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**ALLEVIATING DOMESTIC VIOLENCE IN KENYA AND
OTHER PARTS OF THE WORLD**

DR. JOSEPHINE MUTHAMI PhD
CLINICAL COUNSELLING PSYCHOLOGIST,
UNIVERSITY OF NAIROBI
NAIROBI, KENYA

Introduction

Psychologists, sociologists and Law enforcers are key players in reducing or eradicating the menace of domestic violence. Psychologists deal with the thought processes of the individuals affected, Sociologists align the social expectations and cultural issues, while the Law enforcers deal with the perpetrators of DV. We may have always known about these facts...then the question is...why have we continued with suffering in families and their relations...?

Definition of Domestic Violence: What is domestic violence?

Domestic violence which is also known as domestic abuse, wife beating, dating abuse, spousal abuse, family violence, and intimate partner violence, is a pattern of behavior which involves the abuse by one partner against another in an intimate relationship such as cohabitation, marriage, dating or within the family sub-systems. It involves physical hostility or assault which may include one partner throwing objects, hitting, slapping, biting, shoving, restraining, battering or threatening the other person. Domestic violence also takes the forms of sexual abuse, controlling or domineering, stalking, intimidation, neglecting and economic deprivation (Muthami, 2017 & Dutton, 1994). It also involves incidents of frightening behavior, violence or abuse be it sexual, psychological, physical, financial or emotional between adults who are or have been intimate partners or family members regardless of gender or sexuality. Therefore domestic violence is a result of interpersonal interactions of individual relationships and environmental factors. For example, intimate partner violence can often be a two-sided or bidirectional scenario, where each partner is both an aggressor (a perpetrator) and a victim or a survivor (Muthami, 2017).

Prevalence of Domestic Violence

Prevalence is about some of the occurrences and frequencies of domestic violence which happens all over the world in various cultures, and it affects people from all societies irrespective of economic status. According to the Bureau of Justice Statistics of United States in 1995, one in every four women has experienced DV and Women reported a six times greater rate of IPV than men. Nevertheless, studies have found that men are much less likely to report assault when it occurs (Flury & Riecher-Rossler, 2010). According to Demographic Briefs on Domestic Violence (DBDV), reports show that minor force such as a slap is 49% among women compared to 36% men who sustain physical injury. One thing to notice here is the rate of under reporting the abusive day to day behavioral patterns. Severe force such as choke, strangling, use of weapons has 77% women and 56% men who sustain physical injury (Flisher, Myer, Merais, Lombard, & Reddy, 2007). Therefore, the serious matters are reported more frequently than the minor ones.

A summary of Archer's meta-analysis of domestic violence prevalence demonstrates that women experience 65% of domestic violence injuries (Langhinrichsen-Rohling, 2005). The World Conference on Human Rights held in Vienna the year 1993, as well as the Declaration on the Elimination of Violence against Women concluded that civil society and governments agreed that violence against women is a public health and human rights alarm. According to police records, 95% of child abuse victims in Nicaragua were girls, while according to anonymous population-based surveys, 70% of child abuse victims were girls and 30% boys (Flury & Riecher-Rossler, 2010).

One can only be interested in following up and observing the future lives of such children to see how they progress in their lives. They may be living in fear, anxiety or depression, having been exposed to domestic violence at a vulnerable age. Some of them could be "skilled" perpetrators, repeating on others what was done to them. The thinking would be so distorted that they see no harm in abusing their relationship partners (Muthami, 2017 & Black, 2011).

Cases of domestic violence are under-reported, hence the degree of seriousness and nature of offence are compromised due to stigma especially as regards sexual violence. Usually, these incidents go unreported but are treated in health facilities (Muthami, 2017 & Henrica & Jansen, 2009; Kantor, Jasinski, Williams, 2007). This means a lot of violence takes place in families but is kept secret for reasons best known to the victims. Over the centuries, many women have often been treated with cruelty in patriarchal societies (Ogbuji, 2015). Patriarchal society is a social setting where men are the heads of the families and thus women and children are under the authority of men. This kind of social setting is practiced but it is sometimes abused and becomes oppressive when the power invested in men is misused (Muthami, 2017). In patriarchal society settings, many women suffer exploitation in forms of denial of inheritance, economic marginalization, lack of formal education, wife battering, wife inheritance, sexual abuse including incest and rape (Muthami, 2017 & Ellsberg, 2006).

A cross-sectional research was carried out in Kisumu District Hospital, Kenya, amongst randomly selected pregnant women. The aim of the study was to find out the prevalence and factors associated with intimate partner violence among expectant mothers. A structured questionnaire was used to gather data. The participants gave self-reports of their own IPV experiences and the associated risk factors. Thirty seven percent (37%) of the 110 sample population reported or experienced IPV during prenatal period. Psychological assault was the leading form of abuse with (29%), followed by sexual assault (12%) and physical violence at (10%) (Kamweya et al., 2013). According to International Federation of Women Lawyers-Kenya, 5,200 Kenyan women experience domestic violence every year, which is why this study became necessary to establish that also, many cases of homicides reported in Kenyan dailies among Kenyan communities, are usually related to domestic violence (Muthami, 2017).

Various studies show that researchers do not state how to support women exposed to trauma (Ogbuji, 2015). The figures showing prevalence of domestic violence indicate that the problem is disturbingly high and afflicts all levels of society. These behavioral patterns trouble the lives of too many women and children in the societies. Both victims and perpetrators live in fear of disclosing the abuse because of so many threats in their lives (Muthami, 2017 & Ogbuji, 2015).

Factors Contributing to Domestic Violence

There are several factors related to likelihood of domestic violence occurrence, that is, victimization or perpetration between the partners. Risk factors for victimization and perpetration include childhood physical or sexual victimization, social and economic factors, alcohol and drug abuse, among others. These factors can be seen from a dimension of individual, relational, community and societal factors that contribute to the risk of one becoming a victim or perpetrator of domestic violence. The awareness of these multilevel factors can aid in identifying various opportunities for prevention (Muthami, 2017).

To start with, a number of studies have reported populations most at risk for domestic violence are those that have tendencies to have imbalance of power and control (Heise & Garcia-Moreno, 2002). Some people with very strong traditional beliefs, especially in patriarchal societies, believe that they are justified by their culture to control their partners. In addition, both men and women think that they are not equal. This brings about gender inequality and discrimination that cuts across public and private spheres of life, across cultural, political, social and economic rights (Muthami, 2017 & UN General Assembly, 2006). Coming from such a background, men are seen to be the most perpetrators of domestic violence while women and girls are victimized and marginalized in many aspects of life. Some cultural practices reinforce women and girls' subordination while tolerating male violence, consequently encouraging male dominance (Muthami, 2017). For example, some practices such as paying bride price are used by some men as a justification of dominating their spouses (Muthami, 2017 & Mbiti, 1999).

Secondly, Social economic factors contribute to occurrences of domestic violence (Muthami, 2017). Studies show that domestic violence cuts across household income brackets. However, domestic violence is most frequent among the poor people who earn little household income or are completely unemployed. Limited economic opportunities aggravated by underemployment of men put their women at a higher risk of domestic violence. In addition, women and girls facing financial constraints are forced into child marriages, sexual exploitation by perpetrators and in some instances trafficking to other countries as slaves and for labor (Jenna, 2003).

Inter-ethnic relationships, religion and race (mixed marriages) are other factors which contribute to domestic violence. For example, in some African communities inter-ethnic relationships are discouraged. When some females get married in other ethnic communities, they experience victimization from the local communities partly because they are seen as outsiders and different (Muthami, 2017). Furthermore, marriages between inter-denominations are seen to experience higher rates of domestic violence. Lastly, in Western countries, black females experience higher rates of victimization when they get married to white males as compared to white females getting married to white males (Tjaden and Thoennes, 2000).

According to Heru (2007), domestic violence can be repeated from person to person or generation to generation if the correct interventions are not put in place in good time. This is because an abused individual can be an abuser in due time (Muthami, 2017). Recurrence of abuse is also attributed to children growing up and witnessing violence in their families or to children who experience bullying while growing up in their families or in school. Furthermore, when perpetrators convicted of domestic violence offences are released from prison, a good number of them often take revenge against their partners who had sent them to jail (Capaldi, et al, 2012).

Some studies have shown that women experience domestic violence from their partners when they are pregnant (Kamweya et al., 2013). This is because these women are in vulnerable conditions where they are not able to support themselves or meet the gendered roles. The perpetrators abuse them which consequently can affect the unborn baby in various ways such as miscarriage, low birth weight, premature births, fetal death and birth defects, (Heise & Garcia-Moreno, 2002).

People who abuse alcohol and other drugs are at a higher risk of causing domestic violence (Muthami, 2017). This is because these people have little control of their behaviour due to the fact that they have no inhibitions. In addition, these people have difficulties in regulating their emotions such as anger and other strong emotions when they are intoxicated. Furthermore, they misuse household income, especially in sub-Saharan Africa where some perpetrators spend a lot of time in alcohol dens and ignore their responsibilities in family life (Muthami, 2017).

Some psychologists believe that biological or genetic factors predispose perpetrators to cause domestic violence. This is attributed partly to the hormone testosterone which is quite high in men making them to be over controlling and domineering against opposite gender. In addition, neuroanatomical variances and other biological factors in men and women lead to men's tendency to be violent against women (Muthami, 2017)

Another factor which leads to domestic violence or put women and girls at a greater risk of violence is age. Females aged of 16 to 24 are at a higher risk of domestic violence. Mostly, these are females who are in high school, colleges, or are just settling down in relationships. The last factor is when some people have victim-blaming ideas which predispose them to become victims of domestic violence. For example, some victims believe that they are the ones to blame for the abuse. They see themselves as the cause of domestic violence because of their behaviour, mode of dressing, physical appearance, sexual orientation, among other irrational beliefs and personal judgments. In other cases, when the victim feels the need to terminate a relationship for practical reasons, there are some perpetrators who, out of anger, inflict pain onto the victims for lack of better ways to deal with the loss (Stith et al., 2004).

Psychological Effects of Domestic Violence

Negative effects of domestic violence are experienced differently by different individuals who have suffered or witnessed violence (Friedman, Loue & Goldman, 2011). Intimate Partner Violence (IPV) leads to youthful drugs and alcohol abuse, low income, low academic achievement, low self-esteem, as well as aggressive or delinquent behavior. Other symptoms of domestic violence are prior history of being physically abusive, antisocial personality traits, depression, borderline personality behaviors, anger, hostility, having few friends and being isolated from other people (Flury, Nyberg & Riecher-Rossler, 2010).

According to Lloyd, Taluc, Max, Rice, Finkelste and Bardwell (1999), there are several negative effects of domestic violence which include belief in strict gender roles (like male dominance and aggression in relationships), having a history of poor parenting experiences as a child, lack of employment, desire for power and control in a relationship, emotional dependence and insecurity, perpetrating psychological aggression, being a victim of physical or psychological assault, experiencing physical violent discipline as a child, among others, predisposes one to manifesting negative effects of domestic violence (Lloyd, et al., 1999; Leadbetter, 2004). According to Black et al., (2011), victims of frequent violence experience more severe consequences than victims of one-time incidents.

Besides deaths and injuries, physical assault by an intimate partner is also related to a number of adverse health outcomes (Black, 2011; Breiding, Black & Ryan, 2008). These conditions include cardiovascular, gastrointestinal, endocrine and immune systems, which are due to chronic stress and other metabolic conditions (Black, 2011; Crofford, 2007; Leserman & Drossman, 2007). Other health disorders associated with IPV include bladder and kidney infections, fibromyalgia, asthma, gastrointestinal disorders, circulatory

ailment, cardiovascular disease, joints disease, irritable bowel syndrome, chronic pain syndromes, central nervous system disorders, migraines and headaches, among others (Black, 2011).

Tjaden and Thoennes (2000) posit that domestic violence, whether physical, sexual, or psychological, can cause various psychological consequences to victims. These include antisocial behavior, anxiety, depression, and PTSD, suicidal behavior in females, low self-esteem and failure to trust others, especially in intimate relationships. More negative consequences are emotional detachment, fear of intimacy, flashbacks, sleep disturbances, and replaying assault in the mind. Such conditions are very common and sometimes not easily noticed. Victims of IPV sometimes face certain social consequences such as limited access to services, stressed relationships with health service providers and employers, seclusion from social networks, as well as homelessness, among others (Black, 2011; Coker et al. 2002; Heise & Garcia-Moreno 2002; Roberts, Klein, & Fisher 2003; Plichta 2004; Warshaw et al., 2009).

Women with a history of domestic violence are likely to show behaviors that present further health risks such as alcoholism, substance abuse, and suicide attempts, among others, as compared to women without a history of domestic violence (Heise & Garcia-Moreno, 2002; Plichta, 2004; Roberts, Auinger, & Klein 2005; Silverman et al., 2001). The relationship between domestic violence and psychological disorders is described in a systematic review and meta-analysis study by Kylee and Trevillion (2012). The study shows that there is a higher risk of experiencing adult lifetime partner violence among women with depressive and anxiety disorders compared to women without mental health challenges (Kylee & Trevillion, et al., 2012). The reports show that the more severe the violence, the stronger its relationship to negative health behaviors by victims (Muthami, 2017).

People who suffer domestic violence, struggle in their lives both personally and professionally due to post syndrome effects of what they have experienced. They present concerns of interpersonal skills, emotional self-management, and social problem-solving skills (Dyer; Dorahy; Hamilton; Corry; Shannon & MacSherry, 2009). Child maltreatment has a large overlap with domestic violence because children become wounded during IPV incidents between their parents. Therefore, physical violence is usually accompanied by emotional or psychological abuse in both women and children (Appel, & Holden, 1998).

The researcher's expectation was that the study population would be found within and around Kibra Constituency. Similarly, there was need to study the current situation concerning effects of domestic and psychological disorder in Kenya and other parts of the world. However, minimal is known about the magnitude to which being a victim of domestic violence is related with different mental disorders in women, which is one of the objectives of this research.

On interviewing the research participants on the negative impacts of domestic violence on victims, in other words *the life challenges experienced by people who have been exposed to DV*, they were clearly indicated that domestic violence leads to depression in people who are affected. The loss of the victim's valuable relationship, time, children, finance and what s/he has put in cannot be recovered. Therefore, the victim sinks into depression which manifests itself in symptoms such as feeling worthlessness and helplessness. Women who are continuously exposed to domestic violence develop low self-esteem. In addition, the form of domestic violence affects the degree or the level of low self-esteem. For instance, women who are psychologically and emotionally abused, physically beaten, and sexually assaulted in the presence of their children have low self-esteem compared to women whose partners control financially. Furthermore, women who are depressed experience loss of sleep, loss of or too much appetite, disinterest in activities they initially enjoyed doing and overall forgetfulness especially in taking care of themselves. The following was the response from one key informant:

PK2: Most of the effects are psychological trauma, panic attacks and anxiety.

Secondly, the participants noted that domestic violence affects children directly, which lead them to experience suffering and pain. Domestic violence exposes children to suffer physical abuse when one parent vents their anger on them through beating or hitting them with crude objects, burning them with hot things, denying them food, tossing them on walls, among other indescribable acts. Moreover, children experience psychological and emotional abuse when they witness their father or mother being humiliated or insulted in their presence. Children have been assaulted sexually by their parents, older siblings, or other relatives who have taken advantage of their vulnerability. When children are verbally abused by family members they are left psychologically traumatized. Furthermore, when they are in an environment of abuse, it leads to low academic performance and low self-esteem in school. Children are not able to concentrate in class because of the experiences they have gone through or seen their parents go through at home. Lastly, there is a long-term effect of domestic violence on children, who may later grow to become perpetrators if they do not receive therapy. One of the focus group participants and a key informant had the following to say:

PG5XV: It also gets to a point that if the intensity is high especially to the woman, some women retaliate. They also start fighting back. It gets so bad; when the woman starts hitting back the marriage ends. Children get affected negatively in a way that they are not able to get into marriage relationships and they also tend to do the same to their girlfriends or boyfriends because of the way they have seen things being done.

PK5: They are not being empowered economically. These housewives cannot walk out because they are not able to pay rent, cannot be able to put food on the table or make life comfortable for the children. Social-economic factors come in. Another challenge is the desire to protect family. People look down upon you because your marriage has failed. So such women really try to make things work although it may not be possible.

Domestic violence has a direct negative effect on families. The participants said that families disintegrate when there is violence going on within the household. When this is not resolved in time it erupts to serious consequences. For example, violence can start with a minor quarrel or argument on something such as poor preparation of meals or getting home late. Due to lack of proper communication skills and problem-solving skills, the couple is not able to stick together. Other issues noted as leading to family disintegration include infidelity, alcohol and drug abuse, irresponsible spouse, and child sexual abuse. The participants noted that where one spouse is a workaholic the family is negatively affected, because they do not have quality time with their family and time to bond together. These bad behavioral patterns within the family lead the couples to report each other to their parents, chief, police, legal firms and courts, and eventually they separate, break-up, or finally divorce. The following is a response from one of the key informants:

PK7: The first challenge would, of course, be family break up, because if a partner feels this is too much she will go back to her maternal home. Another thing is financial difficulties. If the man was the provider, this lady will not be in a position to feed the children. Also health-wise both will be affected; even the man beating or punishing this woman will also be affected health-wise, because when the woman leaves the home he will be stressed thinking about the wife, the family and how he will be able to cater for himself. She will also be mentally ill. Both of them are also affected emotionally. Her mind will not be settled. She is not sure whether to go back to the home where she is being beaten or to stay with the parent, because when she goes to her maternal home it may also not be a good place because her parents may also tell her she is not able to take care of her marriage or family and that is why she is there. So emotionally she will not be at peace.

The participants also stated that family members who are in an environment of abuse, experience psychological disturbances such as anxiety which manifests itself in ways like panic attacks, impulsive behavior, obsession, apprehensiveness, compulsiveness, and gastro-intestinal disturbances such as ulcers. Another negative effect of domestic violence is non-productivity. This comes as a result of people going

through domestic violence developing psychological disturbances, consequently making the body system fail to coordinate normally. For example, when somebody is stressed, depressed, or anxious, this affects their physical energy, psychological and emotional well-being. They suffer blood pressure, loss of appetite, insomnia, headaches; they are temperamental, and uncooperative at work. Due to this, some of these people end up losing their jobs, resorting to alcoholism and drugs, which leads them to being unreliable people in the society. Excessive use of alcohol and other drugs make someone psychotic. All the above factors make people become non-productive members of the family and society in general. This further affects the family's income-generating capacity, leading to poverty, as two of the focus group participants noted:

PG3T8: Non-productivity. Women who are mostly physically and psychologically abused are not productive even in their work. I remember my neighbor many times would just stay indoors because either she has a red eye or a broken...so she could not even go to work. Even around the house, there are so many things she would ignore because she couldn't.... She would call people to come and assist her, which was embarrassing.

PG5XJ: You find that most women end up getting depression. They will be dying quietly because you do not want to shame yourself in front of your friends. So you die internally. Something else, someone may go into alcoholism just to try not to talk about the problem.

Another serious negative impact of domestic violence noted by the participants is occurrence of physical injuries, especially when family members fight each other. When a heated disagreement occurs, some perpetrators slap, hit, kick, stab, strangle, choke, throw objects, knocking somebody against the wall, use hot liquids, spraying and splashing inflammatory liquids such as acid and paraffin. The victims are hurt severely by such actions, which leads to severe body harm such as broken bones, disfigured faces, burns, painful deep cuts, scars, amputations, brain contusion and concussion, nervous system injuries. In addition, the participants reported that serious cases of domestic violence resulted to death of a spouse or children. This occurred when the perpetrator lost control of emotions and strangled their partner and their children. Eventually the perpetrator commits suicide to avoid being punished by the community or arrested by the police. Other perpetrators have opted to poison the entire family as a result of the violence going on among them. One of the key informants noted:

PK3: There are physical injuries which sometimes are hard to treat, like if somebody is beaten and they lose their eyesight or somebody is raped and they lose their uterus. Those are issues that are not repaired. Emotionally they are so disturbed and depressed. They live in fear of the unknown and do not trust of anybody. Some even blame themselves. If they are not helped some can even become crazy and psychotic in the process because they do not know how to deal with the situation. If the violence continues it can be worse as they try to commit suicide.

Socio-demographic variables influencing domestic violence

Demographic profiles of participants help the reader to create a mental picture of the participants and, by extension, the population which they represent. Even though demographic variables are not manipulated, relationships between them and the dependent variables can be explained, as it is done later in this study. The demographic variables reviewed are age, education level, marital status, children, religion and performance in primary, secondary and tertiary schools. These results are summarized in Table 1.

The information on age among the participants was sought to find out if there is age representation in terms of women undergoing domestic violence. More than 70% of the total participants were aged 50 years and below. Comparing the age distribution of the participants by group, the intervention group seemed to have a young population, whereas in the non-intervention group 50% of the women were more than 50 years of age, although this was a random distribution. The study discovered that these women faced domestic violence from their partners mostly because they were young couples who were trying to settle down and begin a family.

The study also revealed that 48.9% of the participants had tertiary education while 33.3% had O-level as their highest education level. The rest, 17.8 %, of the participants had primary and below levels of education. Sixty percent of participants from the non-intervention group indicated that they had completed tertiary education. Therefore, the study found that domestic violence cuts across education levels. In other words, it affects both the learned and those with little or no education at all. However, what came out strongly from the research is that women with less education of primary or no education at all did not seek for help from health facilities unless their case was severe such as being severely burnt, being cut with daggers, being sexually assaulted. On the contrary, women who were well informed in terms of education, that is, those with secondary and university education, sought help from health facilities immediately when they sighted signs of domestic violence and when they started experiencing symptoms of depression. These women reported issues such as lack of sleep (insomnia), migraine, and restlessness. The study findings show that these women were aware of what may lead to depression and therefore sought immediate help from health facilities. Lastly, this category of women, who are well informed of their rights, could not be intimidated by customs and traditions which do not empower women to fight for their rights in “the men’s’ world”.

In regard to the participants’ distribution by marital status, almost a half of the participants (46.7%) indicated that they were married, with 26.7% stating that they were single. Interestingly, 12% of the participants from the intervention group claimed to be separated, whereas 15% of the participants from the non-intervention group indicated that they were divorced. The findings indicate that married women staying with their husbands are the ones who face high levels of DV as compared to the other marital statuses, which justifies the definition of domestic violence. Women who are single face domestic violence especially from their ex-boyfriends, who still follow, stalk and terrorize them. Separated women face challenges because majority have had children with the perpetrator who keep following them, sabotage their parenting skills; at the same time children keep asking about the absence of their father. Women who are cohabiting face similar assaults like the married ones, although they live in constant fear of what might happen the following day. Majority of them stick in abusive relationship only because of children and being economically disempowered. Divorced women face domestic violence from their partners especially when it came to the family inheritance and the custodian of the children. Women who had been widowed face domestic violence from their in laws where they are married, because these in laws attempt to grab whatever was left behind by their late husband.

The results of Table 1 also indicated that 73.3% of the participants indicated having children. Thirty-six percent of those from the intervention group claimed to have no children, whereas 85% of those from the non-intervention group had children. The results point to disparity in terms of participants with children in the non-intervention group as compared to those in the intervention group. From the findings, there seems to be a relationship between children and domestic violence. For example, married women who have no children due to various reasons face domestic violence emanating from in-laws who demand they bear children for them. Furthermore, some men deny being the real fathers of the children their wives beget, which also causes domestic violence. Families which have financial constraints and have more children than they can support experience domestic violence because the perpetrators neglect their responsibilities of caring for the children.

The results also indicate that more than 90% of the participants were Christians while only 4.4% indicated that they were Muslims. Having a small percentage, one cannot generalize if domestic violence is more among Christian than among Muslims. The assumption can be that Christians seek help more promptly when assaulted than Muslims. Lastly, the results indicated that most of the participants were moderate high performers in school (primary, secondary and tertiary). In terms of primary school performance, 56% of the participants from the intervention group claimed to be moderate performers whereas 45% of the participants from the non-intervention claimed to have been high performers in primary school. In regard to secondary education, only 15% of participants indicated that they were high performers. This was a significant drop considering that 45% of the participants indicated that they were high performers in secondary school. Finally,

in terms of tertiary education, it is clear that 46.7% of the participants were moderate-to-high performers, especially those from the non-intervention group where 60% of the participants claimed they were high performers.

The household income is crucial in management of marriage or partnership and in taking care of children. As mentioned earlier, financial constraints trigger domestic violence. However, the research findings show that domestic violence cuts across all levels of economic status, whether high, middle or low household income. Some of the women who participated in the study were engineers, accountants, human resource managers, medical personnel, business women and dentists, who said they earned high incomes of Kshs 20,000 and above, yet they were also experiencing domestic violence in their home settings. The middle household income earners were women who were operating groceries, salons, food kiosks, earning between Kshs10,000 to Kshs19,000. They too faced domestic violence. Lastly, the women who had low income earning were those women who were unemployed, housewives, students, house-helpers, who earned less than Kshs9,000 per month. Even they faced domestic violence (see Appendix C).

The study shows that household income has an indirect association with domestic violence in the sense that when a wife threatens her husband's authority as the head of the family in terms of her income contribution to the family, the man will turn violent to assert himself. On the other hand, wives who are completely dependent on the husband for financial support, may be victims of domestic violence since the husband looks at them as vulnerable, helpless and incapable of being on their own, hence they are subjected to abuse. The research reveals that middle household earners tend to experience low occurrences of domestic violence. This can be attributed to the fact that both the wife and the husband are in the same range of income, which make the two equal contributors to the household income, consequently reducing cases of financial conflicts.

Table 1: Distribution of the socio-demographic characteristics of the participants

Socio-demographic variables		Total		Intervention group		Non-intervention group	
		%	F	%	F	%	F
Age	18 to 28	24.4	11	32.0	8	15.0	4
	29 to 39	22.2	10	28.0	7	15.0	4
	40 to 50	24.4	11	28.0	7	20.0	5
	51 to 61	13.3	6	12.0	3	15.0	4
	62 to 72	15.6	7	0.0		35.0	8
Education Level	None	4.4	2	4.0	1	5.0	1
	Primary	13.3	6	16.0	4	10.0	3
	Secondary	33.3	15	40.0	10	25.0	6
	Tertiary	48.9	22	40.0	10	60.0	15
Marital Status	Single	26.7	12	32.0	8	20.0	5
	Cohabiting	6.7	3	8.0	2	5.0	1
	Married	46.7	21	44.0	11	50.0	13
	Separated	8.9	4	12.0	3	5.0	1
	Divorced	8.9	4	4.0	1	15.0	4
	Widowed	2.2	1	0.0		5.0	1
Having children	Yes	73.3	33	64.0	16	85.0	21
	No	26.7	12	36.0	9	15.0	4
Religion	Islam	4.4	2	8.0	2		
	Christianity	95.6	43	92.0	23	100.0	25
Performance in Primary	High	35.6	16	28.0	7	45.0	11

Education	Moderate	48.9	22	56.0	14	40.0	10
	Low	11.1	5	12.0	3	10.0	3
	Not applicable	4.4	2	4.0	1	5.0	1
Performance in Secondary Education	High	22.2	10	28.0	7	15.0	4
	Moderate	53.3	24	48.0	12	60.0	15
	Low	6.7	3	4.0	1	10.0	3
	Not applicable	17.8	8	20.0	5	15.0	4
Performance in Tertiary Education	High	20.0	9	16.0	4	25.0	6
	Moderate	26.7	12	20.0	5	35.0	9
	Low	2.2	1	4.0	1		
	Not applicable	51.1	23	60.0	15	40.0	10
Sample size		45		25		20	

Note: F-Frequency

To understand the influence of demographic variables on the levels of domestic violence, logistic regression analysis was used. One of the domestic violence variables (emotional and psychological abuse) was not included in the models because all the participants (100%) experienced emotional and psychological abuse. Six demographic variables that were used in the analysis included: age, education, marital status, number of children, religion and income.

The study found out that physical violence is not significantly influenced by any of the six demographic variables, $p > .05$. Sexual assault was found to be significantly influenced by only one demographic variable: household income ($\chi^2=10.13, p<.05$). Further analysis found that sexual assault is common among women from households with extreme household incomes. For instance, 100% of women from low income households and 84.2% of high income households claimed that they experience sexual assault compared to those from middle income households where only 50% were found to experience sexual assault. Financial control and deprivation was found to be significantly influenced by the number of children that the families had ($\chi^2=4.368, p<.05$). As a matter of fact, 81.3% of the women with no children were found to be financially controlled and deprived; 100% of women with one and more children were found to be financially controlled and deprived.

The last variable influencing the level of domestic violence was the use of children to control the other partner, mostly the woman. The findings of the study showed this aspect to be significantly influenced by age ($\chi^2=18.12, p<.01$) and marital status ($\chi^2=24.13, p<.01$) at 95% confidence level. For instance, only 18.2% of women aged 18 to 28 years were found to experience the use of children to control them while more than 50% of those aged 29 years and above experienced the use of children. The results therefore indicate that instances of the use of children to control women are common among older women than in young women. Similarly, as concerns marital status, only 8.3% of single women were found to experience the use of children to control them compared to 33.3% of those cohabiting, 85.7% of those married, 75% of those separated, and 100% of those divorced. This indicates that domestic violence is more prevalent in marriages. In other words, married women are more likely to suffer domestic violence than unmarried ones.

Table 2: Logistic regression analysis: influence of demographic variables on DV

Demographic variables	Witness of physical violence		Sexual Assault		Financially controlled and deprived		Children used to control her	
	χ^2	p-value	χ^2	p-value	χ^2	p-value	χ^2	p-value
Age	0.353	0.293	0.554	0.160	0.822	0.783	18.120	0.001

Education	0.512	0.828	0.719	0.509	1.597	0.500	0.349	0.322
Marital status	1.384	0.546	0.611	0.262	5.806	0.363	24.130	0.001
No. of children	1.072	0.689	1.409	0.069	4.368	0.037	0.005	0.987
Religion	0.001	0.999	1.275	0.121	1.496	0.203	0.133	0.715
Household								
Income	4.259	0.119	10.13	0.006	1.257	0.533	3.244	0.197

Note: Sig. at $p < .05$; χ^2 -Chi-square (Measure of association).

How do we reduce domestic violence and its effects?

Prevention Programs:

- i) **Training** men and boys how to treat or handle women as one of the themes, and expressing their own emotions, from early stages of life development. What small children hear and see from their families and the entire environments, make them become who they are. Schools, televisions and sports arenas can deal with issues of culture and traditions which can help to restructure or restyle the thinking style or mind-set of the people. Men, generally or African men especially need to learn it is ok to cry instead of keeping anger and other emotions within themselves, only to let out onto their children and loved ones. They need to learn that displaying fear is not a negative thing nor is it a weakness on their part. This is because children are at most risk of becoming abusers at a later stage in life, having been victims or witnessing DV in their homes. Once they are grown up, they are less likely to engage in abusive behaviour and most likely to stop a friend from being abusive. As a result, we have role models in the communities and families. Role modelling is key to alleviation of DV.
- ii) Establishing the impact of CBT in reducing negative effects of domestic violence.

Cognitive behavioural therapy has both short-term and long-term impacts on the lives of people who have been exposed to domestic violence and have gone through this therapy. The study revealed that participants attending CBT sessions experience positive cognitive and behavioral adjustments. Cognitive behavioral therapy has an impact in reducing the levels of anxiety and depression. The long-term impact of CBT on the participants is the ability to restructure the cognitive capabilities of the person. Therefore, despite the challenges and the negative impacts of domestic violence which the participants had gone through, they acquired coping mechanisms through CBT. These coping skills help them to approach and navigate their lives with positivity and healing.

Recommendations

- Communities should be educated on how to overcome gender disparity between men and women especially in patriarchal societies.
- Women should be empowered economically so as to reduce dependency on their spouses who sometimes take advantage of their financial vulnerability and subject them to abusive treatment and relationships.
- The curriculum of learning in institutions should be planned to accommodate life skills learning from as low as primary school, where the pupils and students are introduced early enough on how to use cognitive awareness to understand their irrational thoughts which lead to unbecoming behavioral patterns
- People should be well trained and adequately equipped with proper coping skills, especially in communication and problem-solving skills so as to mitigate marital conflicts in marriage life.
- Clients who require psychological therapy using CBT should be encouraged to attend a minimum of 14 to 16 sessions for CBT to be more effective.

- The government of Kenya, the county government, NGOs and other stakeholders should facilitate therapists to carry out CBT among people experiencing domestic violence without charging the victims. This will enable victims of domestic violence to access therapy without financial limitations.
- Stiffer penalties for all perpetrators of domestic violence should be enacted by increasing the jail term and attendant fines, by law enforcers.

Areas for Further Study

- a) A research, including large-scale longitudinal studies with data on couples, would be needed to elucidate the causal relationships between domestic violence and psychological disturbances.
- b) A similar research should be done with only male participants to find out if CBT is effective in helping them deal with domestic violence.
- c) A similar research should be carried out in a rural set up to test the validity of the study to compare it with this study which was conducted in an urban setting.

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