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Impact of Intimate Partner Violence on Female Students Academic Performance: What can Social Workers Do?

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ABSTRACT

The research investigates the impact of Intimate Partner Violence (IPV) on the academic performance of female students. The study adopted social constructivism paradigm and used a phenomenological approach as a traditional research design to explore the in-depth understanding of the concept of IPV via focus group discussion (FGD). The study aims to critically analyze the impact of IPV on students, focusing on its multifaceted effects on their social, and academic well-being. Findings of the study reveals that there is extent to which intimate partner violence exist, that there is correlation between intimate partner violence and academic performance among students, and that social work can contribute in addressing the impact of IPV within educational institution.

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INTRODUCTION

Intimate Partner Violence (IPV) is the most prevalent type of violence against women worldwide. It is defined as a "behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviors. At the ultimate level, IPV perpetration is likely to be the result of evolutionary and socio-structural forces. IPV has a long history with roots in both evolutionary and cultural forces. In the context of evolutionary processes, IPV may have evolved because it facilitated survival goals (e.g., self-defense) and reproductive goals such as preventing mates from defecting to other potential partners, committing sexual infidelity, or to help reacquire former mates (Chester et al., 2019). Globally, over a third (35%) of women have experienced physical and/or sexual violence by an intimate partner or sexual violence by a non-partner at some point in their lives, Violence against women is associated with immediate and long-term adverse health outcomes for women and children, both directly and indirectly (Benebo et al., 2018)

In Asia and the Pacific, violence against women and child maltreatment are pervasive, although there are scant population-based statistics on child maltreatment across the region (Fulu et al., 2017). Violence against children and violence against women have generally been addressed separately. More recently, researchers have focused on violence against women as a consequence of child maltreatment, with evidence showing that the association is complex and varied (Guedes et al., 2016). In the United States, the estimated lifetime prevalence of IPV experienced by women and men is 35.6% and 28.5%, respectively. Extensive research has demonstrated a myriad of negative health implications of IPV such as mental health symptoms, substance use, physical injuries, and HIV/STI infections. In addition to poor health consequences, IPV has additional economic costs (Vendras et al., 2019)

In Nigeria, many women are brutally treated by their intimate partners who in some cases lead to the death of such women. Domestic violence affects all social groups and can consist of physical, sexual and psychological abuse. The level of violence against women in Nigeria is increasing by the day with two out of every three women in certain communities experiencing violence in the family (Oluremi, 2015). Children exposed to IPV are at increased risk of being abused and neglected and are more likely to develop adverse health, behavioral, psychological, and social disorders later in life (McTavish et al., 2016).

IPV has profound, wide-ranging, and potentially long-lasting effects on children (McCauley et al., 2023). As children develop and grow in an environment in which they are exposed to IPV, they face not only a higher risk of suffering other forms of maltreatment but also the risk of significant adverse physical, psychological, and psychosocial effects from exposure to abusive events. Exposure to IPV should be considered a childhood adversity and a traumatic experience, similar to other adversities within the care giving relationship such as neglect or abuse (Franchek-Roa, 2017).

A study conducted by Adams et al., (2013) on the effects of adolescent intimate partner violence on women's educational attainment and earnings. With longitudinal data from a sample of 498 women currently or formerly receiving welfare, the researcher used latent growth curve modeling to examine the relationships between adolescent IPV, educational attainment, and women's earnings. They found that women who had been exposed to IPV during adolescence obtained less education compared with non-victimized women, with victimization indirectly influencing women's earnings via educational attainment. The findings support the need for intervention strategies aimed at preventing IPV and promoting women's educational and career development over the life course.

Exposure to IPV as a child is associated with a multitude of physical and behavioral health consequences that vary based on violence severity and chronicity, developmental stage of the child, resiliency, social supports, and other factors (McCauley et al., 2023). Social workers should be aware of these profound effects of exposure to IPV on children and how best to support and advocate for IPV survivors and their children. Social workers often intervene during crises, providing immediate support and counseling to victims of intimate partner violence. When it comes to addressing intimate partner violence (IPV) specifically concerning the girl child, social workers play critical roles in ensuring the safety, well-being, and empowerment of young girls who may be victims of such violence (Lundgren et al., 2015b). Social workers advocate for the rights and protection of the girl child who may be experiencing or witnessing intimate partner violence (Wood, 2017b). They work to ensure that the child's best interests are prioritized, collaborating with child protection agencies and legal entities.

Social workers provide trauma-informed care to the girl child, recognizing the unique impact of IPV on their mental, emotional, and physical well-being (Levenson, 2017).They offer age-appropriate counseling and support to help the child cope with the trauma and build resilience.

Social workers engage in educational programs targeted at schools, families, and communities to raise awareness about the signs of intimate partner violence affecting the girl child (Niolon, 2017). They strive to break the silence surrounding abuse, providing information on available resources and support respond promptly to crises involving the girl child, providing immediate support and safety planning (Neal et al., 2015).

A study conducted by McAllister and Roberts-Lewis (2010) on The Social Worker's Role in Helping the Church Address Intimate Partner Violence: An Invisible Problem. The study shed light on the pervasive issue of intimate partner violence (IPV) within religious communities, emphasizing the significant impact it has on the well-being, security, and lives of countless religious women. Despite affecting women of all classes, colors, and religious affiliations, IPV remains a largely invisible problem within many religious institutions. The researcher highlight the challenges faced by religious women in seeking support within their faith communities, where harmful beliefs, misinformation about domestic abuse, and reluctance to take legal action may hinder effective intervention. Clergy and religious leaders, although well-positioned to offer assistance, often fall short due to misunderstandings or misperceptions about the seriousness of IPV. Despite these challenges, the Church possesses inherent strengths that can be harnessed to provide support and empowerment to IPV survivors. The article explores the nature and consequences of violence against women, examines how the Church may inadvertently contribute to the problem, and proposes ways in which social workers can collaborate with pastors and religious leaders to better serve IPV survivors. By leveraging the expertise of social workers, the Church can play a pivotal role in addressing IPV and fostering healing and empowerment within its community. However, social workers are often faced with some challenges in addressing IPV.

Barriers and Facilitators in Responding to Intimate Partner Violence in Primary Health Care: Perspectives of Social Workers in Spain by García et al., (2022) was conducted using a qualitative method to explore the barriers and facilitators faced by social workers in managing intimate partner violence (IPV) cases within primary health care (PHC) settings in Spain. Fourteen social workers employed in PHC centers participated in interviews, and a thematic analysis approach was used to identify barriers and facilitators based on the Tanahashi model. Results revealed several barriers hindering effective coverage for women experiencing IPV, including insufficient practical training, limited awareness among women regarding the roles of social workers, a lack of interdisciplinary teamwork, and excessive referrals of IPV cases to social workers by other professionals. In addressing these challenges, social workers collaborate with child protective services, law enforcement, and healthcare professionals to ensure a coordinated and effective response. Social workers empower the girl child by helping them develop self-esteem, assertiveness, and life skills (Haider, et al., 2018). They may facilitate support groups or individual counseling sessions to encourage the child's resilience and confidence.

This study is geared towards assessing the impact of intimate partner violence on female students with special focus on some selected FUAHSE female students in Enugu Metropolis, nestled in the heart of southeastern Nigeria. The relevance of this study lies in the intersection of three critical aspects namely: The awareness of IPV, the educational environment and the role of social work in addressing IPV.

METHODS

Study design

We adopted the social constructivism paradigm and used a phenomenological approach as a traditional research design to explore the in-depth understanding the concept of IPV and its impact on the academic performance of the girl child as well as the role of social work in addressing the challenges. Specifically, Husserl's descriptive phenomenology approach guided the data collection and analyzes of this study (Giorgi, 2014). This approach allowed us to use languages to describe the experiences and exposure to IPV by female students in Federal University of Allied Health Sciences Enugu Nigeria. Although the original Husserl's approach to phenomenology study advocates for bracketing during data analysis, we followed the concepts of intuitive understanding of the concept by employing reflections during data analysis (Olayinka et al., 2020). We reflected and documented our experience as individuals who have provided support to IPV victims during data collection and analysis. We obtained ethical approval from Head of Social Work Department, Federal University of Allied Health Sciences Enugu [FUAHSE].

Sampling/recruitment

We conducted this study in the Eastern part of Nigeria, specifically in Enugu Metropolis the State Capital of Enugu State in Nigeria with an estimated population of 876,000 with growth rate of 3.42% (United Nations, 2024). Enugu is considered to be the administrative and political center of South Eastern Nigeria. English and Igbo languages are the most common language spoken in the city. We criterion-based purposively selected female students from FUAHSE in social work department older have experienced and are exposed to IPV. We defined IPV as physical and emotional abuse among people in intimate relationship and academic performance as student's motivation level to studies and their grades after exams. We initially advertised the study in girls' schools in Enugu metropolis with the principal researcher's contact. We asked participants to contact the principal researcher, and no one did. We later approached 5 class representatives who agreed to participate were told to inform their classmates if any of them will be interested in the research. The 5 of them were able to reach out their colleagues, in the end, we interviewed 30 participants.

Data collection

Before conducting interviews, we explained the study aims, risks, benefits of participation, confidentiality, anonymity, and participants' right to withdraw from the study to the participants. We obtained informed consent from the participants before starting the interviews. We interviewed participants via focused group discussion (FGD) using a semi-structured In-depth Interview Guide [IDI] (see Appendix 1) developed using the concepts of Makaaru et al., (2015) explained earlier in the introduction. The semi-structured in-depth interview guide was reviewed by three experienced qualitative researchers prior to its use. To ensure confidentially, we ensure that only those eligible for the research were in the venue. The interview was recorded and lasted between 45–90 minutes. We kept reflective notes during the interview. Data analysis Data were analyzed concurrently with data collection. This allowed us to determine when data saturation was attained (Saunders et al., 2018). We employed two translators, who independently translated the interview guide, both met and discussed their translation, any discrepancy was resolved by the principal author.

Trustworthiness

We adopted several approaches to enhance the trustworthiness of this study. First, we interviewed participants that had the experience of IPV. Second, we developed the interview guide through a series of consultations with experts in qualitative research. Additionally, we maintained the credibility of this study by involving two translators at the stage of the data analysis, keeping reflective notes during the interview and data analysis process. Participants were asked to comment or make revisions on the emerging ideas or theme we presented after each interview. All participants agreed to the summary of the emerging themes or ideas we provided at the end of their interview.

RESULT

Three themes emerged from this study namely: Awareness of IPV, perceived impact of IPV on the academic performance of female students and the role of social work in addressing the impact of IPV.

Theme 1: Awareness of IPV

Awareness of IPV was the first theme that emerged from this study and it was characterized by the support given and received. Respondents provided specific characteristics of what they consider to be IPV. Similarly, they also discussed in depth the characteristics of support people in their situation are receiving. We classified these characteristics as types and frequency of the support namely financial support and psychosocial support. Among all these types of support, most respondents reported that people were more interested in what happened rather than providing the necessary assistance like emotional support as stated below;

"My neighbors are only interested in what happened without doing anything to assist for that reason it becomes difficult to raise alarm whenever I experience IPV because in the end I will be blamed for not being able to manage a relationship. In fact, people

around here sees nothing wrong with a man hitting his wife or fiancée because it is considered to be a way of correcting a stubborn wife……however, whenever that happens I always need someone to talk I need emotional support" (500L respondent).

others blamed this to be the reason why people are reluctant to report cases of IPV because it is obvious they will end up not receiving help and when we inquire why people do not report cases of IPV, one respondent from 300L vividly puts it this way, I have stopped expecting people to come to my aid whenever my man hits me and that is because people don't consider hitting your partner as something wrong, at some point I started learning some defensive skills to always protect myself from him.

There were diverging views by respondents when asked if they exist any conventional institution that renders assistance in addressing IPV. Most of the respondents reported that there is nothing of such and if at all it exists, then it is not effective because they have never felt its impact. One respondent put it this way:

"I'm not aware of any agency that is saddled with the responsibility of addressing issues involving IPV, I have had multiple cases of IPV but not where to run to. In fact, it was once I received assistance inform of advice but came from family and friends that pleaded with me not be and angry and advice my husband to stop hitting me. IPV is common among people in intimate relationship but people especially women are not free to talk about it and receive help because if we do that might lead to the end of the relationship, so we endure the pains especially in household with children were the man happened to be the sole provider" this is wrong and it's not supposed to be so (400L respondent).

From the above narratives, the awareness level of services related to IPV is very low because of people's attitude and perception to what IPV is all about and the fact that the existence of some agencies that are saddled with responsibility of addressing IPV related issues are not active hence their impact is not felt.

Theme 2: Perceived impact of IPV on the academic performance of female students

Respondents believed that they tried their best to keep taps with academic activities and are very active in class. However, they expressed serious concern about their performance in school due to their exposure and experience of IPV. One respondent stated:

"initially the support I got from my partner was huge and sufficient as such I was able to record good grades in school. However, as time went by we started having some misunderstanding that lingered till we started fighting and most times my husband will hit me so hard the I won't be able to go to school for some time. During these period, I will miss lectures, quiz and sometimes even exams. This reflected on my cumulative grade to this level as a final year student it is obvious I won't be graduating with good grades as expected when I started" (Final year respondent).

Another respondent stated with tears coming out her eyes that she would have graduated long time ago, but due the constant fight and trouble by her fiancée, she dropped out of school especially when he stooped supporting my way through school. As a result, my mates are now my superior in my place or work. I'm only trying to finish this program so that if I retire I will be given a slightly larger amount.

To further buttress the above, one respondent stated that often times IPV takes the form of emotional abuse that makes her feel worthless. To crown it all her poor performance in school due to her experience of IPV at home makes her feel a shattered sense of self-worth to the point she sometimes considers taking her life by committing suicide.

From the above narratives, it is obvious that IPV is actually having a toll on both the academic performance and the mental health of female students hence the need for social worker intervention.

Theme 3: the role of social work in addressing the problems of IPV among female students

All the participants strongly agreed that social workers play a pivotal role in addressing the issues of IPV and rehabilitating those exposed it. In clear terms one of the respondents stated "Social workers interact with people at their point of needs at individual, group and community levels in fact social workers relate with people from all works of life. This broad knowledge of the social worker provide opportunity for professionals to initiate channels of communications among students exposed to IPV". Another respondent stated "social workers can also use their skills in human relation and competence in cultural diversity as a source of strength to break through power dynamics and cultural practices that perpetuate and encourage IPV among women in the society. For example, I am that social workers engage in different programmes such as gender based violence, child protection, community mobilization, capacity building at different levels among other countless activities social workers undertake. Through these programs, social workers can create awareness as to the effect of IPV on the academic performance of the girl child and also engage their partners in psychotherapy to help the unlearn that behavior that prompt them to act violently towards their partners.

Some respondents also believe that social workers have roles in in linking victims to support systems where they can get the necessary assistance to enable them cope with their experience of IPV. Respondents also noted that social workers. A participant noted social workers can use the opportunity provided by social media to fight against IPV and encourage victims to report cases and seek help.

DISCUSSION

The result above shows that respondents agreed that the prevalence of intimate partner violence is higher though awareness of appropriate agencies with the responsibility of addressing issues surrounding IPV is low and victims are not encouraged to report cases of IPV due to the fact that help are not readily available.

On the impact of IPV on the academic performance of female students, the above response indicated that there is a relationship between IPV and the academic performance of female students. Intimate partner violence also impact their social interactions, self-esteem, and the future aspirations of female students. Based on the above results, the respondents that Intimate Partner Violence impact social interactions, self-esteem, and future aspirations of female students are higher, it can be affirmed that Intimate Partner Violence impact social interactions, self-esteem, and future aspirations of female students**.** It was reported that due to IPV some female students stopped going to school, missed class, and exams that drastically affected their grades. As a result of these multidimensional perceived failure, some even started having suicidal thoughts due to a shattered sense of self-worth.

When respondents were asked if social worker have a stake in addressing IPV, the respondents vehemently agreed that social worker play a vital role in addressing issues associated with IPV. To further buttress the point, most respondents stated that social workers can play a pivotal role in the reorientation of people's perception and attitudes towards IPV. Social workers can challenge repugnant practices and culture that encourages IPV such as culture and gender inequalities by informing and driving policies towards this angle. Via group discussion sessions, seminars, and conferences, social workers can act as advocates on behalf of victims of IPV's for effective protection encouraging the government and non-governmental organizations to develop a more inclusive society for social change

CONCLUSION

Findings reveal that IPV remains a pervasive issue, with approximately one in four women and one in seven men reporting some form of lifetime IPV victimization (Peterman et al., 2015). Women, in particular, experience significantly higher rates of IPV, including lifetime and recent prevalence, as well as a greater likelihood of IPV-related injury compared to men, furthermore, IPV prevalence varies by state of residence, race/ethnicity, age, income, and education, highlighting the complex interplay of socio demographic factors in shaping experiences of IPV. These findings have important implications for clinical practice, education, and program development (Pogrow, 2019). They underscore the urgent need for targeted interventions to prevent and address IPV, promote healthy relationships, and support survivors. By addressing the root causes of IPV and providing comprehensive support services, social workers work towards creating safer and more supportive communities for all individuals affected by IPV. Moving forward, future research should continue to explore the dynamics of IPV, including its intersectionality with other forms of oppression and marginalization. By advancing our understanding of IPV and its determinants, we can develop more effective strategies for prevention, intervention, and support, ultimately working towards a society free from the scourge of intimate partner violence.

RECOMMENDATIONS

Problems are part of human life; hardly would any project be executed without some obstacles. In the light of the problems on the girl child on Intimate Partner Violence, the researcher made the following recommendation;

- Develop school-based counseling and support programs tailored to the needs of IPV-exposed students.
- Implement educational workshops to raise awareness about IPV and its consequences among students, teachers, and parents.
- Collaborate with local organizations and social services to provide comprehensive support to affected students and their families.
- Advocate for policy changes that protect female students from IPV and support their educational and socio-economic development

LIMITATION AND STRENGTH OF THE STUDY

While this might be the most recent study that has explored the impact of IPV on the academic performance of female students, we must also acknowledge the limitations of the study. The major limitation is the sampling procedure, which may likely accommodate respondents with similar experience of IPV. More so, we recruited mostly students who live in urban areas. It is possible that people in rural areas might likely have different perspectives and experience of IPV. Furthermore, the study only focused on IPV impact on academic performance of female s99tudents even when its impact is not just limited to their academic performance and to the female gender because male students are also affected, however, this presents an area to explore further by researchers. That notwithstanding, we have been able to demonstrate the elements of trustworthiness in this study as the strength of this study. One of the major strengths of this study is that participants were carefully and purposively selected based on their

experience and exposure to IPV to be part of the FGD. This unique methodology provided rich data that allowed us the opportunity to reflect and take notes on the divergent views of participants.

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