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Intimate Partner Violence at an Early Age: Experiences of Girl-Adolescents Presenting at Kwathula Family Counseling Centre-Bulawayo

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Abstract:

The study tracked the experiences of girl-adolescents presenting with intimate partner violence issues at a Counseling Center in the City of Bulawayo in Zimbabwe. Narratives provided the theoretical framework for conducting qualitative research within a social constructivist paradigm. Adolescents were allowed to narrate their relationship problems. Purposive sampling was used to select the participants. Anonymity and confidentiality were maintained, and in-depth semi-structured interviews were used for data collection with thematic analysis used for data treatment. The sample size was determined by data saturation at ten participants. The findings were that physical abuse may result in permanent injuries and in severe cases death might also occur. Psychological abuse leads to dehumanized individuals, lowering of self-esteem, and creating the sense of hopelessness. Sexual abuse exposes adolescents to a plethora of diseases such as STIs, HIV, vaginal infections, chronic pelvic pains and many more others. Adolescents engage into intimate relationships at an early age. The government and communities are encouraged to be involved in the establishment of counseling centers specifically for adolescents where they can feel free to consult on issues of dating, sexualities and marriage.

Keywords: Intimate partner violence, girl-adolescent, psychological abuse, sexual abuse, physical abuse

1. Introduction and Background to the Study

Many adolescents in Zimbabwe suffer untold hardships in their relationships as they are exposed to different forms of Intimate Partner Violence (IPV). Some of these effects may last for a lifetime. WHO (2010) in her multi-country study, found out that worldwide problem of IPV has manifested in various countries of the world, and that it is embedded in public health. In many reported cases, it has been noted that the effects of IPV may last longer even after the violence has ceased. IPV involves physical, psychological as well as sexual abuse perpetrated to one individual willfully by their intimate partners and adolescents seem to be at high risk of being victimized since they are in no position to make informed decisions on their own, (Tjaden & Thoennes, 2000). The research sought to track the experiences of IPV among the girl-adolescents which occur in different forms.

According to (Cui et al, 2013), young women between the ages of 15 and 24 suffer intimate partner violence most as compared to other reproductive age groups as a result of a number of reasons, some of which may include the issue of developmental immaturity, low self-esteem, poor negotiation skills and being economically dependent to their male counterpart. This makes a girl-adolescent vulnerable and this becomes an area of great concern. Adolescence is a time of vulnerability during which the influence of peer pressure, internal conflict caused by hormonal changes, and the practices of significant adults in their lives such as parents, teachers, societal pressures, norms and values, and economic situations all add on to shape the character and behavioral patterns that are relayed onto adulthood, (Tobin & Okojie, 2010). Adolescence is the transition stage from childhood to adulthood advancing from puberty up to a period when lifelong behaviors are implemented. This transition period involves physical, psychological as well as social maturation. Adolescents are at a high risk more likely to engage in risky sexual behaviors with reduced feelings of vulnerability to diseases and usually a denial of any likelihood of infection hence it is considered a serious phase of development with enduring allegations for health and wellbeing of an individual and the society at large.

Intimate Partner Violence (IPV) is a pattern of assaultive and coercive behavior that may include physical torture, psychological abuse also in the form of advancing isolation, deprivation of material things, stalking and intimidation as well as sexual violence which might also involve reproductive coercion. This behavior pattern is usually perpetrated by either a current partner, a former partner or in some instances an intimate partner who wishes to establish an intimate relationship with the adolescent and focuses on building up of control by one partner against another, (Bates et al, 2014). According to (American Medical Association, 1992) intimate partner violence encompasses subjection of a partner to physical abuse, psychological abuse, sexual violence and reproductive coercion. Physical abuse can involve throwing objects, pushing, kicking, biting, slapping, and strangling, hitting, beating, threatening with any form of weapon or use of a weapon. According to (Stockl et al, 2013) and (Devries et al, 2013), violence directed to women mainly

from an intimate partner has become a subject of concern lately following its prevalent nature and its rigorous health effects. (Garcia-Moreno et al, 2005) state that between 2000 and 2004, WHO conducted a multi-country Study on Women's Health and Domestic Violence against Women and found that a range of 13-61% of women aged between 15 and 49 years, who were once involved with someone at some point in their lives representing the ten various countries across the world reported having encountered physical and sexual abuse from their intimate partner.

Psychological abuse according to (Follingstad & Dehart, 2000) erodes a woman's sense of self-worth and can include emotional harassment, verbal abuse such as name-calling, degradation and blaming, making threats or even stalking and isolation. Usually the perpetrator progressively isolates the woman from her significant others, for example; family and friends as well as deprivation of materialistic items like food, transport money and access to health care. Sexual abuse is defined as the forcing of unwanted sexual activity by one person on another. According to (Finkelhor & Brown, 1986), sexual abuse can also be viewed as unwanted sexual activity with perpetrator using force making threats or taking advantage of the victims. Most victims and perpetrators know each other very well. Sexual abuse includes oral, anal, genital, buttocks, and breast contact. Sexual abuse happens in all populations and in all economic and educational levels across all racial and cultural groups, rural and urban areas.

Intimate Partner Violence has effects on the wellbeing of a girl-adolescent survivor. In the United States of America, out of the 4.8 million intimate-partner-violence incidents, 2 million result in physical injuries which include burns, fractures, chronic pain syndromes, problems with hearing and sight, arthritis, seizures, headaches, and pelvic inflammatory diseases, (Bates et al, 2014). There is a growing recognition and understanding of the potential effects of intimate partner violence both in relation to acute and chronic health effects beyond the physical trauma cases seen in emergency departments of acute care hospitals and primary care settings. According to (Joyner & Mash, 2012), IPV also affects reproductive health and can lead to gynecological disorders, unwanted pregnancy, premature labor and birth, as well as sexually-transmitted diseases. Neurological complains, concentration problems, dizziness and memory loss are extensively connected to lifetime experiences of partner violence.

The effects of sexual abuse as cited by Becker and Hunter (1997) can either be long term or short term. Short term effects include shock, fear, and disbelief while long term effects are anxiety and post-traumatic stress disorder. Effects can also be psychological, social, physical, sexual and eating problems; all this is dependent on the seriousness, duration and the sort of abuse. Psychological problems include fear, panic attacks, sleeping problems, irritability, outbursts of anger and sudden shock reactions when being touch. The victim also portrays little confidence and self respect for one's own body. Becker and Hunter (1997) found out that children who have been sexually abused have chronic self-perception of hopelessness, depression and self destruction behaviors as well as low self esteem. The victim both children and adults may also portray behaviors that harm the body, for example addiction to alcohol or drugs and other substances, excessive work or sports.

According to (Bauer et al, 2002) sexual violence include a continuum of sexual activities that cover unwanted kissing, touching, or fondling; sexual coercion; and rape. Reproductive coercion involves behavior used to maintain power and control in a relationship related to reproductive health and can occur in the absence of physical or sexual violence. A partner may sabotage efforts at contraception, refuse to practice safe sex, intentionally expose a partner to an STI or HIV, control the outcome of a pregnancy for example; forcing the woman to continue the pregnancy or to have an abortion or to injure her in a way to cause a miscarriage, forbid sterilization, or control access to other reproductive health services, (Family Violence Prevention Fund, 2010). Adolescence has proved to have a negative impact on the educational attainment especially from non-industrialized countries as many women resort to marriage upon dropping out from school, (Chandra-Mouli, 2012). Some studies state that engaging into early marriages contributes to the adolescents facing relationship stressors that will in turn result in IPV which may encompass early or unwanted or unintended pregnancies, job insecurities and financial hardships, (DeMaris et al, 2003). Moreover, (Sawyer et al, 2012) add on to say adolescence is an imperative phase for creating the basis for women's future health and life in general. Therefore, experiencing IPV at this phase in life can result in quite a number of consequences. Through its effects on the physical, psychological and economic wellbeing of an adolescent, it simple appears that these experiences predispose one to being a victim of violence in her later life which according to (Chandra-Mouli, 2012), if adolescents are raised in a violence free environment, then they would likely in their future be in a relationship that is violence free.

Some women subjected to IPV present with acute injuries to the head, face, breasts, abdomen, genitalia, or reproductive system, whereas others have non-acute presentations of abuse such as reports of chronic headaches, sleep and appetite disturbances, palpitations, chronic pelvic pain, urinary frequency or urgency, irritable bowel syndrome, sexual dysfunction, abdominal symptoms, and recurrent vaginal infections. These non-acute symptoms often represent clinical manifestations of internalized stress. This stress can lead to PTSD, which is often associated with depression, anxiety disorders, substance abuse, and suicide. Research confirms the long-term physical and psychological effects of ongoing or past violence, (Commonwealth Fund, 1998).

(National Centre for Injury and Control, 2003) explains the societal and economic effects of IPV. Approximately one quarter of a million hospital visits occur as a result of IPV annually. The cost of intimate partner rape, physical assault, and stalking totals more than \$8.3 billion each year for direct medical and mental health care services and lost productivity from paid work and household chores. Additional medical costs are associated with ongoing treatment of alcoholism, attempted suicide, mental health symptoms, pregnancy, and pediatric-related problems associated with concomitant child abuse and witnessing abuse. Intangible costs include women's decreased quality of life, undiagnosed depression, and lowered self-esteem. Destruction of the family unit often results in loss of financial stability or lack of economic resources for independent living, leading to increased populations of homeless women and children, (Health Care for Homeless Women, 2010). According to (Silverman, Raj & Clements, 2010) approximately one out of ten female high-school students in the United States of America reported experiencing physical violence from their dating partners in

the previous year. Of those who reported ever having had sexual intercourse, one out of five girls experienced dating violence. These girls were also more likely to have experienced pregnancy and STIs, including HIV, and to report tobacco use and mental health problems including suicide attempts.

According to the study of adolescent mothers being at a high risk of experiencing IPV conducted by (Lindhorst & Oxford, 2008), adolescents were most likely to encounter depressive symptoms in adulthood hence little is likened to the long-term effects of IPV on adolescent mothers' route of depressive symptoms. The findings showed that IPV among adolescents and an early susceptibility to depression were drastically linked to the intercept but not on the slope of the probability of depressive symptoms routes. These results simple advocate that the experiencing of IPV among adolescents may modify life course of young women thereby increasing their risk for progressing to IPV exposure in adulthood and its affiliated negative mental health effects.

2. Methodology

In this research process, narratives provided the theoretical framework for conducting qualitative research within a social constructivist paradigm. A social constructivist paradigm assumes the existence of multiple realities, in which the participant and researcher are co-creators of understanding in the natural world. To address my research questions within this epistemological framework the experiences of individuals were examined in relation to their social context and the meanings the individuals themselves attached to those experiences. Smith (2013) observes that according to narrative theory, we are born into a storied world, and we live our lives through the creation and exchange of narratives. We tell stories about our lives to ourselves and to others. It is through narratives that we begin to define ourselves, to clarify the continuity in our lives and to convey this to others (Braun & Clarke, 2006). Narrative enables us to describe our experiences and to define ourselves. Qualitative methods were not only helpful in giving rich explanations to sexual behaviors and beliefs in youths, but also informed the researcher on conceptualizing the factors associated with IPV in adolescents.

The research was conducted at Kwathula Family Counseling Centre in Bulawayo City in Zimbabwe. The Centre has a department responsible for adolescents who present with different problems. Adolescents present with a lot of different relationship problems ranging from family issues to intimate partner violence. Trained counselors assist these adolescents navigate their situations on daily basis. It was from this Centre that the researcher got his participants, the Girl-Adolescents who present with Intimate Partner Violence (IPV) to the Centre.

Purposive sampling was used to select the participants. Purposive sampling relies on the judgment of the researcher. The target population was the girl-adolescents who presented themselves with Intimate Partner Violence at the Kwathula Family Counseling Centre in Bulawayo City. At the first meeting, the purpose of the study was explained, expectations for the participants outlined, and time and date for the interviews set. Anonymity and confidentiality was maintained, letters of consent forms were given to the participants to read and sign. In-depth semi-structured interviews were used. The analysis tried to look for the kinds of things people relate to in their stories to construct meaning within experiences and the relational and contextual factors that influence this meaning-making process. Interview transcripts were read thoroughly and core narratives captured. Themes were identified and used to come up with sub-heading for data presentation and analysis. Qualitative researchers are concerned with trustworthiness, (Berg, 2009). When the research goal is to provide a detail description of an individual's experience derived from personal narratives, the focus is not measurement but description and exploration. Description then becomes the cornerstone of the scientific method for qualitative researchers. Richly described data or sufficient contextual information can provide researchers with enough information to judge the fittingness of applying the findings to other settings. Fittingness was contingent upon producing thick descriptions of the data, based on the inclusion of the widest possible range of information. The sample size was determined by data saturation at ten participants.

3. Discussion of Findings

3.1. Demographic Data

Ten participants were interviewed as indicated below.

Participant	Age	Marital Status	Education Level	Employment
Anesu	15	Cohabiting	Never attended	Unemployed
Ayanda	15	Cohabiting	Grade 2	Unemployed
Susan	15	Cohabiting	Form 2	Unemployed
Jane	15	Cohabiting	Form 2	Unemployed
Sihle	15	Cohabiting	'O' Level	Unemployed
Tatenda	16	Cohabiting	'O' Level	Employed
Thembe	17	Cohabiting	'O' Level	Employed
Lwazi	18	Single Parent	'O' Level	Unemployed
Nobuhle	19	Cohabiting	'A' Level	Unemployed
Sarah	19	Married	'A' Level	Unemployed

Table 1: Demographic data of adolescents

In order to maintain the anonymity of the research participants, all participants were name-coded with pseudo names. The pseudo names were used to conceal the identity of the participants. The results show that the majority of the adolescents were cohabitating with their partners and were of the unmarriageable age according to the Zimbabwean laws, which stipulates that the age of majority is 18 years. The findings also show that most of the adolescents were unemployed, indicating that in their cohabitation they were dependent on their partners for upkeep. Dependence on others has been identified by many researchers as a major factor in creating vulnerability among the girl-adolescents to intimate partner violence.

3.2. Themes Identified

Treعه and Treعه (2000) view the narrative interview as a moment of listening for both the interviewer and the interviewee. Analysis was directed at determining the core narratives that built the major views of experiences as themes. These themes reflect on the meanings of experiences that girl-adolescents believed contributed as a turning point in the construction and reconstruction of their experiences of IPV. The table below shows the forms of abuse and themes identified from the narratives.

Psychological Abuse	Physical Abuse	Sexual Abuse
Intimidation	Beating	Forced unprotected sex
Insulting	Burning	Rape
Name calling	Fractures	Incest
Stalking		Denied access to contraceptives
Trauma		Forced use of contraceptives

Table 2: Forms of Abuse and Identified Themes

The above table shows the identified themes emanating from the relationships between the girl-adolescents and their intimate partners.

3.3. Nature of Psychological Abuse as Experienced by Girl-Adolescents

The nature of psychological abuse can be experienced in many forms such as intimidation, insulting, name-calling, stalking and trauma.

3.4. Intimidation and threats

Participants revealed that their partners were always very cheeky and threatening towards them. Participants further said this came in many form, sometimes their partner were too quiet and looked very threatening to talk to them. Most of their partners were older and experienced than them, which put them at an advantage when it came to decision-making.

Anesu: My boyfriend is 30 years old, that is twice my age, he makes all the decision and the fact that I stay at his place I have no say what so ever. He orders me around the house at his will

Ayanda: He is always very rough and sometimes I find him too difficult to understand especially when he is too quiet.....

Follingstad and Dehart (2000) propounded that emotional harassment and threats erode a woman's sense of self-worth. Participants reported that their partners tended to come home very late and at times towards the morning very drunk. They would not offer any explanation as to why they coming late and if asked, they would answer rudely always. The male partners always emphasized the issue of them being the bread winners; hence no one should have any say at home beside them. Intimidation and threats became the lifestyle of these girl-adolescents.

3.5. Insults and Name-calling

Susan: I try my level best to please my partner but my efforts seem to go unnoticed. He receives phone calls from his girl-friends right in front of me and sometimes they have their quality time on our bed. He told me that after losing my virginity to him, he was done with me and he calls me a thing that can easily be replaced

Jane: He insults and calls me names such as a dog, stupid and uneducated woman. I feel so hopeless in this relationship; indeed, I sometimes feel that I have no future at all.

Insults and name-calling are highly dehumanizing to any being. Words such as these bring misery to the abused. The perpetrator isolates the woman from her significant others and then deprives the woman of materialistic items like food, transport money and access to health care. A person who has been reduced to nothing will find anything worth living for. These girl-adolescents were then prepared to do anything for their male partners with hope that they will one day receive respect and recognition from them.

3.6. Stalking and Trauma

Participants reported that their male partners were stalking them always. They always treated them as a piece of rubbish.

Sihle: My boyfriend frequently calls to check on me but that won't be on friendly basis because it is clear that he is insecure about my whereabouts. He uses my cell phone and does not want me to use passwords while his has passwords.....

Stalking and trauma are silent killers to many relationships. Being checked on your whereabouts, what you are doing with whom and where, is always stressful to an individual perpetrated on. This kind of life leads to severe stress and traumatic states to these girl-adolescents who are in these informal relationships.

3.7. Nature of Physical Abuse as Experienced by Girl-Adolescents

The participants reported that they experienced the following forms of physical abuse: beating, burning and fractures as a result of IPV. According to (American Medical Association, 1992) intimate partner violence encompasses physical abuse that involves throwing objects, pushing, kicking, biting, slapping, and strangling, hitting, beating and threatening with any form of weapon or use of a weapon.

Thembie:My partner physically beat me twice or more per week and I have been to the hospital several times. When I was pregnant, he slapped me, punched and kicked me all over my body and I was rushed to the hospital unconsciously. When I woke up I was told that I was involved in an accident and then lost my baby. My partner came to the hospital he was very nice to me and promised me that the fighting was over. I was convinced but I was mistaken indeed.....

Lwazi: I became his punching bag for complaining about his sudden change in behavior. One day, he came home very drunk and started complaining about the food, before I knew it, he grabbed me by my blouse and punched my face. He got the electric cord, he beat me until I was unconscious, he locked the door and left me with the baby.....

Nobuhle: My man answered my call from my phone; there the hell broke loose as the caller was a simple man friend who was then mistakenly taken to be my boyfriend. I was tied to the chair, a candle was lit and a plastic bag lit also, I cried and begged for mercy but that was to be granted, my thighs, back and feet were burnt.....

Sarah: One evening as we were driving from town past the bushes, my partner and I had an argument and he started accusing me of having an affair and that I was planning to leave him. I was accused of infidelity and a lot of dirty things. When I tried to explain, I was pushed out of the moving car and I landed on the tarred road with my left elbow and that is how broke my arm.

These narratives show that the girl-adolescents are in terrible relationships with their male-partners. Each narrative reveal tendency of being violent towards a loving and unsuspecting girl-adolescents. DeMaris et al (2003) observed that engaging into early marriages contributes to the adolescents facing relationship stressors that will in turn result in IPV. These experiences predispose one to being a victim of violence in her later life as cited by Chandra-Mouli (2012). These injuries and stress can lead to PTSD, which is often associated with depression, anxiety disorders, substance abuse, and suicide. These women can be trapped in this kind of life for the rest of their lives believing that there no way out of their predicament.

3.8. Nature of Sexual Abuse as Experienced by Girl-Adolescents

Sexual violence includes a continuum of sexual activities that cover a plethora of behaviors such unwanted kissing, touching, fondling, sexual coercion, and rape. The participants reported having been forced to engage in forced unprotected sex, incest and being raped. Tobin and Okojie (2010) observed that reproductive coercion involves behavior used to maintain power and control in a relationship and can occur in the absence of physical or sexual violence. Participants reported that their intimate partners refused them to practice contraceptives, refused to practice safe sex, and intentionally exposed them to STIs.

Sarah: My man never uses condoms, he says there is no need because I belong him and find it to enjoy sex because I know him; he sleeps around with many girls. I have to the hospital several times and diagnosed with STIs, this is highly embarrassing for me. When he is called for treatment he refuses, my life has been a messy. I have to say in our sexual life.

Tatenda: When I had a problem with my boyfriend, I went to my uncle who stayed in the same township with us for overnight sleep. When I got there, I told my uncle my problems and he appeared to be very understanding and comforted me so well. In the middle of the night he came to my bedroom and pleaded with me to have sex with him because he was being starved of it. I felt so bad and was in a predicament because he showed me the true love when I arrived and denying him his request would have been bad. We had a wonderful sex that night, unfortunately it never stopped until I became pregnant.

Sihle:I had my first boyfriend at the age 15 and he was way older than me such that he was always demanding sex from me and threatening to leave me if I continued to refuse. I told him my fears of getting pregnant while still at school and then he bought me some contraceptives to take. I had no option because I loved him. He understood and he was the first person to appreciate me and show love to me. From that day, it was sex on daily basis.....

The above narratives show that girl-adolescents have a lot of difficulties in their intimate relationships. Most of these adolescents are engaged in relationships with male partners who way older than them and this gives the male partners a lot power and control over the adolescents due to their experience on the sexual matters. As cited by Tobin and Okojie (2010) that young women lack experience in negotiations for sexual matters, and that becomes a barrier which makes them vulnerable to abuse believing that they are in love. Men show love in order to get sex, while women give sex in order to receive love. As soon as men receive sex their love dissolve and unfortunately it when women begin to truly love, hence the intersection of love for intimate partners would always be null. Most men are sex predators as indicated by the uncle of **Tatenda** (one of the participants), who showed all the understanding while harboring evil thoughts and selfish intents. The use of condoms both male and female is associated with prostitution; hence both partners will always shy away from their use. Unsafe sex leaves girl-adolescent vulnerable to all sort of diseases such as STIs, HIV, chronic pelvic pain, recurrent vaginal infections, urinary frequency, palpitations and many more. As young women resort to marriages, their education suffers a great deal and uneducated women become very vulnerable to poverty, dependence on their intimate partners, and vulnerable to sexual abuse and other abuses in life.

3.9. Conclusions

The research found that girl-adolescents sustain injuries from physical abuse by their intimate partners some of which may affect their physical appearance permanently. This results from kicking, slapping, pushing, punching, weapons and any other means dangerous to

the young women. This was in line with the findings of (UNICEF, 2012) that states that physical abuse in intimate relationships may result in injury and in severe cases death might also occur. The research revealed the most hidden type of abuse in the form of psychological abuse. The nature of psychological abuse comes in many forms such as intimidation, insulting, name-calling stalking and trauma. All this leads to dehumanizing an individual, lowering of self-esteem, reducing the self-value and creating the sense of hopelessness. The psychological abuse most often leads to PTSD, which is often associated with depression, anxiety disorders, substance abuse, and suicide. These appear as secondary symptoms and unrelated to IPV, hence it is difficult to with psychological effects of IPV. Most girl-adolescents reported sexual abuse in their intimate relationships. In line with (UNICEF, 2005)'s studies, the nature of sexual abuse was reported in the form of forced unprotected sex, rape, incest and the abuse of contraceptives. This exposes the girl-adolescent to a plethora of diseases such as STIs, HIV, recurrent vaginal infections, chronic pelvic pains, sleep disturbances and many more others.

The research concludes that the girl-adolescent presenting at Kwathula Family Counseling Centre, experiences untold suffering through the intimate partner violence due to intergenerational relationships. These young women engage into intimate relationships at an early age while still immature to be assertive with their mature and old male partners.

3.10. Recommendations

The research revealed the high degree of vulnerability of the girl-adolescent who is involved in intimate relationship with older male partner. From the findings and conclusions, the research recommends that the government and society at large should be actively involved in the lives of these young women. There is need for establishment of counseling centers specifically meant for adolescents where they can feel free to consult on issues of dating, sexualities and marriages. Issues on IPV and domestic violence should be included in the education curricular at both primary and secondary levels so as to raise awareness at an early age. This will be of much significance to the girl-adolescents as they will be equipped with necessary and adequate information of how to handle cases of abuses, to make them aware of their rights as well as places to go to if need be. There must be stiffer laws against those who force young girls into marriages. Young women should be empowered with knowledge on self-identity and self-esteem so that they may not find themselves in compromising situations that come with either negative or positive peer pressure in marriage or dating matters.

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