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Gender Differentials in Intimate Partner Abuse and Therapeutic Effectiveness of Self-Talk Therapy in reducing Anxiety Induced Among Undergraduates of Obafemi Awolowo University, Ile-Ife, Nigeria

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ABSTRACT

This study investigated the prevalence and determined forms of intimate partner abuse (IPA) common to undergraduates of Obafemi Awolowo University (OAU), Ile-Ife, Nigeria. It also investigated the gender differentials (Gender Symmetry and Asymmetry) in the perpetration of IPA among undergraduates and assessed the therapeutic effectiveness of self-talk therapy in reducing anxiety associated with IPA. The study adopted a mixed-method research design incorporating both descriptive survey and pretest-posttest control group experimental research designs. The sample for the descriptive survey was 1,448 undergraduates using the Sample Determination Table (Bartlett, II, Kotrlik & Haggins, 2001), which represents 6.5% of the total of undergraduates in OAU. The sample for the experimental stage of the study consisted of 32 undergraduates victims of IPA induced anxiety. Questionnaire on Prevalence and Types of Intimate Partner Abuse (QPTIPA) was used to collect data for the first stage of the study while the Beck Anxiety Inventory (BAI) was used to determine the levels of anxiety experienced by undergraduate victims of intimate partner abuse. Self-talk therapy was administered on the victims of IPA induced anxiety. The results showed that more females experienced intimate partner abuse of 74.76%, than male victims at 25.24%. The results also showed that "Stalking", "Exploring partner's vulnerability/disability/status", "Presenting false information with intent to exploit partner" were the first three in rank of the forms of IPA common among the undergraduates with RSI scores of 0.547, 0.529, and 0.527 respectively. The three least common forms were "beating", "physically restraining Partner's movement" and "forcing partner to have sex with someone else" with RSI scores of 0.475, 0.465, and 0.406 respectively. The study further revealed that Self-talk therapy has a

significant effect (F (1, 64) = 63.360, p < 0.05) in reducing anxiety induced by IPA.

Key Words: Gender differentials, Prevalence, Intimate Partner, Abuse, Undergraduates, anxiety, self-talk therapy.

INTRODUCTION

Gender differentials in violence and abuse among partners in intimate relationship has become one of the most topical and controversial debates in the contemporary domestic violence and abuse literature. This is referred to as gender symmetry and asymmetry debates of violence and abuse between intimate partners. The debate is focused on whether women are as abusive as men in relationships and a part of this research sought to answer this question in relation to undergraduates in intimate relationships. According to Humphreys (2007), intimate partner abuse is becoming a significant international social problem. The World Health Organisation multi-country study of 2006 reported prevalence figures of between 15% and 71% for lifetime prevalence of physical and or sexual abuse for women (Garcia-Moreno, Jansen, Ellesberg, Heise, & Watts, 2006). As a social being, human must be in one form of relationship or the other with other human beings. The need to belong and be accepted by others is one of Maslow's basic human survival needs. Such social interactions of humans may be based on inference, love, solidarity, regular business interaction or some other type of social commitments. The fact that human beings can have different levels or forms of social relationships, depending on the context, nature, and purpose such relationship serves, implies that some relationships are more intimate than others.

It is common belief that undergraduates of Nigerian universities in the course of pursuing their academic activities also become involved in intimate relationships with each other. This is in line with Moghaddam (2002) assertion that social settings that facilitate formation of intimate relationships include university campus and colleges. Such intimate relationships among undergraduates are noted for being characterised by attitudes and activities that are common among married couples.

Undergraduates of Obafemi Awolowo University, like their counterparts in other universities, are not left out in this practice of becoming intimately involved with each other in heterosexual relationships. Undergraduates are at a stage in which many life decisions are taken. Decisions such as future marriage partners are taken seriously because they are of great concern at this stage to undergraduates. The university setting therefore offers a veritable opportunity for getting involved in intimate relationships. It is commonly believed that tertiary institution students engage in heterosexual dating with the expectation that it will lead to more permanent marital relationship in future (Mapayi, Oladimeji, Akinsulore, Aloba & Ibigbami 2014). Tracing the issue of intimate relationship formation among undergraduates, Zimmer-Gembeck (2002) opined that students in tertiary institutions find college attendance as opportunity for shifting toward greater independence from home, and the chance to form new friendships and occasion for romantic and sexual relationship experimentation.

According to Ridley-Duff (2010), intimacy is an interpersonal relationship that involves both physical and emotional closeness. It demands a higher level of emotional, physical and personal

disclosure than most other types of human interaction because intimacy implies and demands a deeper level of self-disclosure and vulnerability.

According to Berscheid and Ammazzalorso (2004), intimate relationships can be cordial, beneficial to the partners, and rewarding as each partner finds certain levels of fulfillment and identity as a result of the intimacy. However, intimate relationships, if turned abusive, can be traumatic for the partner at the receiving end of the abuse. Intimate Partner Abuse (IPA) is domestic violence by a spouse or partner in intimate relationship against the other spouse or partner. It includes an ongoing pattern of behaviour, attitudes, and beliefs in which a partner in intimate relationship attempts to maintain power and control over the other through the use of psychological, physical, and or sexual coercion. Exploring the background of IPA, Howe (2011) opined that such abuse occurs between two people in intimate relationship. It may occur between heterosexual or homosexual couples. Intimate partners may be just sexual partners who are not married or sexual partners who are living together in a cohabiting relationship, or married couples. The abuse can occur in or outside the house.

The World Health Organization in its 2002 report on violence and health defines intimate partner abuse as any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. The acts that constitute intimate partner abuse were however summarised under three main types: physical, sexual, and psychological/emotional abuses (Breiding, Basile, Smith, Black & Mahendra, 2015). Breiding et al (2015) affirmed that intimate partner abuse can have a far-reaching effect on the victim ranging from physical injury (disfigurement, scarring, death), to psychological (depression, anxiety, post-traumatic stress disorder, feeling of insecurity, low self-esteem, self-blame, insomnia, mental break down, paranoia). Among undergraduates, additional effects are low academic performance, absence from lectures, and outright academic failure.

Physical Abuse

Physical abuse takes the form of physical violence and aggression which is any intentional act causing injury or trauma to another person by way of bodily contact. This includes, but not limited to scratching, pushing, grabbing, choking, shaking, aggressive hair pulling, slapping, punching, burning, use of weapon, hitting, kicking, biting, shoving, restraining throwing objects at, or threats thereof. This is intentional use of physical force with the potential of resulting in death, disability, injury, and harm (Kelly & Johnson, 2007; Breiding, et al, 2015; Mapayi, et al, 2014). Howe (2011) was of the opinion that the most extreme form of such violence is otherwise known as “coercive controlling violence”, or simply “coercive control”, which is where one person is violent and controlling. He maintained the fact that of all forms of abuse, this is the most likely of the types in which the victim will require provision of medical services and shelter before any other forms of intervention could be offered. This supports the early submission that physical abuse among intimate partners, if no intervention is made, can lead to physical body injury, loss of parts of the body, and death of one partner.

The likelihood of victims of physical abuse suffering from posttraumatic stress disorder for which the individual may need psychotherapy is also high. In an attempt at situating the occurrence of physical abuse among intimate partners, researchers seem to agree on the fact that intimate partner abuse cuts across all sexual relationships: whether heterosexual or same sex relationships (Renzetti

& Miley, 1996; Johnson & Ferraro, 2000). However, Moreno (2013) asserted that acts of perpetrating violence among heterosexual intimate partners cuts across gender as instances by men against women and by women against men abound in studies all over the world.

Psychological Abuse

This is also known as emotional abuse and it is defined as the making of routinely, but unreasonable demands or the intentional infliction of anxiety, hurt, guilt, or fear through verbal or non-verbal acts. Emotional or psychological abuse serves to degrade and undermine an individual's sense of self-worth and self-esteem while rejecting their opinions and needs. Researchers identified this as a serious type of abuse because victims report that it is as harmful as or worse than physical abuse (Owoaje & Olaolorun, 2006; Fatusi & Alatise, 2006). It is designed to further control the victim by instilling anxiety and fear and ensuring compliance. This type of abuse according to Tjaden & Thoennes, (2000) and Fremouw, Westrup, & Pennypacker, (1998) may include: Verbal attacks (name calling, yelling, putting down, belittling); threats (threats to kill, disappear with the children, report the partner to law enforcement agents, harm a significant third party, leave the relationship, commit suicide); Stalking; Making partner to do humiliating or demeaning thing, acting jealous and suspicious of the partner's friends and/or family (this leads to isolating the partner), monitoring partner's time, telephone calls, e-mail contacts, and whereabouts; and Isolating the victim (from family members, friends, or regular activities).

This is also referred to as social isolation. It focuses on interfering with and destroying or impairing the victim's support network and making the victim entirely or largely dependent on the abusive partner for information, social interaction, and satisfying emotional needs. Socially isolating the victim increases the abuser's power over him/her, but it also protects the abuser. If the victim does not have contact with other people, the perpetrator of the abuse will not be as likely to deal with legal or social consequences for his behaviour and the victim will not be as likely to get help, including helps that may lead to an end to the relationship; Denying the abuse ever happened by shifting responsibility for abuse to the victim; Denying partner of economic benefits such as preventing victims from possessing or maintaining any type of financial and material self-sufficiency

Sexual Abuse

Plichta, (2004) defined sexual abuse to include sex without consent, sexual assault, rape, sexual control of reproductive rights, and all forms of sexual manipulation carried out by the perpetrator with the intention or perceived intention to cause emotional, sexual, and physical degradation to another person. It includes marital rape and rape by a dating or cohabiting partner. It is to be noted however that the behaviours mentioned in this form of intimate partner abuse can also be directed toward people other than romantic partners and would fall under broader definitions of sexual assault, incest, and rape. Sexual abuse in intimate relationships includes behaviours that fall under legal definitions of rape, plus physical assaults to the sexual parts of a person's body, and making demands with which one's partner is uncomfortable.

Breiding, Basile, Smith, Black, and Mahendra (2015) divided sexual abuse into five categories: rape or penetration of victim, victim was made to penetrate someone else, non-physically pressured unwanted penetration, and unwanted sexual contact, Non-contact unwanted sexual experiences. Any of these acts constitutes sexual abuse, whether attempted or completed. Additionally, all of

these acts occur without the victim's consent, including cases in which the victim is unable to consent due to being intoxicated (e.g., incapacitation, lack of consciousness, or lack of awareness) through their voluntary or involuntary use of alcohol or drugs.

However, it is agreed that whatever the form (physical, emotional, sexual) the intimate partner abuse may take, it has a strong association with physical, sexual and mental health consequences (Pico-Alfonso, 2005). Prominent amongst the documented mental health consequences are depression, anxiety, and posttraumatic stress disorder (Mapayi, Oladimeji, Akinsulore, Aloba & Ibigbami, 2014; Constantino, Sekula, Rabin & Stone, 2000; Hegarty, Gunn, Chondros & Small, 2004; Hathaway, Mucci, Silverman, Brooks, Matthews & Pavlos, 2000).

OBJECTIVES OF THE STUDY

The objectives of the study are to:

i. Determine the gender differentials in intimate partner abuse among undergraduates of Obafemi Awolowo University;
ii. investigate the prevalence of intimate partner abuse among undergraduates of Obafemi Awolowo University;
iii. determine the types of intimate partner abuse that are common among undergraduates of Obafemi Awolowo University;
iv. assess the effectiveness of Self-talk therapy in reducing anxiety of victims of intimate partner abuse

RESEARCH QUESTIONS

i. What is the prevalence of intimate partner abuse among undergraduates of Obafemi Awolowo University?
ii. What are the types of intimate partner abuse that are common to undergraduates of Obafemi Awolowo University?
iii. What is the level of anxiety experienced by victims of intimate partner abuse?

RESEARCH HYPOTHESIS

1. Self-talk has no significant effect in reducing anxiety experienced by victims of intimate partner abuse.

METHOD

The study employed the mixed-method research design. The descriptive survey and pretest-posttest control group designs were used in stages in the course of the research. For the first stage, the study sample comprised 1,448 male and female undergraduates using the Sample Determination Table (Bartlett, II, Kotrlik & Haggins, 2001), which represents 6.5% of the total of undergraduates in Obafemi Awolowo University. The respondents for the study were approached in the students' halls of residence and the students' village located near the university campus. The undergraduate respondents from each location were selected using convenience sampling technique. The participants for the second stage were those undergraduates that owned up to experiencing anxiety induced by intimate partner abuse.

Two instruments were used to collect data for this study. The first instrument titled "Questionnaire on Prevalence and Forms of Intimate Partner Abuse (QPFIPA)" was used to collect data for the

descriptive survey stage of the study. The QPFIPA was self-developed by the researchers and was subjected to reliability and validity tests. Section One contained general information about the respondents. These are sex, academic level, faculty, and place of residence. Section Two of the instrument contained 17 items that sought to elicit information on the common forms of intimate partner abuse among undergraduates of Obafemi Awolowo University. Items in this section covered the three main dimensions of IPA. These are physical, psychological and sexual abuse. Under this section, respondents were asked to respond to the items using five alternative options 4ranging from "Always, Often, Occasionally, Rarely, to Never". The items were scored 5, 4, 3, 2, 1. The data obtained from the respondents were analysed using frequency counts and percentages. Section Three titled "IPA Experience" is a three-item section with "Yes" and "No" response alternatives. It requires respondents to indicate whether they are in intimate relationships, whether they have experienced IPA.

The second instrument titled Beck Anxiety Inventory (BAI) was used to measure the anxiety level of the respondents that experienced intimate partner abuse. BAI is a standardized 21 item instrument that presents different symptoms of anxiety with four response options ranging from "Not at All", Mildly- Didn't bother me much," Moderately- It wasn't pleasant", "Severely- It bothered me a lot". The items were scored 0, 1, 2, and 3. The sample for the experimental stage of the study consisted of 62 undergraduates victims of IPA induced anxiety. They were randomly allotted into two group of experimental (35 participants) and control (32 participants). The experimental group was subjected to self-talk therapy while the control group was subjected with placebo activities.

Data were collected by the researcher and field assistants who have been trained on how to administer the questionnaire. A total of 1448 undergraduates responded to the instrument and returned same for analysis. Thus data collection was adjudged successful as a result of the full (100%) collection of completed questionnaire.

Data collected were analysed descriptively using percentages, and Relative Significance Index (RSI) to answer the research questions.

RESULTS

Research Question 1

What is the prevalence of intimate partner abuse among undergraduates of Obafemi Awolowo University?

To answer this research question, the responses of the sample selected to item 2 of Section Three (Have you ever experienced Intimate Partner Abuse?) of the study instrument (Questionnaire on Prevalence and Forms of Intimate Partner Abuse) were collated and data collected were analyzed using frequency count and percentages. The results are as presented in Table 1.

Table 1: The prevalence of IPA among undergraduates of OAU

Have you ever experienced Intimate Partner Abuse?	Frequency	Valid Percent	Cumulative Percent
Yes	210	14.5	14.5
No	1238	85.5	100.0
Total	1448	100.0	

From Table 1, it can be observed that 14.5% (210) of the participants indicated that they have experienced IPA at one time or the other in the course of being involved intimately in relationship with the opposite sex. Further analysis based on sex, academic class level, and place of residence was carried out and the results were as presented in Table 2.

Table 2: The prevalence of intimate partner abuse among undergraduate of Obafemi Awolowo University based on sex, academic class level and place of resident

Student's Sex	Have you ever experienced Intimate Partner Abuse	
	Yes	No
Male	53(13.0%)	353(87.0%)
Female	157(15.1%)	885(84.9%)
Total	210(14.5%)	1238(85.5%)
Student's Level		
100level	104(16.4%)	531(83.6%)
200Level	31(12.5%)	218(87.5%)
300Level	47(14.5%)	278(85.5%)
400Level	24(10.6%)	203(89.4%)
500Level	4(33.3%)	8(62.7%)
Total	210(14.5%)	1238(85.5%)
Student's Residence		
Campus	168(15.1%)	943(84.9%)
Off campus	42(12.5%)	295(87.5%)
Total	210(14.5%)	1238(85.5%)

The result presented in Table 2 showed that 13.0% (53) and 15.1% (157) of male and female sampled undergraduates respectively indicated that they have experienced IPA, while 16.4% (104), 12.5% (31), 14.5% (47), and 10.6% (24) of the sampled undergraduates, 100, 200, 300 and 400 levels respectively indicated that they experienced IPA, 33.3% (4) of the sampled undergraduates in 500 level had experienced IPA. Furthermore, 15.1% (168) and 12.5% (42) of the undergraduates sampled for the study were living on campus and off campus respectively had IPA experience. In general, IPA's prevalence among undergraduates is not less than 14.5% of the undergraduates sampled for the study.

Research Question Two

What are the types of IPA that are common to undergraduates of Obafemi Awolowo University?

To answer this question, students' response to items on QPFIPA Section Two was collated and the data obtained from their responses were analyzed using frequency count and percentages and RSI. The results were as presented in Table 3.

Table 3: Types of IPA common to undergraduates in OAU

Types of IPA Experienced	Always	Often	Occasionally	Rarely	Never	RSI	Rank
Beating	127 (8.6%)	205 (13.9%)	342 (23.2%)	392 (26.6%)	502 (34.1%)	0.475	14
Damaging partner's properties	123 (8.4%)	217 (14.7%)	188 (12.8%)	385 (26.2%)	437 (29.7%)	0.491	12
Slapping partner	179 (12.0%)	247 (16.6%)	192 (12.9%)	311 (20.9%)	458 (30.8%)	0.516	5
Seizing partners' belonging	133 (9.1%)	225 (15.4%)	300 (20.6%)	350 (24.1%)	447 (30.7%)	0.496	9
Denying access to belonging	125 (8.5%)	232 (15.7%)	323 (21.9%)	324 (22.0%)	469 (31.9%)	0.494	10
Raped of forced sexual penetration of partner	152 (10.3%)	254 (17.3%)	278 (18.9%)	296 (20.1%)	488 (33.2%)	0.503	6
Physically restraining partner's movement	110 (7.5%)	218 (14.9%)	233 (15.9%)	377 (25.8%)	526 (35.9%)	0.465	15
Forcing partner to have sex with someone else	123 (8.4%)	102 (7.0%)	151 (10.3%)	402 (27.5%)	680 (46.5%)	0.406	16
Engaging in unwanted sexual contact	131 (9.0%)	219 (15.0%)	281 (19.3%)	328 (22.5%)	499 (34.2%)	0.483	13
Non-contact unwanted sexual event	160 (10.9%)	212 (14.4%)	270 (18.4%)	329 (22.4%)	493 (33.6%)	0.498	7
Stalking	213 (14.5%)	262 (17.8%)	311 (21.2%)	286 (19.4%)	398 (27.0%)	0.547	1
Excessive monitoring of where about partner	123 (8.4%)	205 (13.9%)	307 (20.9%)	386 (26.2%)	437 (29.7%)	0.492	11
Negative name calling to humiliate partner	178 (12.0%)	246 (16.6%)	292 (19.7%)	311 (20.9%)	458 (30.8%)	0.516	4
Coercive control	133 (9.1%)	225 (15.4%)	300 (20.6%)	350 (24.1%)	447 (30.7%)	0.496	8
Exploring partner's vulnerability/disability/status	182 (12.4%)	272 (18.6%)	262 (17.9%)	338 (23.0%)	394 (28.0%)	0.529	2
Presenting false information with intent to exploit partner	188 (12.7%)	247 (16.7%)	320 (21.7%)	278 (18.8%)	440 (29.8%)	0.527	3

Table 3 presents the respondents' responses in terms of the different forms of intimate partner abuse that common among undergraduates of Obafemi Awolowo University, Ile-Ife. Result as presented in Table 3 showed that the first three forms of IPA common among undergraduates of OAU are "stalking" (excessive monitoring of partner's movement and contacts, excessive unwanted attention or gifts to the object of stalking) with RSI 0.547 and rank 1; "Exploiting partner's vulnerability/disability/status" RSI 0.529 and Rank 2; and "Presenting false information with intent to exploit partner" with RSI 0.527 and Rank 3. Table 3 further showed that the three forms of IPA that are the least common among undergraduates of OAU are "Beating" with RSI 0.475 and Ranked 14; "Physically restraining partner's movement" RSI 0.465 ranked 15; and "Forcing partner to have sex with someone else" RSI 0.406 ranked 16. Other types of IPA scored as always occurring by the sampled respondents are; "Beating" and "Non-contact unwanted sexual event" which 9.1% (127) and 10.9% (160) of the undergraduate respondents indicated as always occurring respectively.

Research Question Three

What is the level of anxiety experienced by victims of intimate partner abuse?

To answer this question, the response of the 210 undergraduate respondents identified as having experienced IPA to QIPAA Section D was used for the measurement of anxiety. The responses were scored and the obtained scores of individuals were used to determine levels of anxiety. On the scale, the minimum and maximum obtained scores were 31 and 58 with a mean and standard deviation scores 38.63 and 4.93 respectively. Furthermore, on the scale, the higher the score, the lower the anxiety level experienced by the victims. Scores that ranged between the minimum obtained and the mean minus one standard deviation implies "High Level" anxiety while scores that were higher than the mean minus one standard deviation but less than the mean plus one standard deviation 35 to 43 were considered to be "Moderate level" anxiety.

Scores that ranged between the mean plus one standard deviation and the maximum obtained score were considered to be "Low Level" anxiety. Data obtained from the categorization were analyzed using frequency count and percentages. The results were as presented in Table 4

Table 4: Anxiety levels of OAU undergraduate victims of IPA

Students' Sex	IPA Victims Anxiety Levels			Expected Mean	Observed Mean	Remark
	Low	Moderate	High			
Male	5(11.9%)	33(78.6%)	4(9.5%)	2	1.976	moderate
Female	28(16.7%)	104(61.9%)	36(21.4%)	2	2.048	moderate
Total	33(15.7%)	137(65.2%)	40(19.0%)	2	2.033	moderate

The results as presented in Table 4 showed that the male respondents went through moderate level (1.976 observed mean score) of IPA induced anxiety while females went through moderate level of anxiety with a mean score of 2.048. By implication, though the scores on IPA induced anxiety levels for both males and females fell within the moderate range, the females had a higher level of anxiety than their male counterparts as far as IPA induced anxiety is concerned. Furthermore, the table showed that of the identified 210 undergraduate respondents who indicated "Yes" to being victims of IPA induced anxiety, the males had moderate level of anxiety with a mean of 1.976, while female counterparts also had moderate level of anxiety with mean of 2.048.

By implication, females had higher level of IPA induced anxiety than the male counterparts. In overall, the sample indicated moderate level of IPA induced anxiety. However, the moderate anxiety level was considered intense enough to impart negatively on their day to day social, academic, and emotional wellbeing. This informed their invitation to volunteer for the treatment programmes.

The Research Hypothesis

Self-talk has no significant effect in reducing anxiety experienced by victims of intimate partner abuse.

To test this hypothesis, the pre and post self-talk therapy anxiety levels of the experimental and control groups were computed and subjected to Analysis of Covariance (ANCOVA). This was with the aim of determining the effect of self-talk therapy in reducing anxiety experienced by victims of IPA. The results were as presented in Table 5.

Table 5: The effect of self-talk therapy in reducing anxiety experienced by victims of IPA

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	2499.615[a]	2	1249.808	57.571	.000
Intercept	391.415	1	391.415	18.030	.000
Pre-test	71.271	1	71.271	3.283	.075
Treatment	1375.480	1	1375.480	63.360	.000
Error	1389.370	64	21.709		
Total	145753.000	67			
Corrected Total	3888.985	66			
R Squared = .643 (Adjusted R Squared = .632) Dependent Variable: Post Self-Talk					

The result as presented in Table 5 showed that there was no significant difference in the control and experimental groups IPA victims' pre-self-talk therapy anxiety experienced ($F_{(1, 64)} = 3.283$). This also implied that the control and experimental groups were homogeneous before the treatments were administered. However, the difference in the IPA victims post self-talk therapy anxiety levels of the experimental and control groups as presented in Table 4.6 showed that there was a significant difference in the victims' experienced of anxiety levels ($F_{(1, 64)} = 63.360$, $p < 0.01$). From the obtained result, it could be concluded that there is a significant effect of self-talk therapy in reducing anxiety level experienced by undergraduate victims of IPA. The results as presented in Table 5 also showed that the model built from the treatment yielded an R squared value ($R^2 = 0.643$) and adjusted R square value of 0.632, an indication that the model can explain not less than 63.2% and at most 64.3% of the variance observed in reducing IPA victims experienced anxiety.

DISCUSSION

One of the major findings of this study is that undergraduates of Obafemi Awolowo University, Ile-Ife, Nigeria, regardless of their economic/religious background, whether they are male or female, and whether they stay on or off campus engage in intimate relationships among themselves. A possible explanation for this could be the fact that undergraduates are at a stage in which many life decisions such as choice of future life partners are to be made. Some could just see the university setting as an opportunity for shifting towards greater independence from home/parental controls and an occasion for romantic and sexual relationship experimentation. Hence this confirmed the findings of Mapayi et al (2014); Zimmer-Gembeck (2002) that college settings offers a veritable platform for getting involved in intimate heterosexual relationships.

Another major finding of this study is that undergraduates of Obafemi Awolowo University are not insulated from experiencing intimate partner abuse. The result showed 14.6% prevalence of intimate partner abuse among undergraduates sampled for the study. This implied that 1 out of every 7 undergraduates experienced intimate partner abuse. This percentage is significant if cognizance is taken of the rule and regulation guiding interpersonal relationships among students forbid any form of abuse and violence. The surprising discovery is that most of these acts of abuse were not reported to the university authority as victims may be too scared of more severe abuse or be deeply in love with the abuser. This is line with Shipway (2014) findings that campus dating abuse and violence by intimate partners is a pattern of controlling behaviour that one partner uses to exercise power over the other.

Furthermore, the prevalence across university academic levels (years) of study showed that the undergraduates in earlier years (one and two) of study experienced greater percentages of intimate partner abuse (9.7%, 7.3% respectively). The reason for this seemed unclear but it may not be unconnected with the fact that first year undergraduates (or freshmen) are inexperienced/gullible as far as handling intimate relationships is concerned. This sounds plausible in view of Lloyd and Emery (2000); Shipway (2014) findings that the fear of further retaliation or perhaps the inability of the victim to acknowledge the abusive act as such may be the reasons for the victim hesitation to place the incidence into the category of abuse.

The prevalence across gender showed that intimate partner abuse is more prevalent against female than male undergraduates. Of the sampled undergraduates, (14.5%) had experienced abuse from intimate partners. Of this number, 74.8% were females. This seems to bring up the "Gender Symmetry and Asymmetry" controversy again. For those on the Symmetry platform, it is believed that both males and females perpetrate intimate partner abuse at the same rate (Kessler, Molner, Feurer, and Applebaum 2001; Dutton, 2006; Straus, 2010). But for researchers on the Asymmetry side, more severe perpetration of intimate partner abuse is done by men (Chan, 2011; Ansara and Hindin, 2010). The result seems to support the argument that males perpetrate intimate partner abuse more than females. However, when the patriarchal nature of the society in which the man is expected to be strong and endure all manners of experiences is considered, it may be that males find it difficult to report or discuss freely their abusive experiences in the hands of female partners. This finding suggests that males suffers from what is referred to as "shame proneness tendency" as far as owning up to being abuse is concerned. This therefore inhibits the rate at which males report personal experiences of abuse.

Another major finding of this study is that there is a significant effect of self-talk therapy in reducing anxiety experienced by undergraduate victims of IPA. Self-talk is a psychotherapy that is available for application to psychological problems by expert counselling psychologists. It is an example of a cognitive therapy. It is acknowledged as an effective way to diffuse thoughts. It provides a mental tool kit that can be used to challenge negative thoughts borne out of negative perception of certain experiences in life. Self-talk therefore seeks behaviour changing when incorrect cognition is changed into a more realistic one. In this line, another important finding of this study is that self-talk therapy is significantly effective in reducing anxiety experienced by undergraduate victims of IPA in OAU.

But for whatever reason, any form of IPA among unmarried young adults is acknowledged as having great and far reaching consequences even beyond the immediate future on the victims. Mapayi, et al (2014) maintained that it is a significant problem, not only because of its alarming prevalence and physical, mental health consequences, but also because it occurs at a stage when intimate relationships are blossoming and pattern of interactions that may carry over into adulthood are being learned. Stith, Jester, & Bird (1992) (cited in Mapayi et al, 2014) in furthering this line of thought opined that IPA may have serious consequences for the college students because it happens while the members of the relationship are working on identity formation and looking for an identity in life. These suggest further that both the abuser and the abused in intimate relationship need counselling intervention for the consequences of the abusive behaviour to be ameliorated. For undergraduate victims of abuse in the hands of intimate partners, the effect of the abusive experiences can have a far reaching consequences even to the future. Such individuals may self-

confidence issue and may difficult to go into intimate relationship in future. This apart from immediate likely consequences of physical injury, low academic performance, outright academic failure, injury to sexual organs and emotional challenges such as anxiety and depression. It is in this wise that this researcher recommends prompt counselling interventions for identified undergraduate victims of intimate partner abuse.

CONCLUSION

Based on the results of the analysis, it is evident that undergraduates of universities in Nigeria are active in forming intimate relationships amongst themselves. This though, can be a veritable source of social and academic support for individuals in such relationships but it also evident that cases of the intimate relationships becoming dangerously abusive also abound amongst them. The consequences of intimate partner abuse that undergraduate victims grapple with range from anxiety, to their academic, emotional, and social health being negatively affected. Any of these effects, if prompt intervention is not provided, can put the undergraduates' primary purpose of gaining admission into the university in jeopardy.

RECOMENDATION

From the foregoing, the following recommendations are suggested:

1. It is imperative for parents to prepare their wards leaving home on admissions into tertiary institutions on the likelihood of intimacy turning abusive.
2. An important part of counselling services is making information available for students; the counselling unit at the Division of Students Affair has to do more in this regard to make information on the issue of intimate partner abuse available within the reach of undergraduates. This can be incorporated, by the counsellors into information passed across to students during mass programmes such as orientations and faculty colloquiums.
3. Governments at all levels should also make available funds for universities to establish and set up researches on Gender Centers and issues. This will go a long way to support the efforts of non-governmental organisations on campuses that are already into activities and programmes to checkmate the prevalence of intimate partner abuse among undergraduates.
4. Since findings showed that abuse even happen on campus, counsellors, hall wardens, and Security Department in the university should interact and collaborate in this regard to give victims assurance that the university authority will always ensure their safety is taken care of from the abusers. This will ensure that more victims of abuse report to and seek help from the school authority instead of living in perpetual fear.
5. Since self-talk therapy has been found to have significant effect in reducing anxiety associated with IPA among undergraduates, Counsellors (in the Faculty of Education and the Counselling Unit of the DSA) and trainees are encouraged to make more use of it in helping students going through IPA induced anxiety.

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