

ACTS OF VIOLENCE EXPERIENCED BY SURVIVORS OF INTIMATE PARTNER VIOLENCE IN KENYA: GENDERED DIFFERENCES

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ABSTRACT: *Intimate Partner Violence (IPV) is a global human rights violation and a significant public health issue. This study aimed to find out the gender differences in experienced acts of IPV among survivors in Nyeri County, Kenya. The study adopted a cross-sectional survey design with a mixed-methods approach and used purposive sampling to select the hospital. The sample size was 147 respondents drawn from a population of 266 survivors of IPV seeking services at the GVRC. Questionnaires and a focus group discussion schedule were used to collect data which was then analyzed using the Statistical Package for Social Scientists (SPSS v. 25.0). The acts of IPV experienced by survivors included slapping, pushing, choking, or punching (90.6%), coercion to have sex (56.41%), threatened with a weapon(88.89%), the likelihood of physical hurt(88.9%) and yelling or being screamed at (97.44%). Further analysis indicated that there was a significant association between gender of respondent and acts of violence, slapping, pushing, choking or punching ($X^2=2.10$, $p=0.043$), coercion to have sex ($X^2=1.058$, $p=0.03$), the likelihood of physical hurt ($X^2=1.01$, $p=0.019$). The study recommends the need for recognition, design, and implementation of appropriate intervention programs for all survivors regardless of gender.*

Keywords: *Intimate Partner Violence, Violence act, Gender violence, gendered differences, Intimate Partner Violence Survivors*

INTRODUCTION

Intimate Partner Violence (IPV) is a term used to describe abuse between two people who are engaged in a romantic currently or have ever been in an intimate union, including dating, cohabiting, and marital relationships (CDC, 2020; Kigaya, 2022). IPV encompasses sexual, physical, and psychological/emotional abuse (Australian Institute of Health and Welfare [AIHW], 2018, 2021; Opanasenko et al., 2021).

Diverse literature on IPV mentions that despite global and regional policies, protocols, and laws, IPV has remained considerably high globally and is a public health concern (Haberland et al., 2020; Kenya Demographic Health Survey [KDHS], 2014). The condition is direr in a majority of African countries (Fawole et al., 2019; KDHS, 2014; Sere et al., 2021), a silent social calamity that takes place daily with impunity behind closed doors in most homes worldwide (Iverson et al., 2021; Ondicho, 2018). It has been reported that approximately one in every four women and one in every nine men have had an experience with IPV in the US (CDC, 2020; Kigaya, 2022). Further,

records show that one in every three women in countries which are a member of the World Health Organization (WHO, 2014). Studies conducted on male IPV survivors are few compared to studies on women IPV survivors (Kigaya, 2022; McGlinchey et al., 2020). The scarcity of studies on male survivors of IPV is more pronounced in patriarchal societies like Kenya, where cases are underreported (Kigaya, 2021).

The rise in the prevalence rate of IPV, with adverse health effects, social and cultures that accept violence, and the potential to prevent its recurrence have necessitated much attention worldwide (Fawole et al., 2019; Opanasenko et al., 2021). In Nyeri County, Kenya, it has been reported in the recent past that IPV is flourishing. A very recent multicultural rapid assessment on Gender-Based Violence (GBV) carried out by the Center for Rights Education and Awareness (CREAW) confirms this supposition, revealing that women take the largest brunt of partner violence (CREAW, 2019). Results of studies conducted are proof that not only is IPV a fear-provoking issue, but the survivors are at risk of serious injuries as well as death (Iverson et al., 2021; CREAW, 2019). Iverson et al. (2021) have mentioned that IPV requires attention not only in and of itself but also because of its adverse influence on the survivors' overall health. These claims indicate that despite several previous studies on IPV, more studies are required.

In most previous studies, females have been on the receiving end as survivors, whereas males have been indicated as the perpetrators (KDHS, 2014; Ondicho, 2018). However, research recently indicates that IPV is far more complex and multidimensional; women, too, have been battering their husbands at largely symmetrical rates (Fernández-Montalvo et al., 2020; Sita & Dear, 2021). For example, gender symmetry theory postulates that females are equally aggressive compared to males (Adebayo, 2014; Fernández-Montalvo et al., 2020; McGlinchey et al., 2020); this appears to apply to some forms of IPV but not others (Fernández-Montalvo et al., 2020). Some studies have indicated that females commit equal (KDH, 2014) or even more acts of physical IPV (Sita & Dear, 2021) toward their spouses, thus supporting the gender symmetry theory. A study carried out by a Demographic Health Survey on survivors of IPV in Kenya revealed almost a symmetrical rate between females and males at 45% vs 44% (KDH, 2014).

On the other hand, feminist theory accounts for IPV as a gendered issue. It is supported by studies that have found that relative to males, females encounter increased and severe acts of violence (Sita & Dear, 2021). Additionally, it has been indicated that law enforcement reports show that IPV perpetrators are men (Federation of Women Lawyers Kenya [FIDA], 2017; McGlinchey et al., 2020; US National Institute of Justice [NIJ], 2020). Theories related to gender have pointed out that cultural norms that back men's higher power in most interactions with females, including IPV, account for the higher prevalence rate of IPV against females (Kigaya, 2021).

Physical violence is often depicted as uniquely gendered delinquency (Clemons, 2021; O'Connor, 2020). Women survivors of IPV report a more considerable percentage of physical occurrences of abuse and severe forms of injuries (AIHW, 2018; Potter et al., 2021). A study by Hossain et al. (2020) found that of the total respondents, almost all (93%) experienced physical violence perpetrated by their spouses one year prior to the study. The effect of psychological/ emotional violence on the survivor has been indicated as the most deleterious (O'Connor, 2020; Pereira et al., 2020). This form of abuse traumatizes the survivor through actions, forcible manoeuvres, or

threats of acts (Clemons, 2021; US NIJ, 2020). A study by Haberland et al. (2020) shows that women survivors of IPV report an increased encounter of psychological/emotional abuse perpetrated by their intimate partners. Sexual violence has been argued in various studies as a form of abuse encountered by survivors, with female survivors of IPV experiencing this form of violence at an elevated rate than male survivors of IPV (KDHS, 2014; Hossain et al., 2021). A demographic survey study in Kenya reveals that 6 % of males and 14% of females aged 15-49 reported having experienced sexual violence at least once in their lifespan (KDHS, 2014). A study in Kenya mentions that women are more prone to use words against their spouses, especially when they feel they lack control and use words to get even or hurt their male partners (Maingi, 2016).

The debate between feminist and gender symmetry theories in gender differences in IPV victimization and perpetration has widespread implications (Adebayo, 2014). Findings from research conducted on each side have been used to influence decisions and policy. For instance, In Kenya, maendeleo ya wanawake (“Progress for women”) has made attempts for victim services for female survivors over an extensive period (FIDA, 2017). Equally, maendeleo ya wanaume (“Progress for men”) has claimed that men are likely to be survivors just like women (Adebayo, 2014). Globally, such advocacy groups have promoted gender neutrality in IPV funding and policy and claim that either gender is equally likely to be abused, based on gender symmetry theory (Adebayo, 2014). Based on this background, the current study intended to examine the acts of violence experienced by survivors of IPV in Nyeri County, Kenya.

METHODOLOGY

The current study was conducted at the Gender Violence Recovery Centre (GVRC) in Nyeri Provincial General Hospital, Nyeri County, Kenya. The study used a cross-sectional study design with a mixed-methods approach (qualitative and quantitative methods) to investigate and analyze the variables under study. The study used purposive sampling to identify the study site and the survivors of IPV. The frequent media reports informed the choice of the study site for cases of spousal victimization to IPV in Nyeri County. This situation justified the need for further probing through a scientific investigation.

The sample comprised 147 survivors of IPV men and women seeking services at the GVRC, aged ≥ 18 years, involvement in a heterosexual intimate relationship of at least twelve months, a survivor’s commission of at least one act of violence from an intimate partner within the past twelve months. One hundred and seventeen participants filled out the study questionnaire, and 30 of the respondents participated in the focus group discussions. Men constituted 39.46 %, and women 60.54 % of the sample.

Yamane’s (1967) formula was used to compute the representative sample from the study population of 266.

$$n = \frac{N}{1+N(e)^2}$$

Where: n = Sample size
 N = Population size

e = margin of error at 5%

By substituting for population size (N) and margin of error (e), the sample size that is representative in the current study is given hence;

$$n = \frac{266}{1 + 266(0.05)^2}$$

n = 147

The data collection instrument was a self-administered closed-ended survey questionnaire. The assessment tool used was the George Washington University Universal Violence Prevention Screening Protocol ([UVPSP]. This tool is a revised and validated scale designed to assess the violent acts experienced by IPV survivors within the previous year and the previous month (Fawole et al., 2019). Several varied questions on demographic variables, capturing, among other variables, age, gender, ethnicity, education, religion, employment/occupation, number of children with previous and current partners, and period of relationship with current and past partners. One focus group schedule was used for all the six groups comprising five members each.

Data were analyzed using the IBM Statistical Package for Social Sciences (SPSS) Version 25. The demographic variables in the study were analyzed and presented using frequency distributions. Descriptive statistics (frequencies and percentages) were calculated on the mean scores of the various forms of IPV. Additionally, prevalence rates were determined based on the total percentage of female and male survivors reporting each form of abuse. Data from the focus group discussions were transcribed, coded, and analyzed thematically.

Ethical approval was sought from the following institutions: the Internal Review Board (IRB) of the United States International Africa (USIU), the National Commission for Science and Technology (NACOSTI), Ministry of Education and Ministry of Health (Nyeri County). Gatekeeper's permission to access the site was also obtained. The study respondents signed informed consent forms before participating in the study.

RESULTS

Demographic characteristics

In terms of gender, women constituted 60.54 % and men 39.46 % of the sample, with a mean age of 35.1 (± 0.9)

Acts of IPV experienced by the survivors

As shown in Table 2, the UVPSP assessment tool containing five items was used. The respondents were supposed to indicate whether the violent acts in the items had happened to them in the previous twelve months and the previous month, respectively.

Table 2

| Acts of Intimate Partner Violence | | Last 12 months (%) | In the last month (%) |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|
| A | Slapped, kicked, pushed, choked, or punched you? | 106 (90.6%) | 75 (70.75%) |
| B | Forced or coerced you to have sex? | 66 (56.41%) | 41 (35.04%) |
| C | Threatened you with a knife or gun to scare or hurt you | 94 (80.34%) | 74 (63.25%) |
| D | Made you afraid that you could be physically hurt? | 104 (88.89%) | 64 (54.70%) |
| E | Repeatedly used words, yelled, or screamed in a way that frightened you, threatened you, put you down, or made you feel rejected? | 114 (97.44%) | 89 (76.07%) |

These findings were recapped during the focus group discussions. Below are two excerpts from the respondents shared during the discussions.

In one of the episodes, my partner was abusing me in public, kicking me all over my body, pulling my hair, twisting my arm, and stuffing cloth in my mouth to stop me from screaming, and calling for help. The accusation was that I was sleeping with the male staff workers in the office. Two men came to the scene and just stood there. One man started to cheer and told me that I deserved the beating. He continued to tell my partner that he too has been teaching his philandering wife how NOT to play around with every man (FGD 1, 2022)

I could never have imagined that my wife could batter me. When we started living together, we were best buddies. I was employed in a bank. A few years down the line, I was retrenched following need for staff cut in the office. Since the loss of income, I have been to hell and back. My wife is gigantic; she punches me so hard more so when I am drunk. One day, she threw my clothes out of our rented house in the presence of neighbors and our children. I end up going to my drinking buddies, to seek solace. . I have not found a permanent job since retrenchment. She says am stupid. I am terrified of her (FGD, 2022)

Association between Gender and acts of IPV

The researcher conducted a chi-test to establish the correlation between gender and acts of IPV, as shown in Table 3.

Table 2
Association between Gender and Acts of IPV

| | | | <i>Has your partner choked you</i> | | Chi-Square |
|--------------------------|--------|--|------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------|
| | | | NO | Yes | |
| Gender of the respondent | Male | | 24 20.5% | 24 20.5% | X ² =2.01(0.043) |
| | Female | | 32 27.4% | 37 31.6% | |
| Total | | | 56 47.9% | 61 52.1% | |
| | | | <i>Has your partner made you perform sex acts you did not want to perform?</i> | | Chi-Square |
| | | | NO | Yes | |
| Gender of the respondent | Male | | 27 23.1% | 21 17.9% | X ² =1.058(0.03) |
| | Female | | 37 31.6% | 32 27.4% | |
| Total | | | 64 54.7% | 53 45.3% | |
| | | | <i>Threatened you with a knife or gun to scare or hurt you</i> | | Chi-Square |
| | | | No | Yes | |
| Gender of the respondent | Male | | 8 6.8% | 40 34.2% | X ² =2.32(0.43) |
| | Female | | 15 12.8% | 54 46.2% | |
| Total | | | 23 19.7% | 94 80.3% | |
| | | | <i>Made you afraid that you could be physically hurt?</i> | | Chi-Square |
| | | | No | Yes | |
| Gender of the respondent | Male | | 9 7.7% | 39 33.3% | X ² =1.01(0.019) |
| | Female | | 4 3.4% | 65 55.6% | |
| Total | | | 13 11.1% | 104 88.9% | |
| | | | <i>Repeatedly used words, yelled, or screamed in a way that frightened you, threatened you, put you down, or made you feel rejected.</i> | | Chi-Square |
| | | | No | Yes | |
| Gender of the respondent | Male | | 10 8.8% | 37 32.5% | X ² =0.058(0.53) |
| | Female | | 15 13.2% | 52 45.6% | |
| Total | | | 25 | 89 | |

As shown om Table 3, 20.5% of males and 31.6% of females reported that their partners had choked them; 17.9% of males and 27.4% of females reported that their partners had abused them sexually; 34.2% of males and 46.2% of females reported that their partners had threatened them with a knife; 33.3% of males and 55.6% of women reported that they had received threats of physical harm from their partners, and 32.5% of males and 45.6% of females reported that their partners had verbally abused them.

DISCUSSION

Findings of the current study indicate that the most frequent act of IPV encountered in the previous year and the previous month was being repeatedly yelled at or screamed at frighteningly, being put down, and being rejected with 97.44% and 76.07%, in that order. The participants reported that the second most occurring act of IPV was being slapped, kicked, pushed, choked, or punched, with 90.6% and 70.75% in the previous year and previous month, in that order. The third most frequent act of IPV experienced by the respondents was being made afraid that one could be physically hurt, at a rate of 88.89% in the previous year and 54.7% in the previous month. Further, findings indicate that 80.34% of the participants were threatened with a knife or gun to make them feel scared or hurt in the previous year and 63.25% in the previous month. The least occurring act of IPV experienced by the survivors was being coerced or forced to have sex.

Further results from the focus groups on acts of IPV showed that IPV was prevalent across Nyeri County. It is a concern cutting across all social and economic boundaries. All the participants constantly described their IPV experiences as painful and emotional experiences. Social statuses, economic levels, and education attainment determined the survivors' understanding of IPV and the narratives of their experiences with IPV. However, all the participants reported that it was a bizarre encounter. Participants provided numerous explanations of the type of abuse encountered.

On the association between gender and IPV, the results indicate that female survivors suffered a higher percentage of violence episodes than male participants. The findings showed a significant relationship between gender and being choked. It was found that the number of female survivors who had been threatened to be choked was more than the number of male survivors, $X^2=2.01(0.043)$. The findings also showed a significant association between gender and coercion into sex, $X^2=1.058(0.03)$. It was found that the female survivors were more coerced into sex than the male survivors.

It was noted that female survivors suffered from this act of IPV more than male survivors. Further, It was found that there was a significant association between gender and being afraid that one could be physically hurt, $X^2=1.01(0.019)$. These results, together with reports of an experience of more severe injuries, were echoed in the FGDs with female survivors.

The evidence from various studies regarding gender differences in IPV experiences is mixed. Some studies mention gender symmetry; others mention that females experience more acts of IPV, whereas others cite men as being at risk. From the current study's findings, it is clear that both men and women experience IPV and its consequences. However, men experience lower rates of injuries

as a result of IPV. These results indicate that male survivors experience fewer cases of physical violence and more psychological/emotional abuse. This claim is affirmed in a study by Ongeti et al. (2013) at a GVRC of Nairobi Women's Hospital (NWH) in Nairobi, which revealed that women experienced violence nine times more than male survivors. For the female survivors of IPV, the experience is more physical and sexual. This finding is echoed in the results of recent studies conducted by Depraetere et al. (2020) and Maingi (2016). This claim has further been affirmed in the results of a very recent multicultural rapid assessment on Gender-Based Violence (GBV) carried out by the (CREAW) which revealed that women take the largest brunt of partner violence (CREAW, 2019). Further, these findings are comparable to the study by Ongeti et al. (2013), which indicates that females suffered more sexual assault than males. Finally, this claim has been affirmed in studies by Pereira et al. (2020) and Sere et al. (2021).

On the other hand, the low prevalence and lesser severity reported by male survivors could be attributed to underreporting by male survivors due to associated shame and fear that result from abuse, as indicated in similar studies by other authors such as Depraetere et al. (2020), and O'Connor (2020). This paper argues that power and abuse of power by spouses in intimate unions is the central issue that accounts for IPV occurrences. The Duluth model proposed this argument almost three decades ago (Pence & Paymar, 1993). Gender, therefore, serves as a proxy for power.

CONCLUSION

The study concluded that both genders experience acts of IPV. However, women suffer more IPV experiences compared to men. There is a need, therefore, for continued effort at the government level to promote recognition and acceptance of IPV as a public health issue amongst both genders. Recognizing the different forms of abuse with diverse aetiologies and, therefore, differential treatment approaches can advance our understanding of IPV, its impact on survivors, and appropriate preventive and supportive measures. At the same time, knowledge gathered from this research can strengthen human civil rights to reform civil and criminal legal frameworks majoring on IPV, raising awareness to intensify media and advocacy campaigns about IPV and existing legislation to implement such legislation.

REFERENCES

- Adebayo, A. A. (2014). Domestic Violence against Men : Balancing the Gender Issues in Nigeria. *American Journal of Sociological Research*, 4(1), 14–19. <https://doi.org/10.5923/j.sociology.20140401.03>
- Australian Institute of Health and Welfare (AIHW) 2018. Family, domestic and sexual violence in Australia 2018. Cat. No. FDV 2. Canberra: AIHW.
- Centres for Disease Control and Prevention. (2020). Preventing intimate partner violence. https://www.cdc.gov/violenceprevention/pdf/ipv/IPV-factsheet_2020_508.pdf
- Clemons, Y. (2021). Safety Planning: Self-Management Approaches for Intimate Partner Violence in Ohio.
- Creswell, J. W., & Clark, V. L. P. (2017). *Designing and conducting mixed methods research*. Sage publications.
- Depraetere, J., Vandeviver, C., Beken, T. V., & Keygnaert, I. (2020). Big boys don't cry A critical interpretive synthesis of male sexual victimization. *Trauma, Violence, & Abuse*, 21(5), 991-1010.
- Fawole, O. I., Balogun, B. O., Adejimi, A. A., Akinsola, O. J., & Van Wyk, J. M. (2019). Training medical students: victim's perceptions of selectively screening women for intimate partner violence in health care settings. *BMC medical education*, 19(1), 196.
- Federation of Women Lawyers Kenya. (2017). Domestic violence survey. <https://www.fidakenya.org>
- Fernández-Montalvo, J., López-Goñi, J. J., Arteaga, A., & Haro, B. (2020). Gender differences in unidirectional and bidirectional intimate partner violence in addictions. *The American Journal of Drug and Alcohol Abuse*, 46(2), 194-202.
- Haberland, N., Ndwiga, C., McCarthy, K., Pulerwitz, J., Kosgei, R., Mak'anyengo, M., ... & Kalibala, S. (2020). Addressing intimate partner violence and power in intimate relationships in HIV testing services in Nairobi, Kenya. *AIDS and Behavior*, 1-12.
- Hossain, M., Pearson, R. J., McAlpine, A., Bacchus, L. J., Spangaro, J., Muthuri, S., ... & Izugbara, C. (2021). Gender-based violence and its association with mental health among Somali women in a Kenyan refugee camp: a latent class analysis. *J Epidemiol Community Health*, 75(4), 327-334.
- Iverson, K. M., Danitz, S. B., Shayani, D. R., Vogt, D., Stirman, S. W., Hamilton, A. B., ... & Dichter, M. E. (2021). Recovering from intimate partner violence through strengths and empowerment: findings from a randomized clinical trial. *The Journal of clinical psychiatry*, 83(1), 38188.

- Katz, J., Kuffel, S. W., & Coblenz, A. (2002). Are there gender differences in sustaining dating violence? An examination of frequency, severity, and relationship satisfaction. *Journal of Family Violence, 17*(3), 247-271.
- KENYA, N. C. O. (2019). THE CENTER FOR RIGHTS EDUCATION AND AWARENESS (CREAW).
- Kigaya, C. (2021). *Domestic Abuse Against Men in Kenya* (Doctoral dissertation, Walden University).
- Koziol-McLain, J., Vandal, A. C., Wilson, D., Nada-Raja, S., Dobbs, T., McLean, C., ... & Glass, N. E. (2018). Efficacy of a web-based safety decision aid for women experiencing intimate partner violence: randomized controlled trial. *Journal of medical internet research, 20*(1), e8.
- Ngunjiri, L. Y. D. I. A. H. (2016). Relationship between selected childhood parental factors and victimization to intimate partner violence among men in Nyeri county, Kenya (doctoral dissertation, Kenyatta university).
- McGlinchey, D., Hastie, K., Taylor, M., Roebuck, M., Bhele, S., Hudson, E., & Xavier, R. G. (2020). Male Survivors of Intimate Partner Violence in Canada.
- National Bureau of Statistics-Kenya, ICF International. (2015). 2014 KDHS key findings. *Rockville, Maryland, USA: KNBS and ICF International.*
- O'Connor, G. (2020). Male victims of intimate partner violence: a mixed methods exploration.
- Ongeti, K., Ogeng'o, J., Were, C., Gakara, C., & Pulei, A. (2013). Pattern of Gender Based Violence in Nairobi, Kenya. *Int. Res. Med. Sci, 1*, 30-34..
- Ondicho, T. G. (2018). Violence against women in Kenya: A public health problem.
- Opanasenko, A., Lugova, H., Mon, A. A., & Ivanko, O. (2021). Mental Health Impact of Gender-Based Violence Amid COVID-19 Pandemic: A Review. *Bangladesh Journal of Medical Science, 17*-25.
- Pence, E., Paymar, M., & Ritmeester, T. (1993). *Education groups for men who batter: The Duluth model*. Springer Publishing Company.
- Pereira, M. E., Azeredo, A., Moreira, D., Brandão, I., & Almeida, F. (2020). Personality characteristics of victims of intimate partner violence: A systematic review. *Aggression and violent behavior, 101423*.

- Potter, L. C., Morris, R., Hegarty, K., García-Moreno, C., & Feder, G. (2021). Categories and health impacts of intimate partner violence in the World Health Organization multi-country study on women's health and domestic violence. *International journal of epidemiology*, 50(2), 652-662.
- Sere, Y., Roman, N. V., & Ruiter, R. A. (2021). Coping with the experiences of intimate partner violence among South African women: systematic review and meta-synthesis. *Frontiers in psychiatry*, 12, 522.
- Thorvaldsdottir, K. B., Halldorsdottir, S., & Saint Arnault, D. M. (2021). Understanding and measuring help-seeking barriers among intimate partner violence survivors: mixed-methods validation study of the Icelandic Barriers to Help-Seeking for Trauma (BHS-TR) scale. *International journal of environmental research and public health*, 19(1), 104.
- Sita, T., & Dear, G. (2021). Four case studies examining male victims of intimate partner abuse. *Journal of Aggression, Maltreatment & Trauma*, 30(1), 3-24.
- World Health Organization (2017), Violence against women: Intimate partner and sexual violence against women, Factsheet, s Geneva