explained. On using individual Borderline traits in place of a categorical diagnosis of BPD,
58.3% of the association was explained was revealed by the results. In conclusion, the association between Anxiety disorders and IPV was partly, but not fully, explained by coexisting psychiatric conditions and individual Borderline traits.

As a result Mary et al. concluded that Perpetrators of IPV should be screened for Anxiety disorders and among those with Anxiety disorders; Borderline traits are important. According to a study done among South Africa students that sought to ascertain the prevalence of IPV in a SA tertiary institution population with a diverse demographic profile, it acknowledged anxiety as one of the effects of intimate partner violence (Spencer et al., 2016).

Gina, Rafat, Deborah and Loxtonand (2013) in their review of literature of 75 papers, on Mental and Physical Health and Intimate Partner Violence against Women reported, Anxiety was often associated with a history of IPV. In this review, all sixteen reviewed studies on anxiety reported finding a positive association between a history of intimate partner violence and increased levels of anxiety in women. 

2.4.3 The relationship between intimate partner violence and levels of depression

Garner and Sheridan (2017) in their study that sought to find out the Influence of intimate partner violence and depression on undergraduate nursing students established that, IPV and dating violence was a significant problem among college-age students. Garner and Sheridan further shared that the IPV had an associative outcome of depression and lower academic performance. However, it was not unknown how it related to undergraduate nursing students.

Andrea et al., (2017) in their research which sought to find out the Influence of intimate partner violence and depression on undergraduate nursing students established that, Intimate partner violence and dating violence is a significant problem among college-age students which has an associative outcome of depression and lower academic performance.
Cherono (2018) in the May 7 Daily Nation, indicates that, reports from World Health Organization shows 1.9 million Kenyans, mostly youths aged 15-29 have depression.

The Iranian data from the International Dating Violence Study (IDVS) 2001-2006 (ICPSR 29583) where 23 male and 75 female college students were selected in the IDVS Iranian data. Nearly all of the participants, male and female, reported being victims and perpetrators of IPV. Female participants were more likely to report depression compared to male participants.

Participants who had experienced sexual IPV reported significantly higher levels of depression compared to those who did not experience sexual IPV. However, when substance abuse and partner conflict were analyzed, the contribution of sexual IPV on depression was no longer significant. This study suggests that IPV prevention and intervention programs should take into consideration that college-aged men and women frequently experience and use violence in dating relationships. Depression interventions should be included for female students.

In their literature review, which comprised of 75 papers from 2006 to 2012 including qualitative and quantitative studies from western and developing countries, whose topic was Associations between intimate partner violence (IPV) and poor physical and mental health of women; Gina, Rafat, Deborah and Loxtonand found out that Depression was the most commonly researched aspect of mental health in relation to intimate partner violence, being reported on in 42 of the reviewed articles. The high relative importance of depression in its impact on health, as a result of IPV, is shown by the burden of disease figures given in the study by (Vos et al., 2006) who found that 34.7% of the total IPV disease burden was attributable to depression.

Helfrich, Fujiura, and Rutkiwski-Kmita (2008), reported that the incidence of major depression during the past 12 months was 51.4% from their sample of women’s shelter
residents. This compared to the national average for the general US female population of just 2.4% reporting depression in the previous 12 months. Of all the studies that investigated the link between depression and IPV history, only one study, conducted in 2008 by Fedovskiy et al., found no significant association between history of IPV and depression.

The literature also showed that, this study of American Latino women from a primary care clinical setting found that women endorsing a history of IPV had a higher odds ratio of having a major depressive disorder (OR 1.68) compared to women with no history of IPV that was not statistically significant.

All the remaining reviewed studies consistently reported significant associations between a history of IPV and depressive symptoms. Several studies indicated that severity or chronicity of violence was associated with more severe depressive symptoms. In contrast to this, the study by (Martinez-Torteya et al., 2009) indicated that subjective appraisals of the “stressfulness” of an IPV event may have a stronger impact on women’s depressive symptoms than more “objective” measures of IPV, such as frequency and severity.

Many studies reported on IPV as a single overarching construct. However, other studies broke down their findings to report on individual categories of sexual, physical psychological/emotional forms of violence. Experiencing more than one type of abuse increased the probability of having depressive symptoms as well as the severity of those symptoms. The results reported in the majority of studies indicated that women usually reported more than one type of violence in their history of abuse. Of those studies reporting on depression that did present findings on distinct abuse categories (Pico-Alfonso et al., 2006) found psychological IPV to be as detrimental as physical IPV in terms of depressive symptoms in their study sample of Spanish women.

Wong, Tiwari, Fong, Humphreys and Bullock (2011) found psychological abuse to be the significant predictor of higher levels of IPV-related depression in their study of Chinese
women. In this study, it was found that the more frequent the psychological abuse, the higher the level of depression experienced, but this significant result was not found to be present in relation to the frequency of physical abuse.

Fletcher’s (2010) and Robert’s et al.’s (2003) studies using National Longitudinal Study of Adolescent Health data also found greater depression for both male and female youth who experienced IPV thus, concluding although depression and anxiety are common for both female and male victims of IPV, more women likely experience this outcome.

The results reported by (Chen et al., 2009) in their US-based study of Hispanic women, indicated that women who had experienced sexual abuse from their intimate partner were at far higher odds (OR 42.60, 95% CI: 2.39–758.61) of developing depression than women with either a history of physical (OR 10.28, 95% CI: 1.54–68.77) or psychological abuse (OR 5.83, 95% CI: 2.11–16.16); when compared with non-abused women. The wide fluctuations of the 95% CI for sexual abuse and physical abuse however, were due to the very small number of respondents in each category; indicating that these results should be viewed with caution.

Depression also shows large gender differences in the general population. Women are, on average, twice as likely to suffer from depression (Nolen-Hoeksema, 2001); lifetime prevalence rates of major depressive disorder are estimated to be 20% for women and 13% for men.

Nolen-Hoeksema (2001) also found that Women who experienced IPV were significantly more likely to have major depression and generalized anxiety disorder at the age of 26 than female non victims. However, males in abusive relationships were not more likely to have either diagnosis, subsequent to controlling for previous mental illnesses.
In contrast to (Nolen-Hoeksema, 2001, (Fergusson et al. 2005) found no gender difference in major depression or anxiety for individuals who experienced IPV, also using birth cohort study data. Rather, IPV victimization was equally related to increased depression and anxiety for both men and women. Similarly, using NWAWS data, Coker et al., (2002) found both male and female victims of physical, sexual, coercive control, and psychological aggression from partners had higher depression scores compared to non-victimized individuals.

2.4.4 The relationship between intimate partner violence and levels of Post-traumatic Stress Disorder.

National Center on Domestic Violence, Trauma & Mental Health (2014) as part of its large nationwide study found out that 80% of women who experienced rape, stalking, or physical violence by an intimate partner reported significant short- or long-term effects including Post Traumatic Stress Disorder. It also acknowledges that, the results of another study indicate that women who have experienced IPV are three times as likely to meet criteria for PTSD as those who had no such experience.

Golding’s (1999) meta-analysis of studies of female victims of IPV found the mean prevalence of posttraumatic stress was almost 64%. While few studies have examined posttraumatic stress among male victims of IPV, Coker et a.l’s (2005) study with NVAWS data found that 20% of male IPV victims reported moderate to severe post-traumatic stress symptoms. Only one study was identified that examined an exclusively male victim sample and the outcome of post-traumatic stress.

In this study of male students from 60 universities in different countries, results indicated that after controlling for relevant variables, severe physical victimization was related to increased post-traumatic stress symptoms. This was true across universities (Hines,
In a study that aimed at investigating the prevalence of intimate partner violence (IPV) and its associated factors among male and female university students in 22 countries in Africa, the Americas and Asia in which a cross-sectional questionnaire survey data were collected from 16,979 undergraduate university students, some of its findings indicated that having PTSD symptoms was associated with physical and/or sexual violence.

In a study conducted by (Christelle, Nancy and Jacinthe 2014), they sought to explore the incidence of symptoms of post-traumatic stress disorder (PTSD) in the Lebanese cultural context which involved battered women, with one of the objective being, determining the prevalence of PTSD symptoms among women in Lebanon who had been physically abused by their partners. The 95 physically abused women who met inclusion criteria, were administered the physical abuse subscale of the Composite Abuse Scale (CAS), and the PTSD Checklist–Civilian Version (PCL-C). Christelle, Nancy and Jacinthe’s results showed a high prevalence of PTSD symptoms- (97%) which was positively correlated with physical violence with (r = .719).

Gina et al., (2013), in their literature review, which comprised off 75 papers from 2006 to 2012 including qualitative and quantitative studies from western and developing countries, whose topic was Associations between intimate partner violence (IPV) and poor physical and mental health of women, found out the following on Post Traumatic -Stress disorder: Within this review, 14 studies related to the incidence of post-traumatic stress disorder (PTSD) in abused women, all studies agreed on the fact that a history of intimate partner violence was positively associated with the increased incidence of PTSD symptoms and PTSD diagnoses.

O’Campo et al., (2006) estimated that women with a history of IPV were 2.3 times more likely to develop PTSD compared to never-abused women after controlling for race, marital status, and income. Two other studies reported that women with IPV histories had
approximately three times the odds of meeting criteria for PTSD as compared to women who did not report a history of IPV. Within the reviewed studies, the reported prevalence rates of PTSD varied widely.

Chandra et al., (2009), reported, in their Indian study involving female psychiatric outpatients, that of all the women reporting IPV, 14% met the criteria for PTSD. The rate of PTSD reported from a sample of women from domestic violence shelters in USA was reported as 16.2% by Helfrich et al., yet, in a similar sample of abused women from crisis shelters and the general community in USA, sampled by Woods et al., showed the rate of women who met the criteria for clinical diagnosis of PTSD was much higher at 92.4%.

Another US study of women from a health maintenance organization (HMO) found that 30.9% of women with a history of IPV had symptoms consistent with PTSD, compared with 13.7% of women who did not have a history of IPV. Similar, to the trend for depression, it was reported that women experiencing more severe and more sustained abuse generally exhibited higher levels of PTSD symptoms. Also, the experience of more than one form of abuse led to greater levels of PTSD symptomology.

Houry et al., (2006) reported that the relative risk of experiencing PTSD symptoms rose with the number of abuse types experienced. Women who had experienced three types of abuse were more than nine times as likely to develop PTSD as compared to women who had no history of abuse. A woman experiencing only one type of abuse was just over two times as likely to develop PTSD compared to a non-abused woman.

Pico-Alfonso et al. (2006) stated that, in their study, the occurrence of PTSD alone was rare, with most women exhibiting comorbidity of PTSD along with depressive symptoms. This appears to be the case in several other PTSD studies as well. This link between PTSD symptoms and depressive symptoms is noted by Fedovskiy et al.;(2008) who reported that women with PTSD were ten times more likely to also have high depression scores (CES-D
scores of >15) and they suggested that PTSD and major depressive disorder comorbidity in their study may be as a result of symptom overlap, especially the symptoms of anhedonia, sleep disturbance, and concentration difficulties.

Posttraumatic stress disorder (PTSD) has been linked to intimate partner abuse, physiological reactivity, and social support (Jacob, Julia & Charles, 2008). These authors, in their study which sought to examine Mediators and Moderators of the Abuse–Trauma Link, structural equation modeling to test social support as a moderator and psychophysiological reactivity and anger as mediators of the relation between abuse and traumatic symptoms among a sample of women reporting psychological abuse, including women reporting both physical violence and no physical violence found out the following:

Both physical and psychological abuse was related to PTSD symptoms. Whereas physical and psychological abuse was highly correlated, psychological abuse did not predict PTSD symptomatology over and above the effect due to physical assault. Psychophysiological reactivity and anger and fear displayed during an argument with the partner did not mediate the abuse–trauma link. Social support moderated the relation between psychological abuse and PTSD symptomatology.

2.5 Chapter Summary

This chapter looked at the theoretical framework that will be adopted by this study, the conceptual framework and the literature review according to the objectives of the study.
CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

This chapter covered the study’s research methodology by discussing; research design, population, sampling design which includes; the sampling technique, sample size, and data collection methods. Also is the research procedure which looks at Validity and reliability of instruments, administration of instruments, protection of participants and the summary chapter.

3.2 Research Design

According to Mugenda and Mugenda (2003), a research design holds the research project together and it constitutes a blueprint for the collection, measurement and analysis of data. It is the blueprint for conducting the study that maximizes control over factors that could interfere with the validity of the findings. Designing a study as stated by (Burns and Grove, 2001), helps the researcher to plan and implement the study in a way that will help the researcher to obtain intended results thus, increasing the chances of obtaining information that could be associated with the real situation.

This study adopted a correlational research strategy to determine the relationship between intimate partner violence and levels of psychological distress among USIU- Africa students. In a correlational research strategy as informed by (Fredrick and Lori, 2012) two or more variables are measured to obtain a set of scores. The measurements are then examined to identify the relationship that exist between the variables and to measure the strength of the relationship.
Correlational research strategy enables the researcher to capture both quantitative and qualitative data. This strategy enabled the researcher to find out the current state of IPV and its relationship on the levels of psychological distress that is anxiety, depression and PTSD among USIU-Africa Students thus being effective in this study.

### 3.3 Target Population

Frederick and Lori-Ann (2012) defined a population as the entire set of individuals of interest to a researcher whereas, a target population is the group defined by the researcher’s specific interests. According to the USIU Student Fact Sheet (2018), a total of 5167 undergraduates students enrolled in during the spring semester academic year of 2017/2018. The target population for this study was the total number of undergraduate students comprising of freshmen, sophomore, senior and junior students at USIU-A.

### 3.4 Sampling Design

#### 3.4.1 Sampling Frame

A sample frame presents a list of features through which a sample is obtained (Cooper & Schindler 2008). This study obtained a sampling frame of the undergraduate students from the registrar’s office at the USIU-Africa.

The frame comprised of the total number of the male and female freshmen, sophomore, junior and senior students whose ages ranged from 18-25 years from either of their various programs. This was done to ensure that the sampling frame identified was of the students in session at the time of study to ensure relevance in achieving the general and the specific objectives identified in this study.
3.4.2 Sampling Technique

This study adopted the probability sampling techniques. The study used Combined-Strategy sampling technique which included both simple random sampling and stratified random sampling. Stratification was used in this study in order to break the population into mutually exhaustive sample population known as strata in ensuring that all the years of study at USIU-A University were represented.

Probability simple random sampling was used to make sure all of those undergraduate students in the process were given an equal chance of being nominated (Crossman, 2012). This was meant to reduce bias and ensure that accurate information was being collected.

3.4.3 Sample Size

Roscoe (2012) proposed two rules of the thumb for determining sample size for appropriate researches. The first rule was that a Sample size should be not lesser than 30 and not larger than 500. The second rule was that in the case where a Sample is broken into categories, the subcategories should at least have a sample size of 30 for each category. As such, applying this rule of the thumb will necessitate at least 30 applicants and 300 people at most within the identified age bracket. Saunders et al., (2003) on the other hand, advised of a minimum number of 30 for statistical analyses to provide a useful rule of thumb for the smallest number in each category within the overall sample.

The sample size for this study was therefore 120 out of the 5167 undergraduate students taking their day classes, who were randomly selected from four strata that is, their years of study. The strata comprised of the freshmen, sophomore, junior and senior students each having a total number of 30 students. Each year of study had 15 male students and 15 female students thus, giving an overall sample of 120 undergraduate as shown by sample size in the table below:
Table 3.1: Sample Size

<table>
<thead>
<tr>
<th>Year of Study</th>
<th>Total Number of Enrolled Male Students</th>
<th>Total Number of Enrolled Female Students</th>
<th>Sample of Enrolled Male Students</th>
<th>Sample of Enrolled Female Students</th>
<th>Total Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRESHMEN</td>
<td>870</td>
<td>540</td>
<td>15</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>SOPHOMORE</td>
<td>722</td>
<td>723</td>
<td>15</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>SENIOR</td>
<td>523</td>
<td>560</td>
<td>15</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>JUNIOR</td>
<td>540</td>
<td>689</td>
<td>15</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2655</td>
<td>2512</td>
<td>60</td>
<td>60</td>
<td>120</td>
</tr>
</tbody>
</table>

3.5 Data Collection Method

Data collection involved primary methods of collection. Primary data was obtained from self-administered questionnaires; which had four attachments that is, the Social demographic questionnaire (SDQ), Beck Depression Inventory (II), Beck Anxiety Inventory and PCL-5 checklist measures.

Information on the freshmen, sophomore, junior and senior undergraduate students taking day classes, the venues and the time of their classes, their program and their lecturers was sourced from the USIU-A Academic Advisors. Thereafter, the researcher accessed these classes, sought permission from the lecturer to conduct the study.

Upon being granted the permission, the respondents were required to fill the Social Demographic Questionnaire which had both closed ended and open ended questions. They were also required to fill Beck Depression Inventory (II), Beck Anxiety Inventory and PCL-5 checklist measures.

3.5.1 Data Collection Tools

3.5.1.1. Social demographic questionnaire (SDQ)

The data collection tools were the social demographic questionnaire (SDQ); which captured the demographics of the respondents as well as investigating the first objective of
this study that is, finding out the types of intimate partner violence that were experienced by
the united states international university students.

3.5.1.2. Beck Anxiety Inventory (BAI)

The Beck Anxiety Inventory (BAI), created by Aaron T. Beck, MD, and colleagues, was a 21-item multiple-choice self-report inventory that measures the severity of an anxiety in adults and adolescents.

When administering, respondents are asked to report the extent to which they have been bothered by each of the 21 symptoms in the week preceding, including the day of their completion of the BAI, (Beck et al., 1988).

Each symptom item has four possible answer choices. The first choice is indicated as not at all, the second choice is indicated as mildly to mean the selected symptom did not bother one much. The other choice is indicated moderately to mean the selected symptom was very unpleasant to an individual to an extent of not being able to stand it whereas the last choice is indicated severely to imply one could barely stand the selected item.

The clinician assigns the following 0 value to mean the respondent has not at all experienced the selected symptom, a value 1 to mean that the respondent has experienced the chosen symptom mildly, a value of 2 to imply that the respondent has experienced the selected symptom moderately and the value of 3 to mean that the respondent has severely experienced the selected symptom. The values for each item are summed yielding an overall or total score for all 21 symptoms that can range between 0 and 63 points. Minimal levels of anxiety ranges from a total score of 0 – 7, Mild levels of anxiety ranged from a total score of 8-15, Moderate levels of anxiety ranges from 16-25, whereas severe levels of anxiety ranges from 26-63.
3.5.1.3. The Beck Depression Inventory (BDI-II)

The Beck Depression Inventory-II (BDI-II), is one of the most popular scales for evaluating the severity of depression in adolescents as well as adults. It was developed in 1926 by an American Psychiatrist Aaron Temkin Beck. It is a 21-item self-report multiple-choice inventory which takes 5-10 minutes to complete. BDI-II items are rated on a 4-point scale ranging from 0 to 3; based on severity of each item (Beck et al., 1996). The maximum total score is 63. The interpretation of the scored items is as indicated in the Table 3.2 below:

Table 3.2: Depression severity

<table>
<thead>
<tr>
<th>Raw Scores</th>
<th>Depression Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10</td>
<td>Indicates normal ups and downs</td>
</tr>
<tr>
<td>11-16</td>
<td>Indicates mild mood disturbance</td>
</tr>
<tr>
<td>17-20</td>
<td>Indicates borderline clinical depression</td>
</tr>
<tr>
<td>21-30</td>
<td>Indicates moderate depression</td>
</tr>
<tr>
<td>31-40</td>
<td>Indicates severe depression</td>
</tr>
<tr>
<td>Over 40</td>
<td>Indicates Extreme depression</td>
</tr>
</tbody>
</table>

3.5.1.4 PCL-5 Checklist

According to the (National Center for PTSD, 2013) the PCL-5 is a 20-item self-report measure which takes approximately five to ten minutes to complete in order to assess the DSM-5’s 20 symptoms of PTSD. The measure has a variety of purposes that is screening individuals for PTSD thus, it can be completed by patients in a waiting room prior to a session, making provisional diagnosis for PTSD and Monitoring symptom change during and after treatment as well as being used as part of research study.

National Center for PTSD informs that PCL-5 can be administered in either of the discussed three formats as follows: The first format which is appropriate when trauma exposure is measured by some other method which only has its brief items is without criterion A. The remaining two formats have a brief Criterion A assessment, the revised Life Events Checklist for DSM-5 (LEC-5), as well as extended Criterion A assessment.
National center for PTSD emphasizes that the Interpretation of the PCL-5 should be made by a clinician thus provides three ways of interpreting the measure. Firstly the center informs that by summing the scores for each of 20 items a symptom severity ranging from 0-80 can be obtained.

Secondly is by obtaining DSM-5 symptom cluster severity score through summing the scores for the items within a given cluster that is, cluster B; which has items ranging from 1 to 5, cluster C; whose item ranges from 6 to 7, cluster D; which has items ranging from 8 to 14 as well as cluster E; which has items that ranges from 15 to 20.

Thirdly in interpreting the measure, by treating each item that has rated 2 as moderate; followed by the DSM-5 diagnostic rule which requires at least: one B item in questions 1 to 5, one C item in questions 6 to 7, two D items in questions 8 to 14 and two E items in questions 15 to 20 provisional PTSD diagnosis can be made. In order to establish the presence of PTSD, National center for PTSD proposes a PCL-5 cut–point score of 33 due to the psychometric work which is available now until further psychometric work is available.

3.6 Research Procedures.

In order to identify in picking the right information required for this research, the consistency of the questionnaires, a pilot study which involved randomly selecting 10 undergraduate students of USIU-A was undertaken to pretest the questionnaire. Once the validity of the questionnaire was confirmed, the questionnaire attached with the three measures that is Beck Depression Inventory II, Beck Anxiety Inventory and PCL-5 checklist was administered to the targeted undergraduate students of USIU-A University after prior communication of the selected students through their class lecturers.

An introductory letter alongside a consent form was attached to each questionnaire which indicated the purpose of the study. The letter also clearly elaborated on the
confidentiality of the information that was to be provided by the respondents aside from emphasizing that the research was strictly conducted for academic purpose.

3.6.1. Limitation of the Study

The main limitation that was encountered during this study was the students’ reluctance in providing information to this research because it was based on their personal experiences of abusive intimate relationship which they were not comfortable disclosing to their colleagues. This limitation was addressed by observing ethical consideration that is; sharing to the students on the academic purpose of the study, ensuring anonymity questionnaires and that of the assessment tools in order to assure them of their information confidentiality. Also was explaining to them that their participation was voluntary.

The final limitation that might have occurred was that due to the small sample size that was being investigated, generalization of these findings to the whole population in USIU-A could have been inaccurate. This limitation was to be addressed by ensuring a gender balance as well as ensuring all the undergraduate years of study were represented.

3.6.2 Validity and Reliability of the Instruments.

Reliability is the degree to which a measurement instrument gives the same results each time that it is used (Crossman, 2018). Roberta and Alison (2015) defines validity as the extent in which a concept is accurate rely measured in a quantitative study whereas reliability relates to the consistency of a measure.

The research adopted content validity procedure to determine the validity of the instrument. According to Mugenda and Mugenda (1999), content validity is a measure of the degree to which data collected, using a particular instrument represents a specific domain of the content of a particular concept. They further state that the usual procedure in assessing content validity of a measure was to use expert judgment and guidance from the supervisor and other professionals.
3.6.2.1 Reliability and Validity of Social Demographic Questionnaire

All the questionnaires that were meant to collect data based on the first objective of this study that is to find out the types of intimate partner violence that exist among the USIU-Africa students were divided into two equal halves; taking the odd numbers against the even numbered items. On the reliability of the research instrument the questionnaire was also to be pilot tested.

After administration of the questionnaires to the pilot group and actual study group, separate scores were assigned to every respondent on the two halves. The scores of the halves were analyzed and then correlated using the Pearson product-moment correlation coefficient formula. This was done by comparing the answers given on the items targeting the types of IPV that exists among USIU Africa students.

In terms of validity, this study adopted both content and face validity. According to Mugenda and Mugenda (1999), content validity is a measure of the degree to which data collected, using a particular instrument, represents a specific domain of the content of a particular concept. They further state that the usual procedure in assessing content validity of a measure, is to use expert judgment and guidance from the supervisor and other professionals. The researcher therefore, used guidance from the supervisor and other professionals to ensure that the questionnaire measured what they actually intended to measure.

The questionnaire equally went through Face validity. To improve face validity of the instrument, a pilot study was done on the 10 randomly selected Graduate students of USIU-A University. This was done to ensure that there is no contamination during the administration of the instrument in the research region. The piloted questionnaire was scrutinized to identify items that seemed unclear or ambiguous to the students. Such items were reviewed and reworded, thereby improving the face validity of the instrument.
3.6.2.2 Reliability and Validity of Beck Anxiety Inventory.

The BAI, with a cronbach's alpha = .94 proved to be highly internally consistent and was r=.67. Acceptably reliable over an average time lapse of 11 days. These results were according to (Thomas, Deborah and Dianne,2018) who informed that they were derived from one of the two studies, which sought to further psychometric research on the recently developed Beck Anxiety Inventory (BAI) in 1992; involving a sample of 40 outpatients examined with Anxiety disorders, whose test-retest reliability and internal consistency of the BAI scale.

In the second study, Seventy-one outpatients with anxiety disorders completed the revised State-Trait Anxiety Inventory, the Beck Depression Inventory, and daily diary ratings of anxiety and depression in addition to the BAI. This was done in order to assess the convergent and discriminant validity of the BAI vis á vis anxiety and depression and in comparison to the widely used trait Anxiety measure from the State-Trait Anxiety Inventory.

As informed by Thomas, Deborah and Dianne, upon the completion of this study, the results revealed that the BAI fared better on tests of convergent and discriminant validity than Trait Anxiety. Also, there was a higher significant correlation between the BAI and Diary than that of BAI and Diary Depression. Compared to Trait Anxiety, the results further revealed that, the BAI was significantly less confounded with depression as measured by the BDI. On the other had Scores for STAI-Y Trait state scale were more positive; whereas those of the STAI-Y Trait Anxiety were highly confounded with measures of depression.

3.6.2.3. Reliability and Validity of Beck Depression Inventory -II

Lee et al., (2017) conducted a study with two objectives that is; to analyze the reliability and validity of the Beck Depression Inventory -II among Korean adolescents and to evaluate the factorial structure in a Korean nonclinical adolescent sample. The participants included 1072 adolescent boys and girls. We assessed the internal consistency, corrected item-
total correlation, and the convergent validity of the BDI-II. We also performed confirmatory factor analyses to determine the internal structure of the BDI-II for Korean adolescents using Mplus 6.1.

The Cronbach's alpha for the Beck Depression Inventory-II total score was 0.89. The correlation between the BDI-II and the PHQ-9 was strong (r=0.75), and anxiety-related measures were 0.68 and 0.71; which were also in the high range. Among the five different factor structures, the modified three-factor model demonstrated the best overall fit. Therefore, the Beck Depression Inventory-II is a reliable tool for measuring the severity of depressive symptoms in Korean adolescents.

3.6.2.4 Reliability and Validity of PTSD Checklist (PCL-5)

Dorcas et al., (2002) evaluated the screening validity of a self-report measure for Post-Traumatic stress disorder (PTSD), the PTSD Checklist (PCL), in female Veterans Affairs (VA) patients. All women seen for care at the VA Puget Sound Health Care system from October 1996, January – 1999 (n=2,545) were invited to participate in a research interview. Participants (n=282) completed the 17-item PCL, followed by a gold standard diagnostic interview for PTSD. The Clinician Administered PTSD Scale (CAPS). Thirty-six percent (36%) of the participants (n=100) met CAPS diagnostic criteria for current PTSD. Receiver Operating Characteristic (ROC) analysis was used to evaluate the screening performance of the PCL. The area under the ROC curve was 0.86 (95% CI 0.82–0.90).

A PCL score of 38 optimized the performance of the PCL as a screening test (sensitivity 0.79, specificity 0.79). The PCL performed well as a screening measure for the detection of PTSD in female VA patients.
3.7 Data Analysis Methods

For the research question number one: what are the types of intimate partner violence that exists among United States International University-Africa students? Descriptive analysis which is a data analysis method was used. This method comprises of the transformation of raw data into tables and charts in form of frequencies and percentages trying to expound on the analyzed data for easier understanding to the reader, (McDaniel and Gates, 2001).

According to (Levine, 2006), descriptive analysis assists in testing hypothesis, developing explanations, detecting patterns and describing facts used in administration and in policy. Efficient analysis of data involved summarizing, manipulating and categorizing data in order to answer the questions for this research. Analysis took place after the four tools were collected back from the respondents. These tools were coded and similar questions and scores were grouped into categories for easier data entry purposes.

Upon completing entering the data, a software known as Statistical Package for Social Sciences (SPSS) version 24 which analyses quantitative data was used to analyze the entered data. Descriptive statistics included frequencies and percentages that was calculated for easier interpretation of the results of this research and presented in form of charts and tables.

For research question number two: what is the relationship between intimate partner violence and levels of anxiety among United States International University –Africa students? Data was analyzed through the use of a Pearson Correlation to investigate the type of relationship that existed between intimate partner violence and anxiety.

For research question number three: what is the relationship between intimate partner violence and levels of depression among United States International University –Africa Students? Data was analyzed through the use of Pearson correlation in order to establish the type of relationship that existed between intimate partner violence and depression.
Finally for research question number four: what is the relationship between intimate partner violence and levels of Post-Traumatic Stress Disorder (P.T.S.D) among United States International University – Africa? Data was also analyzed through the use of a Pearson Correlation in order to establish the type of relationship that existed between intimate partner violence and post-traumatic stress disorder.

3.8 Ethical Considerations.

A research permit was sought from the Institutional Review Board. The study equally ensured anonymity of the respondents in that, each questionnaire and the three assessment tools had a reference number implying it did not require the respondents to state their names and location so as to ensure their privacy and the protection of the data.

Secondly, the questionnaire, aside from being attached with each of the screening tools had one attached informed consent form that each respondent was required to sign before answering the questions. The consent form stated the reasons for the study, highlighted what information the researcher was looking for and the possible harm that may arise with it, how long it would take to answer the questions as well as giving an explanation of how the debriefing process was to be carried out.

Upon administering the tools, both in the pilot study and the targeted population, psychosocial support was offered to those respondents who scored very highly by the researcher, before referring them to the USIU-A counseling’s center for further support.

The raw paper data was stored in a locked cabinet by the principal researcher and was the only person accessing it. Once the raw data was analyzed, the electronic data was encrypted and password protected by the researcher. Eventually, both the raw data and electronic data was to be discarded after three years as directed by the Institutional Review Board.
3.9 Chapter Summary

This chapter specifically discussed the study’s Research Methodology. It looked at the study’s research design and population. It also looked at the sampling design which entails the sampling frame, sampling technique as well as the sample size and data collection methods. Equally is the research procedures which looked at the limitation of the study and the pilot study, reliability of instruments, validity of instruments, and data analysis method as well as the protection of participants.
CHAPTER FOUR

4.0 RESULTS AND FINDINGS

4.1 Introduction

This chapter presents the results and findings. Data was analyzed to identify the relationship that exists between intimate partner violence and levels of psychological distress that is; anxiety, PTSD and depression among USIU-A university students. Data was obtained from self-administered questionnaires, completed by 120 undergraduate students (n=120).

The questionnaire comprised of five sections and data generated is presented as follows: The first section comprises of Social demographic data such as gender, age, year of study and relationship status. The second section comprises of data that seeks to explore the types of intimate partner violence such as stalking, controlling behaviors, physical, sexual, economic and psychological violence whose results have been computed are presented by domestic violence index.

In the third section data is obtained from the analysis of the types of intimate partner violence and anxiety aided by the respondents’ responses on the Beck Anxiety Inventory; who’s computed scores are presented by the Beck Anxiety Index. The fourth section is data obtained from the analysis of the types of intimate partner violence and levels of depression aided by the respondent’s responses on the Beck Depression Inventory; who’s computed scores are presented by beck depression index. The fifth section of data is obtained from the analysis of the Domestic Violence Index and the PTSD index which seek to establish the types of intimate partner violence and levels of post-traumatic stress disorder.
4.2 Social Demographic Information

4.2.1 Gender of the Respondents

Based on the respondents’ responses, table 4.1 presents the summary of the respondents’ gender. The results of the study show that 60 of the respondents with a 50% were male just as females. These results indicate that the gender representation of the respondents was equal.

Table 4.1: Respondent s’ gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>60</td>
<td>50.0</td>
<td>50.0</td>
</tr>
<tr>
<td>Female</td>
<td>60</td>
<td>50.0</td>
<td>50.0</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.2.2 Program of the Respondents

Table 4.2 clearly shows that all the 120 respondents were undertaking undergraduate programs. These results also indicate that 100% of the respondents were undergraduate. (see table 4.1 and figure 4.4) below.

Table 4.2: Respondents’ Program

<table>
<thead>
<tr>
<th>Valid Undergraduate</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Undergraduate</td>
<td>120</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.2.3 Age Range of the respondents

As presented in the table 4.2 most of the respondents were between 22-23 years. Specifically 29.2% were 22-23 years old, while 26.7% were 24-25 years old respectively. Consequently 22.5% of the respondents were 20-21 years old, while the remaining 15% of the respondents ranged from 18-19 years old. A total number of 8 respondents accounting for 6.7% did not indicate their age range. These results also showed that only 112 respondents accounting for 93.3%, out of the 120 respondents responded by indicating their age range. See table 4.5
Table 4.5: Respondents’ age range

<table>
<thead>
<tr>
<th>18 – 19</th>
<th>20 – 21</th>
<th>22 – 23</th>
<th>24 – 25</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>18</td>
<td>27</td>
<td>35</td>
<td>32</td>
</tr>
<tr>
<td>Percent</td>
<td>15.0</td>
<td>22.5</td>
<td>29.2</td>
<td>26.7</td>
</tr>
<tr>
<td>Valid Percent</td>
<td>16.1</td>
<td>24.1</td>
<td>31.3</td>
<td>28.6</td>
</tr>
</tbody>
</table>

Missing | 8 |
Total | 120 |

4.2.4 Year of Study of the respondents

The study indicated an equal distribution of 30 respondents from the freshmen, sophomore, senior and junior years of the study. The results implied an equal representation of the student’s year of study as shown in table 4.6.

Table 4.6: Respondents’ year of study

<table>
<thead>
<tr>
<th>Freshmen</th>
<th>Sophomore</th>
<th>Junior</th>
<th>Senior</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Percent</td>
<td>25.0</td>
<td>25.0</td>
<td>25.0</td>
<td>25.0</td>
</tr>
<tr>
<td>Valid Percent</td>
<td>25.0</td>
<td>25.0</td>
<td>25.0</td>
<td>25.0</td>
</tr>
</tbody>
</table>

4.2.5 Respondents Relationship Status

The results of this study showed that 117 out of the total 120 respondents, responded by selecting their relationship status therefore, accounting for 97.5%. 3 respondents who accounted for 2.5% did not respond to this question.

Specifically 29 respondents with 24.2% indicated they had an undergraduate intimate partner at USIU-A University, 56 with 46.7% respondents indicated they knew an undergraduate student who had an intimate partner in USIU-A University whereas 32 respondents with 26.7% indicated that they did not have nor knew any undergraduate student who had an intimate partner in USIU-A University.
These findings show that most of USIU-A university students know an undergraduate students who has an intimate partner in USIU-A. Some do not have nor know any undergraduate student with an intimate partner in USIU-A; whereas Few have an intimate partner in USIU-A University.

**Table 4.7 Respondents’ Relationship Status**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have an undergraduate intimate at USIU-A University.</td>
<td>29</td>
<td>24.2</td>
<td>24.8</td>
</tr>
<tr>
<td>I know an undergraduate student who has an intimate partner in USIU-A University.</td>
<td>56</td>
<td>46.7</td>
<td>47.9</td>
</tr>
<tr>
<td>I do not have nor know any undergraduate student who has an intimate partner in USIA University.</td>
<td>32</td>
<td>26.7</td>
<td>27.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>117</strong></td>
<td><strong>97.5</strong></td>
<td><strong>100.0</strong></td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>120</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

**4.3 Types of Intimate Partner Violence among USIU-A Students**

The first objective for this study sought to find out the types of intimate partner violence that existed among the USIU-A Students. These types were divided into 6 categories. To start with, was Physical Violence; whose items included: Slapping, Hitting, kicking and beating and Sexual Violence; whose item was: forced sexual intercourse.

The other categories were Psychological/emotional abuse; whose items included: Insults, Belittling, Constant humiliation, Intimidation for instance destroying things and threats of harm as well as threats to take away children. Also was controlling behaviors; whose items were: isolating you or them from family and friends and monitoring your/their movements.
Economic abuse; was another category whose items included: Restricting access to financial resources, Restricting access to employment, Restricting access to education and Restricting access to Medical care.

Finally was Stalking; which as elaborated by (WHO,2012) included the following acts of an intimate partner to his or her intimate partner: Making of unwanted phone calls, sending letters, flowers, emails, texts and Leaving cards, or other items when an intimate partner did not want them. The other items in the category of stalking also included; acts of an intimate partner to his or her intimate partner such as; Watching or following from a distance, spying and approaching or showing up of an individual in places when you or them do not want to see them.

In addition to WHO’s examples of stalking as portrayed by an intimate partner was; Sneaking of an intimate partner into his or her partner’s car, damaging of the intimate partner’s personal property; harming or threatening the intimate partner’s pet, and making threats to physically harm an intimate partner. This study therefore concludes that the above discussed types of intimate partner violence existed among the students of USIU-Africa.

4.3.1 Domestic Violence Index

The Domestic Variable Index was a variable designed to answer the first objective of this study as discussed in 4.3. The Variable computed the total scores of the 20 investigated items of intimate partner violence, discussed in 4.3 for each respondent. The lowest score out of the 20 investigated items of intimate partner from the 6 categories of intimate partner violence was 0 whereas the highest score was 20. The results in table 4.8 showed that, 3 respondents out of the 115 respondents who responded to this question with 95.8% had the highest score of 20 out of the 20 investigated items of IPV, whereas 8 respondents had the lowest score of 1 out of the 20 investigated items of IPV. None of the respondents had a zero score; however, 5 respondents accounting for 4.2% did not respond to this question.
### Table 4.8: Domestic Violence Index

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8</td>
<td>6.7</td>
<td>7.0</td>
</tr>
<tr>
<td>2</td>
<td>10</td>
<td>8.3</td>
<td>8.7</td>
</tr>
<tr>
<td>3</td>
<td>10</td>
<td>8.3</td>
<td>8.7</td>
</tr>
<tr>
<td>4</td>
<td>9</td>
<td>7.5</td>
<td>7.8</td>
</tr>
<tr>
<td>5</td>
<td>16</td>
<td>13.3</td>
<td>13.9</td>
</tr>
<tr>
<td>6</td>
<td>13</td>
<td>10.8</td>
<td>11.3</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>1.7</td>
<td>1.7</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>2.5</td>
<td>2.6</td>
</tr>
<tr>
<td>9</td>
<td>3</td>
<td>2.5</td>
<td>2.6</td>
</tr>
<tr>
<td>10</td>
<td>5</td>
<td>4.2</td>
<td>4.3</td>
</tr>
<tr>
<td>11</td>
<td>3</td>
<td>2.5</td>
<td>2.6</td>
</tr>
<tr>
<td>13</td>
<td>3</td>
<td>2.5</td>
<td>2.6</td>
</tr>
<tr>
<td>14</td>
<td>2</td>
<td>1.7</td>
<td>1.7</td>
</tr>
<tr>
<td>16</td>
<td>1</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>20</td>
<td>3</td>
<td>2.5</td>
<td>2.6</td>
</tr>
<tr>
<td>Total</td>
<td>115</td>
<td>95.8</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing</td>
<td>5</td>
<td>4.2</td>
<td>4.2</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### 4.3.1.2 Domestic Violence Index Mean and standard deviation

These results showed that majority of the 115 respondents’ scores on the investigated types of intimate partner violence had a mean of 4.572 and a standard deviation of 4.528, which was within the normal curve. However, there were others who scored above the normal curve.

Specifically, the investigated types of IPV which were computed by the domestic violence index and divided into 6 categories were Physical Violence; whose items included: Slapping, Hitting, kicking and beating and Sexual Violence; whose item was: forced sexual intercourse.

The other categories were Psychological/emotional abuse; whose items included: Insults, Belittling, Constant humiliation, Intimidation for instance destroying things and threats of harm as well as threats to take away children. Also was controlling behaviors whose
items were isolating you or them from family and friends and monitoring your/their movements.

Economic abuse; was another category whose items included: Restricting access to financial resources, Restricting access to employment, Restricting access to education and Restricting access to Medical care.

Finally was Stalking; which as elaborated by (WHO,2012) included the following acts of an intimate partner to his or her intimate partner: Making of unwanted phone calls, sending letters, flowers, emails, texts and Leaving cards, or other items when an intimate partner did not want them. The other items in the category of stalking also included acts of an intimate partner to his or her intimate partner such as: Watching or following from a distance, spying and approaching or showing up of an individual in places when you or them do not want to see them.

In addition to WHO’s examples of stalking; as portrayed by an intimate partner was: Sneaking of an intimate partner into his or her partner’s car, damaging of the intimate partner’s personal property; harming or threatening the intimate partner’s pet, and making threats to physically harm an intimate partner. This study therefore concludes that the above discussed types of intimate partner violence existed among the students of USIU-Africa.
4.4 The relationship between intimate partner violence and levels of Anxiety among USIU-A Students

In order to establish the relationship between intimate partner violence and levels of anxiety among USIU-A students, a correlation between the domestic violence index and the anxiety index was made. The Anxiety Index was a variable designed to compute the results of each of the respondent’s items in the Beck Anxiety Inventory.

The Beck Anxiety Inventory had 21 symptoms of anxiety in which each symptom item had four possible answer choices: Not at All was assigned a score 0, Mildly (It did not bother me much) was assigned a score of 1; moderately (It was very unpleasant, but I could stand it) was assigned a score 2, and; severely (I could barely stand it) was assigned a score of 3.
4.4.1 Descriptive Analysis

The descriptive analysis for the second objective of this study that is, to find out the relationship between intimate partner violence and levels of anxiety comprised of data from the Domestic Violence Index as well as Anxiety Index. The results showed that 115 respondents had a score in either of the items in the Domestic Violence Index whereas 88 of the respondents had a score on either of the items in the Anxiety Index.

The mean and standard deviation of the respondents on the Domestic Violence Index was 4.72 and 4.528 respectively whereas that of the Anxiety Index was 16.86 and 14.080 respectively.

Table 4.9: Domestic violence and Anxiety Descriptive Statistics

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence Index</td>
<td>4.72</td>
<td>4.258</td>
<td>115</td>
</tr>
<tr>
<td>Anxiety Index</td>
<td>16.86</td>
<td>14.080</td>
<td>88</td>
</tr>
</tbody>
</table>

4.2.2 Correlation Analysis

The correlation analysis for the second objective of this study that was to find out the relationship between intimate partner violence and levels of anxiety comprised of data correlated between the domestic violence Index and the Anxiety index.

These results showed that there was a strong positive relationship between intimate partner violence and levels anxiety with(r= .238, p=0.027) among USIU-A Students. The results implied that this relationship was significant at 95% level of confidence. These results also show that as intimate partner violence increases, levels of anxiety also increases. The results were presented in Table 4.10 below.
Table 4.10: Domestic violence and Anxiety Index Correlations Analysis

<table>
<thead>
<tr>
<th>Domestic Violence Index</th>
<th>Anxiety Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Index</td>
<td></td>
</tr>
<tr>
<td>Violance Pearson Correlation</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
</tr>
<tr>
<td>Sum of Squares and Cross-Products Covariance</td>
<td>2337.096</td>
</tr>
<tr>
<td>N</td>
<td>115</td>
</tr>
<tr>
<td>Anxiety Index</td>
<td></td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.238*</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.027</td>
</tr>
<tr>
<td>Sum of Squares and Cross-Products Covariance</td>
<td>1337.586</td>
</tr>
<tr>
<td>N</td>
<td>87</td>
</tr>
</tbody>
</table>

*. Correlation is significant at the 0.05 level (2-tailed)

4.5 The relationship between intimate partner violence and levels of Depression among USIU-A Students

In order to establish the relationship between intimate partner violence and levels of depression among USIU-A students, a correlation between the domestic violence index and the Depression index was made. The Depression Index was a variable designed to compute the results of each of the respondent’s items in the beck depression inventory.

The beck depression inventory had 21 symptoms of depression in which each symptom item had 6 possible answer choices: The research directed by the scoring of the tool assigned 0 score to indicate normal ups and downs for items that ranged between 1-10, a score of 1 to indicates mild mood disturbance for the items that ranged between 11-16 and a score of 2 to indicate borderline clinical depression for the items that ranged between 17 -20.

A score of 3 was assigned for the items that ranged from 21-30 to indicate moderate depression, 4 to indicate severe depression for the items that ranged from 31-40 as well as 5, to indicate extreme depression for the items that were over 40.
4.4.3 Descriptive Analysis

The descriptive analysis for third objective of this study that is to find out the relationship between intimate partner violence and levels of depression comprised of data from the domestic violence index as well as The Depression index. The results showed that 115 respondents had a score in either of the items in the domestic violence index whereas 95 of the respondents had a score on either of the items in the Depression index. The mean and standard deviation of the respondents on the domestic violence index was 4.72 and 4.528 respectively whereas that of the Depression index was 13.84 and 13.584 respectively. See Table 4.11.

**Table 4.11: Domestic Violence and Depression Index Descriptive Statistics**

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence Index</td>
<td>4.72</td>
<td>4.528</td>
<td>115</td>
</tr>
<tr>
<td>Depression Index</td>
<td>13.84</td>
<td>13.584</td>
<td>95</td>
</tr>
</tbody>
</table>

4.4.3 Correlation Analysis

The correlation analysis for the third objective of this study that is to find out the relationship between intimate partner violence and levels of depression comprised of data correlated between domestic violence Index and Depression index.

This results showed that there was a very strong positive relationship between intimate partner violence and levels depression with \( r=0.291, \ p=0.005 \) among USIU-A Students. The P value was 0.005 which implied that this relationship was significant at 99% level of confidence. This results also showed that an increase in intimate partner violence lead to an increase of levels depression. See Table 4.12.
Table 4.12: Domestic Violence and Depression Index Correlations Analysis

<table>
<thead>
<tr>
<th></th>
<th>Domestic Violence Index</th>
<th>Anxiety Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Index</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Index</td>
<td>Domestic Violence Index 1</td>
<td>.291*</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.005</td>
</tr>
<tr>
<td></td>
<td>Sum of Squares and Cross-Products</td>
<td>2337.096</td>
</tr>
<tr>
<td></td>
<td>Covariance</td>
<td>20.501</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>115</td>
</tr>
<tr>
<td>Anxiety Index</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety Index</td>
<td>Pearson Correlation .291**</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed) .0005</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sum of Squares and Cross-Products</td>
<td>1732.429</td>
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<tr>
<td></td>
<td>Covariance</td>
<td>19.249</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>91</td>
</tr>
</tbody>
</table>

*. Correlation is significant at the 0.01 level (2-tailed)

4.5 The relationship between intimate partner violence and levels of Post –Traumatic Stress Disorder among USIU-A Students

In order to establish the relationship between intimate partner violence and levels of Post-Traumatic Stress disorder among USIU-A students, a correlation between the Domestic Violence Index and the PTSD Index was computed.

The PTSD Index was a variable designed to compute the results of each of the respondent’s items PCL-5 Measure. The PCL-5 measure was a PTSD measure which comprised of 20 symptoms of Post-traumatic Stress disorder; in which each symptom item had 5 possible such answer choices: Not at all was assigned 0, a little bit 1, moderately 2 quite a bit 3 and extremely 4.5.

4.5.1 Descriptive Analysis

The descriptive analysis for forth objective of this study that is, to find out the relationship between intimate partner violence and levels of Post-Traumatic Stress disorder comprised of data from the domestic violence index as well as the PTSD Index. The results showed that 115 respondents had a score in either of the items in the Domestic violence index;
whereas 96 of the respondents had a score on either of the items in the Depression index. The mean and standard deviation of the respondents on the Domestic violence index was 4.72 and 4.528 respectively; whereas that of the PTSD index was 24.95 and 19.733 respectively (See Table 4.13):

<table>
<thead>
<tr>
<th>Table 4.13: Domestic Violence and PTSD Descriptive Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence Index</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>Domestic Violence Index</td>
</tr>
<tr>
<td>PTSD Index</td>
</tr>
</tbody>
</table>

4.5.3 Correlation Analysis

The correlation analysis for the fourth objective of this study that is to find out the relationship between intimate partner violence and levels of Post-Traumatic Stress Disorder comprised of data correlated between the domestic violence Index and the PTSD index.

These results showed that there was a weak positive relationship between intimate partner violence and levels of Post-Traumatic Stress Disorder with ($r=0.196$, $p=0.60$) among USIU-A Students. The P value was 0.060; which implied that this relationship was less significant at level of confidence. These results also show that as intimate partner violence weakly increases levels of post-traumatic stress disorder also increases weakly. (See Table 4.13):
Table 4.14: Domestic violence PTSD Index Correlations Analysis

<table>
<thead>
<tr>
<th>Domestic Index</th>
<th>Violence Pearson Correlation</th>
<th>Domestic Violence Index</th>
<th>PTSD Index</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.196</td>
<td>.060</td>
</tr>
<tr>
<td></td>
<td>Sum of Squares and Cross-Products</td>
<td>2337.096</td>
<td>1666.323</td>
</tr>
<tr>
<td></td>
<td>Covariance</td>
<td>20.501</td>
<td>18.112</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>115</td>
<td>93</td>
</tr>
</tbody>
</table>

| PTSD Index    | Pearson Correlation          | .196                    | 1          |
|               | Sig. (2-tailed)              | .060                    | 93         |
|               | Sum of Squares and Cross-Products | 1666.323              | 36993.625   |
|               | Covariance                   | 18.112                  | 389.407    |
|               | N                            | 93                      | 96         |

4.6 Chapter Summary

This chapter covered the results and findings of this study, based on the specific objectives of this study. These results and findings have been presented in form of charts, tables and bar graphs. The next chapter five provides a discussion of the results and finding, conclusion, and recommendations for improvement in further studies in detail.
CHAPTER FIVE

5.0 SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary, discussion, conclusions, and recommendations of this study. The summary looks at the study’s objectives, methodology and its findings. The discussion discusses the major findings of the study based on the specific objectives of this study. The conclusions on the other hand uses the findings and the results in chapter four to discuss the specific objectives of this study.

5.2 Summary of the Study

IPV is on the increase globally for several studies have confirmed the same. IPV poses several hazardous health consequences with psychological distress being one of them. This study therefore, sought to determine the relationship between intimate partner violence and levels of psychological distress with a focus on the undergraduate students at USIU-Africa. The specific objectives which guided the study were: to determine the types of intimate partner violence that existed among the students, to examine the relationship between intimate partner violence and levels anxiety, to establish the relationship between intimate partner violence and levels of depression and to investigate the relationship between intimate partner violence and levels of post-traumatic stress disorder that existed among the USIU-A students.

Descriptive research design and a correlation research design was used in this study. Primary and secondary sources of data were used in this study where, primary sources of data were collected by use of questionnaires that were administered to the students at USIU-Africa. Secondary data was collected from books, electronic journals and the internet. The data collected using questionnaires was analyzed using Statistical Package for Social Sciences.
Upon the analysis, descriptive statistics which included; mean, standard deviation, frequencies, percentages and inferential statistics such as correlation analysis were generated. These findings were discussed and presented in tables and figures.

The research targeted a population of 120, male and female undergraduate students, whose ages ranged from 18-25 in USIU-A. The targeted population had an equal presentation of gender and the four years of study. Specifically 50% of the respondents were males whereas the other 50% were females. The Respondents were selected with an equal number of 30 from the four years of study that is the freshmen, sophomore junior and senior years of study thus making up a total sample of 120 respondents.

The study thus revealed that, majority of the respondents had, or knew an undergraduate Student who had an intimate partner in USIU-A and that had observed or experienced either of the investigated types of intimate partner violence. The study also revealed that, majority of the respondents who had experienced or observed intimate partner violence, had a very strong positive correlation with depression ($r=0.291$, $p=0.05$), a strong positive correlation with anxiety ($r=0.238$, $p=0.027$) but a weak positive correlation with Post Traumatic stress disorder ($r=0.196$, $p=0.60$).

5.3 Discussion of Results

5.3.1 The types of intimate partner violence that exists among United States International University Africa Students.

The study revealed that majority of the respondents had 0 score out of the 20 investigated items of intimate partner violence. The highest score was 20 which had 3 respondents whereas the lowest was 1 which had 8 respondents. This findings show that there exist intimate partner violence among USIU-A students.

The results of this findings agree with several past studies by (Amar & Gennaro, 2005; Gover et al., 2004; Krebs, Lindquist, Warner, Fisher, & Martin, 2009; Sabina & Straus, 2008)
which have estimated the prevalence of IPV among samples of college students. These studies shed light on the extent of IPV among this population and have consistently found that college students are at significant risk of experiencing violence perpetrated by an intimate partner.

This results also agree with other studies in confirming that indeed intimate partner violence exists among college students in as much as the rates to which it exists differs. To start with is the statistic taken from the National Coalition against Domestic Violence, in 2007, which showed that; 53% of victims of domestic violence were abused by a current or former boyfriend or girlfriend. 21% of college students report having experienced dating violence by a current partner. 32% experienced dating violence by a previous partner. 13% of college women report they were forced to have sex by a dating partner.

Also is the further revealed of The National Coalition against Domestic Violence, 2007 statistics on sexually assaulted college students which informed that of sexual assault, attempted rapes, threatened rapes and completed rapes on dates that occurred among college students, bore a 35% 22% and 12% respectively. 60% of acquaintance rapes on college campuses occur in casual or steady dating relationships whereas over 13% of college women report they have been stalked. Of these, 42% were stalked by a boyfriend or ex-boyfriend.

Thirdly, are the results of Christine and colleagues’ 2017 study; who anonymously surveyed 910 undergraduates age 17 to 22, in which 57.1% female in 67 randomly chosen college classes. The students answered demographic questions about sex, age, race and length of time in school and reported whether and when they had experienced physical, emotional or sexual violence in a relationship. In their study, Christine and colleagues found that 407 that is, 44.7% of participants experienced relationship violence either before or during college, including 383 with a 42.1 percent who were victims of such violence and 156 with a 17.1% of participants who reported perpetrating violence. Further, the rates of both perpetrating and being a victim of relationship violence were higher before college than during college. 53% of
women and 27.2% of men reported victimization. The findings also showed that more than half (130 of 227 reports) of the violence experienced during college was related to a partner rather than a friend or acquaintance.

The results further indicated that emotional violence was most common before college with a 21.1%, while sexual and emotional violence were equally common during college with a 12% and 11.8%. Men were more likely to perpetrate sexual violence, while women were more likely to perpetrate physical violence.

5.3.2 The relationship between intimate partner violence and levels of anxiety among United States International University Students–Africa Students.

This results showed that there was a strong positive relationship between intimate partner violence and levels anxiety with ($r=0.238$) among USIU-A Students. The $P$ value 0.027 which implied that this relationship was significant at 95% level of confidence.

The findings of this results, that is there being a positive relationship between intimate partner violence and levels of anxiety agreed with those found in Gina, Deborah, Raftat and Loxtonand’s review. In their 2013’s review of literature of 75 papers, on Mental and Physical Gina, Deborah, Raftat and Loxtonand found out that in all sixteen reviewed studies on anxiety, a positive association between a history of intimate partner violence and increased levels of anxiety in women was established in as much they portray a gender bias.

The finding of this study equally agree with those of (Kaura and Lohman, 2007) who in their research reported there being evidence in Victims of IPV experiencing elevated levels of anxiety in as much as their study does not clearly establish the nature of relationship that exists between the IPV and the levels of the anxiety among the victims, as in this study. In their study, Kaura and Lohman also do not indicate the investigated types of IPV which leads to experiencing this levels of anxiety as well as being specific in elaborating the nature of the victims of IPV unlike in this study which is specific to undergraduate university students.
5.3.3 The relationship between intimate partner violence and levels of Depression among United States International University – Africa Students.

This results showed that there was a very strong positive relationship between intimate partner violence and levels depression with \((r=0.291)\) among USIU-A Students. The P value was 0.005 which implied that this relationship was significant at 99% level of confidence. This results also showed that there was a strong positive relationship between IPV and levels of depression among United States International University-Africa. The findings of this study agree with those of (Garner and Sheridan ,2017) .In their study on Influence of intimate partner violence and depression on undergraduate nursing students, Garner and Sheridan informed that , IPV and dating violence is a significant problem among college-age students which has an associative outcome of depression, although it is not known on how it relates to undergraduate nursing students.

This results also agree with most of (Gina et al ., 2013) papers, in their literature review, which comprised off 75 papers from 2006 to 2012 including qualitative and quantitative studies from western and developing countries, whose topic was Associations between intimate partner violence (IPV) and poor physical and mental health of women . Generally, Gina et al; s’ review found out that Depression was the most commonly researched aspect of mental health in relation to intimate partner violence, being reported on in 42 of the reviewed articles. The findings on the same topic from the other papers were as follows;

Vos et al., (2006) found that 34.7% of the total Intimate Partner Violence disease burden was attributable to depression. The high relative importance of depression in its impact on health, as a result of IPV, was shown by the burden of disease figures given in this study. These findings agree with this study in the sense that this study also attributes its findings on depression to the investigated types of intimate partner violence.
Helfrich et al.,(2008)s’ literature on their study of American Latino women from a primary care clinical setting found that women endorsing a history of Intimate Partner Violence had a higher odds ratio of having a major depressive disorder (OR 1.68) compared to women with no history of IPV that was not statistically significant. Apart from this study, all the remaining reviewed studies agrees with the findings of this study for they consistently reported a significant associations between a history of IPV and depressive symptoms that is severity or chronicity of violence was associated with more severe depressive symptoms.

In as much as Helfrich and colleagues’ study agrees with the findings of this research in revealing there was a significant associations between a history of IPV and depressive symptoms that is severity or chronicity of violence was associated with more severe depressive symptoms, it brings a bias of gender for this findings were based in the women in contrast to this study which looked at both male and female. It also presents the bias in the population who were sourced from a clinical setting unlike in this study whose population was sourced from university students.

5.3.4 The relationship between intimate partner violence and levels of Post-Traumatic Stress disorder among United States International University - Africa Students.

This results showed that there was a weak positive relationship between intimate partner violence and levels Post Traumatic Stress Disorder with(r= 0.196) among USIU-Africa Students. This results showed that there was a weak positive relationship between intimate partner violence and levels Post Traumatic Stress Disorder with(r= 0.196) among USIU-A Students. The P value was 0.060 which implied that this relationship was less significant at level of confidence.

The results of this findings agree with those of a study by (Christelle et al., 2014) that sought to explore the incidence of symptoms of post-traumatic stress disorder (PTSD) in battered women in the Lebanese cultural context with one of the objective being, to determine
the prevalence of PTSD symptoms among women in Lebanon who have been physically abused by their partners. Of the 95 physically abused women who met inclusion criteria, were administered the physical abuse subscale of the Composite Abuse Scale (CAS), and the PTSD Checklist–Civilian Version (PCL-C). Results showed a high prevalence of PTSD symptoms (97%), positively correlated with physical violence which was one of the types of intimate partner violence investigated by this study ($r = 0.719$). In as much the above study agrees with this findings, the study has a bias in terms of gender in the sense that this findings were based on female in contrast to this study which involved both the male and female students.

Gina et al., (2013) in their review of 75 papers, 14 studies agreed on the fact that a history of intimate partner violence was positively associated with the increased incidence of PTSD symptoms and PTSD diagnoses. Gina et al. s’ review also indicated that two other studies reported that women with IPV histories had approximately three times the odds of meeting criteria for PTSD as compared to women who did not report a history of IPV and that within the reviewed studies, the reported prevalence rates of PTSD varied widely. This confirms further that their study agrees with this finding in IPV having a positive correlation with PTSD however differs in confirming with this study on how the PTSD prevalence rates differed widely for this study did not intend to investigate this.

Finally, this study’s findings also agrees with those of (Houry et al., 2006) study who reported that the relative risk of experiencing PTSD symptoms rose with the number of abuse types experienced, Women who had experienced three types of abuse were more than nine times as likely to develop PTSD as a woman who had no history of abuse and a woman experiencing only one type of abuse was just over two times as likely to develop PTSD compared to a non-abused woman. This is because the findings of this study also revealed that an increase in intimate partner violence lead to an increase in PTSD.
5.4 Conclusions

5.4.1 The types of intimate partner violence that exists among United States International University Africa Students.

The study revealed that majority of the respondents had 0 score out of the 20 investigated items of intimate partner violence. The highest score was 20 which had 3 respondents; whereas the lowest was 1 which had 8 respondents.

The investigated types of intimate partner were divided into 6 categories. To start with, was Physical Violence whose items included; Slapping, Hitting, kicking and beating and Sexual Violence whose item was forced sexual Intercourse?

The other categories were Psychological/emotional abuse, whose items included; Insults Belittling, Constant humiliation, Intimidation for instance destroying things and threats of harm as well as threats to take away children. Also was controlling behaviors whose items were; isolating you or them from family and friends and monitoring your/their movements. Economic abuse was another category whose items included; Restricting access to financial resources, Restricting access to employment, Restricting access to education and Restricting access to Medical care.

Finally was Stalking which as elaborated by (WHO,2012) included the following acts of an intimate partner to his or her intimate partner; Making of Unwanted phone calls, sending letters, flowers, emails, texts and Leaving cards, or other items when an intimate partner did not want them. The other items in the category of stalking also included acts of an intimate partner to his or her intimate partner such as; Watching or following from a distance, spying and approaching or showing up of an individual in places when you or them do not want to see them. In addition to WHO’s examples of stalking as portrayed by an intimate partner was Sneaking of an intimate partner into his or her partner’s car, damaging
of the intimate partner’s personal property; harming or threatening the intimate partner’s pet, and making threats to physically harm an intimate partner.

This study therefore concludes that the above discussed types of intimate partner violence existed among the students of USIU-Africa.

5.3.2 The relationship between intimate partner violence and levels of anxiety among United States International University Students –Africa Students

This results showed that there was a strong positive relationship between intimate partner violence and levels anxiety with \( r=0.238 \) among USIU-A Students. The P value 0.027 which implied that this relationship was significant at 95% level of confidence. This study therefore concludes that the levels of anxiety experienced by the USIU-A students are attributable to the types of intimate partner violence that exists among the USIU-A students that is Physical Violence which includes; Slapping, Hitting, kicking and beating and Sexual Violence whose item was forced sexual Intercourse.

The Psychological/emotional abuse which included; Insults, belittling, constant humiliation, intimidation, for instance destroying things and threats of harm as well as threats to take away children. Controlling behaviors whose items included; isolating you or them from family and friends and monitoring your/their movements. Economic abuse which includes; Restricting access to financial resources, Restricting access to employment, Restricting access to education and Restricting access to Medical care.

Finally was Stalking which as elaborated by (WHO,2012) included the following acts of an intimate partner to his or her intimate partner; Making of unwanted phone calls, Sending; letters, flowers, emails, texts and Leaving cards, or other items an intimate partner did not want them. The other items in the category of stalking also included acts of an intimate partner to his or her intimate partner such as; Watching or following from a
distance, spying and approaching or showing up of an individual in places when you or them do not want to see them.

In addition to WHO’s examples of stalking as portrayed by an intimate partner was; Sneaking of an intimate partner into his or her partner’s car, damaging of the intimate partner’s personal property; harming or threatening the intimate partner’s pet, and making threats to physically harm an intimate partner.

5.3.3 The relationship between intimate partner violence and levels of Depression among United States International University – Africa Students.

This results showed that there was a very strong positive relationship between intimate partner violence and levels depression with \( r = 0.291 \) among USIU-A Students. The P value was 0.005 which implied that this relationship was significant at 99% level of confidence.

This study therefore concludes that the levels of depression experienced by the USIU-A students are attributable to the types of intimate partner violence that exists among the USIU-A students that is, Physical Violence which included; Slapping, and Hitting, kicking and beating and Sexual Violence whose item was forced sexual Intercourse. The Psychological/emotional abuse which included; Insults Belittling, Constant humiliation, Intimidation for instance destroying things and threats of harm as well as threats to take away children and Controlling behaviors which included; isolating you or them from family and friends and monitoring your/their movements.

Also was Economic abuse which includes; Restricting access to financial resources, Restricting access to employment, Restricting access to education and Restricting access to Medical care. Finally was Stalking which as elaborated by (WHO,2012) included the following acts of an intimate partner to his or her intimate partner; Makin of unwanted phone calls, sending; letters, flowers, emails, texts and Leaving cards, or other items when an intimate partner did not want them. The other items in the category of stalking also included
acts of an intimate partner to his or her intimate partner such as: Watching or following from a distance, spying and approaching or showing up of an individual in places when you or them do not want to see them. In addition to WHO’s examples of stalking as portrayed by an intimate partner was: Sneaking of an intimate partner into his or her partner’s car, damaging of the intimate partner’s personal property; harming or threatening the intimate partner’s pet, and making threats to physically harm an intimate partner.

5.3.4 The relationship between intimate partner violence and levels of Post-Traumatic Stress disorder among United States International University - Africa Students.

This results showed that there was a weak positive relationship between intimate partner violence and levels of Post-Traumatic Stress Disorder with \( r = 0.196 \) among USIU-Africa Students. The \( P \) value was 0.060 which implied that this relationship was less significant at level of confidence.

This study therefore concluded that the minimal levels of Post -Traumatic Stress Disorder experienced by the USIU-A students, were attributable to the types of intimate partner violence that existed among the USIU-A students that is; Physical Violence which included; Slapping, Hitting, kicking and beating and Sexual Violence whose item was forced sexual Intercourse. The Psychological/emotional abuse which included; insults, belittling, constant humiliation, intimidation, for instance destroying things and threats of harm as well as threats to take away children.

Controlling behaviors whose which included; isolating you or them from family and friends and monitoring your/their movements. Economic abuse which includes; Restricting access to financial resources, Restricting access to employment, Restricting access to education and Restricting access to Medical care.

Finally was Stalking which as elaborated by (WHO,2012) included the following acts of an intimate partner to his or her intimate partner: Making of unwanted phone calls,
Sending of; letters, flowers, emails, texts and Leaving cards, or other items when an intimate partner did not want them. The other items in the category of stalking also included acts of an intimate partner to his or her intimate partner such as; Watching or following from a distance, spying and approaching or showing up of an individual in places when you or them do not want to see them.

In addition to WHO’s examples of stalking as portrayed by an intimate partner was: Sneaking of an intimate partner into his or her partner’s car, damaging of the intimate partner’s personal property; harming or threatening the intimate partner’s pet, and making threats to physically harm an intimate partner.

5.5 Recommendations

5.5.1 Suggestions for Improvement

5.5.1.1 To determine the types of intimate partner violence that exists among United States International University Africa Students

The results indicate that the lowest score out of the 20 investigated items from the 6 categories of intimate partner violence that is; Physical, sexual, economic, psychological or emotional abuse stalking and controlling behaviors was 0; whereas the highest score was 20 thus, suggesting that intimate partner violence exists among USIU-A Students.

The research recommends that the USIU-A university should liaise with the students to come up with measures that can be put in place to address the intimate partner violence that exist among the students.

5.5.2 The relationship between intimate partner violence and levels of anxiety among United States International University Students—Africa Students
This results showed that there was a very strong positive relationship between intimate partner violence and levels depression with \( r=0.291 \) among USIU-A Students. The P value was 0.005 which implied that this relationship was significant at 99% level of confidence.

The research recommends that the USIU-A university should liaise with the students to come up with measures that can be put in place to address anxiety resulting from intimate partner violence which exists among the students.

5.5.3 The relationship between intimate partner violence and levels of depression among United States International University – Africa Students.

This results showed that there was a very strong positive relationship between intimate partner violence and levels of depression among USIU-A Students. The P value was 0.005 which implied that this relationship was significant at 99% level of confidence. The research recommends that the USIU-A university should liaise with the students to come up with the measures that can be put in place to address the depression resulting from intimate partner violence that exists among the students.

5.5.4 The relationship between intimate partner violence and levels of Post-Traumatic Stress disorder among United States International University - Africa Students

5.7 Suggestions for Further Research.

This research sought to find out the relationship between intimate partner violence and levels of psychological distress among USIU-A Students. The study recommends that a similar research should be conducted in other Universities in Kenya in order to confirm or disagree with these findings. This will enable the universities to work with students in designing measures that can be put in place in addressing the challenges that might arise from their findings.
REFERENCES


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Dearest Respondent,

I am a student at United States International University-Africa pursuing a Master’s degree in Clinical Psychology. As partial fulfilment of my degree, I am conducting a research on the relationship between intimate partner violence and levels of psychological distress among United States International University-Africa students.

You are invited to participate in this study. The study will require you to fill in a questionnaire as well as three assessment tools. Each will take about 5 to 10 minutes to fill. Participation in this research is on a voluntary basis and you are free to withdraw at any moment should you so wish.

Any information provided by you will be kept confidential and will only be used for research purposes. You will not be required to give any identifying information such as names or ID numbers. Only your responses and signature/initials will be necessary to show that you have consented to take part in the study.

There may be a psychological risk involved in participating in this research as a result, in case you face any adverse reaction, please contact the USIU counselling centre for psychological support.

Kindly answer ALL questions as honestly as possible and feel free to ask any questions that might arise. Your participation in this study is highly appreciated.

Thank You!

CONSENT FORM

I have read and understood the instructions above. I therefore agree to participate in this research.

Signature:_________________________ Date:_________________________

Researcher Contact: +254 702518401
APPENDIX II: DEBRIEFING FORM

DEBRIEFING FORM USIU-AFRICA

This form provides background about our research to help you learn more about why we are doing this study. Please feel free to ask any questions or to comment on any aspect of the study.

You have just participated in a research study conducted by Sophia Kemunto Sengera.

You were told that the purpose of this research was to study the relationship between intimate partner violence and levels of psychological distress among USIU-A Students. As you know, your participation in this study is voluntary.

If you so wish, you may withdraw after reading this debriefing form, at which point all records of your participation will be destroyed. You will not be penalized if you withdraw. You may keep a copy of this debriefing for your records or please return this debriefing form to the researcher.

Contact information for the researcher and/or contact person is on your copy of the consent form which you may keep for your records. If you have questions now about the research, please ask. If you have questions later, please e-mail sophiasengera@gmail.com.

If, as a result of your participation in this study, you experienced any adverse reaction, please visit the USIU counseling center for assistance.
APPENDIX III: SOCIAL DEMOGRAPHIC QUESTIONNAIRE (SDQ)

SECTION A: DEMOGRAPHIC INFORMATION

Kindly tick [√] as appropriate

1. Gender
   Male
   Female

2. What is Your Age
   18-19
   20-21
   22-23
   24-25

3. Year of study
   Freshmen
   Sophomore
   Junior
   Senior

4. Relationship status
   I have an undergraduate intimate partner at USIU-Africa.
   I know an undergraduate student who has an intimate partner in USIU-Africa.
   I do not have an intimate partner nor know any undergraduate student who has an.
   Intimate Partner in USIU-Africa.

SECTION B: TYPES OF INTIMATE PARTNER VIOLENCE

If checked [√] to part 4.i, and ii,

Please [√]

If your intimate partner has made you experience the following
If you have observed the following among undergraduate intimate partners in USIU-Africa

5. **Physical Violence**

- Slapping
- Hitting
- Kicking
- Beating

6. **Sexual Violence**

- Forced sexual intercourse

7. **Psychological/emotional abuse**

- Insults
- Belittling
- Constant humiliation
- Intimidation for instance destroying things
- Threats of harm as well as threats to take away children

8. **Controlling behaviors**

- Isolating you or them from family and friends
- Monitoring your/their movements

9. **Economic abuse**

- Restricting access to financial resources
- Restricting access to employment
- Restricting access to education
- Restricting access to Medical care

10. **Stalking**

- Unwanted phone calls, emails, or texts
- Leaving cards, letters, flowers, or other items when you /they don’t want them
- Watching or following from a distance, spying, approaching or showing up in places when you or them do not want to see them
- Sneaking into your or their car, damaging your personal property; harming or threatening your pet, and making threats to physically harm the victim
**APPENDIX IV: BECK ANXIETY INVENTORY (BAI)**

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Not at all</th>
<th>Mildly, but it didn’t bother me much</th>
<th>Moderately – it wasn’t pleasant at times</th>
<th>Severely – it bothered me a lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbness or tingling</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling hot</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Wobbliness in legs</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Unable to relax</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fear of worst happening</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizzy or lightheaded</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Heart pounding / racing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Unsteady</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Terrified or afraid</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nervous</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling of choking</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Hands trembling</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Shaky / unsteady</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fear of losing control</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty in breathing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fear of dying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Scared</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Indigestion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Faint / lightheaded</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Face flushed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Hot / cold sweats</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
APPENDIX V: BECK DEPRESSION INVENTORY II

Instructions: This questionnaire consists of 21 statements. Please read each of the statements carefully, and then pick out one statement in each group that best describes the way you have been during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including item 16(Changes in sleeping pattern) or item 18(changes in appetite.

1. Sadness
   I do not feel sad. □
   I feel sad much of the time. □
   I am sad all the time. □
   I am so sad and unhappy that I can't stand it. □

2. Pessimism
   I am not discouraged about the future. □
   I feel more discouraged about my future than I used to be. □
   I do not expect things to work out for me. □
   I feel my future is hopeless and will only get worse. □

3. Past Failure
   I do not feel like a failure. □
   I have failed more than I should have. □
   As I look back, I see a lot of failures. □
   I feel I am a total failure as a person. □

4. Loss of Pleasure
   I get as much pleasure as I ever did from the things I enjoy. □
   I don't enjoy things as much as I used to. □
   I get very little pleasure from the things I used to enjoy. □
   I can’t get any pleasure from the things I used to enjoy. □
5. Guilty Feelings

I don't feel particularly guilty.
I feel guilty over many things I have done or should have done.
I feel quite guilty most of the time.
I feel guilty all of the time.

6. Punishment Feelings

I don't feel I am being punished.
I feel I may be punished.
I expect to be punished.
I feel I am being punished.

7. Self-Dislike

I feel the same about myself as ever.
I have lost confidence in myself.
I am disappointed in myself.
I dislike myself.

8. Self-Criticalness

I don't criticize or blame myself more than usual.
I am more critical of myself than I used to be.
I criticize myself for all my faults.
I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

I don't have any thoughts of killing myself.
I have thoughts of killing myself, but I would not carry them out.
I would like to kill myself.
I would kill myself if I had the chance.

10. Crying

I don't cry any more than I used to.
I cry more than I used to.
I cry over every little thing.
I feel like crying, but I can’t.
11. Agitation
I am no more restless or wound up than usual.
I feel more restless or wound up than usual.
I am so restless or agitated that it’s hard to stay still.
I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest
I have not lost interest in other people or activities.
I am less interested in other people or things than before.
I have lost most of my interest in other people or things.
It’s hard to get interested in anything.

13. Indecisiveness
I make decisions about as well as ever.
I find it more difficult to make decisions than usual.
I have much greater difficulty in making decisions than I used to.
I have trouble making any decisions.

14. Worthlessness
I do not feel I am worthless.
I don’t consider myself as worthwhile and useful as I used to.
I feel more worthless as compared to other people.
I feel utterly worthless.

15. Loss of Energy
I have as much energy as ever.
I have less energy than I used to have.
I don’t have energy to do very much.
I don’t have enough energy to do anything.

16. Changes in Sleeping Pattern
I have not experienced any change in my sleeping pattern.
I sleep somewhat more than usual.
I sleep somewhat less than usual.
I sleep a lot more than usual.
I sleep a lot less than usual. ☐
I sleep most of the day. ☐
I wake up 1-2 hours early and can’t get back to sleep. ☐

17. Irritability

I am no more irritable than usual. ☐
I am more irritable than usual. ☐
I am much more irritable than usual. ☐
I am irritable all the time. ☐

18. Changes in Appetite

I have not experienced any change in my appetite. ☐
My appetite is somewhat less than usual. ☐
My appetite is somewhat greater than usual. ☐
My appetite is much lesser than before. ☐
My appetite is much greater than usual. ☐
I have no appetite at all. ☐
I crave food all the time. ☐

19. Concentration Difficulty

I can concentrate as well as ever. ☐
I can’t concentrate as well as usual. ☐
It’s hard to keep my mind on anything for very long. ☐
I find I can’t concentrate on anything. ☐

20. Tiredness or Fatigue

I am no more tired or fatigued than usual. ☐
I get more tired or fatigued more easily than usual. ☐
I am too tired or fatigued to do a lot of the things I used to. ☐
I am too tired or fatigued to do most of the things I used to do. ☐

21. Loss of Interest in Sex

I have not noticed any recent change in my interest in sex. ☐
I am less interested in sex than I used to be. ☐
I am much less interested in sex now. ☐
I have lost interest in sex completely. ☐
APPENDIX VI: PTSD CHECKLIST (PCL-5)

**Instructions:** Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

<table>
<thead>
<tr>
<th>In the past month, how much were you bothered by:</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Repeated, disturbing, and unwanted memories of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Repeated, disturbing dreams of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Feeling very upset when something reminded you of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Avoiding memories, thoughts, or feelings related to the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Trouble remembering important parts of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me,</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Question</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>no one can be trusted, the world is completely dangerous)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Blaming yourself or someone else for the stressful experience or what happened after it?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. Loss of interest in activities that you used to enjoy?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Having strong negative feelings such as fear, horror, anger, guilt, or shame?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. Feeling distant or cut off from other people?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. Irritable behavior, angry outbursts, or acting aggressively?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. Taking too many risks or doing things that could cause you harm?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. Being “super alert” or watchful or on guard?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. Feeling jumpy or easily startled?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. Having difficulty concentrating?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. Trouble falling or staying asleep?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

THANK YOU.
APPENDIX VII: LETTER OF APPROVAL TO CONDUCT RESEARCH

United States International University-Africa
USIU-A Institutional Review Board (IRB)

3rd September, 2018

Sophie Kemunto Sengere
School of Humanities and Social Sciences
sophiesengerai@gmail.com

Dear Ms. Sengere,

IRB-RESEARCH APPROVAL.

The USIU-A IRB has reviewed and granted an ethical approval for the research proposal titled “The relationship between Intimate Partner Violence and Levels of Psychological Distress among University Students in Kenya: A case study of the United States International Students.”

The approval is for twelve months from the date of IRB. A Continuing Review application must be approved within this interval to avoid expiration of IRB approval and cessation of all research activities. A mid-term report and a final report must be provided to the IRB within the twelve months approval period. All records relating to the research (including signed consent forms) must be retained and available for audit for at least 3 years after the research has ended.

You are advised to follow the approved methodology and report to the IRB any serious, unexpected and related adverse events and potential unanticipated problems involving risks to subjects or others.

Should you or study participants have any queries regarding IRB’s consideration of this project, please contact irb@usiu.ac.ke.

Sincerely,

Dr. Damary Sikalieh,
Chair | IRB | USIU-Africa
dsikalieh@usiu.ac.ke
Office 0730 116 112

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