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Demographic Factors in The Prevalence and Management of Domestic Violence

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Abstract

Domestic violence is a universal issue that directly and indirectly hurts people in various cultural contexts. In accordance with the Sustainable Development Goals, prioritization is given to gender equality and empowerment as a potential for peace and stability globally, with each state being obligated to address the issue within its territory. Thus, the objective of this study is to assess the prevalence of domestic violence and its socio-demographic determinants assessment and to study how it can be controlled. Generalizability Domestic violence is a major factor of psychological and psychiatric disorders among women of reproductive age, indicating the need for urgent efforts to integrate evidence-based domestic violence interventions across primary care but also at policy settings.

Keywords: *domestic violence, women, prevalence, demographic factors, management.*

INTRODUCTION

Domestic violence is broadly defined as the use of power by one adult in an intimate relationship to control another adult. It is an intentional act of creating fear and dependence through various types of abuse such as physical violence, psychological abuse, social isolation, economic deprivation and sexual assault (Glory Ezems, 2019). Such a way of behaving is an inherent power imbalance, often cyclic through re-occurring behavior that degrades the victim's sovereignty and wellbeing.

Comprehended as domestic abuse, or domestic violence such as intimate partner violence, family violence, marital abuse or partner abuse (Jacquelyn Campbell, 2002). It is an important public health issue, making a substantial contribution to the global disease burden, especially globally and in developing regions of the world it affects women aged 15—44. Such a phenomenon usually occurs when one partner or family member tries to dominate another physically or mentally, thus continuing the cycle of violence in domestic settings.

Domestic violence is not only bad for individuals, but also comes with considerable social and economic costs to society. It burdens various sectors including health systems, law enforcement, and the labor market itself while holding back greater development. The effects often carry through generations, as having been exposed to domestic violence is related to negative results like self-harm, aggression, substance use, delinquency and depression and suicide (Beam et al., 2012). But research suggests that people are capable of so much more resilience and recovery, when removed from abusive situations and given adequate support.

STATEMENT OF THE STUDY

Domestic violence crosses all social and demographic lines, no matter the age, gender, education level, socioeconomic status, race, sexual orientation or geography of those involved. According to the research on its risk factors [1], a variety of familial, economic and socio-psychological factors have been associated with it including poverty, unemployment, parental education level and family structure (Bradley & Corwyn, 2002; Graham-Bermann, 1994). In addition, the effects of domestic violence are often long-lasting with evidence suggesting that its effects carry into adulthood affecting psychological well-being and behavior as well as social functioning (Carlson 2000).

PURPOSE OF THE STUDY

The purpose of this quantitative study was to review the demographic factors in the prevalence and management of

domestic violence. The overall purpose of this study is to promote domestic peace, to examine whether age, educational qualification, social economic background, racial factors, sexual orientation, and gender influences domestic violence.

Specifically, the study sought to do the following.

(a) age, (b) educational qualification, (c) social economic background, (d) racial factors, (e) sexual orientation, (f) genderand management of domestic violence. The results provided from this study were expected to enhance understanding of the demographic factors in the prevalence and management of domestic violence. It can be used to devise appropriate treatment plans that will help recover from domestic violence experiences

RESEARCH QUESTIONS

The following research questions sought to guide this study:

1. Does age, gender, educational qualification, social economic background, racial factors, and sexual orientation, factors in prevalence of domestic violence?
2. How can domestic violence be managed?

Demographic Factors' Influence on Young Adults

Much of the existing literature on domestic violence has focused on risk behaviours and situational contexts to a lesser degree than individual differences (Bondü & Krahé, 2014; Kelly, 2000; Tedeschi & Kilmer, 2005). Nonetheless, Carlson (2004) suggests that not all children and adolescents exposed to violent homes exhibit maladaptive behaviors, as these stressors are neither uniform nor uniformly detrimental. This difference in responses implies that demographic characteristics moderate individual experiences. Age, gender, sexual orientation, race, educational attainment and socio-economic status have been found to be significant variables in understanding exposure and response patterns to domestic violence (Edleson et al., 2007; Edleson et al., 2008; Osthoff, 2002). These demographic dimensions collectively form a crucial framework to examine differential prevalence, impact and resilience among affected individuals.

Age and Prevalence

Age has been defined as the time elapsed from a being born until some point in (Bogat, Levendosky & Von Eye, 2005), this definition indicate individuals age from physically and psychologically growth perspective. Empirical data demonstrate that younger women are disproportionately at risk of experiencing intimate partner violence and that women aged 15–19 years experience higher levels of risk than older cohorts (Abramsky et al., 2011). By contrast, the prevalence of this type of violence is generally lower in women aged 50 years and older, which reflects growing confidence, life experience, and social positioning (World Health Organization, 2013). These patterns emphasise age as a key consideration in how domestic violence risk is conceptualised throughout the life course.

Researchers like Löckenhoff, Reed, and Maresca (2012) as well as Olchowski et al. As noted by (2007) age has a key influence on how individuals interpret domestic violence or child abuse. Extensive evidence suggests that the timing of risk and exposure, as well as intervention, play a key role in developmental outcomes from infancy through adulthood. In particular, positive developmental tracks are more common with earlier intervention or delayed exposure to harmful environments and negative behavioral and psychological outcomes are often linked to early exposure to violence (Ali et al., 2015; Garthe et al., 2014; Jan et al., 2015).

For instance, Ali et al. Duffy et al (2015) reported inferior adaptive coping outcomes in children who had experienced domestic violence at an early age than those removed from these environments earlier in life. Similarly, Garthe et al. Utilising logistic regression analysis of children in foster care, Munro (2014) found that early intervention greatly improves resilience and positive adaptation. In another study, Jan et al. According to Repetti et al. (2015), individuals exposed to violence in the first years of life are made more likely to develop maladaptive coping and aggression later in life, especially if support systems were lacking. These findings highlight the role of age in domestic violence exposure outcomes, but little research assesses resilience to its effects cross-sectionally.

In fact, there is considerable literature indicating that gender is an important child-level characteristic and that it influences how children respond to adversity (Bornstein et al., 2010). Example—Dadds, Atkinson, Turner, Blums and Lendich (1999) suggest that neurological developmental differences account for different reactions shown by adolescent males and females to similar environmental conditions. In this regard, Dietz et al. (2014) noted sex differences in coping patterns that result from temperament and sociocultural processes internalized by family systems when confronted with environmental stressors. The results show that young males prefer adaptive coping mechanisms related to externalizing behaviors (confrontational or self-defensive problem-solving) particularly in response to having control or identity threatened. Concurrently, men may utilize self-regulatory strategies to cope with stress such as self-monitoring and intentional retreat for the purposes of reorienting and regaining control. Consistent with this, Jacobson and Mufson (2010) found through regression analysis that male adolescents show more

defensiveness aggression likely to respond confrontationally when it coincides with rigid opinions of masculine identity.

Adolescent females on the other hand, typically employ more relational and support based maladaptive coping strategies. Research by Black et al. According to (2015) female individuals tend to turn to their peers, family members, and community resources when experiencing difficult situations. Instead of resorting to corporeal violence or aggression, they use social networks for emotional coping and problem-solving. These gender-specific differences in coping are well established, however there is a relative lack of literature regarding the direct effect of gender on prevalence development (in spite of this being an area worthy of empirical study) with respect to domestic violence.

Gender-based violence (GBV) affects people of all ages and genders and is a serious public health and human rights issue. Although violence against women is commonly referred to as "gender based violence," GBV also affects men.

1. The UN Declaration on the Elimination of Violence against Women (DEVW), defines the term “violence against women” as: “Any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life
2. Physical abuse is a pattern of physical assaults and threats used to control another person. It includes punching, hitting, choking, biting, and throwing objects at a person, kicking, pushing and using a weapon such as a gun or a knife. Sexual violence has been defined as any sexual act, unwanted sexual comments or advances or acts to traffic women’s sexuality, using coercion, threats of harm or physical force by any person regardless of relationship to the survivor in any setting
3. The scope of this definition has been expanded to include forced sex, sexual coercion, rape and child abuse
4. In this Oladepo et alGender-based Violence in Nigeria study, sexual violence is defined as any unwanted sexual act, such as forced sex. Current estimates of gender based violence indicate that between 8-70% of women worldwide have been physically and sexually assaulted by a male partner at least once in their lives
5. DHS data from Zambia show that 27% of women who have ever been married said their spouse or partner hit them in the past year. About 13% of 15- to 19-year-olds said they were forced to have sex in the past year.
6. In rural Ethiopia, 49% of women who have ever been in a relationship have been physically abused by their spouse, and 59% have been sexually abused.
7. All these variations may be a consequence of underreporting, stigma, shame or other social and cultural factors that deter women from discussing episodes of violence 3. In another hospital based study in Nairobi, the prevalence of sexual violence was 61.5%, while the proportion of physical assault was 38.5%
8. This study also reported that majority of the perpetrators of gender based violence were married (72.3%) and alcohol was a significant contributor in 10.1% of determinant cases. In a study of Igbo communities in Nigeria, 58.9% of women reported battery during pregnancy while 21.3% have been forced to have sexual intercourse
9. Most investigations of domestic violence have centered on men as the perpetrators of violence; however, this is not to deny that cases of men being victims of domestic violence do not exist. It has been reported that men have their share of adverse consequences of domestic violence. In the study by Fawole
10. on violence among young female hawkers, 19.7% of women had experienced physical assault, 36.3% had received sexual harassment, while only 7.2% had emotional or psychological violence. Prevalence of wife beating among civil servants in another study was 31.3%; 42.5% of the men had been perpetrators, while 23.5% of the women had been victims.
11. Results From this study indicate that alcohol and exposure to inter-parental disagreements—both public scenes—is strongly predictive of men committing wife-beating. In contrast, being younger, not married and a family background of domestic violence were strongly associated with women being beaten. Even though there are many studies about violence against women, not enough empirical evidence exists regarding violence against men. This gap could stem from a process of normalization of these acts in society and the lack of sufficient legal frameworks that

protects women but also gives men security from domestic, gender-based violence under Nigerian laws. For this reason, the current analysis deals with identifying living controls on gender-based violence experiences of both genders—limiting its main independent variable to utilize gender.

Educational Qualification

Spousal education disparity has been noted as a prominent risk factor for domestic violence. Research indicates that discrepancies in educational attainment between couples may increase the risk of conflict and violence in romantic partnerships (e.g., Abramsky et al, 2011). On the other hand, greater educational attainment in women is a protective measure since education increases awareness, self-determination and empowerment [and thus decreases vulnerability to intimate partner violence (Deyessa et al., 2010)]. Research demonstrates significantly higher rates of domestic violence for women living in rural areas over their urban department peers, a discrepancy ascribed to lower literacy levels and lesser awareness of rights in the rural (Ogbonna, 2014). Urban women may be less likely to experience violence (Deyessa et al., 2010) and more likely to perceive violence as socially unacceptabile when compared to their rural counterparts, given the deep-seated nature of cultural norms about such violence in rural communities. More specifically in rural contexts, male education has been shown to act as a mitigator; more educated men are more tolerant and cooperative; being an educated man reduces the incidence of domestic violence by allowing him to openly stand against traditional norms he feels is restrictive (Marium, 2014).

Social Economic Background

Domestic violence is shown by research evidence to correlate highly with economic instability, in particular relative unemployment. According to Catalano, Lind, Rosenblatt & Novaco (2003), unemployment can produce frustration and anger in people that then may be directed towards each other. They call this the “provocative effect,” which posits that a stress related to being out of work can create friction in relationships that might otherwise be stable and constructive.

Likewise, poverty is recognized as an important vulnerability factor for women who face domestic violence and constrain their ability to leave such relationships. Terry (2004) observes, Poverty is an important driver of the persistence and the escalatory spiral of violence against women but not deterministic entirely to poor men or economically marginalized groups. The lack of economic independence, above all, remains one of the principal driving factors because it limits women's autonomy as well as access to protective resources. To tackle this issue, researchers like Ogrodnik and Borzutzky (2011) asserted that access to education, health care and employment opportunities must be improved in order to decrease poverty but mostly domestic violence. In addition, differences in educational attainment between couples also put them at higher risk for economic disadvantage due to lack of equal socio-economic opportunities in households.

Racial Factors

Victims of domestic violence against are often women from those society and culture that have developed by tradition. Unequal power relationships that thrive in communities governed by inflexible customs and value systems place women, who are often already in a precarious position, at an elevated risk of abuse (ibid). An especially well-known illustration is the payment of dowry in parts of South Asia when there are material or financial transfers from the bridé s family into conducting families (Krantz & moreno, 2005). But dowry historically was a safe haven for women in ancient societies such as Rome and part of Western Europe, whereas today, the practice has spread with far-reaching intentions into recent global community systems consisting of India and Bangladesh (Jayachandran, 2014). When grooms family demands dowry out of the boundaries and bride side could not.... women either abused or harassed all life or killed, but in both cases...spouse as well as his whole family are guilty of this crime.

In addition, violence perpetration varies by gender and in terms of victimization. This is significant as gender and violence typically interact in complex ways whereby men are more likely to experience lethal forms of interpersonal violence often outside in public or street environments, whereas women, who made up 35% of murder victims around the world in 2010 despite being only half the population, are disproportionally affected by violence occurring in domestic contexts largely perpetrated by intimate partners or family members (see Kabeer, 2014). Domestic abuse is often a normal part of culture and as such, victims are silent due to fear of being stigmatized; at times, this silence may be caused by an escalation in violence or social expectations (Madhani et al., 2015). Many women may suffer abuse not even report it, either to safeguard the family name or simply because there may be no other options. Victims are vulnerable psychologically as they become depressed, stressed and emotionally traumatized (World Health Organization, 1997). Moreover, social context—influence of others: family members or even community—can fuel domestic violence and violence against women (Babur 2007). All these factors together demonstrate how different cultural practices, gender norms and social imperatives work together to perpetuate domestic violence.

Sexual Orientation

Sexual violence as defined based on WHO study [WHO, 2005] include;

Being physically forced to have sexual intercourse against her will

Having sexual intercourse because she was afraid of what her partner M. O. BAKARE, et al might do

Being forced to do something sexual she found degrading or humiliating. 3. The acts of emotional and verbal abuse could include;

Being insulted or made feel bad about oneself.

Being humiliated or belittled in front of others.

Being intimidated or scared on purpose (e.g. by a partner yelling and smashing things).

Being threatened with harm among others. While the concepts of physical and sexual violence might be easier to quantify and defined across cultures, it might be difficult to define and quantify across cultures emotional and verbal abuse which women may found more devastating than physical or sexual abuse.

Social Learning Theory

The Social Learning Theory provides a widely accepted view on violent actions, especially domestic related. The supporters of this theory oppose instinct-based explanations of aggression and claim that behavior is learned — molded by the environment, conditioned through reinforcement processes, or guided by cognitive factors. Aggression arises via observation and imitation in this regard, particularly when aggression is rewarded or not punished in social settings.

In terms of Family Dynamics, Social Learning Theory suggests that the causes of domestic violence are a interaction between contextual and situational factors. Contextual factors can range from personal or partner characteristics, stress and personality (such as Aggression) to situations like substance abuse, the economic state of the family and environmental strains (Domestic Violence Group Action Project). The theory also posits that children raised in such environmentally stable and conducive conditions are most likely to emulate such behaviour. This position is supported by empirical evidence which indicates that exposure to parental violence dramatically increases the likelihood of having been a perpetrator later in life. These include, for example boys witnessing domestic violence are significantly more likely to be abusive to lifetime partners or children (Straus, Gelles & Smith, 1990), and many intimate partner abusers also abuse children in the home (Edelson, 1999). Such exposure can normalize controlling behaviors and promote the idea that violence is an okay way to solve conflict.

For males, exposure to domestic violence is clearly shown to be associated with subsequent victimization or perpetration but this is less so the case among females. Women who experience domestic violence are no more likely to be victims in adulthood, research shows. However, however child abuse physical/sexual abuse direct the experience may be associated with increased risk of later life victimisation. The implications of these findings are two-fold; learned behaviour may certainly perpetuate violence, but the role of individual experiences and contextual factors is complex and deserving of further study.

Risk Factors for Domestic Violence

Lori Heise (1998) developed the Socio-Ecological Model (SEM), which embodies an ecological theory that allows for a more comprehensive analysis of the multiple risk factors contributing to intimate partner violence. The model helps comprehend the conditions that lead to domestic abuse by facilitating analysis of influences on individual, relational, community and societal levels thus supporting prevention and identifying strategies at the same level points. It emphasises that domestic violence is a cross-cutting issue which knows no cultural, ethnic, socio economic or gender boundaries. Empirical research provides clear evidence that family violence, as opposed to many problems caused exclusively by a single circumstance which itself can be mitigated by changing the social or economic context in which it occurs, is interchangeably situated at an intersection of multiple factors; when these aforementioned risk factors are present concurrently, this accounts for their greater probability of occurrence. Such a view underlines the need for multi-level intervention models to tackle and eliminate domestic violence effectively.

We generally look at individual risk factors, family risk factors, community risk factors and societal risk factors.

Individual risk factors include:

1. A history of maltreatment as a youngster or seeing violence in the home
3. Being in a precarious position, as being a young parent
4. Sexist views regarding the roles of men and women. In the family of origin, these are frequently shared.

Family risk factors include:

1. Severe family dependency or disempowerment. Families who depend on social welfare programs for financial assistance may be more vulnerable.

2. Families lack financial, social, psychological, and practical support.
3. Families with a parent's illness or incapacity (e.g., psychological, intellectual).
4. One partner, usually the male, controlled the family's finances and made all of the decisions.
5. Substance abuse of any kind by one or both carers.

Community risk factors include:

1. The absence of caring and inclusive communities. Opportunities for intervention and the spread of nonviolent behavioural standards may be restricted by this aspect. This may also be a factor in family members' loneliness and lack of social support.
2. Groups of peers where violence is common.
3. Obstacles to community involvement (such as racism, poverty, and cultural alienation). The family's social isolation is frequently brought about or maintained by these obstacles.

Societal risk factors include:

1. Acceptance of using violence to resolve conflicts, particularly those involving people
2. The glamorisation and reinforcement of violence (by video games, media, etc.)
3. Acceptance of physically abusing women and children
4. The absence of strong penalties for family violence
5. Strictly established and upheld gender norms and roles
6. Believing that being a man equates to being rough and powerful
7. Acceptance of the notion that parents "own" their children or that women are their property
8. Obstacles to autonomy, involvement, self-actualization, dignity, and the ensuing loneliness and low self-esteem
9. Cultural expectations regarding women's primary function as family carers
10. Programs to reduce family violence are not adequately funded.

Warning Signs of Domestic Abuse

As noted in this training, healthcare and clinical providers are key in identifying warning signs of abuse. As indicated on the list, these warning signs range from subtle to overt.

The following warning signs may alert practitioners to the possibility of abuse.

Psychological warning signs of abuse

-Depression, anxiety, or suicidality or post traumatic stress symptoms.

-Clients that display outbursts of anger or poor impulse control.

-Clients that display extreme hypervigilance

-Clients that have very low self-esteem, or report that they used to be confident.

-Clients that demonstrate major personality changes (e.g. an outgoing person becomes withdrawn).

General warning signs of domestic abuse

-Secrecy about entering therapy, in particular keeping the decision from a

partner or spouse.

-Clients that seem overly afraid or anxious to please their partner, or who go

along with everything their partner says and does.

-Clients that check in often with their partner to report where they are and

what they're doing.

-Clients that receive frequent, harassing phone calls from their partner or

who are constantly checking the cell phones for messages from a partner

-Client who talk about their partner's temper, jealousy, or possessiveness.

Warning signs of physical abuse

-Clients that have frequent injuries, with the excuse of "accidents."

-Frequently missing appointments without explanation.

-Clients that dress in clothing designed to hide bruises or scars (e.g. wearing long sleeves in the summer or sunglasses indoors).

Warning signs of isolation

-Clients who report being restricted from seeing family and friends.

-Clients that rarely go out in public without their partner.

-Clients that have limited access to money, credit cards, or the car.

Treatment of Domestic Abuse

There is currently no evidence-based treatment that is accepted by everyone as being effective for intimate partner violence; however, some intervention strategies have been shown to be promising. Corvo, Dutton, and Chen (2007) completed a meta-analysis that shows individualized

assessment and treatment strategies are more effective than generalized programs. Despite many interventions being based on cognitive behavioral orientations, preliminary evidence suggests that such approaches may need to be broadened as innovative strategies admitting the psychological characteristics of both perpetrators and victims would potentially increase effectiveness.

In addition, some basic features have been defined as indispensable for effective intervention. This refers to the use of culturally responsive models (Chang & Saunders, 2002), the inclusion of co-occurring violence and substance use strategies (Corvo et al., 2007) and contextualizing relational and attachment dynamics in therapy settings (Babcock et al., 2000). Together, they underscore that a multi-faceted and contextual approach to treatment and management of intimate partner violence is critical.

Solutions Focused Therapies

Cognitive Behavioural Treatment for domestic violence is the most studied method, although Solutions Focused Treatment, which has been tried on both victims and perpetrators, also seems to work. Solution-focused treatment focuses on the person's strengths and potential instead of their issues and dysfunctions.

Advocates assert that enduring, beneficial transformations can be achieved by emphasising the client's existing strengths, talents, and problem-solving skills rather on their shortcomings. Language is seen as the way that people make sense of things. The terminology is more about "solutions and strengths" than "deficits and blame." Clinicians help clients by asking them a series of questions that change how they see themselves and the problem. These kinds of enquiries can be used when working with criminals:

What do you observe that is different or stands out about the times when you don't get angry?

(Outcome) What if the trouble you are having suddenly went away? What would make you think this? What would change?

(Coping) How do you deal with the stress in your relationship? With your kids?

(Scaling) I know you still get angry sometimes, but have you noticed that the times when the severity or length of these outbursts seems lower?

You can ask abuse victims the same kinds of questions. When working with female survivors, the therapist asks different questions to help them come up with ways to solve problems that don't involve violence and abuse in relationships.

(Exemptions) When was the last time your partner could have been able to hurt you but you were able to keep yourself safe? How did you decide to contact the police instead of letting him keep striking you? When was the last time you could have gone back to him but didn't?

(Outcome) Imagine that the difficulty you have just went away. What would lead you to believe this? What would have to change for this miracle to keep happening?

(Coping) What helps you keep going even while things are hard? How are you making sure that things don't grow worse? How do you deal with [changes]?

(Scaling) How awful have things been lately on a scale of 1 to 10?

What will your child notice is different about you when you are no longer in this abusive relationship?

The solution-focused approach also gives clients tasks to undertake that help them find behaviours that are different from the problem and tell them to "do more of what works." For clients who are more stable, the observations assignment can also help them grow: "Between now and the next time we meet, I want you to observe so that you can tell me what happens in your life (marriage, family, or relationship) that you want to keep happening."

Safety Planning: A general introduction to safety planning is an important part of any introduction to domestic violence. Safety planning is a way to prepare for abuse by making a plan that may include leaving an abusive relationship completely. Planning ahead is the best way to keep someone safe while they are in danger.

The Domestic Violence Resource Center offers the following guidelines:

Safety during an Explosive Incident

If an argument is unavoidable, the person should stay in an area where they have access to an exit.

Practice getting out of the home safely.

Keep a packed bag at a trusted relative's or friend's home.

Tell trustworthy neighbors about the violence. Devise a code word or signal to use with children, family, friends, and trustworthy neighbors.

Plan where you will go if you have to leave.

Trust your instincts and judgment.

Safety When Preparing to Leave

Establish financial independence (credit card accounts).

Leave money, extra keys, copies of important documents, etc. with trusted others.

Keep hotline phone numbers handy.

Safety in the New Setting

If possible, obtain a restraining order.

Inform schools or child caregivers of the situation.

More specific safety planning templates are available from many sources and are an important part of the therapy process.

RESEARCH METHOD

The specific aim of this quantitative study was to test selected predictor variables (i.e., domestic violence exposure, age, gender, ethnicity, emotional competencies, physical abilities, types of exposure (subtype), and frequency of exposure) as a group in relation to resilience among young adults in the Midsouth region of the United States. Operationally, domestic violence was measured with the Child Exposure to Domestic Violence (CEDV) scale and the criterion variable of resilience using the Resilience Scale. The following research question guided the study: To what extent do these variables significantly predict resilience among the target population when combined linearly?

Research Design and Rationale

We performed this study within the framework of post positivism and used a quantitative research design to answer our research question. The postpositivist orientation was considered suitable since the study tested an established theory examining how several measurable variables relate to each other (John W. Creswell, 2009; Pang, 2010a, 2010b). Use of psychometrically validated instruments that generate numerical data to be analysed statistically, and ensures scope for the accurate measurement of the variables and constructs at hand.

Population

The population for this study consisted of young adults from 18 to 25 years old. The sample for the research came from mentees enrolled in a community organisation known as Big Brothers Big Sisters (BBBS) based in southwest Texas. Publicly funded structured mentoring services intended to promote the social and developmental outcomes of youth are provided under the auspice of Big Brothers Big Sisters of America (Herrera, Grossman, Kauh, & McMaken, 2011). While the programme has a participant base of 10–26-year-olds from the wider population, this study specifically recruited 18 to 25 citizens in keeping with the definition stated in scope.

Sampling and Sampling Procedures

Random sampling from the whole target population for this study was impractical, hence a convenience sampling technique was used. Convenience sampling is used because either accessibility or practicality do not allow use of probability-based method (Creswell,2009) Because some population members had an unequal chance of being selected, the sample was non-random in nature. The sample consisted of 118 healthy volunteers, aged 18–25 years old. The sample comprised male and female participants, with individuals from various ethnic backgrounds (African American, Hispanic, and Caucasian groups). Also, to guarantee the research instruments were understood, a fifth-grade level reading capability was required for participants.

Data collection

Data gathering began by orienting participants, where they were briefly told what the study was about and what participation involved. Ethical issues were highlighted and considered, in particular confidentiality with assurances through the process about anonymity of respondents' identities with no link made between their responses so that all data could be reported in aggregated format. They were also informed that they could withdraw from the study at any time without penalty. Participants were subsequently verbally instructed to refrain from putting their names on the research instruments prior to distribution. Only the researcher administered the instruments, with no staff involvement to maintain neutrality and minimize bias in data collection.

Data Processing and Analysis

All questionnaires distributed were subjected to control checks by the researcher. Then, each of the questionnaires was provided an ID number and introduced into a computerized database. Statistical analysis Statistical data were performed using the statistical package SPSS software, which allowed a systematic and objective statistical assessment of the data collected.

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